PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	INTOXIMETERS, MODEL INTOX EC/IR II  She Instrument Location Ashe Gunty Jail
Instrument Seri	ial No. 008849 Jefferson, N.C.
The preventive four months are	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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, 20, 20
STATE OF THE STATE	Signature of Certifying Official Certificate Number

ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849 Test Date: 12/21/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

07/01/2016-07/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:27pm
ACCY CHK	.07	12:27pm
AIR BLK	.00	12:29pm
SUB TEST	.00	12:30pm
AIR BLK	.00	1.2:31pm
SUB TEST	.00	12:32pm
AIR BLK	<b>~</b> 00	12:33pm

Reported AC: 000 g/210L

Signature of Chemical Analyst

Court CVR

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Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

#### ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849 Test Date: 12/21/2016

Test Record Number: 1036
Test Time: 12:34pm EST

iesc iime. iz.o-pm isoi

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	12:34pm
FLO	Pass	12:34pm
FC	Pass	12:34pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:34pm
SRC	Pass	12:34pm
DET	Pass	12:34pm
BAR	Pass	12:34pm
BT	Pass	12:34pm

#### Blank Tests

rest	Status	TIME
AIR	Pass	12:35pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:35pm
	CRC Tests	

iest	Status	TIME
COMP	Pass	12:35pm
CAL	Pass	12:35pm

Preventive Maintenance Status: Pass

Analyst/

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

Signature of Certifying Official

Certificate Number

#### ALLEGHANY COUNTY ALLEGHANY CO JAIL 020

Serial Number: 008890 Test Date: 12/21/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

07/01/2016-07/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:10am 11:11am 11:11am
AIR BLK	.00	11:12am
SUB TEST	.00	11:13am
AIR BLK	.00	11:14am
SUB TEST	.00	11:15am
AIR BLK.	.00	11:16am

Reported AC:

,00 g/210L

Signature of Chamical 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

## ALLEGHANY COUNTY ALLEGHANY CO JAIL 020

Serial Number: 008890 Test Date: 12/21/2016 Test Record Number: 626
Test Time: 11:17am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass	11:17am
	Pass	11:17am
FC	Pass	11:18am

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:18am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:18am
	CRC Tests	

Test	Status	Time
COMP	Pass	11:19am
CAL	Pass	11:19am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Serial No. 0088/8 .5% The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted: 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. 20/2, 20/6 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008818 Test Date: 12/13/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

08/01/2015-08/01/2017

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

Agency: DHHS

Test Type: Breath Test

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

rest	g/∠10L	Time
DIAG	Pass	3:37pm
AIR BLK	.00	3:38pm
ACCY CHK	.08	3:38pm
AIR BLK	.00	3:39pm
SUB TEST	.00	3:40pm
AIR BLK	.00	3:41pm
SUB TEST	.00	3:42pm
AIR BLK	.00	3:43pm

Reported AC: .00 8/2/10L

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

Ánalyst

#### BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008818 Test Date: 12/13/2016

Test Record Number: 1275 Test Time: 3:44pm EST

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	3:45pm

#### Printer Tests

Status

Time

Test

PRNT	Pass	3:45pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:45pm 3:45pm

Preventive Maintenance Status: Pass

Analyst

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



Signature of Certifying Official

Certificate Number

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008894 Test Date: 12/13/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	3:27pm 3:28pm
ACCY CHK	.08	3:28pm
AIR BLK	.00	3:30pm
SUB TEST	.00	3:31pm
AIR BLK	.00	3:31pm
SUB TEST	.00	3:33pm
AIR BLK	.00	3:34pm

Reported AC:

Signature of Chemical Analyst

Court CVR

#### BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008894 Test Record Number: 879 Test Date: 12/13/2016 Test Time: 3:34pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:35pm 3:35pm
FC	Pass	3:35pm

## Temperature Tests

Test	Status	Time
FC1	Pass	3:35pm
SRC	Pass	3:35pm
DET	Pass	3:35pm
BAR	Pass	3:35pm
BT	Pass	3:35pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:36pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:36pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:36pm 3:36pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD

	INTOXIMETERS, MODEL INTOX EC/IR II
County 15	runsalick Instrument Location Branswick Com
Instrument Se	erial No. 008602 Sheriffs Depositioner
*	
The prevention four months a	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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 day of december, 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

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008602 Test Date: 12/13/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	12:16pm 12:17pm 12:18pm 12:19pm
SUB TEST	.00	12:20pm
AIR BLK	.00	12:21pm
SUB TEST	.00	12:23pm
AIR BLK	.00	12:24pm

Reported AC: /0/g/210L

Signature of Chemical Analyst

Court CVR

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Forensic Tests for Alcohol Branch
Department of Health and Human Services

Analyst

Rev. 12/2007

#### BRUNSWICK COUNTY BRUNSWICK CO SE 090

Serial Number: 008602

Test Record Number: 3665

Test Date: 12/13/2016

Test Time: 12:25pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:25pm
FLO	Pass	12:25pm
FC	Pass	12:25pm

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	12:25pm
DET	Pass	12:25pm
BAR BT	Pass Pass	12:25pm 12:25pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:26pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:26pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:26pm

Pass 12:26pm

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008585 Test Date: 12/13/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	12:14pm
AIR BLK ACCY CHK	.00 .07	12:14pm 12:15pm
AIR BLK	.00	12:16pm
SUB TEST	.00	12:17pm
AIR BLK	.00	12:18pm
SUB TEST	.00	12:19pm
ATR BLK	. 00	12:20 mm

Reported AC: .00/g/

Signature of Chemical Analyst

Court CVR

#### BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008585 Test Record Number: 3663 Test Date: 12/13/2016 Test Time: 12:23pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:24pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

**A**nalyst

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

Print test record;

9. Verify Diagnostic Program; and

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

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



8.

Signature of Certifying Official

#### BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648 Test Date: 12/13/2016

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	11:16am
AIR BLK	.00	11:17am
ACCY CHK	.07	11:17am
AIR BLK	.00	11:18am
SUB TEST	.00	11:19am
AIR BLK	.00	11:20am
SUB TEST	.00	11:21am
ATR BLK	. 0.0	11:22am

Reported AC:

g/21,9L

Signature of Chemical Analyst

Court CVR

#### BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648

Test Record Number: 1471

Test Date: 12/13/2016

Test Time: 11:22am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:23am 11:23am
FC	Pass	11:23am

## Temperature Tests

Test	Status	Time
FC1	Pass	11:23am
SRC	Pass	11:23am
DET	Pass	11:23am
BAR	Pass	11:23am
${ t BT}$	Pass	11:23am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:24am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:24am
	CRC Tests	٠.
Test	Status	Time

COMP	Pass	11:24am
CAL	Pass	11:24am

Preventive Maintenance Status: Pass

Analyst

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

eser ve	INTOXIMETERS, MODEL INTOX EC/IR II
County	TUNSWICK Instrument Location Dunced Beach
Instrument Ser	ial No. 008874 Police Department
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.
	n the
anaman.	Dr.
THE STATE OF THE S	
•	Signature of Certifying Official Certificate Number

BRUNSWICK COUNTY SUNSET BEACH PD 090

Serial Number: 008874 Test Date: 12/13/2016

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

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

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:27am
AIR BLK	.00	9:28am
ACCY CHK	.08	9:28am
AIR BLK	.00	9:29am
SUB TEST	.00	9:30am
AIR BLK	.00	9:31am
SUB TEST	.00	9:32am
AIR BLK	.00	9:33am

Reported ACx //00 g/2/10L

Signature of Chemical Analyst

Court CVR

#### BRUNSWICK COUNTY SUNSET BEACH PD 090

Serial Number: 008874 Test Record Number: 552 Perial Number: 008874 Test Record Number: 552 Test Date: 12/13/2016 Test Time: 9:34am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:35am 9:35am
FC	Pass	9:35am

### Temperature Tests

Status	Time
Pass	9:35am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	9:35am

#### Printer Tests

Status

Time

Test

÷	. *	
PRNT	Pass	9:35am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:36am
CAL		
	Pass	9:36am

Preventive Maintenance Status: Pags

Analyst

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

17	,	3, MODEL INTOX E		
County /	Uncombe			
Instrument So	erial No. <i>00 869</i> 7	Ashe	Ville, NC	
	,			
The preventive four months a	ve maintenance procedures for the Intare:	oximeters, Model Intox EC/IR II	to be followed at least once e	very
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 degr	isplays pressure, or the alcoholic l ree centigrade;	preath simulator thermometer	show
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appea	ars, collect breath sample;		
7.	When "PLEASE BLOW" appear	ars, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canis simulator solution is being chang whichever occurs first.	ter is being changed before expiraged every four months or after 12.	tion date, or the alcoholic broad Simulator	eath r tests,
procedures v	on the <u>22</u> day of <u>Dec</u> were performed on the instrument indi of Health and Human Services, and th	cated above, in accordance with c	urrent regulations of the N.C	enance
ONE STATE OF THE S	E ON OR THE STATE OF THE STATE			
The same	A James	of Continue Official		
	Signs	ature of Certifying Official	Certificate Numb	CI

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL
100

Serial Number: 008697 Test Date: 12/22/2016

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: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2015-05/01/2017

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:39pm
AIR BLK	.00	3:39pm
ACCY CHK	.08	3:40pm
AIR BLK	.00	3:41pm
SUB TEST	.00	3:42pm
AIR BLK	.00	3:43pm
SUB TEST	.00	3:44pm
AIR BLK	.00	3:45pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

#### BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008697 Test Record Number: 3067 Test Date: 12/22/2016 Test Time: 3:46pm EST

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	3:47pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:47pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:47pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

3:47pm

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX Instrument Location Instrument Serial No. The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date: 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before 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.

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

Signature of Certifying Official

Certificate Number

CABARRUS BAT MOBILE UNIT 7 120

Serial Number: 008972 Test Date: 12/28/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	8:43pm 8:44pm 8:44pm
AIR BLK	.00	8:45pm
SUB TEST	.00	8:46pm
AIR BLK	.00	8:46pm
SUB TEST	.00,	8:48pm
AIR BLK	. 0,0	8:4/9x0m//

Reported AC: .00 g/21014

Signature of Chemical Analyst

Court CVR

Analyst

#### CABARRUS BAT MOBILE UNIT 7 120

Serial Number: 008972 Test Record Number: 253
Test Date: 12/28/2016 Test Time: 8:51pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	8:51pm 8:51pm
FC	Pass	8:51pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:51pm
SRC	Pass	8:51pm
DET	Pass	8:51pm
BAR	Pass	8:51pm
BT	Pass	8:51pm

#### Blank Tests

Test	Status	Time
AIR	Pass	8:52pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:52pm

#### CRC Tests

Test	Status	Time
COMP	Pass	8:52pm
CAL	Pass	8:52pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS. MODEL INTOX EC/IR II

County	ABARRUS Instrument Location BAT MOBILE 7
Instrument Ser	ial No. 00897/
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 <u>38<sup>th</sup></u> day of <u>Jecember</u> , 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.
CREATE OF THE STATE OF THE STAT	Signature of Certifying Official Certificate Number

CABARRUS BAT MOBILE UNIT 7 120

Serial Number: 008971 Test Date: 12/28/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: INGLE, LARRY W

Permit Number: 7281E

Effective:

02/01/2016-02/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

rest	g/210L	Time
DIAG	Pass	7:45pm
AIR BLK	.00	7:46pm
ACCY CHK	.08	7:46pm
AIR BLK	.00	7:47pm
SUB TEST	.00	7:49pm
AIR BLK	.00	7:50pm
SUB TEST	.00,	7:51pm
ATR BLK	0.0/	7.52pm /

Reported Ac:

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

## CABARRUS BAT MOBILE UNIT 7 120

Serial Number: 008971 Test Date: 12/28/2016

Test Record Number: 152
Test Time: 7:53pm EST

## Baseline Tests

System Check: Passed

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

### Temperature Tests

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

#### Blank Tests

Test	Status	Time

AIR Pass 7:55pm

#### Printer Tests

PRNT Pass 7:55pm

CRC Tests

Test Status Time

COMP Pass 7:55pm CAL Pass 7:55pm

Preventive, Maintenance

Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

e e	INTOXIMETERS, MODEL INTOX EC/IR II
County	olumbas Instrument Location Columbus Coun
Instrument So	erial No. 008875 Shoriff Department
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
TATE OF THE CONTROL O	Signature of Certifying Official Certificate Number

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008875 Test Date: 12/16/2016

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

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

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

rest	9/2101	Time
DIAG	Pass	8:07am
AIR BLK	.00	8:07am
ACCY CHK	.07	8:08am
AIR BLK	.00	8:09am
SUB TEST	.00	8:09am
AIR BLK	.00	8:10am
SUB TEST	.00	8:12am
AIR BLK	.00	8:13am

Reported AC: .00/g/2

Signature of Themical Analyst

Court CVR

L.C. Macle

#### COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008875 Test Record Number: 1871
Test Date: 12/16/2016 Test Time: 8:14am EST

System Check: Passed

## Baseline Tests

Test	Stat <b>us</b>	Time
IR FLO	Pass Pass	8:14am 8:14am
FC	Pass	8:14am

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:14am
SRC	Pass	8:14am
DET	Pass	8:14am
BAR	Pass	8:14am
BT	Pass	8:14am

#### Blank Tests

Test	Status	Time
AIR	Pass	8:15am

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:15am

## CRC Tests

Test	Stat <b>us</b> ,	Time	
COMP	Pass	8;15am	
CAL	Pass	8:15am	

Preventive Maintenance Status: Pass

Analyst

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

	/ INTOXIMETE	RS, MODEL INTOX	K EC/IR II
County (	1ambus	Instrument Location <u>(</u>	dumbus Count
Instrument Seria	No. <u>008886</u>	Sheriff	Department
The preventive n four months are:	naintenance procedures for the I	ntoximeters, Model Intox EC/I	R II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		olic breath simulator thermometer show
2.	Verify instrument displays tim	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	· •	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample;	
7.	When "PLEASE BLOW" app	ears, collect breath sample;	/
8.	Print test record;		
9.	Verify Diagnostic Program; as	nd	
10.			xpiration date, or the alcoholic breath or 125 Alcoholic Breath Simulator tests,
	heday of performed on the instrument in ealth and Human Services, and	dicated above, in accordance w	the forgoing preventive maintenance rith current regulations of the N.C. roperly.
OTHE STATE OF A CASE OF A	Sign Sign Sign Sign Sign Sign Sign Sign	mature of Certifying Official	Certificate Number

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008886 Test Date: 12/16/2016

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: RHODES, KENNETH C

Permit Number: 5329E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	8:05am
AIR BLK	.00	8:05am
ACCY CHK	.08	8:06am
AIR BLK	.00	8:07am
SUB TEST	.00	8:08am
AIR BLK	.00	8:09am
SUB TEST	.00	8:11am
AIR BLK	.00	8:12am

Reported AC: .00/q/21

Signature of Chemical Analyst

Court CVR

Analyst

#### COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008886

Test Record Number: 1262

Test Date: 12/16/2016

Test Time: 8:13am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	8:13am 8:13am
FC	Pass	8:13am

## Temperature Tests

Test	Status	Time
FC1 SRC DET	Pass Pass Pass	8:13am 8:13am 8:13am
BAR	Pass	8:13am
BT	Pass	8:13am

#### Blank Tests

Test	Status	Time
AIR	Pass	8:14am

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:14am

#### CRC Tests

Test	Status	Time
COMP	Pass	8:14am
CAL	Pass	8:14am

Preventive Maintenance Status: Pass

Analyst

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

County Ch	derokee Instrument Location Cherokee Co. Jail
Instrument Se	orial No. 008911 Murphy, NC
The preventiv four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on theday of
THE STATE OF THE S	Signature of Certifying Official  Certificate Number

CHEROKEE COUNTY CHEROKEE COUNTY JAIL

Serial Number: 008911 Test Date: 12/20/2016

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

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

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

Analyst's Name: 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 and Ministration and the land of the land o

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	10:32am 10:33am 10:34am 10:35am
SUB TEST	.00	10:35am
AIR BLK	.00	10:36am
SUB TEST	.00	10:38am
AIR BLK	.00	10:39am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR (1) 自由 糖的体色 超升 上部 上部 (1) 由于 (1) 由于 (1) 由于 (1) 和 (

Analyst

#### CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

Serial Number: 008911 Test Record Number: 567 Test Date: 12/20/2016 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
AIR	Pass	10:41am

# 

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

Preventive Maintenance Status: Pass

Pass

10:41am

Oil R. Cath

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

CAL

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

	, /	EKS, MODEL INTOX E	
County C	h-eroker_	Instrument Location Chr	okee Co. Jail
Instrument Se	erial No. <u>00862</u> 2	Murphy NE	
		. , ,	
The prevention four months a	•	Intoximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2		breath simulator thermometer show
2.	Verify instrument displays ti	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
7.	When "PLEASE BLOW" ap	opears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.		anister is being changed before expir hanged every four months or after 12	
		ndicated above, in accordance with d the instrument is functioning property	the forgoing preventive maintenance current regulations of the N.C. erly.
THE STATE OF THE S	S A S A S A S A S A S A S A S A S A S A		wor
AND AND A	- Carl	R. Cuth	Certificate Number
	21	IZHALUFO DE COLLETVINZ OTHCIZE	Certificate Number

CHEROKEE COUNTY CHEROKEE COUNTY JAIL
190

Serial Number: 008622 Test Date: 12/20/2016

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:30am 10:31am 10:32am
AIR BLK SUB TEST	.00 .00	10:33am 10:33am
AIR BLK	.00	10:35am
SUB TEST AIR BLK	.00 .00	<b>10:36am</b> 10:37am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Out R Cuth

#### CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

Serial Number: 008622 Test Reco Test Date: 12/20/2016 Test Tim

Test Record Number: 974
Test Time: 10:38am EST

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:40am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:40am
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

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

County C	HATHAM	Instrument Location	SILERC	Try Pouce Dep
Instrument Seri	al No. <u>00881/</u>	SILER (	177, N	<u>C</u>
The preventive four months are	maintenance procedures for the	Intoximeters, Model Intox I	EC/IR II to be fol	lowed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2		lcoholic breath si	mulator thermometer show
2.	Verify instrument displays ti	me and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompte	ed;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" ag	ppears, collect breath sample;		
7.	When "PLEASE BLOW" ap	ppears, collect breath sample;	· · · · · · · · · · · · · · · · · · ·	
8.	Print test record;	:		
9.	Verify Diagnostic Program;	and		:
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	unister is being changed before anged every four months or	re expiration date after 125 Alcoho	e, or the alcoholic breath lic Breath Simulator tests,
	whichever occurs mst.			
	the <u>/2</u> day of <u>/</u> e performed on the instrument i Health and Human Services, and		e with current re	ng preventive maintenance gulations of the N.C.
STATE OF THE STATE	WORLD AND THE STREET			
A SECOL CITY AND THE SECOND CONTRACTOR OF SECOND AND THE SECOND CONTRACTOR OF SECOND CONTRACT		gnature of Certifying Officia	el _	37/ Certificate Number

CHATHAM COUNTY SILER CITY PD. 180

Serial Number: 008811 Test Date: 12/12/2016

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

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

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

Test	g/210L	Time
DIAG	Pass	4:10pm
AIR BLK	.00	4: 11pm
ACCY CHK	.08	4:12pm
AIR BLK	.00	4:13pm
SUB TEST	.00	4:14pm
AIR BLK	.00	4:15pm
SUB TEST	.00	4:16pm
AIR BLK	.00	4:17pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CHATHAM COUNTY SILER CITY PD. 180

Serial Number: 008811 Test Date: 12/12/2016

Test Record Number: 1246
Test Time: 4:19pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	4:19pm 4:19pm
FC	Pass	4:19pm

### Temperature Tests

Test		Status	Time
FC1 SRC		Pass Pass	4:19pm 4:19pm
DET	40	Pass	4:19pm
BAR	1	Pass	4:19pm
BT	•	Pass	4:19pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	4:20pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:20pm
·	CRC Tests	
Test	Status	Time

1000	Deacab	11
COMP	Pass	4:20pm
CAL	Pass	4:20pm

Preventave Maintenance Status: Pass

Analyst

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

County	ARteret Instrument Location Enerald Isle Al
Instrument S	Gerial No. <u>008620</u>
The prevent four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures Departmen	at on the
CREAT STATE OF STATE	

#### CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008620 Test Date: 12/13/2016

Citation Number: M00000000000

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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 B

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	Pass	2:47pm
AIR BLK	.00	2:48pm
ACCY CHK	.08	2:48pm
AIR BLK	.00	2:50pm
SUB TEST	.00	2:50pm
AIR BLK	.00	2:51pm
SUB TEST	.00	<b>2:</b> 53pm
ATR BLK	. 00	2:54pm

Reported AC: .00 g/210%

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures

#### CARTERET COUNTY EMERIALD ISLE PD 150

Serial Number: 008620
Test Date: 12/13/2016

Test Record Number: 1844
Test Time: 2:54pm EST

System Check: Paskod

Baseline Tests

Test	Status	Time
IR	Pass	2:55pm
FLO	Pass.	: 55pm
FC	Pass	3 : 55pm

#### Temperature Tests

Test	Status	Time
FCi	Causa	2.55 <b>pm</b>
SRC	Pass	2:5 <b>5pm</b>
DET	Pasc	2 : 55 <b>pm</b>
BAR	$\mathcal{P}_{\mathrm{cl.S},\mathcal{D}}$	2:55 <b>pm</b>
BT	Pass.	0:55 <b>pm</b>

#### Blank Tests

Test	Status	Tame	
AIR	Paps	ಾರ್ಡಕ್ಷಿಕ್	

#### Printer Wests

Test	Status	Time
PRNT	Pass	2:5 <b>6pm</b>
	CRC Testa	
Test	Starous	(ame
COMP	See State	3 56pm

Paga

1:56pm

Preventive Maintenance Status: Fass

CAL

Karl E-Half Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County LA	Rteret Instrument Location Attanti	c Beach PU
Instrument Ser	ial No. <u>008785</u>	
The preventive four months ar	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be for:	llowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath s 34 degrees, plus or minus .2 degree centigrade;	imulator thermometer 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 da simulator solution is being changed every four months or after 125 Alcoholichever occurs first.	
procedures we	n the 13 day of December, 20 16 the forgoing performed on the instrument indicated above, in accordance with current of the Health and Human Services, and the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
THE STATE OF THE S	A COLUMN TO THE PARTY OF THE PA	• • • • • • • • • • • • • • • • • • •
A TOSE CANAL MAND ASSTALL ASST	Carege Had	354
	Signature of Certifying Official	Certificate Number

#### CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008785 Test Date: 12/13/2016

Citation Number: M0000000-0 Subject's Name:

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

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

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

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

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

Test	g/210L	Time
		1 05
DIAG	Pass	1:07pm
AIR BLK	.00	1:07pm
ACCY CHK	.07	1:08pm
AIR BLK	.00	1:09pm
SUB TEST	.00	1:09pm
AIR BLK	.00	1:10pm
SUB TEST	.00	1:12pm
ATD BIK	0.0	$1 \cdot 13 \text{nm}$

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

Karl & Half
Analyst

#### CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008785 Test Record Number: 898
Test Date: 12/13/2016 Test Time: 1:13pm EST

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
DEŢ	Pass	1:13pm
BAR	Pass	1:13pm
BT	Pass	1:13pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:14pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:14pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:14pm
CIAL	Pass	1:14pm

Preventive Maintenance Status: Pass

Kanl E-Half
Analyst

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

County 2	1 ARteret Instrument Location More,	head lity PA
Instrument S	Serial No. <u>208731</u>	·
The prevent four months	ive 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 brea 34 degrees, plus or minus .2 degree centigrade;	th simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Al whichever occurs first.	
	tion the 13 day of December, 20 16 the fowere performed on the instrument indicated above, in accordance with curre of Health and Human Services, and the instrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
STATE ONE AT THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OWNER OF THE OWNER OWNER OF THE OWNER		354 Certificate Number

#### CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008731 Test Date: 12/13/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Analyst's Name: HALL, RANDY E

Permit Number: 3462E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

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

Land E-Half Analyst

#### CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008731 Test Record Number: 1859
Test Date: 12/13/2016 Test Time: 12:15pm EST

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:16pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:16pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:16pm 12:16pm

Preventive Maintenance Status: Pass

Analyst Half

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

	INTOXIMETERS, MODEL INTOX EC/IR II
County C	ARTERET Instrument Location (ARTERET County)
Instrument Se	erial No. DO8882 SHERIFF'S OFFICE
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
•	on the 13 day of December 20/20 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official  Certificate Number

#### CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008882 Test Date: 12/13/2016

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:27am 11:28am
ACCY CHK	.08	11:28am
AIR BLK	.00	11:30am
SUB TEST	.00	11:30am
AIR BLK	.00	11:31am
SUB TEST	.00	11:33am
AIR BLK	.00	11:34am

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

#### CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008882 Test Record Number: 1493
Test Date: 12/13/2016 Test Time: 11:37am EST

System Check: Passed

### Baseline Tests

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

#### Temperature Tests

Status	Time
Dagg	11:37am
	- A
	11:37am
	11:37am
Pass	11:37am
Pass	11:37am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time

AIR Pass 11:38am

## Printer Tests

Tes	t	St	atu	ıs	T	'ime

PRNT Pass 11:38am

#### CRC Tests

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

Preventive Maintenance

Preventive Maintenance Status: Pass

Analyst

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

	INTOXIMETERS, MODEL INTOX EC/IR II
County	arteret Instrument Location CARteret Country
Instrument So	erial No. 008605 5HexiFF'S OFFice
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;
<b>7.</b>	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
THE STATE OF THE S	

#### CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008605 Test Date: 12/13/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:26am 11:26am
ACCY CHK AIR BLK	.07 .00	11:27am 11:28am
SUB TEST	.00	11:29am
AIR BLK	.00	11:29am
SUB TEST	.00	11:31am
ATR RIK	ሰሰ	11 · 32am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Karl E-Half Analyst

#### CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008605 Test Record Number: 3586
Test Date: 12/13/2016 Test Time: 11:32am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:34am

#### Printer Tests

Status

Time

Test

PRNT	Pass	11:34am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:34am
CAL	Pass	11:34am

Preventive Maintenance Status: Pass

Analyst Half

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

County CK	PAVEN Instrument Location CRAUCN	County
Instrument Ser	ial No. OO8732 SHERIFF'S OFFice	2
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be fo	llowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath s 34 degrees, plus or minus .2 degree centigrade;	imulator thermometer 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 das simulator solution is being changed every four months or after 125 Alcohowhichever occurs first.	
	n the	ing preventive maintenance egulations of the N.C.
STATE OF THE STATE	Cause Had	354
	Signature of Certifying Official	Certificate Number

CRAVEN COUNTY CRAVEN COUNTY SD 240

Serial Number: 008732 Test Date: 12/19/2016

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	12:16pm 12:16pm 12:17pm 12:18pm
SUB TEST	.00	12:19pm
AIR BLK	.00	12:20pm
SUB TEST	.00	12:21pm
AIR BLK	.00	12:22pm

Reported AC: /00 g/210L

Signature of Chemical Analyst

Court CVR

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

Karl E Half
Knalyst

Rev. 12/2007

#### CRAVEN COUNTY CRAVEN COUNTY SD 240

Serial Number: 008732

Test Record Number: 1813

Test Date: 12/19/2016

Test Time: 12:23pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time	

AIR Pass 12:24pm

#### Printer Tests

Test	Status	Time

PRNT 12:24pm Pass

## CRC Tests

Test	Status	Time
COMP	Pass	12:24pm
CAL	Pass	12:24pm

Preventive Maintenance Status: Pass

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

County <u>[</u>	RAVEN Instrument Location New Bern AD
Instrument Ser	rial No. <u>0088/7</u>
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures we Department o	on the
OTHE STATE OTHER S	Signature of Certifying Official  Certificate Number

CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817 Test Date: 12/19/2016

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

08/01/2015-08/01/2017

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

Test Type: Breath Test

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

Toat

Test	g/210L	rime
DIÂG	Pass	10:30am
AIR BLK	.00	10:31am
ACCY CHK	.08	10:32am
AIR BLK	.00	10:33am
SUB TEST	.00	10:33am
AIR BLK	.00	10:34am
SUB TEST	.00	10:36am
AIR BLK	.00	10:37am

TITLE MADE

Reported AC: 100 g/210L

Signature of Chemical Analyst

Court CVR

Rank E-Half
Analyst

#### CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817

Test Record Number: 1244

Test Date: 12/19/2016

Test Time: 10:37am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:37am
FLO	Pass	10:37am
F'C	Pass	10:37am

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:38am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:38am
	CDC Electric	

#### CRC Tests

Test	Status	Time
COMP	Pass	10:38am
CAL	Pass	10:38am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County <u>LR</u>	AUCN Instrument Location MCAS CHERRY POINT	
Instrument Seri	al No. <u>010819</u> AMO	
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.	
	the	
OF STATE OF THE ST	Signature of Certifying Official  Signature of Certifying Official  Signature of Certifying Official	

#### CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 010819 Test Date: 12/19/2016

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: 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	Pass	9:39am 9:39am
ACCY CHK	.08	9:40am
AIR BLK	.00	9:41am
SUB TEST	.00	9:42am
AIR BLK	.00	9:43am
SUB TEST	.00	9:44am
AIR BLK	.00	9:45am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Rand E Half
Analyst

#### CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 010819 Test Date: 12/19/2016

Test Record Number: 480
Test Time: 9:46am EST

and the second of

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	9:47am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:47am

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County C.	RAVEN Instrument Location HAUCLOCK PO
Instrument Se	rial No. <u>008800</u>
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on theday of
THE TAPE	
	Signature of Certifying Official Certificate Number

CRAVEN COUNTY HAVELOCK PD 240

Serial Number: 008800 | Test Date: 12/19/2016

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: HALL, RANDY E

Permit Number: 3462E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:04am 9:05am
ACCY CHK	.07	9:05am 9:06am
AIR BLK	.00	9:07am
SUB TEST	.00	9:07am
AIR BLK	.00	9:08am
SUB TEST	.00	9:09am
ATR BLK	.00	9:10am

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

Kang Etal

#### CRAVEN COUNTY HAVELOCK PD 240

Serial Number: 008800 Test Record Number: 1052
Test Date: 12/19/2016 Test Time: 9:11am EST

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	9:12am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:12am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:12am

Preventive Maintenance Status: Pass

Pass

9:12am

CAL

Analyst Half

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

County (V)	Instrument Location BAT MOS	OF THO BUE
Instrument Seria	INO. OOBTIG FT. DRAGG	
The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be	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 shows
2.	Verify instrument displays time and date;	Sec.
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, 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 Al whichever occurs first.	n date, or the alcoholic breath coholic Breath Simulator tests,
I certify that on a procedures were Department of H	the	orgoing preventive maintenance ent regulations of the N.C.
STATE OF A	Signature of Certifying Official	Certificate Number

CUMBERLAND COUNTY BAT MOBILE UNIT 10 250

Serial Number: 008776 Test Date: 12/31/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: SMITH, JOCK B

Permit Number: 20630E

Effective:

05/01/2016-05/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	9:52pm 9:53pm 9:54pm 9:55pm 9:55pm 9:56pm
SUB TEST	.00	9:58pm
AIR BLK	.00	9:59pm

Reported AC; 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CUMBERLAND COUNTY BAT MOBILE UNIT 10 250

Serial Number: 008776

Test Record Number: 3357 

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1	Pass	10:02pm
SRC	Pass	10:02pm
DET	Pass	10:02pm
BAR	Pass	10:02pm
BT	Pass	10:02pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:03pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:03pm
	CRC Tests	

Test	Status	Time
COMP	Pass	10:03pm
CAL	Pass	10:03pm

Preventive Maintenance

Hatus: Pass

Analyst

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

County (UN	BERLAND Instrument Location BAT MOBILE UNIT TO	
Instrument Seria	INO. OO 8584 FT. BRAGE	
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.	
I certify that on the 3/ day of , 20/6 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.		
THE STATE OF THE S	Signature of Certifying Official Certificate Number	

CUMBERLAND COUNTY BAT MOBILE UNIT 10 250

Serial Number: 008584 Test Record Number: 2144 Test Date: 12/31/2016 Test Time: 9:56pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	9:57pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:57pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

CUMBERLAND COUNTY BAT MOBILE UNIT 10 250

> Serial Number: 008584 Test Date: 12/31/2016 Citation Number: M0000000-0

> > Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SMITH, JOCK B Permit Number: 20630E

Effective:

05/01/2016-05/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:47pm
AIR BLK	.00	9:48pm
ACCY CHK	.08	9:49pm
AIR BLK	.00	9:50pm
SUB TEST	.00	9:50pm
AIR BLK	.00	9:51pm
SUB TEST	.00	9:53pm
AIR BLK	.00	9:54pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County_	OMBERCAND Instrument Location 3AT MOBILE WITT 710		
Instrume	Serial No. 008686 FT. BRAISE		
The pre-	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 procedu Departr	at on the		
CREAT SE	Signature of Certifying Official  Certificate Number		
	Signature of Certifying Official Certificate Number		

#### CUMBERLAND COUNTY BAT MOBILE UNIT 10 250

Serial Number: 008686 Test Record Number: 6462 Test Date: 12/31/2016 Test Time: 9:55pm EST

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

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

#### Blank Tests

Test	Status	Time
ΔTR	Pagg	9 • 5 6 m

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:56pm
	CRC Tests	
Test	Status	Time

Pass

9:56pm

9:56pm

Preventive Maintenance Status: Pass

Pass

COMP

CAL

Analyst

CUMBERLAND COUNTY BAT MOBILE UNIT 10 250

Serial Number: 008686 Test Date: 12/31/2016

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

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

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

Analyst's Name: SMITH, JOCK B
Permit Number: 20630E
Effective:
05/01/2016-05/01/2018

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

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

Test	g/210L	Time
DIAG	Pass	9:43pm
AIR BLK	.00	9:44pm
ACCY CHK	.07	9:44pm
AIR BLK	.00	9:45pm
SUB TEST	.00	9:46pm
AIR BLK	.00	9:47pm
SUB TEST	.00	9:48pm
AIR BLK	.00 _	9:49pm

Reported Ag: .00 g/2101

Signature of Chemical Analyst

Court CVR

Analyst

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

County_	CASWell	Instrument Location_	CASHARIT	Co	Doderstun e	£7.2.
Instrume	nt Serial No. <u>008</u> 593	231 County	PARU	<u>Ro</u>	Vancyuilly, as	<i>C</i> <sub>n</sub>
The prev	rentive maintenance procedures for the Intox oths are:	ximeters, Model Intox	EC/IR II to be f	ollowed a	t least once every	
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degre		lcoholic breath	simulator	thermometer shows	
2.	Verify instrument displays time an	d date;				
3.	Initiate breath test sequence;					
4.	Enter information as prompted;					
5.	Verify instrument accuracy;					
6.	When "PLEASE BLOW" appears	s, collect breath sample	,			
7.	When "PLEASE BLOW" appears	s, collect breath sample	,			
8.	Print test record;					
9.	Verify Diagnostic Program; and					
10.	Verify that the ethanol gas canisted simulator solution is being change whichever occurs first.					
	that on theday ofday ofdee on the instrument indicate on the instrument indicate of Health and Human Services, and the			oing preve regulation	entive maintenance as of the N.C.	
STATE COLEAN STATE OF	STATE OC TO THE CARD OF THE CA	フリイントク are of Certifying Offici	al .	Certi	Color 2-	

CASWELL COUNTY DETENTION CENTER 160

Serial Number: 008593 Test Date: 12/12/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Driver's License Number: NONE

Analyst's Name: BARNES, SIMON S Permit Number: 11434E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00 .00	12:45pm 12:46pm 12:46pm 12:47pm 12:48pm 12:49pm 12:50pm
AIR BLK	.00	12:51pm

Reported AC: \_\_\_00 g/210L

Signature of Chemical Analyst

Court CVR

#### CASWELL COUNTY DETENTION CENTER 160

Serial Number: 008593 Test Record Number: 1406 Test Date: 12/12/2016 Test Time: 12:52pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

FC1 Pass 12:53pm SRC Pass 12:53pm DET Pass 12:53pm BAR Pass 12:53pm BT Pass 12:53pm	Test	Status	Time
DET Pass 12:53pm BAR Pass 12:53pm	FC1	Pass	12:53pm
BAR Pass 12:53pm	SRC	Pass	12:53pm
	DET	Pass	12:53pm
BT Pass 12:53pm	BAR	Pass	12:53pm
	BT	Pass	12:53pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:53pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:53pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:54pm 12:54pm

Preventive Maintenance Status: Pass

Analyst

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

County (Lv	
Instrument Seria	INO. DO8947 407-A Maple Rd., Maple, N
	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the 13 the day of Docomber, 20 16 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Zee A) (643
	Signature of Certifying Official Certificate Number

CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

Serial Number: 008947 Test Date: 12/13/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

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

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	11:34am 11:35am 11:35am 11:36am
SUB TEST	.00	11:37am
AIR BLK	.00	11:38am
SUB TEST	.00	11:39am
ATR BLK	. 0.0	11:40am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

Serial Number: 008947

Test Record Number: 1961

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:42am

#### Printer Tests

Status

Time

1000	bcacab	I IIIIC
PRNT	Pass	<b>11:43</b> am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:43am 11:43am

Preventive Maintenance Status: Pass

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

County Ca	inden Instrument Location Carnel	en (u. 5.0.
Instrument S	Serial No. 008940 113 Huy 343	ander, N.C.
The preventi	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic brea 34 degrees, plus or minus .2 degree centigrade;	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 Al whichever occurs first.	
I certify that procedures v Department	at on the	orgoing preventive maintenance ent regulations of the N.C.
LALS THE COREAT OF THE CORE THE	WE OR NO CHARGO THE CARROLL AND THE CARROLL AN	
* F.SE QUAM	Lel XX	643
	Signature of Certifying Official	Certificate Number

CAMDEN COUNTY CAMDEN CO SO 140

Serial Number: 008940 Test Date: 12/13/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:31pm 12:32pm
ACCY CHK	.07	12:32pm
AIR BLK	.00	12:33pm
SUB TEST	.00	12:34pm
AIR BLK	.00	12:35pm
SUB TEST	.00	12:36pm
ATR BLK	.00	12:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### CAMDEN COUNTY CAMDEN CO SO 140

Serial Number: 008940 Test Record Number: 809 Test Date: 12/13/2016 Test Time: 12:38pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:38pm
FLO	Pass	12:38pm
FC	Pass	12:39pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:39pm
SRC	Pass	12:39pm
DET	Pass	12:39pm
BAR	Pass	12:39pm
BT	Pass	12:39pm

#### Blank Tests

Test	Status	Time
•		
ATR	Pagg	12.39pm

#### Printer Tests

Test

CAL

PRNT	Pass	12:39pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:39pm

Status

Time

12:39pm

Preventive Maintenance Status: Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CARTERET Instrument Location BA	T MOBILE UNIT
Instrument	CARTERET Instrument Location BA  Serial No. 008647 FM	REALD ISLE, NI
The preven	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II as are:	to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic 34 degrees, plus or minus .2 degree centigrade;	breath simulator thermometer 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 expired simulator solution is being changed every four months or after 12 whichever occurs first.	ation date, or the alcoholic breath 5 Alcoholic Breath Simulator tests,
I certify the procedures Departmen	at on the day of ECEMBER_ 20/Lothe swere performed on the instrument indicated above, in accordance with one of Health and Human Services, and the instrument is functioning property	he forgoing preventive maintenance current regulations of the N.C.
GREAT SE	ATE OF NO.	
*1550 00	(Made lang / ) and	648
	Signature of Certifying Official	Certificate Number

CARTERET COUNTY BAT MOBILE UNIT 9 150

Serial Number: 008647 Test Date: 12/17/2016

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: BARNES, ALVIN R

Permit Number: 15671E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	11:20pm 11:20pm 11:21pm 11:22pm
SUB TEST	.00	11:23pm
AIR BLK	.00	11:24pm
SUB TEST	.00	11:25pm
AIR BLK	.00	11:26pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CARTERET COUNTY BAT MOBILE UNIT 9 150

Serial Number: 008647 Test Record Number: 2292 Test Date: 12/17/2016 Test Time: 11:27pm EST

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1	Pass	11:27pm
SRC	Pass	11:27pm
DET	Pass	11:27pm
BAR	Pass	11:27pm
$\mathtt{BT}$	Pass	11:27pm

#### Blank Tests

Test	Status	Time
AIR	Pass	11:28pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:28pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:28pm 11:28pm

Preventive Maintenance Status: Pass

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

County	CAI	RTER	ET_	Instrument Loca	ation	BAT HO	BILE	DWIT
Instrumen	t Serial N	Io	08616			EMERALI	>	SLE, NC
The preve		intenance	procedures for	the Intoximeters, Model	Intox EC/I	R II to be follow	ed at leas	st once every
1.				nister displays pressure, o .2 degree centigrade;	r the alcoho	olic breath simul	ator ther	mometer shows
2.	· •	erify inst	ument display	s time and date;				
3.	I	nitiate bre	ath test sequen	ce;				
4.	I	Enter infor	mation as pron	npted;				
5.	,	Verify inst	rument accurac	y;				
6.	,	When "PLI	EASE BLOW"	appears, collect breath s	sample;			
7.		When "PLI	EASE BLOW"	appears, collect breath s	sample;			
<b>8.</b>	ı	Print test re	ecord;					
9. <sub>.</sub>		Verify Dia	gnostic Prograi	m; and	er e			
10.	S	imulator s		s canister is being change g changed every four mo				
procedure	s were p	ertormed c	n the instrume	DECEMBER  nt indicated above, in acc  and the instrument is fur	cordance w	ith current regul	oreventiv ations of	e maintenance the N.C.
SO STATE COREAT SEA	TATE OF NO.	L CAROLL	al	Signature of Certifying	Official		Certificat	48 e Number

CARTERET COUNTY BAT MOBILE UNIT 9 150

Serial Number: 008616 Test Date: 12/18/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE3, MAINTENANCE
Subject'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: DEHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	2:06am 2:07am
ACCY CHK	.07	2:08am
AIR BLK	.00	2:09am
SUB TEST	.00	2:10am
AIR BLK	.00	2:11am
SUB TEST	.00	2:12am
ATR BLK	0.0	2 · 13am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### CARTERET COUNTY BAT MOBILE UNIT 9 150

Serial Number: 008616 Test Record Number: 2279
Test Date: 12/18/2016 Test Time: 2:14am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:14am
FLO	Pass	2:14am
FC	Pass	2:14am

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	2:15am

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:15am

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyet

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County	Instrument Location Bot Mobile Unit
Instrument Serial	1No.008775 Durham PD
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	theday of(end to be considered above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
O THE STATE ON THE STATE OF THE	Signature of Certifying Official Certificate Number

DURHAM COUNTY BAT MOBILE UNIT 8 310

Serial Number: 008775 Test Date: 12/09/2016

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

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

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

#### DURHAM COUNTY BAT MOBILE UNIT 8 310

Serial Number: 008775 Test Record Number: 1695
Test Date: 12/09/2016 Test Time: 11:15pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:16pm
FLO	Pass	11:16pm
FC	Pass	11:16pm

### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:16pm 11:16pm 11:16pm 11:16pm 11:16pm

#### Blank Tests

Test	Status	Time
AIR	Pass	11:16pm

#### Printer Tests

Status

PRNT	Pass	11:16pm
	CRC Tests	•
Test	Status	Time
COMP	Pass	11:17pm

Preventive Maintenance Status: Pass

Pass

a B Skinn

Time

11:17pm

form is used when nerforming Preven

Test

CAL

PREVENTIVE MAINTENANCE RECORD

je fa = to held same	INTOXIMETERS, MODEL INTOX EC/IR II
County )	Instrument Location Bat Mabile. Unit
Instrument Se	erial No DOS 601 Durham PD
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1,	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
COREATE STATE OF THE CONTROL OF THE	

#### DURHAM COUNTY BATMOBILE UNIT 8 310

Serial Number: 008601 Test Date: 12/09/2016

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Female
Priver's License State: YY

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

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

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

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

Test	g/210L	Time
DIAG	Pass	11:22pm
AIR BLK	.00	11:23pm
ACCY CHK	.07	11:24pm
AIR BLK	.00	11:24pm
SUB TEST	.00	11:25pm
AIR BLK	.00	11:26pm
SUB TEST	.00	11:28pm
AIR BLK	.00	11:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Donya Bokun

### DURHAM COUNTY BATMOBILE UNIT 8 310

Serial Number: 008601

Test Record Number: 1195

Test Date: 12/09/2016

Test Time: 11:30pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:30pm 11:30pm 11:30pm 11:30pm 11:30pm
101	Labb	oop

#### Blank Tests

Test	Status	Time
AIR	Pass	11:31pm

#### Printer Tests

Test Stati	
PRNT Pass	11:31pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

an make and an analysis and an	INTUXIMETE	RS, MODEL INTOX EC/IR II
County \( \)	wham	Instrument Location ROT Mobile. 11/18
Instrument Seria	al No. () () () (() () () () () () () () () ()	Durham PD
The preventive four months are		intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath simulator thermometer shows egree centigrade;
2.	Verify instrument displays tim	e and date;
3.	Initiate breath test sequence;	
4.	Enter information as prompted	<b>);</b>
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" app	pears, collect breath sample;
7.	When "PLEASE BLOW" app	pears, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; ar	nd
10.		nister is being changed before expiration date, or the alcoholic breath anged every four months or after 125 Alcoholic Breath Simulator tests,
	e performed on the instrument in	dicated above, in accordance with current regulations of the N.C. the instrument is functioning properly.
TO THE STATE OF TH	San Carollian Conto	B SKynny Lily

#### DURHAM COUNTY BAT MOBILE UNIT 8 310

Serial Number: 008816 Test Date: 12/10/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Mya B Skynn

#### DURHAM COUNTY BAT MOBILE UNIT 8 310

Serial Number: 008816 Test Record Number: 7275
Test Date: 12/10/2016 Test Time: 12:15am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:16am

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:16am
	CRC Tests	
Test	Status	Time
COMP	Pass	12:17am

Pass

12:17am

Preventive Maintenance Status: Pass

CAL

Analyst

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

Same of the same o	INTOXIMETER	5, MODEL INTOX EC/II	<b>K</b> 11
County D	uctam	Instrument Location BOLL	nobile Uni
Instrument Ser	rial No. <u>008734</u>	Durham P	0
The preventive four months ar	e maintenance procedures for the Into	ximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degre	plays pressure, or the alcoholic breath e centigrade;	simulator thermometer shows
2.	Verify instrument displays time ar	nd date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears	s, collect breath sample;	
7.	When "PLEASE BLOW" appears	s, collect breath sample;	
8.	Print test record;		·
9.	Verify Diagnostic Program; and	3 2	
10.	Verify that the ethanol gas canister simulator solution is being change whichever occurs first.	r is being changed before expiration do d every four months or after 125 Alco	ate, or the alcoholic breath holic Breath Simulator tests,
I certify that or procedures we Department of	n the day of	the forgoted above, in accordance with current instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
THE STATE OF THE S	Danie -	BSKinn	644
	Signatu	re of Certifying Official	Certificate Number

DURHAM COUNTY BAT MOBILE UNIT 8 310

Serial Number: 008736 Test Date: 12/09/2016

Citation Number: M000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:31pm 11:32pm 11:33pm
AIR BLK	.00	11:33pm
SUB TEST	.00	11:34pm
AIR BLK	.00	11:35pm
SUB TEST	.00	11:37pm
AIR BLK	.00	11:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### DURHAM COUNTY BAT MOBILE UNIT 8 310

Serial Number: 008736 Test Date: 12/09/2016 Test Record Number: 871 Test Time: 11:39pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:39pm 11:39pm 11:39pm 11:39pm 11:39pm
	1 455	D_p

#### Blank Tests

Test	Status	Time
7. TD	Pagg	11.40mm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:40pm
	CRC Tests	

Test	Status	Time
COMP	Pass	11:40pm
CAL	Pass	11:40pm

Preventive Maintenance Status: Pass

Analyst Nunl

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

, married		AS, MODEL INTOX ECH		
County	) UR HAM	Instrument Location DurkHA	us Co JAIL	
Instrument S	erial No. <u>008878</u>	Durham NC	sum ST	
	ve maintenance procedures for the I	intoximeters, Model Intox EC/IR II to be	•	
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 tim	e and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	<b>!;</b>		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" app	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;			
8.	Print test record;			
9.	Verify Diagnostic Program; ar	nd		
10.	Verify that the ethanol gas can	sister is being changed before expiration inged every four months or after 125 Ala		
procedures w	ere performed on the instrument in	dicated above, in accordance with current the instrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.	
ONE STATI	CAROLINA	4	le let en sylve	
OLIAN V	_ Otoles_	5 ARNOS	662	
•	Sig	nature of Certifying Official	Certificate Number	

#### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878 Test Date: 12/19/2016

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: BARNES, SIMON S

Permit Number: 11434E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:29am
AIR BLK	.00	10:30am
ACCY CHK	.08	10:30am
AIR BLK	.00	10:31am
SUB TEST	.00	10:32am
AIR BLK	.00	10:33am
SUB TEST	.00	10:34am
ATR BLK	. 0.0	10:35am

Reported AC -,00 g/210L

Signature of Chemical Analyst

Court CVR

#### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878 Test Record Number: 3794
Test Date: 12/19/2016 Test Time: 10:36am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:37am
FLO	Pass	10:37am
FC	Pass	10:37am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:37am
SRC	Pass	10:37am
DET	Pass	10:37am
BAR	Pass	10:37am
BT	Pass	10:37am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:38am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:38am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:38am 10:38am

Preventive Maintenance Status: Pass

Analyst

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

للمعين	\		TOY FC/IK I	1
County	DURHAM	Instrument Location	Durhous	60 JA12
Instrument Se	rial No. <u>008891</u>	219 5.	Margun :	57
		lwngu	1, NE	
The preventive four months as	e maintenance procedures for the re:	Intoximeters, Model Intox	c EC/IR II to be follo	wed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 of	ar displays pressure, or the degree centigrade;	alcoholic breath sim	ulator thermometer show
2.	Verify instrument displays tir	ne and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompte	d;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears, collect breath sample;			
7.	When "PLEASE BLOW" app	pears, collect breath sampl	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 befunged every four months o	ore expiration date, or after 125 Alcoholic	or the alcoholic breath Breath Simulator tests,
I certify that on procedures wer Department of	the 19 day of 20 day of 19	<u>Ce ~1 Ben</u> , 20_ dicated above, in accordar the instrument is function	the forgoing the with current reguing properly.	preventive maintenance lations of the N.C.
OF STATE OF THE ST	A toke	3 BANOS	4 <b>#</b> a/	**** 662
	Sign	nature of Certifying Officia	al -	Certificate Number

#### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891 Test Date: 12/19/2016

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: BARNES, SIMON S
Permit Number: 11434E
Effective:
05/01/2015-05/01/2017

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

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

g/210L	Time
Pass .00 .08	10:14am 10:15am 10:16am 10:17am
.00	10:17am
.00	10:18am
.00	10:20am
.00	10:20am
	Pass .00 .08 .00 .00

Reported, AC: 90 g/210L

Signature of Chemical Analyst

Court CVR

#### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891 Test Date: 12/19/2016 Test Record Number: 3444
Test Time: 10:22am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:22am 10:22am
FC	Pass	10:22am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:22am
SRC	Pass	10:22am
DET	Pass	10:22am
BAR	Pass	10:22am
$\mathtt{BT}$	Pass	10:22am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:23am

#### Printer Tests

Test

COMP

CAL

PRNT	Pass	10:23am
	CRC Tests	
Test	Status	Time

Status

Time

10:23am

10:23am

Preventive Maintenance Status: Pass

Pass

Pass

Analyst Analyst

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

County	URHAM	Instrument Location DURN	14m Co JAIL
Instrument Seria	al No. <u>008859</u>	219 5. MANGUA Durham NC	1 57
The preventive four months are		oximeters, Model Intox EC/IR II to b	
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr	isplays pressure, or the alcoholic bree ree 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" appea	ars, collect breath sample;	
7.	When "PLEASE BLOW" appea	urs, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		ter is being changed before expiration ged every four months or after 125 A	
I certify that on procedures were Department of I	theday ofday of	2 m Ben , 20 16 the forcated above, in accordance with curre e instrument is functioning properly.	orgoing preventive maintenance ent regulations of the N.C.
THE STATE OF THE S	Hokes Signa	Ture of Certifying Official	Certificate Number

#### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859 Test Date: 12/19/2016

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: BARNES, SIMON S

Permit Number: 11434E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: 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	9:53am 9:54am 9:55am 9:56am 9:56am 9:57am
AIR BLK	.00	10:00am

Reported AC: .00 q/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859 Test Record Number: 2088 Test Date: 12/19/2016 Test Time: 10:01am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:01am
FLO	Pass	10:01am
FC	Pass	10:01am

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	10:01am 10:01am
DET	Pass	10:01am
BAR	Pass	10:01am
$\mathtt{BT}$	Pass	10:01am

#### Blank Tests

Test	Status	Time
ATR	Pass	10:02am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:02am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:02am

Pass

10:02am

Preventive Maintenance Status: Pass

CAL

Analyst

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

County	INTOXIMETERS, MODEL INTOX EC/IR II  (C) Instrument Location Date (1). Detention CTR.
Instrument Seria	Instrument Location VAIC CO. Vetention CTR.  1No. 008783 LOGU Driffwood Or., Marrier, V.C.
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
	performed on the instrument indicated above, in accordance with current regulations of the N.C.
Department of H	lealth and Human Services, and the instrument is functioning properly.
THE STATE OF A PART OF A P	Signature of Certifying Official Certificate Number

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Date: 12/01/2016

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, 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	Pass .00 .07	11:16am 11:17am 11:18am
AIR BLK	.00	11:19am
SUB TEST	.00	11:19am
AIR BLK	.00	11:20am
SUB TEST	.00	11:22am
AIR BLK	.00	11:22am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Jinced Keese
Analyst

#### DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783

Test Record Number: 633

Test Date: 12/01/2016

Test Time: 11:23am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:23am
FLO	Pass	11:23am
FC	Pass	11:24am

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	11:24am 11:24am
DET	Pass	11:24am
BAR	Pass	11:24am
$\mathtt{BT}$	Pass	11:24am

#### Blank Tests

Test	Status	Time	

AIR Pass 11:24am

#### Printer Tests

	G + - +	m
Test	Status	Time

PRNT Pass 11:24am

#### CRC Tests

Test	Status	Time
COMP	Pass	11:25am
CAL	Pass	11:25am

Preventive Maintenance Status: Pass

Analyst

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

	INTOXIMETE	RS, MODEL INTOX EC	(
County	/ACC	Instrument Location //Are	Co. Detember
Instrument Se	erial No. 00 \$404	1044 Drift Wood	d Dr., Mansez,
The preventive four months a		ntoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic broggree centigrade;	eath simulator thermometer shows
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	,	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample;	
7.	When "PLEASE BLOW" app	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	d	
10.		ister is being changed before expiration nged every four months or after 125 A	
	ere performed on the instrument inc	cember, 20 /c the fidicated above, in accordance with current the instrument is functioning properly	ent regulations of the N.C.
STATE STATE OF THE	Store Sign	Los A Los	Certificate Number

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804 Test Date: 12/01/2016

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, LINDA A

Permit Number: 11646E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	11:14am 11:15am 11:16am 11:17am 11:17am
AIR BLK	.00	11:18am
SUB TEST	.00	11:20am
AIR BLK	.00	11:21am

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

Lincex Veese

#### DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804

Test Record Number: 1822

Test Date: 12/01/2016

Test Time: 11:22am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:22am
FLO	Pass	11:22am
FC	Pass	11:22am

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	11:22am 11:22am
DET	Pass	11:22am
BAR	Pass	11:22am
BT	Pass	11:22am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:23am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:23am
	CRC Tests	

Test	Status	Time
COMP	Pass	11:23am
CAL	Pass	11:23am

Preventive Maintenance Status: Pass

Analyst

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



Signature of Certifying Official

Certificate Number

DUPLIN COUNTY WALLACE PD 300

Serial Number: 008858 Test Date: 12/15/2016

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	12:34pm 12:34pm 12:35pm 12:36pm
SUB TEST	.00	12:36pm
AIR BLK	.00	12:37pm
SUB TEST	.00	12:39pm
AIR BLK	.00	12:40pm

Reported AC: .00/g/2/10L

Signature of Chemical Analyst

Court CVR

Analyst

#### DUPLIN COUNTY WALLACE PD 300

Serial Number: 008858 Test Record Number: 775
Test Date: 12/15/2016 Test Time: 12:41pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:42pm

#### Printer Tests

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

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

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

Signature of Certifying Official

DUPLIN COUNTY DUPLIN CO SD 300

Serial Number: 008864 Test Date: 12/15/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC:

ø/q/2101/

Signature of Chemical Analyst

Court CVR

#### DUPLIN COUNTY DUPLIN CO SD 300

Serial Number: 008864

Test Record Number: 3019

Test Date: 12/15/2016

Test Time: 11:31am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:31am 11:31am
FC	Pass	11:31am

#### Temperature Tests

Status	Time
Pass	11:31am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
ATR	Pass	11:32am

#### Printer Tests

Test	St <b>at</b> us	Time
PRNT	Pass	11:32am

#### CRC Tests

Test	Status	Time
COMP	Pass	11:32am
CAL	Pass	11:32am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Time	INTOXIMETE	RS, MODEL INTOX EC/JR	II
County )	plin	Instrument Location Angle	1 County
Instrument Seri	al No. <u>00886</u> 5	1 Sheriff	Desputance
· · · · · · · · · · · · · · · · · · ·			
The preventive four months are	maintenance procedures for the In	ntoximeters, Model Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath segree centigrade;	simulator thermometer show
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	<b>;</b>	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appo	ears, collect breath sample;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	
<b>8.</b>	Print test record;		
9.	Verify Diagnostic Program; and	d	
10.	Verify that the ethanol gas cani simulator solution is being char whichever occurs first.	ister is being changed before expiration da nged every four months or after 125 Alcoh	te, or the alcoholic breath solic Breath Simulator tests,
	e performed on the instrument ind	the forgo licated above, in accordance with current respectively.	ing preventive maintenance egulations of the N.C.
TO THE STATE OF ME		Malan	601
	<sub>4</sub> Sign	nature of Certifying Official	Certificate Number

DUPLIN COUNTY DUPLIN CO SD 300

Serial Number: 008864 Test Date: 12/15/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	11:23am 11:23am 11:24am
ACCY CHR	.00	11:24am 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

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

#### DUPLIN COUNTY DUPLIN CO SD 300

Serial Number: 008864 Test Record Number: 3019
Test Date: 12/15/2016 Test Time: 11:31am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:31am
FLO	Pass	11:31am
FC	Pass	11:31am

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	11:31am 11:31am
DET	Pass	11:31am
BAR	Pass	11:31am
BT	Pass	11:31am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:32ar

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:32am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:32am

Preventive Maintenance Status: Pass

Pass

11:32am

CAL

Analyst

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

County Gr	qs1an	Instrument Location Gasten Co	runty SD
Instrument Seri	al No. <u>008832</u>	425 N. Maretta St. Ga	denia
The preventive four months are		ntoximeters, Model Intox EC/IR II to be for	llowed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath si egree centigrade;	mulator thermometer shows
2.	Verify instrument displays tim	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	,	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample;	
7.	When "PLEASE BLOW" app	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	nd	
10.		ister is being changed before expiration dat inged every four months or after 125 Alcohol	
procedures wer	the 3/5 <sup>T</sup> day of <u>Co</u> re performed on the instrument in Health and Human Services, and	dicated above, in accordance with current rethe instrument is functioning properly.	ing preventive maintenance egulations of the N.C.
CONTROL STATE OF THE STATE OF T		nature of Certifying Official	656 Certificate Number

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008832 Test Date: 12/31/2016

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:53am 10:54am 10:54am
AIR BLK SUB TEST	.00 .00	10:55am 10:56am
AIR BLK	.00	10:57am
SUB TEST	.00	10:58am
AIR BLK	.00	10:59am

Reported AC .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008832

Test Record Number: 1327

Test Date: 12/31/2016 Test Time: 10:50am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:50am
FLO	Pass	10:50am
FC	Pass	10:51am

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:51am 10:51am 10:51am 10:51am 10:51am
1) 1	1000	EO. Diam

#### Blank Tests

Test Sta	itus Time
----------	-----------

AIR 10:51am Pass

#### Printer Tests

Test	Status	Time

PRNT 10:51am Pass

#### CRC Tests

Test	Status	Time
COMP	Pass	10:51am

CAL Pass 10:51am

Preventive Maintenance Status: Pass

Analyst

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

County	Gaston	Instrument Location_	Bat	mobile	Unit 11
Instrumen	t Serial No. <u>\) 0 8973</u>			<del> </del>	
The prever	ntive maintenance procedures for the hs are:	Intoximeters, Model Intox	EC/IR II to	o be follow	ed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d		alcoholic b	reath simul	ator thermometer show
2.	Verify instrument displays tin	ne and date;			
3.	Initiate breath test sequence;				
4.	Enter information as prompte	ed;			
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" ap	pears, collect breath sample	e;		
7.	When "PLEASE BLOW" ap	pears, collect breath sampl	le;		
8.	Print test record;				
9.	Verify Diagnostic Program; a	ınd			
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.				
procedure	nat on the <u>/</u> <u>/</u> day of <u>D</u> s were performed on the instrument in the of Health and Human Services, and	ndicated above, in accordar	nce with cu	rrent regula	preventive maintenance ations of the N.C.
TO SEE A SEE AS	TATE OF NO.	Sou X	ia!		Sertificate Number

GASTON BAT MOBILE UNIT 11 350

Serial Number: 008973 Test Date: 12/10/2016

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

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

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

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

Reported AC: .00 q/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### GASTON BAT MOBILE UNIT 11 350

Serial Number: 008973 Test Record Number: 243
Test Date: 12/10/2016 Test Time: 10:06pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:07pm

#### Printer Tests

Test

CAL

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

Status

Time

10:07pm

Preventive Maintenance Status: Pass

Pass

Analyst

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

,	INTOXIMETERS, MODEL INTOX EC/IR II
County (	agastan Instrument Location Gastan County SD
Instrument Se	erial No. 008684 425 N. Marietta St. Gastania
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 day of da
TARESTALLS IN COREAL OF THE CREAT STATES IN CORE THE CRE	

#### GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008684 Test Date: 12/01/2016

Test Record Number: 3323 Test Time: 10:52am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:53am 10:53am 10:53am 10:53am 10:53am
1	rass	10.55am

#### Blank Tests

Test Status Time

AIR Pass 10:53am

#### Printer Tests

Status Time Test

PRNT Pass 10:53am

CRC Tests

Test Status Time

COMP Pass 10:54am CAL Pass 10:54am

Preventive Maintenance Status: Pass

Analyst

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008684 Test Date: 12/01/2016

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

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	11:01am
AIR BLK	.00	11:02am
ACCY CHK	.08	11:02am
AIR BLK	.00	11:03am
SUB TEST	.00	11:04am
AIR BLK	.00	11:05am
SUB TEST	.00	11:06am
AIR BLK	.00	11:07am

Reported AC .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County Gu	il Facd Instrument Location Bat Mobile Unit 9
Instrument Seria	1No.008601 UncC
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the 3 day of December, 20 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
OF THE STATE OF A STAT	Signature of Certifying Official Certificate Number

GREENSBORO BATMOBILE UNIT 8 400

Serial Number: 008601 Test Date: 12/03/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### GREENSBORO BATMOBILE UNIT 8 400

Serial Number: 008601 Test Record Number: 1191 Test Date: 12/03/2016 Test Time: 12:43am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:43am
FLO	Pass	12:43am
FC	Pass	12:43am

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:44am

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:44am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:44am 12:44am

Preventive Maintenance Status: Pass

Analyst

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

County	INTOXIMETERS, MODEL INTOX EC/IR II  WILL COMPANY TO THE LOCATION BOLL MODILE UNITS  Instrument Location Boll Modile Units
Instrument S	erial No. 008736 UNC - G
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on the
MAND SEE STATE STATE OF THE STA	Signature of Certifying Official Certificate Number

#### GREENSBORO BAT MOBILE UNIT 8 400

Serial Number: 008736 Test Record Test Date: 12/03/2016 Test Time:

Test Record Number: 868
Test Time: 12:09am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test Status Time

AIR Pass 12:10am

#### Printer Tests

Test Status Time
PRNT Pass 12:10am

#### CRC Tests

Test Status Time

COMP Pass 12:10am

CAL Pass 12:10am

Preventive Maintenance Status: Pass

Nya 5 OKum Analyst

GREENSBORO BAT MOBILE UNIT 8 400

Serial Number: 008736 Test Date: 12/03/2016

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

	INTOXIMETERS, MODEL INTOX ECHN II
County	ilford Instrument Location Bat Mabik Unit
Instrument Seria	1 No. 008775 Unc-G
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the day of (Province, 20) the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

#### GREENSBORO BAT MOBILE UNIT 8 400

Serial Number: 008775 Test Date: 12/02/2016

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

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

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

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

Officer's Name: SKINNER, TONYA B
Type of Agency: XX
Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	11:40pm 11:41pm 11:41pm 11:42pm
SUB TEST	.00	11:43pm
AIR BLK	.00	11:44pm
SUB TEST	.00	11:45pm
AIR BLK	.00	11:46pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

My B Kunu Analyst

#### GREENSBORO BAT MOBILE UNIT 8 400

Serial Number: 008775 Test Record Number: 1692 Test Date: 12/02/2016 Test Time: 11:49pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:49pm
FLO	Pass	11:49pm
FC	Pass	11:49pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:49pm
SRC	Pass	11:49pm
DET	Pass	11:49pm
BAR	Pass	11:49pm
BT	Pass	11:49pm

#### Blank Tests

Test	Status	Time
AIR	Pass	11:50pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:50pm
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

11:50pm

11:50pm

COMP

CAL

Donya B Stynn

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

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

HENDERSON BAT MOBILE UNIT 11 440

Serial Number: 008970 Test Date: 12/11/2016

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

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

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

Test	g/210L	Time
DIAG	Pass	8:14pm
AIR BLK	.00	8:15pm
ACCY CHK	.08	8:16pm
AIR BLK	.00	8:16pm
SUB TEST	.00	8:17pm
AIR BLK	.00	8:18pm
SUB TEST	.00	8:19pm
AIR BLK	.00	8:20pm

Reported AC: .00 g/210L

Signature of Chemica Analyst

Court CVR

Mr Voc

#### HENDERSON BAT MOBILE UNIT 11 440

Serial Number: 008970 Test Record Number: 266 

System Check: Passed

#### Baseline Tests

<b>-</b>	Test	Status	Time
<u>*</u>	FLO	Pass	8:22pm 8:22pm 8:22pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:22pm
SRC	Pass	8:22pm
DET	Pass	8:22pm
BAR	Pass	8:22pm
BT	Pass	8:22pm

#### Blank Tests

Test	Status	Time
AIR	Pass	8:23pm

#### Printer Tests

Status Time

Test

PRNT	Pass	8:23pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	8:23pm 8:23pm

Preventive Maintenance Status: Pass

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

County	Henderson Instrument Location But Mobile Unit 11
Instrument	: Serial No. <u>00 89 73</u>
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify the procedure Departme	nat on the
E STATE ONE AT STATE OF STATE	Signature of Certificial Certificate Number

HENDERSON BAT MOBILE UNIT 11 440

Serial Number: 008973 Test Date: 12/11/2016

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: TOWERY, CHAD V

Permit Number: 26632E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	7:54pm
AIR BLK	.00	7:55pm
ACCY CHK	.08	7:56pm
AIR BLK	.00	7:57pm
SUB TEST	.00	7:57pm
AIR BLK	.00	7:58pm
SUB TEST	.00	8:00pm
AIR BLK	.00	mq00:8

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### HENDERSON BAT MOBILE UNIT 11 440

Serial Number: 008973 Test Record Number: 246 Test Date: 12/11/2016 Test Time: 8:04pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:04pm
FLO	Pass	8:04pm
FC	Pass	8:04pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:04pm
SRC	Pass	8:04pm
$\mathtt{DET}$	Pass	8:04pm
BAR	Pass	8:04pm
$\mathtt{BT}$	Pass	8:04pm

#### Blank Tests

Test	Status	Time
AIR	Pass	8:05pm

#### Printer Tests

Status

Test

Time

PRNT	Pass	8:05pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	8:05pm 8:05pm

Preventive Maintenance Status: Pass

Analyst

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

County	DNES Instrument Location Jonnes County
Instrument Ser	ial No. 008705 SHERIFFS OFFICE
The preventive four months ar	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures we Department of	the
STATE OF THE STATE	Signature of Certifying Official  Signature of Certifying Official  Certificate Number

JONES COUNTY JONES COUNTY SD 510

Serial Number: 008705 Test Date: 12/19/2016

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: HALL, RANDY E

Permit Number: 3462E

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

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

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

Land E-Half Analyst

#### JONES COUNTY JONES COUNTY SD 510

Serial Number: 008705

Test Record Number: 1100

Test Date: 12/19/2016

Test Time: 1:13pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
4		
IR	Pass	1:14pm
FLO	Pass	1:14pm
FC	Pass	1:14pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	1:14pm 1:14pm 1:14pm 1:14pm 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	Pass	1:15pm

Preventive Maintenance Status: Pass

Pass

CAL

1:15pm

Rand E Holf
Analyst

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

County	JOHNSTON	Instrument Location JOHNSTO	N Co. JAIL
Instrumen	nt Serial No	SMITHFIELD, N	C
The preve		Intoximeters, Model Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic breath s legree centigrade;	simulator thermometer show
2.	Verify instrument displays tim	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	d;	
5.	Verify instrument accuracy;		•
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; as	nd	
10.		nister is being changed before expiration da anged every four months or after 125 Alcoh	
	es were performed on the instrument in	dicated above, in accordance with current relationships the instrument is functioning properly.	oing preventive maintenance egulations of the N.C.
GREAT OF STATES	TATE OF NO.	gnature of Certifying Official	37/ Certificate Number

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008810 Test Date: 12/08/2016

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: AG621404 Exp Date: 08/01/2018

Test	g/210L	Time
DIAG	Pass	3:32pm
AIR BLK	.00	3:33pm
ACCY CHK	.08	3:34pm
AIR BLK	.00	3:35pm
SUB TEST	.00	3:36pm
AIR BLK	.00	3:37pm
SUB TEST	.00	3:38pm
AIR BLK	.00	3:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008810

Test Record Number: 2448

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:41pm
FLO	Pass	3:41pm
FC	Pass	3:41pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:41pm
SRC	Pass	3:41pm
DET	Pass	3:41pm
BAR	Pass	3:41pm
BT	Pass	3:41pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:42pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:42pm

#### CRC Tests

Test	Status	Time
COMP	Pass	3:42pm
CAL	Pass	3:42pm

Preventive Maintenance Status: Pass

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

County Je	HNSTON Instrument Location Johnston Co. JAIL
Instrument Serial	No. 008846 SMITHFIRD, NC
The preventive m four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
<b>5.</b>	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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 <u>DB</u> day of <u>DECEMBED</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.
ORE 12 THE STATE OF NO.	Signature of Certifying Official Certificate Number

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008846 Test Date: 12/08/2016

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: AG526401 Exp Date: 09/21/2017

Test	g/210L	Time
DIAG	Pass	3:50pm
AIR BLK	.00	3:51pm
ACCY CHK	.08	3:52pm
AIR BLK	.00	3:53pm
SUB TEST	.00	3:54pm
AIR BLK	.00	3:55pm
SUB TEST	.00	3:56pm
AIR BLK	.00	3:57pm

Reported AC: .00 g/210L

Signature (of Chemical Analyst

Court CVR

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008846 Test Record Number: 3993 Test Date: 12/08/2016 Test Time: 3:58pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:59pm
SRC	Pass	3:59pm
DET	Pass	3:59pm
BAR	Pass	3:59pm
$\mathtt{BT}$	Pass	3:59pm

#### Blank Tests

Test	Status	•	Time
AIR	Pass		3:59pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:59pm

#### CRC Tests

Test	Status	Time
COMP	Pass	3:59pm
CAL	Pagg	3:59mm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County J	OI-NSTON Instrument Locat	ion SELMA POLICE DEPT.
Instrument Ser	erial No. <u>008595 SEL /</u>	MA NC
The preventive four months ar	ve maintenance procedures for the Intoximeters, Model In are:	ntox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or 34 degrees, plus or minus .2 degree centigrade;	the alcoholic breath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sa	mple;
7.	When "PLEASE BLOW" appears, collect breath sa	mple;
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed simulator solution is being changed every four month whichever occurs first.	before expiration date, or the alcoholic breath his or after 125 Alcoholic Breath Simulator tests,
procedures we	on the <u>02</u> day of <u>DECEMBER</u> were performed on the instrument indicated above, in according to the instrument is fundamental fundamental forms.	
THE STATE OF THE S	Signature of Certifying C	1 37/ Official Certificate Number

JOHNSTON COUNTY SELMA PD 500

Serial Number: 008595 Test Date: 12/02/2016

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: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:19pm 12:20pm
ACCY CHK	.07	12:21pm
AIR BLK	.00	12:22pm
SUB TEST	.00	12:23pm
AIR BLK	.00	12:24pm
SUB TEST	.00	,12:25pm
ATR BLK	.00	12:26pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

#### JOHNSTON COUNTY SELMA PD 500

Serial Number: 008595

Test Record Number: 1051

Test Date: 12/02/2016 Test Time: 12:27pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time

AIR 12:28pm Pass

#### Printer Tests

Test	Status	Time
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PRNT Pass 12:28pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

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

County	Lincoln	Instrument Location Lincoln	County Courthou
Instrument	t Serial No. <u>008827</u>	#1 Gurt Squar	e, Lincolnton
The prever		Intoximeters, Model Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic breath egree centigrade;	simulator thermometer shows
2.	Verify instrument displays tin	ne and date;	•
3.	Initiate breath test sequence;		
4.	Enter information as prompted	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	in de la companya de La companya de la co
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	nd	
	simulator solution is being changed whichever occurs first.  nat on the 13th day of being changed by the same of the day of the instrument in the instrument	dicated above, in accordance with current	holic Breath Simulator tests, oing preventive maintenance
Departmer	nt of Health and Human Services, and	the instrument is functioning properly.	
B B B B B B B B B B B B B B B B B B B	monh 2	gnature of Certifying Official	Certificate Number

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008827 Test Date: 12/13/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	2:09pm 2:10pm 2:11pm 2:12pm
SUB TEST	.00	2:13pm
AIR BLK	.00	2:14pm
SUB TEST	.00	2:15pm
AIR BLK	.00	2:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008827

Test Record Number: 2493

Test Date: 12/13/2016

Test Time: 2:17pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:18pm 2:18pm
FC	Pass	2:18pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:18pm
SRC	Pass	2:18pm
DET	Pass	2:18pm
BAR	Pass	2:18pm
$\mathtt{BT}$	Pass	2:18pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:18pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:18pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:19pm 2:19pm

Preventive Maintenance Status: Pass

Analyst

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

County//	Madison	Instrument Location Mach.	son Co. Juil
Instrument S	Serial No. <u>008599</u>	Marsho	all, NC
The prevent four months		e 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	ter displays pressure, or the alcoholic br degree centigrade;	eath simulator thermometer show
2.	Verify instrument displays t	ime and date;	
3.	Initiate breath test sequence	,	
4.	Enter information as promp	ted;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" a	ppears, collect breath sample;	
7.	When "PLEASE BLOW" a	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.		anister is being changed before expiration than ged every four months or after 125 A	
I certify that procedures v Department	on theday of were performed on the instrument of Health and Human Services, ar	ecenber, 20/6 the indicated above, in accordance with curd the instrument is functioning properly	forgoing preventive maintenance rent regulations of the N.C.
The state of the s			
OF THE STAT	E or No.	•	
SEA PARTIES	CARO		
APRIL 12, 17			649
	S	ignature of Certifying Official	Certificaté Number

#### MADISON COUNTY MADISON COUNTY JAIL 560

Serial Number: 008599 Test Date: 12/30/2016

Citation Number: M0000000-0 Subject's Name:

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	3:38pm
AIR BLK	.00	3:39pm
ACCY CHK	07	3:40pm
AIR BLK	.00	3:41pm
SUB TEST	.00	3:41pm
AIR BLK	.00	3:42pm
SUB TEST	.00	3:44pm
AIR BLK	.00	3:45pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MADISON COUNTY MADISON COUNTY JAIL 100

Serial Number: 008599 Test Record Number: 802
Test Date: 12/30/2016 Test Time: 4:11 pm EST

System Check: Passed

Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
	:	11me 4 · 12m
ATR	Pass	4 • 1 2 m

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:12pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:13pm 4:13pm

Preventive Maintenance Status: Pass

Analyst

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

County M	ONTENDERY Instrument Location MONTEOMERY Co. 391
Instrument Ser	ial No. 008709 TROY, 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.
	n theday of
THE STATE OF THE S	Signature of Certifying Official  Certificate Number

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008709 Test Date: 12/12/2016

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: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	11:21am 11:22am 11:22am 11:23am
SUB TEST	.00	11:24am
AIR BLK	.00	11:25am
SUB TEST	.00	11:27am
AIR BLK	.00	11:28am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Test Record Number: 964 Serial Number: 008709

Test Time: 11:41am EST Test Date: 12/12/2016

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
ATR	Pass	11:42am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:42am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:43am

Pass

11:43am

Preventive Maintenance Status: Pass

ÇAL

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

	Mariana a la
County	MONTEOMERY Instrument Location MANTESMERY Co. JAIL
Instrument	Serial No. 608657 TROY NC
The preven	ative 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 procedures Departmen	at on the /2 day of <u>VECFMBER</u> , 20 16 the forgoing preventive maintenance is were performed on the instrument indicated above, in accordance with current regulations of the N.C. at of Health and Human Services, and the instrument is functioning properly.
COREAL GREAT	Signature of Certifying Official Certificate Number

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008657 Test Date: 12/12/2016

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	11:20am 11:20am 11:21am 11:22am 11:23am
AIR BLK	.00	11:24am
SUB TEST	.00	11:25am
AIR BLK	.00	11:26am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008657 Test Date: 12/12/2016

Test Record Number: 1351 Test Time: 11:28am EST

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1	Pass	11:29am
SRC	Pass	11:29am
DET	Pass	11:29am
BAR	Pass	11:29am
BT	Pass	11:29am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:30am

#### Printer Tests

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

COMP	Pass	11:30am
CAL	Pass	11:30am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location Box Musik 7
Instrument S	erial No. CONT MIT
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the day of becomby, 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.
LIVES ONE AT 15 TO	Signature of Ceruffying Official Certificate Number

## MECKLENBURG BAT MOBILE UNIT 7 590

Serial Number: 008972

Test Record Number: 249

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:55pm
SRC	Pass	9:55pm
DET	Pass	9:55pm
BAR	Pass	9:55pm
BT	Pass	9:55pm

#### Blank Tests

Test	Status	TTIIIG
		•
ATR	Pass	9:55pm

Otatus Dimo

#### Printer Tests

Test	Status	T'ime
PRNT	Pass	9:55pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

#### MECKLENBURG BAT MOBILE UNIT 7 590

Serial Number: 008972 Test Date: 12/09/2016

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: AG621404 Exp Date: 08/01/2018

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County_	Mecklenburg Instrument Location Pineville PD
Instrume	nt Serial No. 008703 427 Main Street, Pineville
The prev	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every this are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
procedu	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  That on the
STATE GREAT OF STATE	STATE OF CONTROL OF CO

#### MECKLENBURG COUNTY PINEVILLE PD 590

Serial Number: 008703 Test Date: 12/08/2016

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

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

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

Test	g/210L	Time
DIAG	Pass	1:46pm
AIR BLK	.00	1:47pm
ACCY CHK	.07	1:48pm
AIR BLK	.00	1:49pm
SUB TEST	.00	1:49pm
AIR BLK	.00	1:50pm
SUB TEST	.00	1:52pm
AIR BLK	.00	1:53pm

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

#### MECKLENBURG COUNTY PINEVILLE PD 590

Serial Number: 008703 Test Record Number: 5525 Test Date: 12/08/2016 Test Time: 1:54pm 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	1:54pm
SRC	Pass	1:54pm
DET	Pass	1:54pm
BAR	Pass	1:54pm
BT	Pass	1:54pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:55pm

#### Printer Tests

rest	Status	Time
PRNT	Pass	1:55pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:55pm 1:55pm

Preventive Maintenance Status: Pass

Analyst

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

County_	Mecklenburg Instrument Location Matthews PD
Instrume	nt Serial No. 008699 1201 Crews Rd, Matthews
The previous	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
procedur	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  hat on the 8 day of 6 cember, 20 6 the forgoing preventive maintenance as were performed on the instrument indicated above, in accordance with current regulations of the N.C.
Departme	ent of Health and Human Services, and the instrument is functioning properly.
A STATE OF THE PARTY OF THE PAR	Wear Single Official Continue of Continue Official Continue Offici
	Signature of Certifying Official Certificate Number

MECKLENBURG COUNTY MATTHEWS PD 590

Serial Number: 008699 Test Date: 12/08/2016

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

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

Test Type: Breath Test

Lot Number: AG517501 Exp Date: 06/24/2017

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## MECKLENBURG COUNTY MATTHEWS PD 590

Serial Number: 008699

Test Record Number: 2491

Test Date: 12/08/2016

Test Time: 1:12pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	<b>Pas</b> s	1:12pm
FLO	Pass	1:12pm
FC	<b>Pas</b> s	1:12pm

#### Temperature Tests

Test	<b>Sta</b> tus	Time
FC1 SRC	Pass Pass	1:12pm 1:12pm
DET	<b>Pas</b> s	1:12pm
BAR	Pass -	1:12pm
BT	<b>Pas</b> s	1:12pm

#### Blank Tests

Test	<b>Sta</b> tus	Time
AIR	<b>Pas</b> s	1:13pm

#### Printer Tests

rest	Status	TTME
PRNT	Pass	1:13pm

#### CRC Tests

Test	<b>Sta</b> tus	Time
COMP	Pass	1:13pm
CAL	Pass	1:13pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOAMIETERS, MODEL INTOX ECIN II
County	Instrument Location Illos Re O A.
Instrument Se	rial No. 008/135 CARTHAge, MC
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department of	on the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

MOORE COUNTY MOORE COUNTY JAIL 620

Serial Number: 008735 Test Date: 12/13/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2016-02/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	12:19pm 12:20pm 12:20pm 12:21pm 12:22pm 12:23pm
SUB TEST	.00	12:24pm
AIR BLK	.00	12:25pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

#### MOORE COUNTY MOORE COUNTY JAIL 620

Serial Number: 008735 Test Record Number: 1877
Test Date: 12/13/2016 Test Time: 12:26pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:26pm 12:26pm
FC	Pass	12:26pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:27pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County	Mooke Co. Instrument Location Southery Pinest.
Instrument	and on I D.
The preven	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	at on theday of
THE GREAT SA	Signature of Certifying Official  Certificate Number

MOORE COUNTY SOUTHERN PINES PD. 620

Serial Number: 008720 Test Date: 12/13/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	11:29am 11:30am 11:30am 11:31am
SUB TEST	.00	11:32am
AIR BLK	.00	11:33am
SUB TEST	.00	11:34am
AIR BLK	.00	11:35am

Reported Mg: ,.00 g/2101

Signature of Chemical Analyst

Court CVR

Analyst

#### MOORE COUNTY SOUTHERN PINES PD. 620

Serial Number: 008720 Test Test Date: 12/13/2016 Test

Test Record Number: 939
Test Time: 11:36am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time	

AIR Pass 11:37am

#### Printer Tests

Test	Status	Time
1 (25)	Status	11111

PRNT Pass 11:37am

#### CRC Tests

Test	Status	Time
COMP	Pass	11:37am
CAL	Pass	11:37am

Preventive Maintenance Status: Pass

Analyst

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



Signature of Certifying Official

Certificate Number

NEW HANOVER COUNTY CAROLINA BEACH PD 640

Serial Number: 008661 Test Date: 12/12/2016

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

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

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

~/210T

rest	9/2101	TTIIIE
DIAG AIR BLK	Pass	4:06pm 4:06pm
ACCY CHK	.08	4:07pm
AIR BLK	.00	4:08pm
SUB TEST	.00	4:08pm
AIR BLK	.00	4:11pm
SUB TEST	.00	4:11pm
AIR BLK	.00	4:12pm

Reported AC:

уў g/210L,

mi ma

Signature of Chemical Analyst

Court CVR

1. Challest

## NEW HANOVER COUNTY CAROLINA BEACH PD 640

Serial Number: 008661

Test Record Number: 2256

Test Date: 12/12/2016

Test Time: 4:13pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:13pm
FLO	Pass	4:13pm
FC	Pass	4:13pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:14pm
SRC	Pass	4:14pm
DET	Pass	4:14pm
BAR	Pass	4:14pm
BT	Pass	4:14pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:14pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:14pm

#### CRC Tests

Test	Status	Time
COMP	Pass	4:14pm
CAL	Pass	4:14pm

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. 3. 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; 7. 8. Print test record; 9. Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the forgoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

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

Signature of Certifying Official

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008667 Test Date: 12/12/2016

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

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

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

Test	g/210L	Time
DIAG	Pass	2:29pm
AIR BLK	.00	2:30pm
ACCY CHK	.07	2:30pm
AIR BLK	.00	2:31pm
SUB TEST	.00	2:32pm
AIR BLK	.00	2:33pm
SUB TEST	.00	2:34pm
AIR BLK	.00	2:35pm

Reported AC: //9/5 g/2101

Signature of Chemical Analyst

Court CVR

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

**Analyst** 

Rev. 12/2007

#### NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008667

Test Record Number: 1538

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:38pm
SRC	Pass	2:38pm
DET	Pass	2:38pm
BAR	Pass	2:38pm
BT	Pass	2:38pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:38pm

#### Printer Tests

lest	Status	111116
PRNT	Pass	2:39pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location\_ Instrument Serial No. 60890) Coun 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; When "PLEASE BLOW" appears, collect breath sample; 7. Print test record; 8. Verify Diagnostic Program; and 9. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. 20 / 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

NEW HANOVER COUNTY NEW HANOVER CO. SD 640

> Serial Number: 008901 Test Date: 12/12/2016

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: RHODES, KENNETH C

Permit Number: 5329E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	12:55pm 12:56pm 12:56pm 12:58pm
AIR BLK SUB TEST	.00	12:58pm
AIR BLK	.00	12:59pm
SUB TEST	.00	1:01pm
ATR BIK	. 0.0	1:02pm

Reported AC: .90 g/210L

Signature of Chemical Analyst

Court CVR

NEW HANOVER COUNTY NEW HANOVER CO. SD 640

Serial Number: 008901

Test Record Number: 1068

Test Time: 1:02pm EST Test Date: 12/12/2016

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	1:03pm 1:03pm
DET	Pass	1:03pm
BAR BT	Pass	1:03pm 1:03pm
D.I.	Pass	T.05Pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:04pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Λ	INTOXIMETERS, MODEL INTOXICAL
County //	ew Handver Instrument Location Wilming ton
Instrument Ser	ial No. 008628 Police Departmen
The preventive four months ar	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department of	on the
STATION OF	6.0 May 10 601
	Signature of Certifying Official Certificate Number

#### NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628 Test Date: 12/12/2016

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: RHODES, KENNETH C

Permit Number: 5329E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	1:34pm 1:34pm 1:35pm 1:36pm 1:37pm
AIR BLK	.00	1:38pm
SUB TEST	.00	1:39pm
ATR BLK	.00	1:40pm

Reported AC: .

20 g/210I

Signature of Emerical Analyst

Court CVR

Analyst

# NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628

Test Record Number: 4043

Test Date: 12/12/2016

Test Time: 1:41pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:42pm 1:42pm
FC	Pass	1:42pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	1:42pm 1:42pm 1:42pm 1:42pm 1:42pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:42pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:42pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:43pm
CAL	Pass	1:43pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS. MODEL INTOX EC/IR II			
County	INTOXIMETERS, MODEL INTOX EC/IR II    ew   fanover   Instrument Location   Lew   Hanover		
Instrument Seri	Instrument Serial No. 008626 County Sheriff Dept.		
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 or procedures we Department of	n theday of		
THE GUANTON			

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

Signature of Certifying Official

NEW HANOVER COUNTY NEW HANOVER CO SD 640

> Serial Number: 008626 Test Date: 12/12/2016

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	12:03pm 12:04pm 12:05pm 12:06pm 12:09pm 12:10pm
SUB TEST	.00	12:11pm
AIR BLK	.00	12:12pm

Court CVR

#### NEW HANOVER CO SD 640 NEW HANOVER COUNTY

Serial Number: 008626

Test Record Number: 6599

Test Date: 12/12/2016

Test Time: 12:15pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:16pm
SRC	Pass	12:16pm
:DET	Pass	12:16pm
BAR	Pass	12:16pm
:B <b>T</b>	Pass	12:16pm

#### Blank Tests

Test	Status	Time
ATR	Pass	12:17pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:17pm
	CRC Tests	
Test	Status	Time

COMP	Pass	12:17pm
CAL	Pass	12:17pm

Preventive Maintenance

Status: Pass

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

**Department of Health and Human Services** Rev. 12/2007

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

County	NSLOW Instrument Location MCAS New River
Instrument Ser	erial No. <u>0089/9</u> <i>Pmo</i>
The preventive four months a	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
. 5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
manadures v	t on theday ofec_m berl, 20 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
MALIO STATI	CAROLLE CAROLL

ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: 008919 Test Date: 12/16/2016

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	Pass .00 .08	1:43pm 1:44pm 1:45pm
AIR BLK SUB TEST	.00 . <b>00</b>	1:46pm 1:46pm
AIR BLK	.00	1:47pm
SUB TEST	.00	1:49pm
AIR BLK	.00	1:50pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Land E Half Analyst

# ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: 008919

Test Record Number: 551

Test Date: 12/16/2016

Test Time: 1:50pm EST

## System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:50pm 1:50pm
FC	Pass	1:51pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
ATR	Pass	1:51pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:51pm
	CRC Tests	
Test	Status	Time

rest	Status	TIME
COMP	Pass	1:52pm
CAL	Pass	1:52pm

Preventive Maintenance Status: Pass

Analyst

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

County OA	15/00 Instrument Location Onshow County
Instrument Ser	ial No. 008931 SHERIFF'S OFFICE
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
manaduras u	on the day of december, 20/lo 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.
THE STATION OF THE ST	

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008931 Test Date: 12/16/2016

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: AG607501 Exp Date: 03/15/2018

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	12:55pm 12:56pm 12:56pm 12:57pm 12:58pm
AIR BLK	.00	12:59pm 1:00pm
SUB TEST AIR BLK	.00 .00	1:00pm

Reported AC: ,.00 g/210L

Signature of Chemical Analyst

Court CVR

March E-Half Analyst

### ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008931

Test Record Number: 2509

Test Date: 12/16/2016

Test Time: 1:02pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	1:03pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:03pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:03pm 1:03pm

Preventive Maintenance Status: Pass

Analyst

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

County ON:	stow	Instrument Location <u>Ouskar</u>	County
Instrument Seri	al No. <u>008932</u>	SHERIFF'S OFFICE	2
The preventive four months are		ntoximeters, Model Intox EC/IR II to be fol	llowed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath siggree centigrade;	mulator thermometer shows
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; ar	nd	
I certify that of procedures we	simulator solution is being cha whichever occurs first.  the	anged every four months or after 125 Alcohological description data anged every four months or after 125 Alcohological description accordance with current restriction the instrument is functioning properly.	olic Breath Simulator tests,
Department of	meatur and Human Scrvices, and	the monather is two vering property.	
STATE OF THE STATE	SAROUM SA	els E-Hall	354
	V V =	gnature of Certifying Official	Certificate Number

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008932 Test Date: 12/16/2016

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: AG534901 Exp Date: 12/15/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	12:19pm 12:19pm 12:20pm 12:21pm 12:22pm 12:23pm 12:24pm
AIR BLK	.00	12:25pm

Reported, AC: ,.00 g/210L

Signature of Chemical Analyst

Court CVR

Rand E-Half Knalyst

### ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008932

Test Record Number: 3901

Test Date: 12/16/2016

Test Time: 12:25pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:26pm 12:26pm
FC	Pass	12:26pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:26pm 12:26pm 12:26pm 12:26pm 12:26pm
		_

#### Blank Tests

Test	Status	Time
AIR	Pass	12:27pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Rand E Holf
Analyst

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

•		Tack	11/2/1
County 01	U5/LOW	Instrument Location JAC K501	00/0°E / 0
Instrument Se	erial No. <u>008930</u>		
The preventive four months a	are:	Intoximeters, Model Intox EC/IR II to be fo	
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic breath s egree centigrade;	imulator thermometer shows
2.	Verify instrument displays tim	ne and date;	4
3.	Initiate breath test sequence;		
4.	Enter information as prompte	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	and	
10.	simulator solution is being ch whichever occurs first.	nnister is being changed before expiration da nanged every four months or after 125 Alco	none Bream Simulator tests,
I certify that procedures Department	t on the day of were performed on the instrument is of Health and Human Services, an	indicated above, in accordance with current d the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
OF THE CREAT STATE OF THE CREAT	HE ONO THE CAROLINA C	aced E Valo	Certificate Number

#### ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: 008930 Test Date: 12/16/2016

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: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG	Doga	11:43am
DIAG	Pass	
AIR BLK	.00	11:44am
ACCY CHK	.08	11:45am
AIR BLK	.00	11:46am
SUB TEST	.00	11:47am
AIR BLK	.00	11:48am
SUB TEST	.00	11:49am
AIR BLK	.00	11:50am

Reported AC: ,.00 g/210L

Signature of Chemical Analyst

Court CVR

Karik E-Hilf
CAnalyst

### ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: 008930 Test Record Number: 2029 Test Date: 12/16/2016 Test Time: 11:50am EST

System Check: Passed

### Baseline Tests

Test Status Time
IR Pass 11:51am
FLO Pass 11:51am
FC Pass 11:51am

#### Temperature Tests

#### Blank Tests

Tes	L	1. 1. 1. 1.	tat	.us	, 2 <b>,1 ]</b>	me	
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		200	7	- 10 10 10	THE STATE OF THE S		
and the second second	Burrell of the	45 18 4		territoria de la compansión de la compan	Service of the first		
			1.00		Park Land Co.		
	100000000000000000000000000000000000000				A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	11176-5119	Acceptance					
			(C)	4.0		-52aı	
- 7 TD					10 Acres 10 10	・ヘンコロ	m.

#### Printer Tests

Test	rev Krist	Stat	using a second	Time	<b>.</b>
Test	Tage	ocac	us	T T 1180	7
	1. O. C.	trade to the state tall discussions		100 di 100 d 100 di 100 d	
PRNT	r i daga karan Turka karan	Pass		11:	52am
٠. ماري د		A			

#### CRC Tests

Test Status Time

	লাক উপৰি		が行す。 マー・ディグラン	tur i tur	:
	Control of the second			<i>y</i>	
COMP	Tar.	ass		11:5	2am
	中的學院區			11:5	n m
CAL	1. 19 J. 19	ಡಶನ	3 2 3 3 3	TT:5	Zaiii
	Salty Ca.	. N. 19 ( )		ž.	
			16.5		

Preventive Maintenance Status: Pass

Analyst

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

County 8105	Show Instrument Location (AMA Lejkene ANO)
Instrument Seria	INO. 008920
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
* - * * <b>2.</b>	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
manadures we	the day of December, 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.
AND SECTION OF THE PARTY OF THE	Signature of Certifying Official  Signature of Certifying Official  Signature of Certifying Official  Signature of Certifying Official

ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008920 Test Date: 12/16/2016

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: AG534902 Exp Date: 12/15/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	10:55am 10:56am
ACCY CHK	.08	10:56am
AIR BLK	.00	10:57am
SUB TEST	.00	10:58am
AIR BLK	.00	10:59am
SUB TEST	.00	11:00am
AIR BLK	.00	11:01am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Rand E-Half
Analyst

### ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008920

Test Record Number: 1327

Test Date: 12/16/2016

Test Time: 11:02am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:03am

#### Printer Tests

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

Preventive Maintenance Status: Pass

Rand E-Half
Analyst

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

County Of	RANGE	Instrument Location CHAPE.	L HILL PD
Instrument S	erial No. <u>00 88 56</u>	CHAPEL HILL, NO	LING JR BLYD
The prevention	ve maintenance procedures for are:	the Intoximeters, Model Intox EC/IR II to	
1.	Verify the ethanol gas car 34 degrees, plus or minus	nister displays pressure, or the alcoholic br .2 degree centigrade;	eath simulator thermometer shows
2.	Verify instrument display	s time and date;	
3.	Initiate breath test sequen	ce;	
4.	Enter information as pror	npted;	
5.	Verify instrument accura	cy;	
6.	When "PLEASE BLOW"	' appears, collect breath sample;	
7.	When "PLEASE BLOW"	appears, collect breath sample;	A Company of the Comp
8.	Print test record;		
9.	Verify Diagnostic Progra	m; and	
10.	Verify that the ethanol gasimulator solution is beir whichever occurs first.	as canister is being changed before expirating changed every four months or after 125	ion date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify that procedures of Department	were performed on the instrum	ent indicated above, in accordance with cus, and the instrument is functioning proper	rrent regulations of the N.C.
	· ·		
OF THE STA	TE or NO.		
	S S S S S S S S S S S S S S S S S S S		
AFRE QUAN	TI VODELY AND	us D Amith	637
		Signature of Certifying Official	Certificate Number

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856 Test Date: 12/22/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	2:18pm 2:19pm 2:20pm 2:21pm 2:21pm 2:22pm
SUB TEST	.00	2:24pm
AIR BLK	.00	2:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

OKYNCE CONNIK CHYPEL HILL PD 670

Intox EC/IR-II: Preventive Maintenance

Test Date: 12/22/2016 Test Time: 2:26pm EST Serial Number: 008856 Test Record Number: 2127

System Check: Passed

Baseline Tests

ЪС bstas Pass LPO mq72:2 5seq  $_{
m IK}$ JasT Status ÐΜŢΙ

wd72:2

mq72:2

Temperature Tests

Pass Pass mq72:2 Byss SRCEGJ mq72:2 bass Test əmiŢ status

AABmq72:2 DEL mq72:2

mq72:2 **b**sas  $_{
m BL}$ 

Time Status Test

Blank Tests

mq82:2 Pass AIA

Printer Tests

Status JesT ÐWŢŢ

mq82:2 Pass PRNT

CRC Tests

JaaT emiT aujaja

mq82:2 bsss JAD Pass 2:28pm COMB

Status: Pass Preventive Maintenance

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

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

County An	Mico Instrument Location Hambico Courufy
Instrument Seria	al No. 008640 SHERIFFS OFFICE
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the
THE STATE OF	Carl EAD 354
	Signature of Certifying Official Certificate Number

PAMLICO COUNTY PAMLICO COUNTY SD 680

Serial Number: 008640 Test Date: 12/19/2016

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: HALL, RANDY E

Permit Number: 3462E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517403

Exp Date: 06/23/2017

Test	g/210L	Time
DIAG	Pass	2:45pm
AIR BLK	.00	2:46pm
ACCY CHK	.08	2:46pm
AIR BLK	.00	2:47pm
SUB TEST	.00	2:48pm
AIR BLK	.00	2:49pm
SUB TEST	.00	2:50pm
ATR BLK	.00	2:52pm

Signature of Chemical Analyst

Court CVR

Karel E-Half
Analyst

#### PAMILICO COUNTY PAMILICO COUNTY SD 680

Serial Number: 008640 Test Date: 12/19/2016 Test Record Number: 1231
Test Time: 2:52pm EST

System Check: Passed

#### Baseline Tests

'Test	Status	Time
IR FLO	Pass Pass	2:53pm 2:53pm
FC	Pass	2:53pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:53pm
SRC	Pass	2:53pm
DET	Pass	2:53pm
BAR	Pass	2:53pm
BT	Pass	2:53pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:54pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:54pm
	CRC Tests	
'Test	Status	Time

COMP CAL	Pass Pass	2:54pm 2:54pm

Preventive Maintenance Status: Pass

Karls E-Half Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	INTOXIMETERS, MODEL INTOX EC/IR II  Instrument Location
Instrument Se	rial No. 208910 46 Ward St., Columbus
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ure:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
<b>7.</b>	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v	on the
STATE STATE OF THE	

#### POLK COUNTY POLK COUNTY SD 740

Serial Number: 008910

Test Record Number: 561

Test Date: 12/12/2016

Test Time: 1:37pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Status	Time
Pass	1:38pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	1:39pm

#### Printer Tests

rest	Status	Time
PRNT	Pass	1:39pm
	CRC Tests	
Test	Status	Time

1656	placus	111110
COMP	Pass	1:39pm
CAL	Pass	1:39pm

Preventive Maintenance Status: Pass

POLK COUNTY POLK COUNTY SD 740

Serial Number: 008910 Test Date: 12/12/2016

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: AG621403 Exp Date: 08/01/2018

Test	g/210L	Time
DIAG	Pass	1:41pm
AIR BLK	.00	1:41pm
ACCY CHK	.08	1:42pm
AIR BLK	.00	1:43pm
SUB TEST	.00	1:43pm
AIR BLK	.00	1:44pm
SUB TEST	.00	1:46pm
ATR BLK	.00	1:47pm

Reparted AC: .00/g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County_	Instrument Location Pelson Co. L. E.C.
Instrument Seri	ial No008693 120 Court ST  ROXSORU NC
	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o procedures we Department of	on the 12 day of December, 20 to the forgoing preventive maintenance per performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE PROPERTY OF T	Signature of Certifying Official  Certificate Number

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693 Test Date: 12/12/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, SIMON S

Permit Number: 11434E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	11:33am 11:34am 11:34am 11:35am 11:36am 11:37am 11:38am
AIR BLK	.00	11:39am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693 Test F

Test Record Number: 1303 Test Time: 11:40am EST

Test Date: 12/12/2016 Test Time: 1

System Check: Passed

Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:41am

Status

Time

#### Printer Tests

Test

PRNT	Pass	11:41am
	CRC Tests	
Test	Status	Time

COMP Pass 11:41am CAL Pass 11:41am

Preventive Maintenance Status: Pass

**Analyst** 

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

County Pe.	150n Instrument Location Person Co. L.E.C.
Instrument Seria	ROXBORD, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
<b>7.</b>	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the day of
OTH STATE OF COME STATE OF COM	Signature of Certifying Official  Certificate Number

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880 Test Date: 12/12/2016

Citation Number: M0000000-0 Subject's Name:

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

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

Analyst's Name: BARNES, SIMON S
Permit Number: 11434E
Effective:
05/01/2015-05/01/2017

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

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

Toct

Tesc	9/21011	11110
DIAG	Pass	11:10am
AIR BLK	.00	11:11am
ACCY CHK	.08	11:11am
AIR BLK	.00	11:12am
SUB TEST		11:13am
AIR BLK	. 00	11:14am
SUB TEST	.00	11:15am
AIR BLK		11:16am

a/2101 Time

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Analyst

This form is used when performing Preventive Maintenance procedures
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. 12/2

#### PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880 Test Record Number: 1057 Test Date: 12/12/2016 Test Time: 11:20am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:21am
FĻO	Pass	11:21am
FĊ	Pass	11:21am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:21am
SRC	Pass	11:21am
DET	Pass	11:21am
BAR	Pass	11:21am
BT	Pass	11:21am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:21an
	_	

P. 1	 	ب ب	100	C 13
1				

Test	Status	rime
PRNT	Pass	11:22am
	• • •	

#### CRC Tests

Test	Status	Time
COMP	Pass	11:22am

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. 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record; 9. Verify Diagnostic Program; and 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

PENDER COUNTY SHERIFF DEPT ANNEX 700

Serial Number: 008948 Test Date: 12/15/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

-- /0101

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	3:14pm 3:14pm 3:15pm 3:16pm
SUB TEST	.00	3:17pm
AIR BLK	.00	3:18pm
SUB TEST	.00	3:19pm
AIR BLK	.00	3:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### PENDER COUNTY SHERIFF DEPT ANNEX 700

Serial Number: 008948 Test Record Number: 742
Test Date: 12/15/2016 Test Time: 3:21pm EST

System Check: Passed

Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:21pm
SRC	Pass	3:21pm
DET	Pass	3:21pm
BAR	Pass	3:21pm
BT	Pass	3:21pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:22pm

#### Printer Tests

Status

Time

Test

PRNT	Pass	3:22pm
	CRC Tests	• • • • • • • • • • • • • • • • • • •
Test	Status	Time
COMP CAL	Pass Pass	3:22pm 3:22pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOXICEC/IR II

<b>₽</b> ′a <sub>k</sub> ,	INTOXIMETERS, MODEL INTOX, EC/IR, II
County	Ender Instrument Location Jewler County
Instrument Se	erial No. 008935 Sheriff Departmen
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the day of 20/ the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

PENDER PENDER CO SD 700

Serial Number: 008935 Test Date: 12/15/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	2:15pm 2:16pm
ACCY CHK	.07	2:16pm
AIR BLK	.00	2:17pm
SUB TEST	.00	2:18pm
AIR BLK	.00	2:19pm
SUB TEST	.00	2:20pm
AIR BLK	.00	2:21pm

Reported AC: 108 g/210L

Signature of Chemical Analyst

Court CVR

#### PENDER PENDER CO SD 700

Serial Number: 008935

Test Record Number: 2008

Test Date: 12/15/2016 Test Time: 1:13 and 55%

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:23pm
FLO	Pass	2:23pm
FC	Pass	2:23pm

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	2:23pm 2:23pm
DET	Pass	2:23pm
BAR	Pass	2:24pm
BT	Pass	2:24pm

#### Blank Tests .

AIR Pass 2:24pm

#### Printer Tests

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

PRNT Pass  $2:24\,\mathrm{pm}$ 

#### CRC Tests

Test	Status	$1.1\mathrm{me}$

COMP Pass 2:24pmÇAL Pass 2:24pm

Preventive Maintenance Status: Pass

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

3	in Toxime Leas, Model In Tox Ec/In II
County	Ender Instrument Location Lender Count
Instrument Seri	al No. 008946 Sheriff Departmen
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 day of 2,20/6 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.
STATE OF STA	Signature of Certifying Official Certificate Number

PENDER PENDER COUNTY SD 700

Serial Number: 008946 Test Date: 12/15/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	1:38pm 1:39pm
ACCY CHK	.08	1:39pm
AIR BLK SUB TEST	.00 .00	1:40pm 1:41pm
AIR BLK	.00	1:42pm
SUB TEST	.00	1:43pm
AIR BLK	.00	1:44pm

Reported AC:

/g/21/8L

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

#### PENDER PENDER COUNTY SD 700

Serial Number: 008946 Test Record Number: 822 

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:45pm
FLO	Pass	1:45pm
FC	Pass	1:45pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:45pm
SRC	Pass	1:45pm
DET	Pass	1:45pm
BAR	Pass	1:45pm
BT	Pass	1:45pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:46pm

#### Printer Tests

Test	Status	Time
	CRC Tests	
PRNT	Pass	1:46pm
Test	Status	Time

Test	blatus	111116
COMP	Pass	1:46pm
CAL	Pass	1:46pm

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

INTOXIMETERS, MODEL INTOX EC/IR II
County RANDOLPH Instrument Location LIBERTY GUCE DEPT.
Instrument Serial No. 008830 LIBERTY NC
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:
1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on the <u>12</u> day of <u>DECEMBER</u> , 20 <u>16</u> the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.
Signature of Certifying Official  Certificate Number

RANDOLPH LIBERTY POLICE DEPT 750

Serial Number: 008830 Test Date: 12/12/2016

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 State: XX Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:52pm
AIR BLK	.00	2:53pm
ACCY CHK	.08	2:54pm
AIR BLK	.00	2:55pm
SUB TEST	.00	2:55pm
AIR BLK	.00	2:56pm
SUB TEST	.00	2:58pm
ATR BIK	.00	2:59pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

# RANDOLPH LIBERTY POLICE DEPT 750

Serial Number: 008830

Test Record Number: 533
Test Time: 3:00pm EST

Test Date: 12/12/2016 Test Time:

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	3:00pm
FLO	Pass	3:00pm
FC	Pass	3:00pm

# Temperature Tests

Test	Status	Time
FC1	Pass	3:00pm
SRC	Pass	3:00pm
DET	Pass	3:00pm
BAR	Pass	3:00pm
BT	Pass	3:00pm

# Blank Tests

Test	Status	Time
AIR	Pass	3:01pm

### Printer Tests

Test	Status	Time
PRNT	Pass	3:01pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:01pm 3:01pm

Preventive Maintenance Status: Pass

)Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX E Instrument Location Instrument Serial No. The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. 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; 9. Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the forgoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

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

Signature of Certifying Official

# RUTHERFORD COUNTY RUTHERFORD COUNTY SD 800

Serial Number: 008914 Test Record Number: 1830 Test Date: 12/12/2016 Test Time: 12:20pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:20pm
FLO	Pass	12:20pm
FC	Pass	12:20pm

# Temperature Tests

Status	Time
Pass	12:21pm
	Pass Pass Pass Pass

# Blank Tests

Test	Status	Time
AIR	Pass	12:21pm

# Printer Tests

Test

CAL

PRNT	Pass	12:21pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:21pm

Status

Time

12:21pm

Preventive Maintenance Status: Pass

Pass

Analyst

RUTHERFORD COUNTY RUTHERFORD COUNTY SD 800

Serial Number: 008914 Test Date: 12/12/2016

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: AG513102 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK		12:23pm 12:24pm 12:24pm
AIR BLK	.00	12:26pm
SUB TEST	.00	12:26pm
AIR BLK	.00	12:27pm
SUB TEST	.00	12:28pm
AIR BLK	.00	12:29pm

Reported AC: .00 g/210L

Signature of Chemica Analyst

Court CVR

Analyst

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

$\bigcirc$	INTOAMIETERS, MODEL INTOX EC/IR II
County KO	Instrument Location China Grove
Instrument Serie	al No. 008860 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;
<b>7.</b>	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
<b>9.</b> .	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first:
	theday ofcew_oek , 20 16 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

ROWAN COUNTY CHINA GROVE PD 790

Serial Number: 008862 Test Date: 12/08/2016

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: DEAN, L K

Permit Number: 11598E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517501 Exp Date: 06/24/2017

Test	g/210L	Time
DIAG	Pass	1:34pm
AIR BLK	.00	1:35pm
ACCY CHK	.07	1:36pm
AIR BLK	.00	1:37pm
SUB TEST	.00	1:38pm
AIR BLK	.00	1:39pm
SUB TEST	.00	1:40pm
ATR RIK	0.0	1 - 4 Trom

Reported AC:

Chemical Analyst

Court CVR

# ROWAN COUNTY CHINA GROVE PD 790

Serial Number: 008862

Test Record Number: 669

Test Date: 12/08/2016

Test Time: 1:42pm EST

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	1:42pm
FLO	Pass	1:42pm
F'C	Pass	1:42pm

# Temperature Tests

Test	Status	Time
F'C1	Pass	1:42pm
SRC	Pass	1:42pm
DET	Pass	1:42pm
BAR	Pass	1:42pm
BT	Pass	1:42pm

### Blank Tests

Test	Status	Time
AIR	Pass	1:43rom

### Printer Tests

rest	Status	Time
PRNT	Pass	1:43pm

# CRC Tests

Test	Status	Time
COMP	Pass	1:43pm
CAL	Pass	1:43pm

Preventive Maintenance Status: Pass

Analyst

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

	INTOXIMETE	RS, MODEL INTOX EC/I	K II
County KO	UNN	Instrument Location 5 A //	soury
Instrument Ser	rial No. <u>008868</u>	Police De	DARTMENT
The preventive four months ar		ntoximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breathegree centigrade;	n simulator thermometer show
2.	Verify instrument displays time	e and date;	
· 3.	Initiate breath test sequence;		
4.	Enter information as prompted	;	·
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appo	ears, collect breath sample;	
7.	When "PLEASE BLOW" appo	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	d	
10.	Verify that the ethanol gas can simulator solution is being char whichever occurs first.	ister is being changed before expiration on a ster 125 Alcohol every four months or after 125 Alcohol every four months of the 125 Alcohol every f	date, or the alcoholic breath pholic Breath Simulator tests,
	re performed on the instrument ind	the forgicated above, in accordance with current the instrument is functioning properly.	going preventive maintenance tregulations of the N.C.
STATE OF THE STATE	Sign	lature of Certifying Official	Certificate Number

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868 Test Date: 12/08/2016

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: DEAN, L K

Permit Number: 11598E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:29am 11:29am
ACCY CHK	.07	11:30am
AIR BLK	.00	11:31am
SUB TEST	.00	11:32am
AIR BLK	.00	11:33am
SUB TEST	.00	11:34am
ATR BLK	. 00	11.35am

Reported AC: .00 q/210L

Signature of Chemical Analyst

Court CVR

Analyst

# ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868

Test Record Number: 2652

Test Date: 12/08/2016

Test Time: 11:36am EST

System Check: Passed

# Baseline Tests

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

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:37am

#### Printer Tests

TT	C+-+	m2
	CRC Tests	
PRNT	Pass	11:37am
Test	Status	Time

1000	beacab	11110
COMP	Pass	11:37am
CAL	Pass	11:37am

Preventive Maintenance Status: Pass

Analyst

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

0	INTOXIMETER	RS, MODEL INTOX EC/IR	Щ
County K	MAN	Instrument Location 5 A 1	sbury
Instrument Ser	rial No. <u>008835</u>	Police I	epartment
			1
The preventive four months as		coximeters, Model Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	isplays pressure, or the alcoholic breath sree centigrade;	imulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		٠
6.	When "PLEASE BLOW" appear	ars, collect breath sample;	
7.	When "PLEASE BLOW" appea	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		ter is being changed before expiration day ged every four months or after 125 Alcoh	
	re performed on the instrument indic	cated above, in accordance with current re instrument is functioning properly.	ing preventive maintenance egulations of the N.C.
STATE OF THE STATE		ture of Certifying Official	Certificate Number

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008835 Test Date: 12/08/2016

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: 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	Pass	10:59am 11:00am
ACCY CHK	.08	11:01am
AIR BLK	.00	11:02am
SUB TEST	.00	11:03am
AIR BLK	.00	11:03am
SUB TEST	.00	11:05am
ATR BIK	. 00	11:06am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

L. Kunden

### ROWAN COUNTY SALISBURY PD 790

Serial Number: 008835

Test Record Number: 1885

Test Date: 12/08/2016

Test Time: 11:07am EST

System Check: Passed

# Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:07am 11:07am
FC	Pass	11:08am

# Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	11:08am 11:08am 11:08am 11:08am
BT	Pass	11:08am

### Blank Tests

Test	Status	Time
AIR	Pass	11:09ar

### Printer Tests

Test	Status	Time
PRNT	Pass	11:09am
	CRC Tests	

Test	Status	Time
COMP	Pass	11:09am
CAL	Pass	11:09am

Preventive Maintenance Status: Pass

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

3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.	County	ROBESON Instrument Location RED SPRINGS POLICE DEPT
1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  1 certify that on the Olday of December 2016 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.	Instrument :	Serial No. 008857 RED SPRINGS, NC
1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  1 certify that on the Olday of December 2016 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.	· · ·	
34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  1 certify that on the Olday of December 2016 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.		
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  1 certify that on the Olday of DECEMBER, 20 16 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.	1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the	2.	Verify instrument displays time and date;
5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  1 certify that on the	3.	Initiate breath test sequence;
6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  1 certify that on the	4.	Enter information as prompted;
7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  1 certify that on the	5.	Verify instrument accuracy;
8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  1 certify that on the	6.	When "PLEASE BLOW" appears, collect breath sample;
9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  1 certify that on the	7.	When "PLEASE BLOW" appears, collect breath sample;
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the	8.	Print test record;
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the	9.	Verify Diagnostic Program; and
procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.  STATE OF THE PROPERTY OF	10.	simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests,
The County View of the County Vi	procedures	were performed on the instrument indicated above, in accordance with current regulations of the N.C.
The County View of the County Vi	mmm	
Da H Sussell 371	CORPA SE	
	Warn.	Da H Sussell 37

ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008857 Test Date: 12/01/2016

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: AG607601 Exp Date: 03/16/2018

Test	g/210L	Time
DIAG	Pass	2:31pm
AIR BLK	.00	2:31pm
ACCY CHK	.08	2:32pm
AIR BLK	.00	2:33pm
SUB TEST	.00	2:34pm
AIR BLK	.00	2:35pm
SUB TEST	.00	2:36pm
AIR BLK	.00	2:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

# ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008857 Test Record Number: 502 Test Date: 12/01/2016

Test Time: 2:38pm EST

System Check: Passed

### Baseline Tests

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

# Temperature Tests

Test	Status	Time
FC1	Pass	2:38pm
SRC	Pass	2:38pm
DET	Pass	2:38pm
BAR	Pass	2:38pm
BT	Pass	2:38pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:39pm

### Printer Tests

Test	Status	Time
PRNT	Pass	2:39pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:39pm 2:39pm

Preventive Maintenance Status: Pass

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

		INTOXIMI	erens, model into	
County	1500	ESON'	Instrument Location	EMBROKE FOLICE DEPT
Instrumen	t Serial No.	<i>008</i> 83	7 PEMBROK	E, NC
The preve		nance procedures for	r the Intoximeters, Model Intox E0	C/IR II to be followed at least once every
1.			nister displays pressure, or the alc s .2 degree centigrade;	oholic breath simulator thermometer shows
2.	Veri	fy instrument display	ys time and date;	
3.	Initia	ate breath test sequer	ice;	
4.	Ente	r information as pro	mpted;	·
5.	Veri	fy instrument accura	cy;	
6.	Whe	n "PLEASE BLOW	" appears, collect breath sample;	
7.	Whe	n "PLEASE BLOW	" appears, collect breath sample;	•
8.	Print	test record;		
9.	Veri	fy Diagnostic Progra	ım; and	
10.	simu			e expiration date, or the alcoholic breath fter 125 Alcoholic Breath Simulator tests,
	s were perfo		ent indicated above, in accordance and the instrument is functioning	the forgoing preventive maintenance with current regulations of the N.C. g properly.
THE CREAT SE	TATE OF A O			
* EST OF	AM VIDEN		Signature of Certifying Official	20 31/ Certificate Number

ROBESON COUNTY PEMBROKE POLICE DEPT 770

Serial Number: 008837 Test Date: 12/01/2016

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: AG513101 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG	Pass	3:30pm
AIR BLK	.00	3:31pm
ACCY CHK	.07	3:32pm
AIR BLK	.00	3:32pm
SUB TEST	.00	3:33pm
AIR BLK	.00	3:34pm
SUB TEST	.00	3:36pm
AIR BLK	.00	3:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### ROBESON COUNTY PEMBROKE POLICE DEPT 770

Serial Number: 008837

Test Record Number: 822

Test Date: 12/01/2016

Test Time: 3:37pm EST

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	3:37pm
FLO	Pass	3:37pm
FC	Pass	3:38pm

# Temperature Tests

Test	Status	Time
FC1	Pass	3:38pm
SRC	Pass	3:38pm
DET	Pass	3:38pm
BAR	Pass	3:38pm
BT	Pass	3:38pm

# Blank Tests

Test	Status	Time
		•
ATR	Pass	3 • 38pm

#### Printer Tests

resc	Status	TIME
PRNT	Pass	3:38pm

### CRC Tests

Test	Status	Time
COMP	Pass	3:38pm
CAL	Pass	3:38pm

Preventive Maintenance Status: Pass

Analyst

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

Contract of the Contract of th	INTOAINETERS, MODEL INTOA EC/IR II
County	ampson Instrument Location Sampson Count
Instrument Ser	ial No. O08877 Sheriff Department
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;
. <b>9.</b>	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	theday ofday
STATE OR EATH OF STATE OF STAT	

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

Certificate Number

### SAMPSON COUNTY SAMPSON COUNTY SD 810

Serial Number: 008877 Test Date: 12/15/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	10:03am 10:05am 10:05am 10:06am <b>10:07am</b>
AIR BLK	.00	10:08am
SUB TEST	.00	10:09am
AIR BLK	.00	10:10am

Reported AC: .00 /2/210L

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

# SAMPSON COUNTY SAMPSON COUNTY SD 810

Serial Number: 008877 Test Date: 12/15/2016 Test Record Number: 2444
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
BT	Pass	10:16am

# Blank Tests

Test	Status	Time	
AIR	Pass	10:17am	

# Printer Tests

Test	Status	Time
PRNT	Pass	10:17am
	CRC Tests	

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

Preventive Maintenance Status: Pass

Apralyst

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

	INTOXIMETERS, MODEL INTOX EC/IR II
County	amp. 50 n Instrument Location Sam D500 Count
Instrument Se	rial No. 08 8825 Sheciff Defartmen
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on the
S S S S S S S S S S S S S S S S S S S	

SAMPSON COUNTY SAMPSON CO SD 810

Serial Number: 008825 Test Date: 12/15/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

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

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

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

Test

TCDC	9/2400	TIME
DIAG	Pass	9:58am
AIR BLK	.00	9:59am
ACCY CHK	.07	9:59am
AIR BLK	.00	10:00am
SUB TEST	.00	10:01am
AIR BLK	.00	10:02am
SUB TEST	.00	10:03am
AIR BLK	.00	10:04am

a/210I

Time

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### SAMPSON COUNTY SAMPSON CO SD 810

Serial Number: 008825

Test Record Number: 2198

Test Date: 12/15/2016

Test Time: 10:05am EST

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	10:05am
FLO	Pass	10:05am
FC	Pass	10:06am

# Temperature Tests

Status	Time
Pass	10:06am
	Pass Pass Pass Pass

### Blank Tests

Test	Α,	Status	Time
------	----	--------	------

AIR Pass 10:06am

### Printer Tests

Test	Status	Time
Test	Status	Time

PRNT Pass 10:06am

### CRC Tests

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

County 5	Tokes Instrument Location king Police	
Instrument Se	erial No. <u>0086/1)</u> Department	
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever are:	у
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sh 34 degrees, plus or minus .2 degree centigrade;	ow
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.	
	on theday of, 20, 20 the forgoing preventive maintenar 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.	nce
THE STATE OF THE S	Signature of Certifying Official Certificate Number	_

STOKES COUNTY KING PD 840

Serial Number: 008610 Test Date: 12/12/2016

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:

07/01/2016-07/01/2018

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	2:45pm
AIR BLK	.00	2:46pm
ACCY CHK	.07	2:46pm
AIR BLK	.00	2:47pm
SUB TEST	.00	2:48pm
AIR BLK	.00	2:49pm
SUB TEST	.00	2:50pm
AIR BLK	<b>/</b> 00	2:51pm

Reported AC:

Signature of Chemical Analyst

Court CVR

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

Analyst

# STOKES COUNTY KING PD 840

Serial Number: 008610

Test Record Number: 1810

Test Date: 12/12/2016

Test Time: 2:53pm EST

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	2:53pm
FLO	Pass	2:53pm
FC	Pass	2:53pm

# Temperature Tests

Test	Status	Time
FC1	Pass	2:53pm
SRC	Pass	2:53pm
DET	Pass	2:53pm
BAR	Pass	2:53pm
BT	Pass	2:53pm

### Blank Tests

Test	Status	Time
ATR	Pass	2:54pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:54pm

# CRC Tests

Test	Status	Time
COMP	Pass	2:54pm
CAL	Pass	2:54pm

Preventive Maintenance Status: Pass

-Analyst

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

A CONTRACTOR OF THE PARTY OF TH	INTOXIMETERS, MODEL INTOX EC/IR II
County	Instrument Location Surry Ounty Jail
Instrument Se	erial No. 808934 Dotson, N.C.
1	<b>,</b>
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sho 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
	on the
ALL STATE OF THE S	The case of the ca

SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934 Test Date: 12/19/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENACE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

07/01/2016-07/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	12:42pm
AIR BLK	.00	12:42pm 12:43pm
ACCY CHK	.07 .00	12:43pm
SUB TEST	.00	12:44pm
AIR BLK	.00	12:46pm
SUB TEST	.00	12:47pm
AIR BLK	. 0,0	12:48pm

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 SURRY CO JAIL 850

Serial Number: 008934

Test Record Number: 1698 Test Date: 12/19/2016 Test Time: 12:49pm EST

System Check: Passed

# Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:49pm 12:49pm
FC FC	rass Pass	12:49pm

# Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	12:49pm 12:49pm
DET	Pass	12:49pm
BAR BT	Pass Pass	12:49pm 12:49pm
		-

### Blank Tests

Test	Status	Time
AIR	Pass	12:50pm

# Printer Tests

Test

COMP

CAL

PRNT	Pass	12:50pm
	CRC Tests	
Test	Status	Time

Pass

Pass

Status

Time

12:50pm

12:50pm

Preventive Maintenance Status: Pass

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

and the second second	INTOXIMETERS, MODEL INTOXICANT
County Ju	rry Instrument Location 11 Jount Hiry
Instrument Seria	INO. 808943 Police Department
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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
CONTROL STATE OF A CONTROL OF A	Signature of Certifying Official Certificate Number

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943 Test Date: 12/19/2016

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: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

07/01/2016-07/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:08pm
AIR BLK	.00	3:09pm
ACCY CHK	.08	3:10pm
AIR BLK	.00	3:10pm
SUB TEST	.00	3:12pm
AIR BLK	.00	3:13pm
SUB TEST	.00	3:14pm
AIR BLK	<b>/</b> 00	3:15pm

Reported AC:

ر21\_0<u>و</u> 00 و

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 MOUNT AIRY PD 850

Serial Number: 008943

Test Record Number: 1874

Test Date: 12/19/2016

Test Time: 3:16pm EST

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	3:16pm
FLO	Pass	3:16pm
FC	Pass	3:17pm

# Temperature Tests

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

# Blank Tests

Test	Status	Time
AIR	Pass	3:17pm

# Printer Tests

Test	Status	Time
PRNT	Pass	3:17pm

# CRC Tests

Test	Status	Time
COMP	Pass	3:17pm
CAL	Pass	3:17pm

Preventive Maintenance Status: Pass

Analyst

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

County	INTOXINIETI LEGIC	Instrument Location	+ Mountain
The same of the sa	00 90 30		Day Jan makes
Instrument Se	orial No	TOTAL	<u>LEMINOUT</u>
The preventive four months a		Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 o	er displays pressure, or the alcoholic br degree centigrade;	eath simulator thermometer show
2.	Verify instrument displays tin	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	•
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	·
8.	Print test record;		
9.	Verify Diagnostic Program; a	and	
10.		nister is being changed before expiration anged every four months or after 125.	
	ere performed on the instrument in	the ndicated above, in accordance with curd the instrument is functioning properly	
STATE STATE OFFICE OFFI	STOCKE CARE CARE CARE CARE CARE CARE CARE CAR	gnature of Certifying Official	Certificate Number

SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938 Test Date: 12/19/2016

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: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

07/01/2016-07/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	9/2101	Time
DIAG	Pass	4:06pm
AIR BLK	.00	4:06pm
ACCY CHK	.07	4:07pm
AIR BLK	.00	4:08pm
SUB TEST	.00	4:09pm
AIR BLK	.00	4:10pm
SUB TEST	.00	4:11pm
AIR BLK	.00	4:12pm

Reported AC: .00 g/2101

Signature of Chemidal Analyst

Court CVR

#### SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938

Test Record Number: 567

Test Date: 12/19/2016 Test Time: 4:13pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:13pm
FLO FC	Pass Pass	4:13pm 4:13pm
FC	rass	4:13bm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:13pm
SRC	Pass	4:13pm
DET	Pass	4:13pm
BAR	Pass	4:13pm
$\mathtt{BT}$	Pass	4:13pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:14pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:14pm
	CRC Tests	

Test	Status	Time
COMP	Pass	4:14pm
CAL	Pass	4:14pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 5	HOTOMINETERS, WODEL INTO A EGIR II
Instrument S	erial No. <u>008660</u> <u>Department</u>
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
	on theday of
OF THE STATION OF THE	Signature of Certifying Official Certificate Number

STOKES COUNTY KING PD 840

Serial Number: 008660 Test Date: 12/01/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

07/01/2016-07/01/2018

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 AIR BLK	Pass	3:38pm 3:39pm
ACCY CHK AIR BLK	.08 .00	3:40pm 3:41pm
SUB TEST	.00	3:41pm
AIR BLK	.00	3:42pm
SUB TEST	.00	3:44pm
AIR BLK	, .00	3:45pm

Reported AC:

.00\_g/210<u>L</u>

Signature of Chemidal Analyst

Court CVR

#### STOKES COUNTY KING PD 840

Serial Number: 008660

Test Record Number: 3939

Test Date: 12/01/2016

Test Time: 3:46pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:46pm
SRC	Pass	3:46pm
DET	Pass	3:46pm
BAR	Pass	3:46pm
BT	Pass	3:46pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:47pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:47pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

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

Sucin	Instrument Location Cherole	e Tribal Det
Instrument Serial No. <u>608782</u>	Cherokee, NC	
The preventive maintenance procedures for to four months are:	he Intoximeters, Model Intox EC/IR II to b	e followed at least once every
1. Verify the ethanol gas cani 34 degrees, plus or minus.	ster displays pressure, or the alcoholic brea 2 degree centigrade;	th simulator thermometer shows
2. Verify instrument displays	time and date;	
3. Initiate breath test sequenc	e;	
4. Enter information as prom	pted;	
5. Verify instrument accuracy	y;	
6. When "PLEASE BLOW"	appears, collect breath sample;	
7. When "PLEASE BLOW"	appears, collect breath sample;	
8. Print test record;		
9. Verify Diagnostic Program	n; and	
10. Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is being changed before expiration changed every four months or after 125 A	n date, or the alcoholic breath lcoholic Breath Simulator tests,
I certify that on the day of procedures were performed on the instrument Department of Health and Human Services,	the form the form of the form	orgoing preventive maintenance ent regulations of the N.C.
STATE OF VORTER TO STATE OF VORT	0011	/ 3 em
The CHAN VIDE	Signature of Certifying Official	Certificate Number

SWAIN COUNTY CHEROKEE DETENTION 860

Serial Number: 008782 Test Date: 12/21/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R

Permit Number: 8457E

Effective:

09/01/2015-09/01/2017

Officer's Name: NONE,

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG507902

Exp Date: 03/20/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	9:50am 9:51am
ACCY CHE	.07	9:52am
AIR BLK	.00	9:53am
SUB TEST	.00	9:53am
AIR BLK	.00	9:54am
SUB TEST	. 0.0	9:56am
AIR BLK	.00	9:57am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### SWAIN COUNTY CHEROKEE DETENTION 860

Serial Number: 008782 Test Date: 12/21/2016 Test Record Number: 964
Test Time: 9:58am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:58am
FLO	Pass	9:58am
FC	Pass	9:58am

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:58am
SRC	Pass	9:58am
DET	Pass	9:58am
BAR	Pass	9:58am
BT	Pass	9:58am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:59am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:59am
	CRC Tests	
Test	Status	Time

COMP Pass 9:59am CAL Pass 9:59am

Preventive Maintenance Status: Pass

Analyst

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

County	Score	AND	Instrument Location	<u>SCOTTAND</u>	Co. JAIL
Instrument	t Serial No	0088/0	LAURINB	URB, NC.	
The prever		nance procedures for the	Intoximeters, Model Intox	c EC/IR II to be fol	lowed at least once every
1.		fy the ethanol gas caniste egrees, plus or minus .2		alcoholic breath si	mulator thermometer shows
2.	Vегі	fy instrument displays ti	me and date;		
3.	Initi	ate breath test sequence;	·		
4.	Ente	er information as prompte	ed;		
5.	Veri	ify instrument accuracy;			
6.	Whe	en "PLEASE BLOW" ap	opears, collect breath samp	ile;	
7.	Whe	en "PLEASE BLOW" a	ppears, collect breath samp	ile;	
8.	Prin	t test record;			
9.	Veri	ify Diagnostic Program;	and		
10.	simi	ify that the ethanol gas coulator solution is being cochever occurs first.	anister is being changed be hanged every four months	fore expiration date or after 125 Alcoho	e, or the alcoholic breath olic Breath Simulator tests,
procedure	nat on thees were perfo ent of Health	ormed on the instrument	PECF/NGFQ, 20 indicated above, in accorded to the instrument is function	ance with current re	ing preventive maintenance egulations of the N.C.
SE S	TATE OF NOTIFIE CAROLINA	S	Signature of Certifying Offi	<u>(</u>	Certificate Number

SCOTLAND COUNTY SHERIFF'S OFFICE 820

Serial Number: 008861 Test Date: 12/21/2016

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

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

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

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

Lot Number: AG607601 Exp Date: 03/18/2018

Test	g/210L	rime
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00 .00	3:53pm 3:53pm 3:54pm 3:55pm 3:55pm 3:56pm 3:58pm 3:59pm
		-

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### SCOTLAND COUNTY SHERIFF'S OFFICE 820

Serial Number: 008861 Test Record Number: 1275
Test Date: 12/21/2016 Test Time: 3:59pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:59pm 3:59pm
FLO FC	Pass Pass	4:00pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:00pm
SRC	Pass	4:00pm
DET	Pass	4:00pm
BAR	Pass	4:00pm
BT	Pass	4:00pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:00pm

#### Printer Tests

rest	Status	True
PRNT	Pass	4:00pm
the second	•	1

#### CRC Tests

Test	Status	Time
COMP	Pass Pass	4:00pm 4:00pm
· • • • • • • • • • • • • • • • • • • •		7 7 7 7 F 17

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 5	COTLAND In	strument Location LAURING	RURG, P.D.
Instrument Ser	rial No <i>00883</i> 4(	AURINBURG, M	
			<u> </u>
The preventive four months ar	e maintenance procedures for the Intoxime:	neters, Model Intox EC/IR II to be for	llowed at least once every
1.	Verify the ethanol gas canister displa 34 degrees, plus or minus .2 degree c	ys pressure, or the alcoholic breath s entigrade;	imulator thermometer show
2.	Verify instrument displays time and o	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, o	collect breath sample;	,
8.	Print test record;		
9.	Verify Diagnostic Program; and	ীক -	
10.	Verify that the ethanol gas canister is simulator solution is being changed e whichever occurs first.	s being changed before expiration datevery four months or after 125 Alcoh	te, or the alcoholic breath olic Breath Simulator tests,
I certify that of procedures we Department o	on the <u>2/</u> day of <u>PECO</u> ere performed on the instrument indicated f Health and Human Services, and the ins	EMBER_, 20_/6 the forgo d above, in accordance with current restrument is functioning properly.	ing preventive maintenance egulations of the N.C.
OF STATE OF	ON CORPUTATION OF THE PROPERTY		
* ESF QUAMVIT	Ja ha	+ Gunell	371
	(Sighature	of Certifying Official	Certificate Number

SCOTLAND COUNTY LAURINBURG PD. 820

Serial Number: 008834 Test Date: 12/21/2016

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	3:06pm 3:07pm
ACCY CHK	.00	3:07pm
AIR BLK	.00	3:08pm
SUB TEST	.00	3:09pm
AIR BLK	.00	3:10pm
SUB TEST	.00	3:12pm
AIR BLK	.00	3:13pm

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

#### SCOTLAND COUNTY LAURINBURG PD. 820

Serial Number: 008834 Test Date: 12/21/2016

Test Record Number: 779 Test Time: 3:13pm EST

System Check: Passed

Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:14pm
SRC	Pass	3:14pm
DET	Pass	3:14pm
BAR	Pass	3:14pm
$\mathtt{BT}$	Pass	3:14pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:14pm

### Pass

Test	Status	Time
PRNT	Pass	3:14pm

Printer Tests

#### CRC Tests

Test	Status	Time
COMP	Pass	3:14pm
CAL	Pass	3:14pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	INTOXIMETERS, MODEL INTOX EC/IR II  Instrument Location Location PD  Instrument Location Location PD
Instrument S	Darrow 186 Day V. L. I. I. Lace de
The preventifour months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the day of da
STAN 12. CO VAN 20. I TAN 12.	Signature of Certifying Official Certificate Number

#### STANLY LOCUST PD 830

Serial Number: 008706 Test Record Number: 3410 Test Date: 12/05/2016 Test Time: 11:58am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:59am 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
$\mathtt{BT}$	Pass	11:59am

#### Blank Tests

Test	Status	Time		
AIR	Pass	12:00pm		

#### Printer Tests

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

Preventive Maintenance Status: Pass

Ānalyst

STANLY LOCUST PD 830

Serial Number: 008706 Test Date: 12/05/2016

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HAYS, MARK D Permit Number: 15924E

Effective:

01/01/2016-01/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00 .00	12:03pm 12:03pm 12:04pm 12:05pm 12:05pm
AIR BLK	.00	12:06pm
SUB TEST	.00	12:08pm
AIR BLK	.00	12:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County_U	nion	Instrument Location Waxha	wPD
Instrument Se	rial No. <u>008598</u>	3620 Providence k	d Waxhaw
		704-843-035	3
The preventive four months a		toximeters, Model Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 degrees.	displays pressure, or the alcoholic breath gree centigrade;	simulator thermometer show
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ears, collect breath sample;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	i	
10.	simulator solution is being char whichever occurs first.	ster is being changed before expiration danged every four months or after 125 Alcol	nolic Breath Simulator tests,
I certify that	on the $\frac{20 \text{ M}}{\text{day of }}$ day of $\frac{\text{De}}{\text{day of }}$	icated above, in accordance with current	oing preventive maintenance
		he instrument is functioning properly.	regulations of the N.C.
THE STATE			
GREAT SE	CAROLLE STATE OF THE STATE OF T	, ·	
APRIL 12, 177	Majlu C.	H.	65Ø
	// // Sigr	nature of Certifying Official	Certificate Number

UNION COUNTY WAXHAW PD 890

Serial Number: 008598 Test Date: 12/20/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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	Pass	01:07pm 01:08pm		
ACCY CHK AIR BLK	.07 .00	01:08pm 01:09pm		
SUB TEST	.00	01:10pm		
AIR BLK	.00	01:11pm		
SUB TEST	.00	01:12pm		
ATR BLK	. 00	01:13pm		

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

Rev. 12/2007

#### UNION COUNTY WAXHAW PD 890

Serial Number: 008598

Test Record Number: 645

Test Date: 12/20/2016

Test Time: 01:14pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	01:15pm 01:15pm
FC	Pass	01:15pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	01:15pm
SRC	Pass	01:15pm
DET	Pass	01:15pm
BAR	Pass	01:15pm
${f BT}$	Pass	01:15pm

#### Blank Tests

Test	Status	Time
AIR	Pass	01:15pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	01:16pm

#### CRC Tests

Test	Status	Time
COMP	Pass	01:16pm
CAL	Pass	01:16pm

Preventive Maintenance Status: Pass

Analyst

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

County	Union	Instrument Loc	cation	nion C	bunty	<u> </u>
Instrumen	t Serial No. <u>OOS876</u>	3344	Presson	n Rd.	Mon	roc
The preve	ntive maintenance procedures for the	e Intoximeters, Mode	l Intox EC/IR I	to be follow	ed at least or	nce every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	er displays pressure, degree centigrade;	or the alcoholic	breath simul	ator thermor	meter shows
2.	Verify instrument displays t	me and date;				
3.	Initiate breath test sequence			·		
4.	Enter information as prompt	ed;				
5.	Verify instrument accuracy;					
6.	When "PLEASE BLOW" a	ppears, collect breath	sample;		•	and in the
7.	When "PLEASE BLOW" a	ppears, collect breath	sample;		i de de la compania del compania del compania de la compania del compania de la compania de la compania del compania de la compania de la compania de la compania del compan	
8.	Print test record;					e e e e e e e e e e e e e e e e e e e
9.	Verify Diagnostic Program;	and				11 E
procedur	es were performed on the instrument ent of Health and Human Services, a	ehanged every four m	, 20 16 ccordance with	25 Alcoholic the forgoing current regul	Breath Simi preventive n lations of the	ulator tests; naintenance e N.C
*255	PULAN YOUR H	Signature of Certifying	ng Official		65 Certificate N	<u>Number</u>

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008876 Test Date: 12/08/2016

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: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test g/210L Time

1000	9/2=0	
. ::		10.10
DIAG	Pass	11:53am
AIR BLK	.00	11:54am
ACCY CHK	.07	11:55am
ÁIR BLK	.00	11:56am
SUB TEST	.00	11:57am
AIR BLK	.00	11:58am
SUB TEST	.00	12:00pm
AIR BLK	.00	12:01pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

#### UNION COUNTY UNION COUNTY SD 890

Serial Number: 008876

Test Record Number: 4233

Test Date: 12/08/2016

Test Time: 12:02pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:02pm
SRC	Pass	12:02pm
DET	Pass	12:02pm
BAR.	Pass	12:02pm
$\mathtt{BT}$	Pass	12:02pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:03pm

#### Printer Tests

Test	Status	Time	
PRNT	Pass	12:03pm	
	CRC Tests		
Test	Status	Time	
COMP	Pass	12:03pm	

Preventive Maintenance Status: Pass

Pass

12:03pm

CAL

Analyst

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

County	Lnion	Instrument Location Union	County SD
Instrument S	erial No. <u>008866</u>	3344 Presson R.	d. Monroe
The preventi 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 d	r displays pressure, or the alcoholic breat legree centigrade;	h simulator thermometer shows
: <b>2.</b>	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	and	
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nister is being changed before expiration langed every four months or after 125 Ald	date, or the alcoholic breath coholic Breath Simulator tests,
procedures	were performed on the instrument is	<u>cember</u> , 20 <u>lo</u> the for ndicated above, in accordance with current the instrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
STA	XSJOITLE. 4	Ignature of Certifying Official	Certificate Number

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008866 Test Date: 12/08/2016

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: 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: AG607502 Exp Date: 03/15/2018

Test	g/210L	Time
DIAG	Pass	11:38am
AIR BLK	.00	11:39am
ACCY CHK	.08	11:40am
AIR BLK	.00	11:41am
SUB TEST	.00	11:42am
AIR BLK	.00	11:43am
SUB TEST	.00	11:44am
ATR BLK	.00	11:45am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### UNION COUNTY UNION COUNTY SD 890

Serial Number: 008866 Test Record Number: 2510 Test Date: 12/08/2016 Test Time: 11:46am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:46am 11:46am
FC	Pass	11:46am

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	11:47am 11:47am
DET	Pass	<b>11:</b> 47am
BAR	Pass	11:47am
$\mathtt{B}\mathbf{T}$	Pass	11:47am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:47am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:47am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:47am

11:47am

Preventive Maintenance Status: Pass

Pass

CAL

**Analyst** 

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

County W		Instrument Location	WIGH PDNO	DRIHEAST ]	DISTRIC
Instrument Se	rial No. <u>008623</u>	5228 GREEN'S	DHRY RD	BALEIGI	II, NC
The preventiv	e maintenance procedures-for the	: Intoximeters, Model Intox E	C/IR II to be follo	wed at least on	ce every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	er displays pressure, or the alc degree centigrade;	oholic breath simu	ulator thermom	eter shows
2.	Verify instrument displays ti	me and date;		·	
3.	Initiate breath test sequence;				
4.	Enter information as prompt	ed;			
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" a	ppears, collect breath sample;			
7.	When "PLEASE BLOW" a	ppears, collect breath sample;		•	
8.	Print test record;				
9.	Verify Diagnostic Program;	and	,		
10.		anister is being changed befor hanged every four months or a			
	on the /2 day of // day of		e with current regu	preventive ma ulations of the l	nintenance N.C.
THE STATE					
GOREAT	SAROLL STATE OF THE STATE OF TH			, articular	
AVER 12. EV	BUS	ignature of Certifying Officia		637 Certificate Nu	ımber

WAKE COUNTY NORTH EAST DISTRICT 910

Serial Number: 008623 Test Date: 12/13/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:34am
AIR BLK	.00	10:35am
ACCY CHK	.08	10:36am
AIR BLK	.00	10:37am
SUB TEST	.00	10:37am
AIR BLK	.00	10:38am
SUB TEST	.00	10:40am
ATR BLK	0.0	10.41am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Su D Smit

WAKE COUNTY NORTH EAST DISTRICT 910

Serial Number: 008623 Test Record Number: 3438 Test Date: 12/13/2016 Test Time: 10:41am 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
AIR	Pass	10:43am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:43am

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County Na 1	tauga	Instrument Location	Boone	20
Instrument Seri	al No. <u>(70 87/6</u>		Bone,	NC
The preventive four months are	maintenance procedures for the II	ntoximeters, Model Intox	x EC/IR II to be folk	owed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the gree centigrade;	alcoholic breath sin	nulator thermometer show
2.	Verify instrument displays time	e and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" app	ears, collect breath samp	ele;	
7.	When "PLEASE BLOW" app	ears, collect breath samp	ole;	
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 be nged every four months	efore expiration date or after 125 Alcohol	or the alcoholic breath lic Breath Simulator tests,
I certify that or procedures were Department of	n the day of re performed on the instrument inc Health and Human Services, and	dicated above, in accorda	ance with current reg	g preventive maintenance gulations of the N.C.
STATE ON STATE OF THE STATE OF	A CAROLINA			
SOE QUAM VIDE		CO 110 200	States tangen inggata samendid bayas	649
	Sig	nature of Certifying Offi	icial	Certificate Number

WATAUGA COUNTY BOONE P D 940

Serial Number: 008716 Test Date: 12/01/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE,

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	4:15pm
AIR BLK	.00	4:16pm
ACCY CHK	.08	4:16pm
AIR BLK	.00	4:17pm
SUB TEST	.00	4:18pm
AIR BLK	.00	4:19pm
SUB TEST	.00	4:20pm
AIR BLK	.00	4:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WATAUGA COUNTY BOONE P D 940

Serial Number: 008716 Test Record Number: 2006

Test Date: 12/01/2016 Test Time: 4:24pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:24pm
FLO	Pass	4:24pm
FC	Pass	4:24pm

#### Temperature Tests

Status	Time
Pass	4:24pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	4:25pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:25pm

#### CRC Tests

Test	Status	Time
COMP	Pass	4:25pm
CAL	Pass	4:25pm

Preventive Maintenance Status: Pass

Analyst

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

County \	SNINGTON Instrument Location WAShi	ngton Co.S.O.
Instrument Seri	al No. 008829 Adams ST.	Plymouth, N.C.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic by 34 degrees, plus or minus .2 degree centigrade;	reath simulator thermometer show
2.	Verify instrument displays time and date;	
<b>3.</b>	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expirate 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 on procedures wer Department of	the day of lecember, 20 the re performed on the instrument indicated above, in accordance with cur Health and Human Services, and the instrument is functioning properly	rrent regulations of the N.C.
and the same of th		
S PH SIAFE OF THE	A CAROLLI	
* CSE QUAM VIDE	Signature of Certifying Official	Certificate Number

WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829 Test Date: 12/05/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHH3

Test Type: Breath Test

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

g/210L Time Test DIAG Pass 11:58am AIR BLK .00 11:59am ACCY CHK .07 12:00pm AIR BLK .00 12:01pm SUB TEST .00 12:02pm AIR BLK .00 12:03pm SUB TEST .00 12:04pm

12:05pm

Reported AC; .00 g/210L

AIR BLK .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

Lind A. Kees

#### WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829 Test Date: 12/05/2016 Test Record Number: 753 Test Time: 12:06pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:06pm
F'LO	Pass	12;06pm
FC	Pass	12:06pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:07pm

Status

Time

#### Printer Tests

Test

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

Preventive Maintenance Status: Pass

Final &- Keese\_\_\_

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIME	Instrument Location Wilson	
County <u>\/</u>	D24417		<
Instrument Se	erial No. <u>DD 9441</u>	TODE CITELA	21., VV/150K N
The preventive four months		he Intoximeters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas can 34 degrees, plus or minus .	ster displays pressure, or the alcoholic brea 2 degree centigrade;	ath simulator thermometer shows
2.	Verify instrument displays	time and date;	
3.	Initiate breath test sequence	e;	÷
4.	Enter information as prom	pted;	
5.	Verify instrument accuracy	y;	
6.	When "PLEASE BLOW"	appears, collect breath sample;	
7.	When "PLEASE BLOW"	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program	n; and	
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is being changed before expiration changed every four months or after 125 A	n date, or the alcoholic breath lcoholic Breath Simulator tests,
I certify that procedures v Department	were performed on the instrumer	December, 20 / the form indicated above, in accordance with curr and the instrument is functioning properly.	ent regulations of the N.C.
STATE STATE OF STATE	E O NO SHE CAROLINE		
T ESSE QUAM	VIDEN TO	ind A. Keel	Con Y my
		Signature of Certifying Official	Certificate Number

WILSON COUNTY DETENTION CENTER 970

Serial Number: 008847 Test Date: 12/13/2016

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

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

Subject's Sex: Male

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	1:44pm 1:45pm 1:46pm
AIR BLK	.00	1:47pm
SUB TEST	.00	1:49pm
AIR BLK	.00	1:50pm
SUB TEST	.00	1:51pm
AIR BLK	.00	1:52pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## WILSON COUNTY DETENTION CENTER 970

Serial Number: 008847

Test Record Number: 587

Test Date: 12/13/2016

Test Time: 1:38pm EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:39pm 1:39pm
FC	Pass	1:39pm

## Temperature Tests

Test	Status	Time
FC1	Pass	1:39pm
SRC	Pass	1:39pm
DET	Pass	1:39pm
BAR	Pass	1:39pm
BT	Pass	1:39pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:40pm

#### Printer Tests

Test	Status	Ti.me
PRNT	Pass	1:40pm

## CRC Tests

Test	Status	Time
COMP	Pass	1:40pm
CAL	Pass	1:40pm

Preventive Maintenance Status: Pass

Analyst

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

County	VILSON Instrument Location Wilson Co. Petenton
Instrument Se	VIISON Instrument Location Wilson Co. Petention erial No. 008918 100 E. BICEN ST., Wilson, N
The preventiv four months a	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	on theday of
THE STATE OF THE S	Sold Sold Sold Sold Sold Sold Sold Sold

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

Signature of Certifying Official

Certificate Number

#### WILSON COUNTY DETENTION CENTER 970

Serial Number: 008918 Test Date: 12/13/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	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
AIR BLK	.00	1:52pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WILSON COUNTY DETENTION CENTER 970

Serial Number: 008918 Test Record Number: 527
Test Date: 12/13/2016 Test Time: 1:38pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:38pm
FLO	Pass	1:38pm
FC	Pass	1:39pm

## Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	1:39pm 1:39pm
DET	Pass	1:39pm
BAR	Pass	1:39pm
BT	Pass	1:39pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:40pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:40pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:40pm 1:40pm

Preventive Maintenance Status: Pass

Analyst

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

County (1)	ARREN Instrument Location NORL 13	um PD
Instrument S	erial No. <u>008738</u> 101 MAIN ST. Alor	LINA, NC
		· ·
The preventi four months	ve 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;	eath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	2.0
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	e e
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
· 9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expirated simulator solution is being changed every four months or after 125 A whichever occurs first.	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify that procedures v Department	on the	rent regulations of the N.C.
CTAT		
3 S J		
S S S		
ARE 12.	I Smith	637
	Signature of Certifying Official	Certificate Number

#### WARREN COUNTY NORLINA POLICE DEPT 920

Serial Number: 008738 Test Date: 12/13/2016

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

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

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

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

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

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

Test	g/210L	Time
	•	•
DIAG	Pass	5:07pm
AIR BLK	.00	5:08pm
ACCY CHK	.08	5:08pm
AIR BLK	.00	5:09pm
SUB TEST	.00	5:10pm
AIR BLK	.00	5:11pm
SUB TEST	.00	5:12pm
AIR BLK	.00	5:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## WARREN COUNTY NORLINA POLICE DEPT 920

Serial Number: 008738

Test Record Number: 665

Test Date: 12/13/2016

Test Time: 5:14pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	5:14pm
FLO	Pass	5:14pm
FC	Pass	5:14pm

## Temperature Tests

FC1 Pass 5:14pm SRC Pass 5:14pm DET Pass 5:14pm BAR Pass 5:14pm PT Pass 5:14pm	Test	Status	Time
DI FOSS J.IIDIII	SRC	Pass	5:14pm
	DET	Pass	5:14pm

#### Blank Tests

Test	Status	Time
AIR	Pass	5:15pm

# Printer Tests

Test	Status	Time
PRNT	Pass	5:15pm

# CRC Tests

Test	Status	Time
COMP	Pass	5:15pm
CAL	Pass	5:15pm

Preventive Maintenance Status: Pass

Analyst

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

County	Wake Instrument Location But Mobile
Instrument S	Serial No. 008686
The prevent four months	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every sare:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer should degree, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.
I certify that procedures Department	at on the
STAN STAN STAN STAN STAN STAN STAN STAN	CAROU

## WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008686

Test Record Number: 6458

Test Date: 12/02/2016

Test Time: 10:52pm EST

System Check: Passed

# Baseline Tests

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

## Temperature Tests

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

# Blank Tests

Test	Status	Time
AIR	Pass	10:53pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:53pm

#### CRC Tests

Test	Status	Time
COMP	Pass	10:53pm
CAL	Pass	10:53pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008686 Test Date: 12/02/2016

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: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:43pm
AIR BLK	.00	10:44pm
ACCY CHK	.08	10:44pm
AIR BLK	.00	10:45pm
SUB TEST	.00	10:46pm
AIR BLK	.00	10:47pm
SUB TEST	.00	10:48pm
ATR BLK	- 00	10:49pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

County	ake	Instrument Location_	BAT HOBIL	= (easy T #10
Instrument Seri	al No. <u>CO 8637</u>	<del></del>	RALETER	<u> </u>
The preventive four months are	maintenance procedures for the In	toximeters, Model Intox	EC/IR II to be folk	owed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg		alcoholic breath sin	nulator thermometer show
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears, collect breath sample;			
7.	When "PLEASE BLOW" appe	ears, collect breath sample	<b>;</b>	
8.	Print test record;			
9.	Verify Diagnostic Program; and	d		
10.	Verify that the ethanol gas cani simulator solution is being char whichever occurs first.			
procedures wer	theday of the performed on the instrument ind Health and Human Services, and t	icated above, in accordan	nce with current reg	g preventive maintenance gulations of the N.C.
STATE OF THE STATE OF THE CORPY	No. Market Sign	lature of Certifying Office	ial _	636 Certificate Number

# WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008637

Test Record Number: 2884

Test Date: 12/02/2016

Test Time: 10:12pm EST

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

Status	Time
Pass	10:12pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	10:13pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:13pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008637 Test Date: 12/02/2016

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: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:03pm
AIR BLK	.00	10:04pm
ACCY CHK	.08	10:05pm
AIR BLK	.00	10:05pm
SUB TEST	.00	10:07pm
AIR BLK	.00	10:08pm
SUB TEST	.00	10:10pm
ATR BLK	.00	10:11pm

Reported AC:

00 g/210L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services Rev. 12/2007

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

County	Instrument Location 1	35 mobile unt #1
Instrument	nent Serial No. Ob 8584	CARTISM
The prever	eventive maintenance procedures for the Intoximeters, Model Intox EConths are:	/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alco 34 degrees, plus or minus .2 degree centigrade;	holic breath simulator thermometer shows
2.	2. Verify instrument displays time and date;	
3.	3. Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	5. Verify instrument accuracy;	
6.	6. When "PLEASE BLOW" appears, collect breath sample;	
7.	7. When "PLEASE BLOW" appears, collect breath sample;	
8.	8. Print test record;	
9.	9. Verify Diagnostic Program; and	
10.	<ol> <li>Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or af whichever occurs first.</li> </ol>	
I certify the procedure Department	y that on the	the forgoing preventive maintenance with current regulations of the N.C. properly.
SE S	Signature of Certifying Official	Certificate Number

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008584 Test Record Number: 2138
Test Date: 12/02/2016 Test Time: 10:19pm EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	10:19pm
FLO	Pass	10:19pm
FC	Pass	10:20pm

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:20pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:20pm

#### CRC Tests

Test	Status	Time
COMP	Pass	10:20pm
CAL	Pass	10:20pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008584 Test Date: 12/02/2016

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: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517402

Exp Date: 06/23/2017

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

Reported AC: .00

.00 q/210L

Signature of Chemical Analyst

Court CVR

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

County	1.1. galler	Instrument Location / Say 1/6	While Comit # 10
Instrument	Serial No. <u>708 779</u>	12 stirles	o/
The prevent	•	e Intoximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	ter displays pressure, or the alcoholic breat degree centigrade;	h simulator thermometer shows
2.	Verify instrument displays ti	ime and date;	
3.	Initiate breath test sequence;	}	
4.	Enter information as prompt	red;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
7.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.		anister is being changed before expiration changed every four months or after 125 Alc	
I certify the procedures Departmen	at on the day of s were performed on the instrument at of Health and Human Services, an	, 20 / the for indicated above, in accordance with current definition the instrument is functioning properly.	going preventive maintenance it regulations of the N.C.
FOR STATE OF	1	Signature of Certifying Official	Certificate Number

# WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008779 Test Date: 12/02/2016

Test Record Number: 3447
Test Time: 10:18pm EST

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:19pm

## Printer Tests

Test	Status	Time
PRNT	Pass	10:19pm
	CRC Tests	
Teat	Status	Time

Tesc	beacus	TIME
COMP	Pass	10:20pm
CAL	Pass	10:20pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008779 Test Date: 12/02/2016

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

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

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

Test	g/210L	Time
DIAG	Pass	10:05pm
AIR BLK	.00	10:06pm
ACCY CHK	.07	10:07pm
AIR BLK	.00	10:08pm
SUB TEST	.00	10:09pm
AIR BLK	.00	10:10pm
SUB TEST	.00	10:12pm
AIR BLK	.00	10:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

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

County	WAKE Instrument Location Bot Win Bile Linit	<u>t/0</u>
Instrument Se	Serial No. O08580 RALEIGH	
The preventive four months a	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once are:	every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermomes 34 degrees, plus or minus .2 degree centigrade;	ter shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.	oreath or tests,
procedures w	ton the	ntenance .C.
STATION OF	Signature of Certifying Official Certificate Nun	

# WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008580

Test Record Number: 2335

Test Date: 12/02/2016

Test Time: 10:50pm EST

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:51pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:51pm
	CRC Tests	

Test	Status	Time
COMP	Pass	10:51pm
CAL	Pass	10:51pm

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

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008580 Test Date: 12/02/2016

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: NO
Driver's License Number: NONE

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	10:41pm 10:42pm 10:42pm 10:43pm
SUB TEST	.00	10:44pm
AIR BLK	.00	10:45pm
SUB TEST	.00	10:46pm
AIR BLK	.00	10:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

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

County	WAYNE	Instrument Location_	BAT MOBILE UNIT 9	
Instrumen	nt Serial No. <u>008704</u>		GOLDSBORD, NC	
The preve		toximeters, Model Intox	EC/IR II to be followed at least once every	
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg		alcoholic breath simulator thermometer show	
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appe	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appe	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and	I		
10.	Verify that the ethanol gas canisimulator solution is being charwhichever occurs first.	ster is being changed beinged every four months of	Fore expiration date, or the alcoholic breath or after 125 Alcoholic Breath Simulator tests,	
I certify t procedure Departme	hat on the <u>ID</u> day of <u>DE (</u> es were performed on the instrument ind ent of Health and Human Services, and t	icated above, in accorda he instrument is function	the forgoing preventive maintenance with current regulations of the N.C. thing properly.	
GREAT STATES	STATE O' NO BUT CAROLINE CAROL			
100 × 100 ×	QUAN VIDER X	13-	648	
	Sigh	ature of Certifying Office		

WAYNE COUNTY BAT MOBILE UNIT 9 950

Serial Number: 008704 Test Date: 12/10/2016

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: 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	11:16pm 11:17pm
ACCY CHK	.07	11:18pm
AIR BLK	.00	11:19pm
SUB TEST	.00	11:19pm
AIR BLK	.00	11:20pm
SUB TEST	.00	11:23pm
AIR BLK	.00	11:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alun Ry Bares

#### WAYNE COUNTY BAT MOBILE UNIT 9 950

Serial Number: 008704 Test Record Number: 428 

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

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

# Blank Tests

Test	Status	Time
ΔTD	Dagg	11.26pm

## Printer Tests

Test	Status	Time
PRNT	Pass	11:26pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:27pm 11:27pm

Preventive Maintenance Status: Pass

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

County //V	11400 Instrument Location Wilson Co. Patento
Instrument Seri	al No. 008607 100E. Green ST., Wilson, N.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the day of <u>lecenses</u> , 20/6 the forgoing preventive maintenance
procedures wer	the
THE STATE OF THE S	Service (197)

WILSON COUNTY DETENTION CENTER 970

Serial Number: 008627 Test Date: 12/29/2016

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: KEESLER, LINDA A
Permit Number: 11646E
Effective:

08/01/2015-08/01/2017

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Hind M. Keese Analyst

## WILSON COUNTY DETENTION CENTER 970

Serial Number: 008627 Test Record Number: 2034 Test Date: 12/29/2016 Test Time: 10:58am EST

System Check: Passed

Baseline Tests

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

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:00am

#### Printer Tests

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

11:00am

Preventive Maintenance Status: Pass

Pass

CAL

Line X- free Analyst

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

County (1)		Instrument Location (1//52	N Co. Detention
Instrument Serie	al No. <u>DD8653</u>	100E. Green.	ST., Wilson, N
The preventive four months are	•	ntoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic br gree centigrade;	eath simulator thermometer shows
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample;	
7.	When "PLEASE BLOW" app	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	đ	
10.		ister is being changed before expirati nged every four months or after 125	
	e performed on the instrument inc	the dicated above, in accordance with curther instrument is functioning properly	rent regulations of the N.C.
TOTAL STATE OF THE	CAROLINI CAR	nature of Certifying Official	Certificate Number

WILSON COUNTY DETENTION CENTER 970

Serial Number: 008652 Test Date: 12/29/2016

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: KEESLER, LINDA A
Permit Number: 11646E
Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Ti.me
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:43am 10:44am 10:45am
AIR BLK SUB TEST	.00 .00	10:46am 10:47am
AIR BLK	.00	10:48am
SUB TEST	.00	10:49am
ATR BLK	-0.0	10.50am

Reported AC: 1.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## WILSON COUNTY DETENTION CENTER 970

Serial Number: 008652

Test Record Number: 2889

Test Date: 12/29/2016

Test Time: 10:51am EST

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:52an

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:52am

# CRC Tests

Test	Status	Time
COMP	Pass	10:52am
CAL	Pass	10:52am

Preventive Maintenance Status: Pass

Analyst