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

	f	RS, MODEL INTOX EC/IR II
County	Very	Instrument Location Banner ETK PD
Instrument Ser	ial No. <u>00 8224</u>	Bonner Elk, NC
The preventive four months are		toximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 degrees.	displays pressure, or the alcoholic breath simulator thermometer show gree centigrade;
2.	Verify instrument displays time	and date;
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appe	ars, collect breath sample;
7.	When "PLEASE BLOW" appe	ars, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; and	<b>1</b>
10.		ster is being changed before expiration date, or the alcoholic breath ged every four months or after 125 Alcoholic Breath Simulator tests,
procedures wei		the forgoing preventive maintenance icated above, in accordance with current regulations of the N.C. the instrument is functioning properly.
OTHE STATE OF THE	No particular to the second se	ature of Certifying Official Certificate Number

AVERY COUNTY BANNER ELK PD 050

Serial Number: 008724 Test Date: 07/29/2016

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: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2015-05/01/2017

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	4:21pm
AIR BLK	.00	4:22pm
ACCY CHK	.08	4:23pm
AIR BLK	.00	4:24pm
SUB TEST	.00	4:24pm
AIR BLK	.00	4:25pm
SUB TEST	.00	4:27pm
AIR BLK	.00	4:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### AVERY COUNTY BANNER ELK PD 050

Serial Number: 008724

Test Record Number: 472

Test Date: 07/29/2016 Test Time: 4:29pm EDT

#### System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:29pm
FLO	Pass	4:29pm
FC	Pass	4:29pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:29pm
SRC	Pass	4:29pm
DET	Pass	4:29pm
BAR	Pass	4:29pm
BT	Pass	4:29pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:30pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:30pm

#### CRC Tests

Test	Status	Time
COMP	Pass	4:30pm
CAL	Pass	4:30pm

Preventive Maintenance Status: Pass

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

County Be	aufort Instrument Location Belliau	ag ps
Instrument Seria	INO. D08928 Bellioven, NC	
The preventive r	naintenance 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;	th simulator thermometer show
2.	Verify instrument displays time and date;	*
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Ale whichever occurs first.	
	performed on the instrument indicated above, in accordance with currer	rgoing preventive maintenance nt regulations of the N.C.
Department of H	ealth and Human Services, and the instrument is functioning properly.	
STATE OF A	OR IN CAROLINA	
* EDE QUAM VIDERI	Signature of Certifying Official	643

#### BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928 Test Date: 07/22/2016

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: 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: AG526401 Exp Date: 09/21/2017

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928

Test Record Number: 301
Test Time: 3:08pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:08pm
FLO	Pass	3:08pm
FC	Pass	3:09pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:09pm
SRC	Pass	3:09pm
DET	Pass	3:09pm
BAR	Pass	3:09pm
BT	Pass	3:09pm

#### Blank Tests

Test	Status	Time
ΔTR	Pagg	3 • 0 9 m

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:09pm

#### CRC Tests

Test	Status	Time
COMP	Pass	3:09pm
CAL	Pass	3:09pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

INTOAIMETERS, MODI	
County BRUNSWICK Instrument	Location BAT MOBILE UNI
Instrument Serial No. 608616	SHALLOTTE, NC
The preventive maintenance procedures for the Intoximeters, Mo four months are:	odel Intox EC/IR II to be followed at least once every
<ol> <li>Verify the ethanol gas canister displays pressur</li> <li>34 degrees, plus or minus .2 degree centigrade</li> </ol>	re, or the alcoholic breath simulator thermometer show;
2. Verify instrument displays time and date;	
3. Initiate breath test sequence;	
4. Enter information as prompted;	
5. Verify instrument accuracy;	
6. When "PLEASE BLOW" appears, collect brea	ath sample;
7. When "PLEASE BLOW" appears, collect brea	ath sample;
8. Print test record;	
9. Verify Diagnostic Program; and	
10. Verify that the ethanol gas canister is being chasimulator solution is being changed every four whichever occurs first.	anged before expiration date, or the alcoholic breath months or after 125 Alcoholic Breath Simulator tests,
I certify that on the	, 20 / \( \frac{1}{\omega} \) the forgoing preventive maintenance accordance with current regulations of the N.C. functioning properly.
TO THE STATE OF NORTH AND STATE	1 1 C
Signature of Certify	ing Official Continues Number

#### BRUNSWICK COUNTY BAT MOBILE UNIT 9 090

Serial Number: 008616 Test Date: 07/29/2016

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:46pm 10:47pm 10:48pm
AIR BLK	.00	10:48pm
SUB TEST	.00	10:49pm
AIR BLK	.00	10:50pm
SUB TEST	.00	10:52pm
AIR BLK	.00	10:53pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BRUNSWICK COUNTY BAT MOBILE UNIT 9 090

Serial Number: 008616

Test Record Number: 2238 Test Time: 10:53pm EDT

Test Date: 07/29/2016

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:54pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:54pm
	CRC Tests	
Test	Status	Time

ICBC	beacus	TIME
COMP	Pass	10:54pm
CAL	Pass	10:54pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX ECONO
County B	RUNSWICK Instrument Location BAT MOBILE OWIT
Instrument Ser	rial No. 008704 SHALLOTTE, DC
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department o	on the
STATE CURANTO STATE OF THE CONTROL O	Signature of Certificial Certificate Number

#### BRUNSWICK COUNTY BAT MOBILE UNIT 9 090

Serial Number: 008704 Test Date: 07/29/2016

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

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:07pm 9:08pm
ACCY CHK	.07	9:08pm
AIR BLK SUB TEST	.00 .00	9:09pm <b>9:10pm</b>
AIR BLK	.00	9:11pm
SUB TEST AIR BLK	.00 .00	<b>9:12pm</b> 9:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Clark S. Analyst

#### BRUNSWICK COUNTY BAT MOBILE UNIT 9 090

Serial Number: 008704

Test Record Number: 404

Test Date: 07/29/2016

Test Time: 9:18pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:19pm
FLO	Pass	9:19pm
FC	Pass	9:19pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:19pm
SRC	Pass	9:19pm
DET	Pass	9:19pm
BAR	Pass	9:19pm
BT	Pass	9:19pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:19pm

#### Printer Tests

rest	Status	TIME
PRNT	Pass	9:19pm

Ctatua Timo

#### CRC Tests

Test	Status	Time	
COMP	Pass	9:20pm	
CAL	Pass	9:20pm	

Preventive Maintenance Status: Pass

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

(many)		RS, WIODEL INTOX EC/II	
County Bu	incombe	Instrument Location BUACOM	· · · · · · · · · · · · · · · · · · ·
Instrument Ser	rial No. <u>008808</u>	Ashev:11e	, NC
The preventive four months ar		Intoximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	or displays pressure, or the alcoholic breath degree centigrade;	simulator thermometer shows
2.	Verify instrument displays tir	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	ppears, 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.	unister is being changed before expiration on anged every four months or after 125 Alcoholments	late, or the alcoholic breath bholic Breath Simulator tests,
I certify that of procedures we Department o	on the day of ere performed on the instrument i of Health and Human Services, and	ndicated above, in accordance with current d the instrument is functioning properly.	going preventive maintenance t regulations of the N.C.
STATE AND 177	S NOTE OF THE SECOND SE		649
	S	ignature of Certifying Official	Certificate Number

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008808 Test Date: 07/18/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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 9	g/210L	Time
AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00 .00	3:45pm 3:45pm 3:46pm 3:47pm 3:48pm 3:50pm 3:50pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services Rev. 12/2007

### BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008808 Test Date: 07/18/2016

Test Record Number: 1036

07/18/2016 Test Time: 3:51pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:51pm
FLO	Pass	3:51pm
FC	Pass	3:52pm

### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	3:52pm 3:52pm 3:52pm 3:52pm 3:52pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	3:52pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:52pm

#### CRC Tests

Test	Status	Time	
COMP	Pass	3:53pm	
CAL	Pass	3:53pm	

Preventive Maintenance Status: Pass

Analyst

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

AND AND AND ADDRESS OF THE ADDRESS O		RS, MODEL INTOX EC/IR II	• *
County 15		Instrument Location Burke · Cata	
Instrument Se	erial No. <u>00883/</u>	Morganton,	VC
The preventive four months a	<u>-</u>	ntoximeters, Model Intox EC/IR II to be followed	at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath simulate gree centigrade;	or thermometer show
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample;	
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 date, or the nged every four months or after 125 Alcoholic Br	
I certify that procedures w Department of	on the <u>20</u> day of <u>70</u> vere performed on the instrument incof Health and Human Services, and	30/6 the forgoing predicated above, in accordance with current regulation the instrument is functioning properly.	ventive maintenance ons of the N.C.
TARRED STATE	A second	nature of Certifying Official Cer	649 tificate Number

BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008831 Test Date: 07/20/2016

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: 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	9:00am
AIR BLK	.00	9:01am
ACCY CHK	.08	9:02am
AIR BLK	.00	9:03am
SUB TEST	<b>.00</b>	9:03am
AIR BLK	.00	9:04am
SUB TEST	.00	9:06am
ATR BLK	.00	9:06am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008831 Test Record Number: 1657

Test Date: 07/20/2016

Test Time: 9:08am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:09am
FLO	Pass	9:09am
FC	Pass	9:09am

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:09am
SRC	Pass	9:09am
DET	Pass	9:09am
BAR	Pass	9:09am
$\mathtt{BT}$	Pass	9:09am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:09am

#### Printer Tests

Test	Status	rime
PRNT	Pass	9:09am
	CRC Tests	

Test	Status	Time
COMP	Pass	9:10am 9:10am

Preventive Maintenance Status: Pass

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

Jacob Comments of the Comments	INTUXIMETERS, MODEL INTUX EC/IR II
County / Sw	-Ke Instrument Location Surke-Catable Jail
Instrument Serial	No. 008904 Morganton, 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;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the
OTHE STATE OF A	Signature of Certifying Official  Certificate Number

#### BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008904 Test Date: 07/20/2016

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: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	8:59am 9:00am 9:01am 9:02am 9:02am 9:03am
SUB TEST	.00	9:05am
AIR BLK	.00	9:06am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008904

Test Record Number: 1865

Test Date: 07/20/2016

Test Time: 9:06am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:07am
FLO	Pass	9:07am
FC	Pass	9:07am

#### Temperature Tests

Test	Status	Time
	_	
FC1	Pass	9:07am
SRC	Pass	9:07am
DET	Pass	9:07am
BAR	Pass	9:07am
$\mathtt{BT}$	Pass	9:07am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:07am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:08am

#### CRC Tests

Test	Status	Time
COMP	Pass	9:08am
CAL	Pass	9:08am

Preventive Maintenance Status: Pass

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

	IZ TERET	AO, MODEL IIVI	BAT MOSILE UN	ነ <i>ያ ግ</i> ም
County	K LEIZE I	Instrument Location_	**************************************	
Instrument Seria	al No. 008616		EMEILALD ISLE	<u>()</u>
The preventive four months are	•	toximeters, Model Intox	EC/IR II to be followed at least once ev	ery
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg		alcoholic breath simulator thermometer s	shows
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appe	ars, collect breath sample	9;	
7.	When "PLEASE BLOW" appe	ars, collect breath sample	9;	
8.	Print test record;			
9.	Verify Diagnostic Program; and	1		
10.			ore expiration date, or the alcoholic brear after 125 Alcoholic Breath Simulator t	
I certify that on procedures were Department of I	the day of	, 20 icated above, in accordan ne instrument is functioni	the forgoing preventive mainten ce with current regulations of the N.C. ing properly.	ance
THE STATE OF THE S	# CAROLL Sign	ature of Certifying Offici	al Certificate Number	_

### CARTERET COUNTY BAT MOBILE UNIT 9 150

Serial Number: 008616 Test Date: 07/09/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	12:29pm 12:30pm 12:31pm 12:32pm 12:33pm 12:34pm
SUB TEST	.00	12:35pm
AIR BLK	.00	12:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### CARTERET COUNTY BAT MOBILE UNIT 9 150

Serial Number: 008616

Test Record Number: 2235

Test Date: 07/09/2016

Test Time: 12:44pm EDT

### System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:45pm
FLO	Pass	12:45pm
FC	Pass	12:45pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	12:45pm 12:45pm 12:45pm 12:45pm 12:45pm
$\mathtt{BT}$	Pass	12.40011

#### Blank Tests

Test	Status	Time
AIR	Pass	12:46pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:46pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:46pm

Preventive Maintenance Status: Pass

Pass

CAL

12:46pm

Analyst

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

IATHAM	Instrument Location CAMANA	MOD. JAIL
rial No. <u>00859/</u>	PM330RD NO	<u></u>
<u> </u>	:	
e maintenance procedures for th	ne Intoximeters, Model Intox EC/IR II to be	e followed at least once every
Verify the ethanol gas canis 34 degrees, plus or minus .2	ster displays pressure, or the alcoholic brea 2 degree centigrade;	th simulator thermometer show
Verify instrument displays	time and date;	
Initiate breath test sequence	<b>;</b>	
Enter information as promp	eted;	
Verify instrument accuracy	•	
When "PLEASE BLOW"	appears, collect breath sample;	
When "PLEASE BLOW"	appears, collect breath sample;	•
Print test record;		
Verify Diagnostic Program	; and	
Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is being changed before expiration changed every four months or after 125 Al	date, or the alcoholic breath coholic Breath Simulator tests,
on theday ofe ere performed on the instrument of Health and Human Services, a	t indicated above, in accordance with curre	orgoing preventive maintenance ent regulations of the N.C.
S ROLL CAROLL CA	Signature of Certifying Official	37/ Certificate Number
	rial No	emaintenance procedures for the Intoximeters, Model Intox EC/IR II to be re:  Verify the ethanol gas canister displays pressure, or the alcoholic brea 34 degrees, plus or minus .2 degree centigrade;  Verify instrument displays time and date;  Initiate breath test sequence;  Enter information as prompted;  Verify instrument accuracy;  When "PLEASE BLOW" appears, collect breath sample;  Print test record;  Verify Diagnostic Program; and  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.  The day of

CHATHAM COUNTY JAIL 180

Serial Number: 008591 Test Date: 07/11/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG434901 Exp Date: 12/15/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	5:06pm 5:06pm 5:07pm 5:08pm 5:09pm 5:10pm
SUB TEST	.00	5:11pm
ATR BLK	.00	5:12pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### CHATHAM COUNTY JAIL 180

Serial Number: 008591

Test Record Number: 1734

Test Date: 07/11/2016

Test Time: 5:13pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	5:13pm
FLO	Pass	5:13pm
FC	Pass	5:13pm

### Temperature Tests

SRC Pass 5:13pm DET Pass 5:13pm	Test	Status	Time
DAIL = 5.5.5.	SRC DET BAR	Pass Pass Pass	5:13pm 5:13pm 5:13pm 5:13pm 5:13pm

#### Blank Tests

Test	Status	Time
AIR	Pass	5:14pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	5:14pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	5:14pm 5:14pm

Preventive Maintenance Status: Pass

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

County /a	y	Instrument Location	lay Co. Jail
Instrument Seria	1 No. 008608	Hayesville,	NC
The preventive r		Intoximeters, Model Intox EC	C/IR II to be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2	er displays pressure, or the alcodegree centigrade;	pholic breath simulator thermometer shows
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" ag	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.	Verify that the ethanol gas ca simulator solution is being cl whichever occurs first.	nnister is being changed before nanged every four months or a	expiration date, or the alcoholic breath fter 125 Alcoholic Breath Simulator tests,
procedures were	the <u>/8</u> day of <u>/</u> e performed on the instrument i Health and Human Services, an	ndicated above, in accordance	the forgoing preventive maintenance with current regulations of the N.C. properly.
STATE OF STA	SOLUTION CAROLING	0 0 - 11	
QUAM VIDE		ignature of Certifying Official	635 Certificate Number

CLAY COUNTY CLAY COUNTY JAIL 210

Serial Number: 008608 Test Date: 07/18/2016

Citation Number: M000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Analyst's Name: CUTLER, DANIEL R

Permit Number: 8457E

Effective:

09/01/2015-09/01/2017

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:51am 10:52am
ACCY CHK	.07	10:52am
AIR BLK	.00	10:53am
SUB TEST	.00	10:54am
AIR BLK	.00	10:55am
SUB TEST	.00	10:56am
AIR BLK	.00	10:57am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CLAY COUNTY CLAY COUNTY JAIL 210

Serial Number: 008608

Test Record Number: 1120

Test Date: 07/18/2016 Test Time: 10:59am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:00am

#### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

11:00am

CAL

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

County 1	<u>MBERLAND</u>	Instrument Location	FT. Bras
Instrument Se	rial No. <u>008903</u>	P.M. D.	100 miles
·			
The preventive four months a		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		nolic 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	ars, collect breath sample;	
7.	When "PLEASE BLOW" appe	ars, collect breath sample;	
8.	Print test record;		•
9.	Verify Diagnostic Program; and	i	
10.			expiration date, or the alcoholic breath er 125 Alcoholic Breath Simulator tests,
	on the day of	icate∮ above, in accordance v	
THE STATE OF THE 2D, 1775		ature of Certifying Official	Certificate Number

#### CUMBERLAND COUNTY FORT BRAGG LEC. 250

Serial Number: 008903 Test Date: 07/12/2016

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: AG507902 Exp Date: 03/20/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	3:02pm 3:03pm
ACCY CHK	.08	3:04pm
AIR BLK	.00	3:05pm
SUB TEST	.00	3:06pm
AIR BLK	.00	3:07pm
SUB TEST	.00	3:09pm
ATR BLK	.00	3:10pm

Reported AC, .00 g/210L

Signature (of )Chemical Analyst

Court CVR

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Forensic Tests for Alcohol Branch
Department of Health and Human Services

Analyst

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#### CUMBERLAND COUNTY FORT BRAGG LEC. 250

Serial Number: 008903 Test Record Number: 1673
Test Date: 07/12/2016 Test Time: 3:16pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:16pm
FLO	Pass	3:16pm
FC	Pass	3:16pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:16pm
SRC	Pass	3:16pm
DET	Pass	3:16pm
BAR	Pass	3:16pm
BT	Pass	3:16pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:17pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:17pm
•	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:17pm 3:17pm

Preventive Maintenance Status: Pass

A)nalvst

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

County	Instrument Location FT. BRAGE
Instrument Seri	al No. 008787 P.M.O.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures we Department of	the
THE STATE OF THE 20. 1775	

CUMBERLAND CO. FORT BRAGG LEC. 250

Serial Number: 008787 Test Date: 07/12/2016

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: AG517402 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	2:55pm 2:55pm 2:56pm 2:57pm 2:58pm 2:59pm
SUB TEST	.00	3:00pm
AIR BLK	.00	3:01pm

.00 g/210L Reported AC

Signature of Chemical Analyst

Court CVR

CUMBERLAND CO. FORT BRAGG LEC. 250

Serial Number: 008787 Test Record Number: 577
Test Date: 07/12/2016 Test Time: 3:03pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:03pm
FLO	Pass	3:03pm
FC	Pass	3:04pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:04pm
SRC	Pass	3:04pm
DET	Pass	3:04pm
BAR	Pass	3:04pm
BT	Pass	3:04pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:04pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:04pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:05pm 3:05pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	DAVIDSON Instrument Location BAT MOBILE 7
Instrument S	Serial No. <u>008972</u>
The prevent four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures Department	t on the day of July, 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.
STAND OF THE CREAT CO.	Signature of Certifying Official Certificate Number
A signed or	iginal of the preventive maintenance record shall be kept on file for at least three years.

DAVIDSON BAT MOBILE UNIT 7 280

Serial Number: 008972 Test Date: 07/02/2016

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: INGLE, LARRY W

Permit Number: 7281E

Effective:

02/01/2016-02/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00 .00	4:13pm 4:14pm 4:14pm 4:15pm 4:16pm 4:17pm 4:18pm
AIR BLK	.00/	4:10pm 4:19pm
ATK DUV	.00/	4:19011

Reported AC

.00 q√210I

Signature of Chemical Analyst

ourt OVE

ourt OVR

Analyst

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Forensic Tests for Alcohol Branch
Department of Health and Human Services

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## DAVIDSON BAT MOBILE UNIT 7 280

Serial Number: 008972 Test Record Number: 221

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	4:23pm
FLO	Pass	4:23pm
FC	Pass	4:23 pm

## Temperature Tests

Test	Status	Time
FC1	Pass	4:23pm
SRC	Pass	4:23pm
DET	Pass	4:23pm
BAR	Pass	4:23pm
$\mathtt{BT}$	Pass	4:23pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:23pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:24pm

#### CRC Tests

Test	Status	Time
COMP	Pass	4:24pm
CAL	Pass	4:24pm

Preventive Maintenance Status: Pass

Analyst

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

County Edi	ecombe Instrument Location Edgecombe Co. Magistrafe's	
Instrument Seria	Instrument Location Edgecombe Co. Magistrate's  Who. D08663 Office, 300 S. Anaconda M., Tarbrops	سبم
The preventive r four months are:	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
.5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.	-
I certify that on procedures were Department of I	the day of July, 20 10 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.	
OF THE STATE OF TH		
* ESSE QUAM VIDER	MUAN 643	

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

Signature of Certifying Official

Certificate Number

## EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008663 Test Date: 07/27/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:38am
AIR BLK	.00	10:38am
ACCY CHK	.08	10:39am
AIR BLK	.00	10:40am
SUB TEST	.00	10:40am
AIR BLK	.00	10:41am
SUB TEST	. 00	10:43am
AIR BLK	.00	10:44am

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

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## EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008663 Test Record Number: 2564
Test Date: 07/27/2016 Test Time: 10:46am EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:47am 10:47am
FC	Pass	10:47am

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:48am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:48am
	CRC Tests	•
Test	Status	Time

resc	Deacas	1 IIIC
COMP	Pass	10:48am
CAL	Pass	10:48am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMET	TERS, MODEL INTOX EC	AR II
County Ed	cecombe	Instrument Location <u> </u>	mbe Co. Phystrat
Instrument Ser	ial No. <u>() 0 860 3</u>	Instrument Location Edge 10  Office, 310 S. Aveca	unda Rd, Tarboro r
The preventive four months ar	e:	ne Intoximeters, Model Intox EC/IR II to	
1.	Verify the ethanol gas cani 34 degrees, plus or minus.	ster displays pressure, or the alcoholic b 2 degree centigrade;	reath 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	<b>y;</b>	
6.	When "PLEASE BLOW"	appears, collect breath sample;	
7.	When "PLEASE BLOW"	appears, collect breath sample;	
. 8.	Print test record;		
9.	Verify Diagnostic Program		
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is being changed before expirated changed every four months or after 12:	tion date, or the alcoholic breath 5 Alcoholic Breath Simulator tests,
	on theday of	70 //e th	ne forgoing preventive maintenance
	ore performed on the instrume	nt indicated above, in accordance with c and the instrument is functioning prope	urrent regulations of the N.C.
STATI STATI	E AOUM CAROLINA		
ESSE QUAM	VIDERA X	The Land	643
		Signature of Certifying Official	Certificate Number

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008603 Test Date: 07/27/2016

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

07/01/2015-07/01/2017

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

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Test Record Number: 1535 Serial Number: 008603

Test Time: 10:12am EDT Test Date: 07/27/2016

System Check: Passed

Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time

10:14am AIR Pass

## Printer Tests

Test	Status	Time
1681.	alalus	T T 111C

PRNT Pass 10:14am

CRC Tests

Time Test Status

10:14am COMP Pass 10:14am CAL Pass

Preventive Maintenance

Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location\_ Instrument Serial No. 108925 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. Initiate breath test sequence; 3. Enter information as prompted; 4. Verify instrument accuracy; 5. When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. Print test record; 8. Verify Diagnostic Program; and 9. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the forgoing preventive maintenance day of I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008925 Test Date: 07/12/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

09/01/2014-09/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	10:15am 10:15am 10:16am 10:17am
SUB TEST	.00	10:18am
AIR BLK	.00	10:19am
SUB TEST	.00	10:21am
AIR BLK	.00	10:22am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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Forensic Tests for Alcohol Branch
Department of Health and Human Services

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#### FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008925 Test Record Number: 1339
Test Date: 07/12/2016 Test Time: 10:23am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:23am
FLO	Pass	10:23am
FC	Pass	10:23am

## Temperature Tests

Test	Status	Time
FC1	Pass	10:23am
SRC	Pass	10:23am
DET	Pass	10:23am
BAR	Pass	10:23am
BT	Pass	10:23am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:24am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:24am
	CRC Tests	
Test	Status	Time

COMP	Pass	10:24am
CAL	Pass	10:24am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	FORSYTH Instrument Location BAT MOBILE 7
Instrument Se	erial No. <u>608968</u>
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v	on the
STAT. 2. TO SEE STAT. 2. TO SEE STATE STAT	Signature of Certifying Official Certificate Number
A signed ori	ginal of the preventive maintenance record shall be kept on file for at least three years.

FORSYTH BAT MOBILE UNIT 7 330

Serial Number: 008968 Test Date: 07/15/2016

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: INGLE, LARRY W

Permit Number: 7281E

Effective:

02/01/2016-02/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

9:12pm
9:13pm 9:14pm
9:14pm
9:15pm
9:16pm
9:17pm
9:18pm

Reported AC:

*,*g//210L

Signature of Chemical Analyst

Court OVR

Analyst

#### FORSYTH BAT MOBILE UNIT 7 330

Serial Number: 008968 Test Record Number: 180
Test Date: 07/15/2016 Test Time: 9:20pm EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	9:20pm
SRC	Pass	9:20pm
DET	Pass	9:20pm
BAR	Pass	9:20pm
BT	Pass	9:20pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:21pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:21pm
	CRC Tests	

Preventive Maintenance Status: Pass

Analyst

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

GASTON BAT MOBILE UNIT 7 350

Serial Number: 008969 Test Date: 07/08/2016

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: INGLE, LARRY W

Permit Number: 7281E

Effective:

02/01/2016-02/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	9:56pm 9:57pm 9:57pm 9:58pm
SUB TEST	.00	9:59pm
AIR BLK	.00	10:00pm
SUB TEST	.00	10:01pm
AIR BLK /	·.00	10?02pm

Reported AC:

00 g/2/10L

Signature of Chemical Analyst

Court CVR

**A**nalyst

#### GASTON BAT MOBILE UNIT 7 350

Serial Number: 008969 Test Record Number: 177 Test Date: 07/08/2016 Test Time: 10:04pm EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:05pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:05pm

#### CRC Tests

Test	Status	Time
COMP	Pass	10:05pm
CAL	Pass	10:05pm

Preventive Maintenance

Status: Pass

Analyst

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

rial No. <u>00897/</u>
e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
Verify instrument displays time and date;
Initiate breath test sequence;
Enter information as prompted;
Verify instrument accuracy;
When "PLEASE BLOW" appears, collect breath sample;
When "PLEASE BLOW" appears, collect breath sample;
Print test record;
Verify Diagnostic Program; and
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
on the Standard day of July , 20 16 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
Signature of Certifying Official Certificate Number

GASTON BAT MOBILE UNIT 7 350

Serial Number: 008971 Test Date: 07/08/2016

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: INGLE, LARRY W

Permit Number: 7281E

Effective:

02/01/2016-02/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:52pm
AIR BLK	.00	9:53pm
ACCY CHK	.07	9:54pm
AIR BLK	.00	9:55pm
SUB TEST	.00	9:55pm
AIR BLK	.00	9:56pm
SUB TEST	00.م	9:58pm
AIR BLK/	.00	/97:590m

Reported AC:

 $0.89 \, \text{g} / 2.10 \, \text{I}$ 

Signature of Chemical Analyst

Count CVR

Analyst

#### GASTON BAT MOBILE UNIT 7 350

Serial Number: 008971 Test Record Number: 121 Test Date: 07/08/2016 Test Time: 10:01pm EDT

System Check: Passed

Baseline Tests

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

## Temperature Tests

Status	Time
Pass	10:02pm
	Pass Pass Pass Pass

## Blank Tests

Test	Status	Time
AIR	Pass	10:02pm

Printer Tests

Test	Status	Time
TEDL	platus	T T 111C

PRNT Pass 10:02pm

CRC Tests

Test Status Time

COMP Pass 10:02pm CAL Pass 10:02pm

Preventive Maintenance

Status: Pass

Analyst

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

County Cr	raham Instrument Location Craham Co. S.O.
Instrument Seri	ial No. 008915 Robbinsville, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that on procedures wer Department of	the
OF WAS STATE OF THE STATE OF TH	NORTH CARD
35 QUAM VIDEN	Signature of Certifying Official Certificate Number
	Signature of Certifying Official Certificate Number

#### GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008915 Test Date: 07/15/2016

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	12:35pm 12:36pm 12:36pm
AIR BLK	.00	12:37pm
SUB TEST	.00	12:38pm
AIR BLK	.00	12:39pm
SUB TEST	.00	12:40pm
AIR BLK	.00	12:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Oif R. Lether Analyst

#### GRAHAM COUNTY GRAHAM COUNTY SD 370

Test Record Number: 675 Serial Number: 008915 Test Date: 07/15/2016 Test Time: 12:46pm

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	12:46pm
FLO	Pass	12:46pm
FC	Pass	12:46pm

## Temperature Tests

Test	Status	Time
FC1	Pass	12:46pm
SRC DET	Pass Pass	12:46pm 12:46pm
BAR	Pass	12:46pm
BT	Pass	12:46pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:47pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:47pm
	CRC Tests	
Test	Status	Time

-		
COMP	Pass	12:47pm
CAL	Pass	12:47pm

Preventive Maintenance Status: Pass

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

County ORA	SVILLE Instrument Location CREEDMOOR PD
Instrument Seria	INO. 008641 111 MASONIC ST. CREEDMOOR, NC
The preventive i	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer	the
STATE OREAL STATE OF THE STATE	Signature of Certifying Official Certificate Number

GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641 Test Date: 07/27/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	1:12pm 1:13pm 1:13pm
AIR BLK	.00	1:14pm
SUB TEST	.00	1:15pm
AIR BLK	.00	1:16pm
SUB TEST	.00	1:19pm
ATR BLK	.00	1:20pm

Reported AC: , (

.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

Jus D

## GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641

Test Record Number: 898

Test Date: 07/27/2016

Test Time: 1:23pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:23pm
FLO	Pass	1:23pm
FC	Pass	1:23pm

## Temperature Tests

Test :	Status	Time
SRC DET BAR	Pass Pass Pass Pass Pass	1:23pm 1:23pm 1:23pm 1:23pm 1:23pm

#### Blank Tests

Test	Status	Time

AIR Pass 1:24pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:24pm

#### CRC Tests

Test	Status	Time
COMP	Pass	1:24pm
CAL	Pass	1:24pm

Preventive Maintenance Status: Pass

Anályst

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

County GRA	NVILLE Instrument Location DKFORD PD
Instrument Seria	INO. 008923 204 E. MCCLANAHAN ST. OXFORD, NC
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of F	the 27 day of JULY , 20/6 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF A PART IS OF A PAR	Signeture of Cortificing Official Cortificate Number

GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008923 Test Date: 07/27/2016

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	10:29am 10:30am 10:31am 10:32am
SUB TEST	.00	10:32am
AIR BLK	.00	10:33am
SUB TEST	.00	10:35am
AIR BLK	.00	10:36am

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008923

Test Record Number: 1393

Test Date: 07/27/2016

Test Time: 10:38am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
		10.00
IR	Pass	10:38am
FLO	Pass	10:38am
FC	Pass	10:38am

## Temperature Tests

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

#### Blank Tests

Test	Status	Time

AIR Pass 10:39am

#### Printer Tests

Test	Status	Time	

PRNT Pass 10:39am

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Λ	INTOXIMET	ERS, MODEL	INTOX EC/IR	II
County	<i>breene</i>	Instrument Lo	cation <u>areene</u>	Co. S.V.
Instrument Ser	rial No. 008670	301 W.	Greane 5	T., Snow Hill
The preventive four months as	e maintenance procedures for the	e Intoximeters, Mode	Intox EC/IR II to be fol	llowed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	er displays pressure, degree centigrade;	or the alcoholic breath s	mulator thermometer shows
2.	Verify instrument displays t	ime and date;		
3.	Initiate breath test sequence			
4.	Enter information as prompt	ed;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" a	ppears, collect breatl	n sample;	•
7.	When "PLEASE BLOW" a	ppears, collect breat	n sample;	·
8.	Print test record;			
9.	Verify Diagnostic Program;	and		•
10.	Verify that the ethanol gas of simulator solution is being of whichever occurs first.	canister is being chan changed every four n	ged before expiration da- nonths or after 125 Alcoh	te, or the alcoholic breath olic Breath Simulator tests,
I certify that of procedures we Department c	on theday of vere performed on the instrument of Health and Human Services, a	indicated above, in and the instrument is	accordance with current r	ing preventive maintenance egulations of the N.C.
STATE OF THE STATE	SON CAROLINA			
A WIND STATE OF THE A	TOTAL	aces K	Bird Comment	647
		Signature of Certifyi	ng Official	Certificate Number

GREENE COUNTY GREENE CO SO 390

Serial Number: 008670 Test Date: 07/18/2016

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, LINDA A
Permit Number: 11646E
Effective:

08/01/2015-08/01/2017

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	2:47pm 2:48pm 2:49pm 2:50pm 2:50pm
AIR BLK	.00	2:51pm
SUB TEST	.00	2:53pm
AIR BLK	.00	2:54pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

In Ex. Keel
Analyst

#### GREENE COUNTY GREENE CO SO 390

Serial Number: 008670 Test Record Number: 1597

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

Status	Time
Pass	2:55pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	2:55pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:55pm

## CRC Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETE	RS, MODEL INTOX E	C/IK II
County ( ) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	iltord	Instrument Location Bat	Mobile Unit
Instrument Seria	11 No 60 8 60 8 Cp	Unc-G	
		() reenshore	<u> </u>
The preventive to four months are:		Intoximeters, Model Intox EC/IR II t	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 begree centigrade;	oreath simulator thermometer shows
2.	Verify instrument displays tim	ne and date;	,
3.	Initiate breath test sequence;		the state of
4.	Enter information as prompted	<b>!;</b>	
<b>5.</b>	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.	Verify that the ethanol gas car simulator solution is being cha whichever occurs first.	nister is being changed before expiration anged every four months or after 125	tion date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify that on procedures were Department of I	performed on the instrument in	dicated above, in accordance with cuthe instrument is functioning proper	e forgoing preventive maintenance arrent regulations of the N.C.
THE STATE OF THE S	Dongo	enature of Certifying Official	Certificate Number

#### GUILFORD COUNTY BAT MOBILE UNIT 10 400

Serial Number: 008686 Test Date: 06/17/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:02pm 11:03pm 11:03pm
AIR BLK	.00	11:04pm
SUB TEST	.00	11:05pm
AIR BLK	.00	11:05pm
SUB TEST	.00	11:08pm
ATR BLK	.00	11:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## GUILFORD COUNTY BAT MOBILE UNIT 10 400

Serial Number: 008686 Test Date: 06/17/2016 Test Record Number: 6393 Test Time: 11:12pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	11:12pm
${ t FLO}$	Pass	11:12pm
FC	Pass	11:13pm

## Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:13pm 11:13pm 11:13pm 11:13pm
DТ	rass	11:13pm

#### Blank Tests

Test	Status	Time
AIR	Pass	11:13pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:13pm
	CRC Tests	
Test	Status	Time
COMP	Pass	11:14pm

11:14pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	larneth Instrument Location BAT Mobile Unit 8
Instrument Se	erial No. 208816 Dunn RD.
The preventive four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures we Department of	on the
STATE OF THE STATE	S A CONTRACTOR OF THE PARTY OF

## HARNETT COUNTY BAT MOBILE UNIT 8 420

Test Record Number: 7240 Serial Number: 008816 Test Date: 07/15/2016 Test Time: 8:58pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	8:58pm
FLO	Pass	8:58pm
FC	Pass	8:59pm

## Temperature Tests

Test	Status	Time
FC1	Pass	8:59pm
SRC	Pass	8:59pm
DET	Pass	8:59pm
BAR	Pass	8:59pm
BT	Pass	8:59pm

## Blank Tests

Test	Status	Time
AIR	Pass	8:59pm

## Printer Tests

Test	Status	Time
PRNT	Pass	8:59pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	8:59pm 8:59pm

Preventive Maintenance Status: Pass

Analyst

## HARNETT COUNTY BAT MOBILE UNIT 8 420

Serial Number: 008816 Test Date: 07/15/2016

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: SMITH, JASON R
Permit Number: 19145E
Effective:
03/01/2016-03/01/2018

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:02pm 9:03pm
ACCY CHK	.07	9:03pm
AIR BLK	.00	9:04pm
SUB TEST	.00	9:05pm
AIR BLK	.00	9:06pm
SUB TEST	.00	9:07pm
ATR BIK	.00	9:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance

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

County	HOKE Instrument Location HOKE Co.	DETENTION CT
Instrument Ser	ial No. <u>008855 - PAEBORD, NC</u>	
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;	i Disparen
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	•
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration dat simulator solution is being changed every four months or after 125 Alcoh whichever occurs first.	e, or the alcoholic breath olic Breath Simulator tests,
I certify that o procedures we Department of	n the	ing preventive maintenance egulations of the N.C.
THE STATE OF THE PRINCIPLE OF THE PRINCI		37/ Certificate Number

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855 Test Date: 07/28/2016

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: 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 AIR BLK	Pass	5:25pm 5:25pm
ACCY CHK AIR BLK	.07 .00	5:26pm 5:27pm
SUB TEST	.00	5:27pm
AIR BLK	.00	5:28pm
SUB TEST	.00	5:30pm
AIR BLK	.00	5:31pm

Reported\_AC: .00 g/210L

Court CVR

## HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855 Test Record Number: 1166
Test Date: 07/28/2016 Test Time: 5:32pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	5:32pm
FLO	Pass	5:32pm
FC	Pass	5:32pm

## Temperature Tests

Test	Status	Time
FC1	Pass	5:32pm
SRC	Pass	5:32pm
DET	Pass	5:32pm
BAR	Pass	5:32pm
BT	Pass	5:32pm

## Blank Tests

Test	Status	Time
AIR	Pass	5:33pm

## Printer Tests

Test	Status	Time
PRNT	Pass	5:33pm

## CRC Tests

iest	Status	TIME
COMP	Pass	5:33pm
CAL	Pass	5:33pm

Preventive Maintenance Status: Pass

Analyst

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

County /	TOKE Instrument Location HOKE CO. DETENTION CTR
Instrument Ser	ial No. <u>008852</u> RARFORD, 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 shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	the 28 day of 3000, 2016 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	CAROLLI CAROLL
APRIL 12, 178  ESE QUAM VIDE	Signature of Certifying Official Certificate Number

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852 Test Date: 07/28/2016

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: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG434901 Exp Date: 12/15/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	5:14pm 5:15pm 5:16pm 5:17pm 5:17pm 5:18pm
SUB TEST	.00	5:20pm
ATR BLK	. 00	5:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852 Test Record Number: 794
Test Date: 07/28/2016 Test Time: 5:21pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	5:22pm
FLO	Pass	5:22pm
FC	Pass	5:22pm

## Temperature Tests

Test	Status	Time
FC1	Pass	5:22pm
SRC	Pass	5:22pm
DET	Pass	5:22pm
BAR	Pass	5:22pm
BT	Pass	5:22pm

## Blank Tests

Test	Status	Time
AIR	Pass	5:23pm

## Printer Tests

Test	Status	Time
PRNT	Pass	5:23pm
	CRC Tests	
Test	Status	Time

COMP	Pass	5:23pm
CAL	Pass	5:23pm

Preventive Maintenance Status: Pass

Analyst Russell

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

County	HOKE Instrument Location HOKE COUNTY DET. CENT
Instrument S	Serial No. <u>008863</u> <u>RAEFORD</u> NC
The preventi	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department of	on the
OTHE STATE	Signature of Certifying Official Certificate Number

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008863 Test Date: 07/06/2016

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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 AIR BLK ACCY CHK	Pass .00 .07	11:33am 11:34am 11:35am
AIR BLK	.00	11:36am
SUB TEST	.00	11:36am
AIR BLK	.00	11:37am
SUB TEST	.00	11:39am
ATR BIK	0.0	11.40am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## HOKE COUNTY DETENTION CENTER 460

Serial Number: 008863 Test Record Number: 362 Test Date: 07/06/2016 Test Time: 11:40am EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

Status	Time
Pass	11:41am
	Pass Pass Pass Pass

## Blank Tests

Test	Status	Time
AIR	Pass	11:41am

## Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County /	toke Co. Instrument Location Hoke Co. Dutention Co
Instrument S	erial No. 208850 Rae fored NC
· <u> </u>	
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the day of, 20 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
TARE OF THE STATE	654
	Signature of Certifying Official Certificate Number

#### HOKE COUNTY DETENTION CENTER 460

Serial Number: 008850 Test Date: 07/06/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: 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: AG434901 Exp Date: 12/15/2016

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

11:35am 11:36am

Reported AC: 000 g/210L

SUB TEST .00

AIR BLK .00

Signature of Chemical Analyst

Court CVR

Analyst

## HOKE COUNTY DETENTION CENTER 460

Serial Number: 008850 Test Record Number: 596
Test Date: 07/06/2016 Test Time: 11:37am EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	11:37am
SRC	Pass	11:37am
DET	Pass	11:37am
BAR	Pass	11:37am
BT	Pass	11:37am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:38am

## Printer Tests

1656	bcacus	11110
PRNT	Pass	11:38am

## CRC Tests

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

Preventive Maintenance Status: Pass

4

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

County He	Africal Instrument Location Ahaskie P.D.
Instrument Ser	al No. DD8848 705 W. Main St., Ahoskie, MC.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 OS day of July , 20 10 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.
STATE OF STA	Signature of Certifying Official Certificate Number

HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848 Test Date: 07/28/2016

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

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

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

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

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

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

Test	g/210L	Time
DIAG ATR BLK	Pass	9:56am 9:57am
ACCY CHK	.08	9:58am
AIR BLK	.00	9:59am
SUB TEST	.00	9:59am
AIR BLK	.00	10:00am
SUB TEST	.00	10:02am
ATR BLK	. 0.0	10:02am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848

Test Record Number: 1202

Test Date: 07/28/2016 Test Time: 10:04am EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	10:05am
SRC	Pass	10:05am
DET	Pass	10:05am
BAR	Pass	10:05am
BT	Pass	10:05am

#### Blank Tests

Test	Status	Time	

10:05am AIR Pass

## Printer Tests

Test Status T	'ime

10:05am PRNT Pass

## CRC Tests

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

10:05am COMP Pass 10:05am CAL Pass

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

)	intoximeters, model intox ec	Z/IR II
County \\ Dil	1 Instrument Location Wusky	LC3B050, P.D.
Instrument Seria	NO. DO8906 115 E. Broad Gr	· Muchenbur A
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 be 34 degrees, plus or minus .2 degree centigrade;	reath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
<b>8.</b>	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expirat simulator solution is being changed every four months or after 125 whichever occurs first.	ion date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify that on procedures were Department of H	the day of , 20 the performed on the instrument indicated above, in accordance with culteralth and Human Services, and the instrument is functioning proper	e forgoing preventive maintenance rrent regulations of the N.C. ly.
OF CHANNEY OF THE CHA	Signature of Certifying Official	Certificate Number

HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906 Test Date: 07/20/2016

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: KEESLER, LINDA A

Permit Number: 11646E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	2:42pm 2:43pm 2:44pm 2:45pm
SUB TEST	.00	2:45pm
AIR BLK	.00	2:46pm
SUB TEST	.00	2:48pm
ATR BLK	.00	2:49pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Finile A. Keel
Analyst

## HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906

Test Record Number: 559 Test Time: 2:52pm EDT

Test Date: 07/20/2016

System Check: Passed

## Baseline Tests

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

## Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	2:53pm

## Printer Tests

Test	Status	Time
PRNT	Pass	2:53pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:53pm

Preventive Maintenance Status: Pass

Pass

2:53pm

CAL

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

County I	reckell Instrument Location But mob.	le Unit li
Instrument Ser	ial No. <u>00 8973</u>	
The preventive four months ar	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be e:	followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breatl 34 degrees, plus or minus .2 degree centigrade;	h simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	•
<b>10.</b>	Verify that the ethanol gas canister is being changed before expiration of simulator solution is being changed every four months or after 125 Alcowhichever occurs first.	
procedures wei	the 2 day of Joly ,20 16 the forgree performed on the instrument indicated above, in accordance with current Health and Human Services, and the instrument is functioning properly.	going preventive maintenance t regulations of the N.C.
THE STATE OF THE S	Signature of Certifying Official	658 Certificate Number

#### IREDELL BAT MOBILE UNIT 11 480

Serial Number: 008973 Test Date: 07/02/2016

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: TOWERY, CHAD V

Permit Number: 26632E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	3:03pm 3:04pm 3:05pm 3:05pm <b>3:06pm</b> 3:07pm
SUB TEST	.00	3:08pm
AIR BLK	.00	3:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### IREDELL BAT MOBILE UNIT 11 480

Serial Number: 008973 Test Record Number: 165
Test Date: 07/02/2016 Test Time: 3:10pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:10pm 3:10pm
FC	Pass	3:11pm

## Temperature Tests

Test	Status	Time
FC1	Pass	3:11pm
SRC	Pass	3:11pm
DET	Pass	3:11pm
BAR	Pass	3:11pm
BT	Pass	3:11pm

## Blank Tests

Test	Status	Time
AIR	Pass	3:11pm

## Printer Tests

Test	Status	Time
PRNT	Pass	3:11pm

#### CRC Tests

<del>-</del>	Test	Status	Time
2.11 2.20 2.11D	COMP	Pass	3:11pm
	CAL	Pass	3:11pm

Preventive Maintenance Status: Pass

Analyst

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

County Jac	ksoh Instrument Location Tackson Co. Jail
Instrument Seria	INO. <u>008708</u> <u>Sylva</u> NC
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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.
DIOCCULICA WOL	theday of, 20, 20 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF THE STATE	Signature of Certifying Official Certificate Number

#### JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008708 Test Date: 07/08/2016

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	10:15am 10:16am 10:17am 10:17am 10:18am 10:19am
SUB TEST	.00	10:20am
AIR BLK	.00	10:21am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Daif R. Cuth

## JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008708

Test Record Number: 1116

Test Date: 07/08/2016

Test Time: 10:24am EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	10:24am
FLO	Pass	10:24am
FC	Pass	10:24am

## Temperature Tests

SRC Pass 10: DET Pass 10: BAR Pass 10:	Test	Status	Time
BT Pass 10:	SRC DET BAR	Pass Pass Pass	10:24am 10:24am 10:24am 10:24am
	$\mathtt{BT}$	Pass	10:24am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:25am

## Printer Tests

Test	Status	Time
PRNT	Pass	10:25am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:25am

10:25am

Preventive Maintenance Status: Pass

Pass

CAL

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

County Ja	ackson Instrument Location Jacks	on Co. Jail
	erial No. <u>008722 Sylva, NC</u>	
·		
The preventive four months ar	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be are:	e followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic bread 34 degrees, plus or minus .2 degree centigrade;	th simulator thermometer show
2.	Verify instrument displays time and date;	•
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Ale whichever occurs first.	date, or the alcoholic breath coholic Breath Simulator tests,
I certify that o procedures we Department of	on the <u>S</u> day of <u>Jay</u> , 20 <u>b</u> the fovere performed on the instrument indicated above, in accordance with current of Health and Human Services, and the instrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
Of THE STATE	E ON NO.	
S S S S S S S S S S S S S S S S S S S	AROUN TO THE CAROLIN TO THE CAROLIN THE CA	
ASSE CLAM VID	Cil R. Cuth	635
	Signature of Certifying Official	Certificate Number

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008722 Test Date: 07/08/2016

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:16am 10:17am 10:18am
AIR BLK SUB TEST	.00 .00	10:19am 10:19am
AIR BLK	.00	10:20am
SUB TEST	.00	10:22am
AIR BLK	.00	10:22am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008722

Test Record Number: 857 Test Date: 07/08/2016 Test Time: 10:24am EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:24am 10:24am
FC	Pass	10:24am

## Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	10:24am 10:24am
DET	Pass	10:24am
BAR	Pass	10:24am
BT	Pass	10:24am

## Blank Tests

Test	Status	Time
AIR	Pass	10:25am

## Printer Tests

Test	Status	TIME
PRNT	Pass	10:25am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:25am 10:25am

Preventive Maintenance Status: Pass

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

· ·	INTOANSETERS, MODEL INTOX EC/IR II
County	LONASTON Co Instrument Location CLAYTON Police Depi
Instrument Seria	al No. 008658 Clayton N.C.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

JOHNSTON COUNTY CLAYTON PD. 500

Serial Number: 008658 Test Date: 07/27/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E Effective:

02/01/2016-02/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	1:23pm 1:24pm
ACCY CHK	.08	1:24pm
AIR BLK	.00	1:25pm
SUB TEST	.00	1:26pm
AIR BLK	.00	1:27pm
SUB TEST	.00	1:28pm
ATR BLK	.00	1:29pm

Reported AC:

 $.00 \frac{6}{210L}$ 

Signature of Chemical Analyst

Court CVR

Analyst

## JOHNSTON COUNTY CLAYTON PD. 500

Serial Number: 008658 Test Record Number: 1237 Test Date: 07/27/2016

Test Time: 1:33pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass Pass	1:33pm 1:33pm 1:33pm
	2 32.2 2	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

## Temperature Tests

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

## Blank Tests

Test	Status	Time
ATR	Pass	1:34pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:34pm

#### CRC Tests

Test	Status	Time
COMP	Pass	1:34pm
CAL	Pass	1:34pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

pe	THIOMINIETERS, MODEL INTOX LOTT	
County	TOMMSON Co. Instrument Location Volume	ON CO. VAIL
Instrument Se	rial No. 008846 Smith Field	NC
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be fre:	followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	·
10.	Verify that the ethanol gas canister is being changed before expiration d simulator solution is being changed every four months or after 125 Alco whichever occurs first.	ate, or the alcoholic breath bholic Breath Simulator tests,
I certify that procedures w Department of	on the	going preventive maintenance regulations of the N.C.
LIVES OF THE CARE A CONTROL OF THE CARE A CO	Signature of Certifying Official	Certificate Number

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008846 Test Date: 07/05/2016

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, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2016-02/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	11:59am
AIR BLK	.00	12:00pm
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
ATR BLK	. 0.0	12:05pm

Reported AC:

g/2101/

Signature of Chemical Analyst

Court CVR

Analyst

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008846 Test Record Number: 3915
Test Date: 07/05/2016 Test Time: 12:06pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	12:06pm
FLO	Pass	12:06pm
F'C'	Pass	12:06pm

## Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	12:07pm

## Printer Tests

Test	Status	Time
PRNT	Pass	12:07pm

## CRC Tests

Test	Status	Time
COMP	Pass	12:07pm
CAL	Pass	12:07pm

Preventive Maintenance Status: Pass

Analyst

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

County Ve	MICATIVE TERS, WODEL INTOX ECONO	manage of the same
Instrument Ser	rial No. 008810 Smith Field	NC.
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be fee:	followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	•
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration d simulator solution is being changed every four months or after 125 Alco whichever occurs first.	ate, or the alcoholic breath sholic Breath Simulator tests,
I certify that of procedures we Department of	on the day of vu, 20 /c the forgere performed on the instrument indicated above, in accordance with current f Health and Human Services, and the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
STATE  O'LET STATE  AND 20, 177  AND 12, 178  ASSE 12, 178	Signature of Certifying Official	Certificate Number

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008810 Test Date: 07/05/2016

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

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

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

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

<del>igna</del>ture of Chemical Analyst

Court CVR

#### JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008810

Test Record Number: 2291

Test Date: 07/05/2016

Test Time: 12:07pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:07pm
SRC	Pass	12:07pm
DET	Pass	12:07pm
BAR	Pass	12:07pm
$\mathtt{BT}$	Pass	12:07pm

#### Blank Tests

Test	Status	Time

AIR Pass 12:08pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:08pm

#### CRC Tests

Test	Status	Time
COMP	Pass	12:08pm
CAL	Pass	12:08pm

Preventive Maintenance Status: Pass

Analyst

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

County_\(\sqrt{c}\)	hussel Co. Instrument Location Selvis Police Dept.
Instrument Ser	
•	
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o procedures we Department of	n the
THE STATE OF THE PARTY OF THE P	Signature of Certifying Official Certificate Number

JOHNSTON COUNTY SELMA PD 500

Serial Number: 008595 Test Date: 07/05/2016

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, 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: AG434901 Exp Date: 12/15/2016

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

Reported AC:

9/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

#### JOHNSTON COUNTY SELMA PD 500

Serial Number: 008595

Test Record Number: 1007 Test Date: 07/05/2016 Test Time: 1::06am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
Control of the second	**************************************	•
IR .	Pass	11:06am
FLO .	Pass	11:06am
FC	Pass	11:06am

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	11:06am 11:06am 11:06am 11:06am
$\mathtt{BT}$	Pass	11:06am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:07am

#### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

11:07am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR I

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

LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: 008867 Test Date: 07/07/2016

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	10:54am 10:55am 10:55am 10:56am 10:57am
AIR BLK	.00	10:57am
SUB TEST	.00	10:59am
AIR BLK	.00	11:00am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: 008867

Test Record Number: 946

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:01am 11:01am
FC	Pass	11:01am

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
A T D	Pagg	11:02an

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:02am
	CRC Tests	

Test	Status	Time
COMP	Pass	11:02am
CAL	Pass	11:02am

Preventive Maintenance Status: Pass

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

County L f	wir	Instrument Location Kinston	P.D
Instrument Se	rial No. <u>UO 8624</u>	DOS E King St. }	Sinston, NC
The preventiv		ne Intoximeters, Model Intox EC/IR II to be f	ollowed at least once every
1.	Verify the ethanol gas caning 34 degrees, plus or minus	ster displays pressure, or the alcoholic breath 2 degree centigrade;	simulator thermometer shows
2.	Verify instrument displays	time and date;	
3.	Initiate breath test sequence	e;	
4.	Enter information as promp	oted;	
5.	Verify instrument accuracy	<b>'</b> ;	
6.	When "PLEASE BLOW"	appears, collect breath sample;	
7.	When "PLEASE BLOW"	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program	n; and	
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is being changed before expiration d changed every four months or after 125 Alco	ate, or the alcoholic breath sholic Breath Simulator tests,
I certify that procedures we Department of	on theday of ere performed on the instrumer of Health and Human Services,	the forg t indicated above, in accordance with current and the instrument is functioning properly.	going preventive maintenance regulations of the N.C.
STATION OF	CAROLINA CAR	Λ Λ	A 1 1 7
OLAM V	Kuh	Signature of Certifying Official	Certificate Number
		Signature of Certifying Official	Continuate fruntier

LENOIR COUNTY KINSTON PD 530

Serial Number: 008624 Test Date: 07/20/2016

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: GUARD, KELLY G

Permit Number: 12955E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	1:42pm 1:43pm
ACCY CHK	.07	1:44pm
AIR BLK	.00	1:45pm
SUB TEST	.00	1:46pm
AIR BLK	.00	1:47pm
SUB TEST	.00	1:48pm
AIR BLK	.00	1:49pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### LENOIR COUNTY KINSTON PD 530

Serial Number: 008624 Test Record Number: 1545
Test Date: 07/20/2016 Test Time: 1:51pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:51pm 1:51pm
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
$\mathtt{BT}$	Pass	1:51pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:52pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:52pm
	CRC Tests	
	<b>a</b>	· m

Status	Time
Pass	1:52pm
Pass	1:52pm
	Pass

Preventive Maintenance Status: Pass

Analyst/

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

County	Moil	Instrument Location Leno	ir Co. S.O.
Instrument Seri	al No. <u>008639</u>	130 Queen 57.	Kinston, N.C.
The preventive four months are	-	ne Intoximeters, Model Intox EC/IR II t	o be followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ster displays pressure, or the alcoholic b 2 degree centigrade;	reath simulator thermometer show
2.	Verify instrument displays	time and date;	·
3.	Initiate breath test sequence	<b>;</b>	
4.	Enter information as promp	eted;	
5.	Verify instrument accuracy	;	
6.	When "PLEASE BLOW"	appears, collect breath sample;	
7.	When "PLEASE BLOW"	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program	; and	•
10.		canister is being changed before expirat changed every four months or after 125	
procedures wer		, 20 / (2) the indicated above, in accordance with current the instrument is functioning proper	
THE STATE OF THE S	A CAROUM		643°
	1011	Signature of Certifying Official	Certificate Number

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639 Test Date: 07/20/2016

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: GUARD, KELLY G

Permit Number: 12955E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:18pm
AIR BLK	.00	1:19pm
ACCY CHK	.08	1:19pm
AIR BLK	.00	1:20pm
SUB TEST	.00	1:21pm
AIR BLK	.00	1:22pm
SUB TEST	.00	1:23pm
ATR BIK	. 0.0	$1:24\mathrm{pm}$

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639

Test Record Number: 2837

Test Date: 07/20/2016

Test Time: 1:25pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:26pm
SRC	Pass	1:26pm
DET	Pass	1:26pm
BAR	Pass	1:26pm
$\mathtt{BT}$	Pass	1:26pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:27pm

### Printer Tests

Test	Status	Time
PRNT	Pass	1:27pm

#### CRC Tests

Test	Status	Time
COMP	Pass	1:27pm
CAL	Pass	1:27pm

Preventive Maintenance Status: Pass

Analyst

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

County Ma	con	Instrument Location Macon	Co. Magistrate
Instrument Se	erial No. <u>(208795</u>	Highlands, No	
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 br gree centigrade;	eath 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;	
, <b>7.</b>	When "PLEASE BLOW" appo	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	d	
10.	Verify that the ethanol gas can simulator solution is being char whichever occurs first.	ister is being changed before expiratinged every four months or after 125	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify that procedures w	on the day of were performed on the instrument incomplete of Health and Human Services, and the services of Health and Human Services and the services and the services of Health and Human Services and the services and the services are the services are the services and the services are t	/y , 20/6 the licated above, in accordance with curthe instrument is functioning properly	forgoing preventive maintenance rent regulations of the N.C.
TATE OF THE STATE	CAROUN	Cathon	635
	Comment Enter 1	nature of Certifying Official	Certificate Number

#### MACON COUNTY MACON CO MAGISTRATE 550

Serial Number: 008795 Test Date: 07/13/2016

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: CUTLER, DANIEL R

Permit Number: 8457E

Effective:

09/01/2015-09/01/2017

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:15pm
AIR BLK	.00	1:16pm
ACCY CHK	.07	1:17pm
AIR BLK	.00	1:18pm
SUB TEST	.00	1:18pm
AIR BLK	.00	1:19pm
SUB TEST	.00	* 1:21pm
AIR BLK	.00	1:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MACON COUNTY MACON CO MAGISTRATE 550

Serial Number: 008795

Test Record Number: 393

Test Date: 07/13/2016

Test Time: 1:22pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:23pm
FLO	Pass	1:23pm
FC	Pass	1:23pm

#### Temperature Tests

Status	Time
Pass	1:23pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	1:23pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:23pm

#### CRC Tests

Test	Status	Time
COMP	Pass	1:24pm
CAL	Pass	1:24pm

Preventive Maintenance Status: Pass

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

County_	Martin Instrument Location Martin (0, 5.0.
Instrument S	erial No. 00 8912 305 E. Main St. Williamston, N
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.  I certify that	Verify that the ethanol gas canister is being changed before 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 o
procedures w	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.
STATE WAS TAKEN OF THE CORE AT	CALL 2
	Signature of Certifying Official Certificate Number

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Date: 07/28/2016

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

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

Lot Number: AG434901 Exp Date: 12/15/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	11:55am 11:56am 11:57am 11:58am
SUB TEST	.00	11:59am
AIR BLK	.00	12:00pm
SUB TEST	.00	12:01pm
AIR BLK	.00	12:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912

Test Record Number: 1149

Test Date: 07/28/2016

Test Time: 12:04pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Status	Time
Pass	12:04pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time	
AIR	Pass	12:05pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:05pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:05pm 12:05pm

Preventive Maintenance Status: Pass

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

County Mc	16 Dawe 11 Instrument Location Mc Dou	vell Co. J.	<u> </u>
	Serial No. <u>008888</u> <u>Marian</u>	nc	
The preventive four months ar	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be a re:	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;	h simulator thermome	ter shows
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;	<u>.</u>	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 A whichever occurs first.	date, or the alcoholic coholic Breath Simula	breath tor tests,
negoedures w	at on the 27 day of 1/1/2, 20/6 the formed on the instrument indicated above, in accordance with current of Health and Human Services, and the instrument is functioning properly.	ent regulations of the N	ntenance I.C.
NAME OF THE STATE	Signature of Certifying Official	649 Certificate Nur	nber

MCDOWELL COUNTY JAIL 580

Serial Number: 008888 Test Date: 07/27/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG534802 Exp Date: 12/14/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	4:01pm 4:02pm 4:02pm 4:03pm
SUB TEST	.00	4:04pm
AIR BLK SUB TEST	.00 .00	4:05pm 4:06pm
AIR BLK	.00	4:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MCDOWELL COUNTY JAIL 580

Serial Number: 008888 Test Record Number: 1389

Test Time: 4:08pm EDT Test Date: 07/27/2016

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:09pm
SRC	Pass	4:09pm
DET	Pass	4:09pm
BAR	Pass	4:09pm
$\mathtt{BT}$	Pass	4:09pm

#### Blank Tests

Test	Status	Time

4:09pm AIR Pass

#### Printer Tests

PRNT Pass 4:09pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County Mc	Dowell Instrument Location Mc Dowell Co. Jail
Instrument Seria	al No. 008892 Marion, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the 27 day of Joly, 20/6 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.
STATE OF STA	19 649 649
	Signature of Certifying Official Certificate Number

MCDOWELL COUNTY JAIL 580

Serial Number: 008892 Test Date: 07/27/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2015-05/01/2017

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	4:01pm 4:02pm 4:03pm 4:04pm 4:04pm 4:05pm 4:07pm
AIR BLK	.00	4:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MCDOWELL COUNTY JAIL 580

Serial Number: 008892 Test Record Number: 430 Test Date: 07/27/2016 Test Time: 4:09pm EDT

System Check: Passed

#### Baseline Tests

Status	Time
Pass Pass	4:09pm 4:09pm 4:09pm
	Pass

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	4:10pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

	Instrument Location Bat mobile Unit 1
Instrument Se	erial No. <u>OO 9973</u>
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department of	on the
THE STATE OF THE S	CM V Day X 458

#### MECKLENBURG BAT MOBILE UNIT 11 590

Serial Number: 008973 Test Date: 07/03/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: TOWERY, CHAD V

Permit Number: 26632E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:22pm
AIR BLK	.00	2:23pm
ACCY CHK	.08	2:24pm
AIR BLK	.00	2:24pm
SUB TEST	.00	2:25pm
AIR BLK	.00	2:26pm
SUB TEST	.00	2:27pm
AIR BLK	.00	2:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MECKLENBURG BAT MOBILE UNIT 11 590

Serial Number: 008973 Test Record Number: 169
Test Date: 07/03/2016 Test Time: 2:29pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
		•
AIR	Pass	2:30pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:30pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County M	<u> Pecklenburg</u>	Instrument Location Bay m	obile Unit 11	
Instrument S	erial No. <u>60 89 70</u>			
The prevention four months	ve maintenance procedures for the Into are:	ximeters, Model Intox EC/IR II t	to be followed at least once every	
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degre		preath simulator thermometer show	
2.	Verify instrument displays time a	nd date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appear	s, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas caniste simulator solution is being change whichever occurs first.		tion date, or the alcoholic breath Alcoholic Breath Simulator tests,	
procedures w	on the <u>3</u> day of <u>Joly</u> were performed on the instrument indicates of Health and Human Services, and the	ated above, in accordance with cu	arrent regulations of the N.C.	
THE STATION OF THE ST	CM V	Jon V	65-8	
		ure of Certifying Official	Certificate Number	

MECKLENBURG BAT MOBILE UNIT 11 590

Serial Number: 008970 Test Date: 07/03/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: TOWERY, CHAD V

Permit Number: 26632E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:19pm
AIR BLK	.00	2:20pm
ACCY CHK	.08	2:20pm
AIR BLK	.00	2:21pm
SUB TEST	.00	2:22pm
AIR BLK	.00	2:23pm
SUB TEST	.00	2:24pm
ATR BLK	. 0.0	2:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MECKLENBURG BAT MOBILE UNIT 11 590

Serial Number: 008970 Test Record Number: 209
Test Date: 07/03/2016 Test Time: 2:26pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:26pm
FLO	Pass	2:26pm
FC	Pass	2:26pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:26pm
SRC	Pass	2:26pm
DET	Pass	2:26pm
BAR	Pass	2:26pm
BT	Pass	2:26pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:27pm

#### Printer Tests

iest	Status	TIME
PRNT	Pass	2:27pm

#### CRC Tests

Test	Status	Time
COMP	Pass	2:27pm
CAL	Pass	2:27pm

Preventive Maintenance Status: Pass

Analyst

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

County Me	Chlenburg Instrument Location CMPD-LEC
Instrument Seria	INO. 0085 94 GOI E. Trade St. Charlotte
##   128   1	
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.
	he 5 th day of 3 y , 20 6 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
THE STATE OF NO.	Signature of Certifying Official Certificate Number

#### MECKLENBURG COUNTY CMPD LEC 590

Test Record Number: 3345 Serial Number: 008594 Test Time: 10:16am EDT Test Date: 07/05/2016

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:18am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:18am
	CRC Tests	
Mo a t	Ctatus	Time

Time

Test	Status	Time
COMP	Pass	10:18am
CAL	Pass	10:18am

Preventive Maintenance Status: Pass

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008594 Test Date: 07/05/2016

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: AG534802 Exp Date: 12/14/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	10:20am 10:21am 10:22am 10:23am
SUB TEST	.00	10:23am
AIR BLK	.00	10:24am
SUB TEST	.00	10:26am
AIR BLK	.00	10:26am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County 1	INTOXIMETERS, MODEL INTOX ECTR II  Lecklenburg Instrument Location Mecklenburg County SI
Instrument Se	DOWN- STAIT HAD-I CI I H
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 should be degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
procedures we	on the
THE STATE OF THE S	Manual Constitution of Constit

#### MECKLENBURG COUNTY SHERIFFS DEPARTMENT 590

Serial Number: 008665

Test Record Number: 4031

Test Date: 07/05/2016

Test Time: 9:36am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:37am 9:37am
SRC	Pass Pass	9:37am 9:37am
BAR	Pass	9:37am
$\operatorname{BT}$	Pass	9:37am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:38am

#### Printer Tests

Test	Status	TTIME
PRNT	Pass	9:38am

#### CRC Tests

Test	Status	Time
COMP	Pass	9:38am
CAL	Pass	9:38am

Preventive Maintenance Status: Pass

Analyst

#### MECKLENBURG COUNTY SHERIFFS DEPARTMENT 590

Serial Number: 008665 Test Date: 07/05/2016

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: AG513102

Exp Date: 05/11/2017

Test . q/210	)L Time	
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DIAG	T.	Pass	9:49am
AIR E	3LK	.00	9:50am
ACCY -	CHK	.07	9:50am
AIR E	3LK	.00	9:51am
SUB 1	TEST	.00	9:52am
AIR E	3LK	.00	9:53am
SUB 7	TEST :	.00	9:54am
ATR F	31.K	. 00	9:55am

.00 g/210L

Signature of Chemi al Analyst

Court CVR

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



Signature of Certifying Official

Certificate Number

#### MECKLENBURG COUNTY SHERIFFS DEPARTMENT 590

Serial Number: 008690

Test Record Number: 5281

Test Date: 07/05/2016

Test Time: 9:38am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:38am
FLO	Pass	9:38am
FC	Pass	9:38am

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:38am
SRC	Pass	9:38am
DET	Pass	9:38am
BAR	Pass	9:38am
BT	Pass	9:38am

#### Blank Tests

Test	Status	Time
AIR	Pass .	9:39am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:39am

#### CRC Tests

Test	Status	Time
COMP	Pass	9:39am
CAL	Pass	9:39am

Preventive Maintenance Status: Pass

Analyst

# MECKLENBURG COUNTY SHERIFFS DEPARTMENT 590

Serial Number: 008690 Test Date: 07/05/2016

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

ermit Number: 15924E Effective:

01/01/2016-01/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:49am
AIR BLK ACCY CHK	.00 .08	9:50am 9:51am
AIR BLK	.00	9:52am
SUB TEST	.00	9:52am
AIR BLK	.00	9:53am
SUB TEST	.00	9:55am
AIR BLK	.00	9:56am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

^	INTOXIMETERS, MODEL INTOX EC/IR II
County \	Necklinburg Instrument Location Cornelius P.U.
Instrument Se	erial No. 008692 2146 Catauta Ave. Come), us
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.
	on the
STATE ONE STATE OF THE CREAT OF	Signature of Certifying Official Certificate Number

#### MECKLENBURG COUNTY CORNELIUS PD 590

Test Record Number: 2522 Serial Number: 008692

Test Date: 07/26/2016 Test Time: 8:10pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:11pm
FLO	Pass	8:11pm
FC	Pass	8:11pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:11pm
SRC	Pass	8:11pm
DET	Pass	8:11pm
BAR	Pass	8:11pm
BT	Pass	8:11pm

#### Blank Tests

Test	Status	Time
AIR	Pass	8:12pm

#### Printer Tests

Status

Test

Time

PRNT	Pass	8:12pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	8:12pm 8:12pm

Preventive Maintenance Status: Pass

Analyst

#### MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: 008692 Test Date: 07/26/2016

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

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

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

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

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	8:14pm
AIR BLK	.00	8:15pm
ACCY CHK	.07	8:16pm
AIR BLK	.00	8:17pm
SUB TEST	.00	8:17pm
AIR BLK	.00	8:18pm
SUB TEST	.00	8:20pm
AIR BLK	.00	8:21pm

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

County	Mechinburg Instrume	ent Location Hunde	RAME DD
Instrument So	erial No. <u>(208747</u> <u>963</u>	o Julian Clai	rke Ave. Huntus
The preventive four months	ve maintenance procedures for the Intoximeters, lare:	Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister displays pres 34 degrees, plus or minus .2 degree centigra		h simulator thermometer shows
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect b	breath sample;	
7.	When "PLEASE BLOW" appears, collect b	breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	·	
10.	Verify that the ethanol gas canister is being simulator solution is being changed every for whichever occurs first.		
procedures w	on the	e, in accordance with curren	going preventive maintenance at regulations of the N.C.
TALL STATION OF THE STATE OF TH	Signature of Cert	tifyjng Official	656 Certificate Number

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

#### MECKLENBURG HUNTERSVILLE PD 590

Serial Number: 008747

Test Record Number: 2531

Test Date: 07/26/2016 Test Time: 8:46pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:46pm
FLO	Pass	8:46pm
FC	Pass	8:47pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:47pm
SRC DET	Pass Pass	8:47pm 8:47pm
BAR	Pass	8:47pm
BT	Pass	8:47pm

#### Blank Tests

Test	Status	Time
AIR	Pass	8:47pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:47pm

#### CRC Tests

Test	Status	Time
COMP	Pass	8:48pm
CAL	Pass	8:48pm

Preventive Maintenance Status: Pass

Analyst

MECKLENBURG HUNTERSVILLE PD 590

Serial Number: 008747 Test Date: 07/26/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Driver's License Number: NONE

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2016-01/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	8:50pm
AIR BLK		8:51pm
ACCY CHK	.08	8:51pm
AIR BLK	.00	8:52pm
SUB TEST	.00	8:53pm 8:54pm
AIR BLK	.00	8:56pm
SUB TEST	.00	8:57pm

Rendred AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

$\mathcal{M}$	INTOXIMETERS, MODEL INTOX ECTR II  OKLENBURG Instrument Location RAT MOBILE
County	CKLENBURG Instrument Location BAT MOBILE
Instrument Serial	No. 008972
e version of the second of the	
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 shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on to procedures were Department of H	the day of day o
THE STATE OF A LAND TO	Signature of Certifying Official Certificate Number

#### MECKLENBURG BAT MOBILE UNIT 7 590

Serial Number: 008972 Test Date: 07/08/2016

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: INGLE, LARRY W

Permit Number: 7281E

Effective:

02/01/2016-02/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07 .00	10:21pm 10:22pm 10:22pm 10:23pm
SUB TEST	.00	10:24pm
AIR BLK	.00	10:25pm
SUB TEST	,00	10:26pm
ATR BLK	Z.00	10%: 27/0m

Reported AC:

00/g/21/01

Signature of Chemical Analyst

Court CVR

Analyst

## MECKLENBURG BAT MOBILE UNIT 7 590

Serial Number: 008972 Test

Test Record Number: 224

Test Date: 07/08/2016

Test Time: 10:28pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:29pm
FLO	Pass	10:29pm
FC	Pass	10:29pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DE <b>T</b>	Pass Pass Pass	10:29pm 10:29pm 10:29pm
BAR	Pass	10:29pm
ВT	Pass	10:29pm

#### Blank Tests

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

AIR Pass 10:29pm

#### Printer Tests

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

PRNT Pass 10:30pm

#### CRC Tests

Test	Status	Time
COMP	Pass	10:30pm
CAL	Pass	10:30pm

Preventive Maintenance Status: Pass

**Analyst** 

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

County_	litchell	Instrument Location	Sprice Dine PD
Instrument S	Serial No. <u>008726</u>		puce Pine, Ne
The preventi	ive maintenance procedures for the Ir are:	toximeters, Model Intox E	C/IR II to be followed at least once ever
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 degrees.	displays pressure, or the alc gree centigrade;	oholic breath simulator thermometer sho
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ars, collect breath sample;	
7.	When "PLEASE BLOW" 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 ged every four months or af	expiration date, or the alcoholic breath ter 125 Alcoholic Breath Simulator tests
l certify that or cedures we Department of	on the	, 20 / £ cated above, in accordance e instrument is functioning	the forgoing preventive maintenance with current regulations of the N.C. properly.
OF THE STATE	O NO PER STATE OF THE P		
THE STATE OF THE S			
The second	Figner	ture of Certifying Official	and resease 649
	Oigila	ore or certifying official	Certificate Number

MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008726 Test Date: 07/13/2016

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: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2015-05/01/2017

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

Agency: DHHS

Test Type: Breath Test

Lot Number: AG434901 Exp Date: 12/15/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	10:43am 10:44am 10:45am 10:45am 10:47am 10:48am
AIR BLK	.00	10:49am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008726

Test Record Number: 823

Test Date: 07/13/2016

Test Time: 10:50am EDT

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FCl	Pass	10:50am
SRC	Pass	10:50am
DET	Pass	10:50am
BAR	Pass	10:50am
BT	Pass	10:50am

#### Blank Tests

Test	Status	Time	
AIR	Pass	10:51am	

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:51am

#### CRC Tests

Test	Status	Time
COMP	Pass	10:51am
CAL	Pass	10:51am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD

	INTOXIMETERS, MODEL INTOX EC/IR II
County //	EW HANOVER Instrument Location BAT MOBILE UN.
Instrument Se	rial No. 008647 Instrument Location BAT MOBILE UN.
·	
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shad degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister 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.
procedures we	n theday of, 20/ the forgoing preventive maintenar 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.
_ · <b>/</b> · · · · · · · · · · · · · · · · · · ·	The second secon
Section Company	
OF THE STATE OF THE STATE OF	
1 APRIL 12, 1776	
ASSE OTIVE AND A LOCAL	Cl 4/6- 648
	Signature of Certifying Official Certificate Number

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

Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

> Serial Number: 008647 Test Date: 07/30/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	9:27pm 9:28pm 9:29pm 9:30pm
SUB TEST	.00	9:31pm
AIR BLK	.00	9:31pm
SUB TEST	.00	9:33pm
AIR BLK	.00	9:34pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Serial Number: 008647 Test Record Number: 2248
Test Date: 07/30/2016 Test Time: 9:38pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:39pm
FLO	Pass	9:39pm
FC	Pass	9:39pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:39pm
SRC	Pass	9:39pm
DET	Pass	9:39pm
BAR	Pass	9:39pm
BT	Pass	9:39pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:40pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:40pm
	CRC Tests	

Test	Status	Time	
COMP	Pass	9:40pm	
CAL	Pass	9:40pm	

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II BAT MOBILE UNIT9 WILMINGTON, NC Instrument Location 008707 Instrument Serial No. The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. Initiate breath test sequence; 3. Enter information as prompted; 4. Verify instrument accuracy; 5. When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. 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 <u>/ ( </u> 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.

NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

Serial Number: 008707 Test Date: 07/30/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

08/01/2015-08/01/2017

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	9:00pm 9:01pm
ACCY CHK	.08	9:02pm
AIR BLK	.00	9:03pm
SUB TEST	.00	9:03pm
AIR BLK	.00	9:04pm
SUB TEST	.00	9:06pm
AIR BLK	.00	9:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Serial Number: 008707 Test Record Number: 2329
Test Date: 07/30/2016 Test Time: 9:13pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:13pm
FLO	Pass	9:13pm
FC	Pass	9:14pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:14pm
SRC	Pass	9:14pm
DET	Pass	9:14pm
BAR	Pass	9:14pm
$\mathtt{B}\mathbf{T}$	Pass	9:14pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:14pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:14pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:15pm 9:15pm

Preventive Maintenance Status: Pass

Analyst

1.4	PREVENTIVE MAINTENANCE RECORD
A	INTOXIMETERS, MODEL INTOX EC/IR II
County_	MAUIMANS Instrument Location TalquiMans CO. S.D.
Instrument S	Gerial No. D08921 (IDW. Church St., Herrford, a
The prevent	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
<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.
I certify that	t on the day of Jay of , 20 / the forgoing preventive maintenance 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.
STA	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
OGE A	

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

Signature of Certifying Official

Certificate Number

PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921 Test Date: 07/20/2016

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: 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: AG513101 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	12:43pm 12:44pm 12:45pm 12:45pm
SUB TEST	.00	12:46pm
AIR BLK	.00	12:47pm
SUB TEST	.00	12:48pm
AIR BLK	.00	12:49pm

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

#### PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921 Test Record Number: 637 Test Date: 07/20/2016 Test Time: 12:52pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:54pm

### Printer Tests

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

Preventive Maintenance Status: Pass

Keel

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Instrument Serial No. 00879 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. Initiate breath test sequence; 3. Enter information as prompted; 4. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. 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 I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

#### RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791 Test Date: 07/05/2016

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: 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: AG507902 Exp Date: 03/20/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:46am 11:47am 11:47am
AIR BLK	.00	11:48am
SUB TEST	.00	11:49am
AIR BLK	.00	11:50am
SUB TEST	.00	11:51am
AIR BLK	.00	11:52am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791

Test Record Number: 1127

Test Date: 07/05/2016

Test Time: 11:55am EDT

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· Life also

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:55am
FLO	Pass	11:55am
FC	Pass	11:55am

#### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	11:56am

#### Printer Tests

PRNT Pass 11:56ar CRC Tests Test Status Time	Test	Status	Time
	PRNT	Pass	11:56am
Test Status Time		CRC Tests	
·	Test	Status	Time

		•
COMP	Pass	11:56am
CAL	Pass	11:56am

Preventive Maintenance Status: Pass

Analyst

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

County Re	WPOLPH	Instrument Location CAT MOB	LE UNIT 4
Instrument Seri	ial No. <u>008871</u>	RANDLEMAN	
The preventive four months are	maintenance procedures for the	Intoximeters, Model Intox EC/IR II to be	followed at least once every
15	Verify the ethanol gas caniste 34 degrees, plus or minus .2	er displays pressure, or the alcoholic breath degree centigrade;	simulator thermometer shows
2.	Verify instrument displays ti	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
7.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.	Verify that the ethanol gas consimulator solution is being considered whichever occurs first.	anister is being changed before expiration changed every four months or after 125 Alc	date, or the alcoholic breath soholic Breath Simulator tests,
I certify that o procedures we Department of	ere performed on the instrument	indicated above, in accordance with currer and the instrument is functioning properly.	going preventive maintenance tregulations of the N.C.
STATE OF THE PLANT	NORTH CAROLINA	Signature of Certifying Official	Certificate Number

#### RANDOLPH COUNTY BAT MOBILE UNIT 4 750

Serial Number: 008871 Test Date: 07/09/2016

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: SMITH, JOCK B

Permit Number: 20630E

Effective:

05/01/2016-05/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	8:58pm 8:59pm 8:59pm 9:00pm
SUB TEST	.00	9:01pm
AIR BLK	.00	9:02pm
SUB TEST	.00	9:04pm
AIR BLK	<b></b> ₽0	9:05pm

Report 6 AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### RANDOLPH COUNTY BAT MOBILE UNIT 4 750

Serial Number: 008871

Test Record Number: 849

Test Date: 07/09/2016

Test Time: 9:11pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:12pm 9:12pm
FC	Pass	9:12pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:12pm
SRC	Pass	9:12pm
$\operatorname{DET}$	Pass	9:12pm
BAR	Pass	9:12pm
BT	Pass	9:12pm

#### Blank Tests

Test	Status	Time
	i.	
ΔTD	Dagg	9 • 1 3 mm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:13pm

#### CRC Tests

Test	Status	Time	
COMP	Pass	9:13pm	
CAL	Pass	9:13pm	

Preventive Maintenance Status Pass

Analyst

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

County RAL	1001PH Instrument Location BAT MCB	LE ONIT 4
Instrument Seria	INO. 008717 RANOLEMAN	
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be	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 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 Ale whichever occurs first.	
I certify that on a procedures were Department of H	he	rgoing preventive maintenance nt regulations of the N.C.
THE STATE OF A STATE O	Signature of Certifying Official	Certificate Number

#### RANDOLPH COUNTY BAT MOBILE UNIT 4 750

Serial Number: 008717 Test Date: 07/09/2016

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: 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: AG607601 Exp Date: 03/16/2018

Test	g/210L	Time
DIAG AIR BLK	Pass	8:56pm 8:57pm
ACCY CHK AIR BLK	.08 .00	8:57pm 8:58pm
SUB TEST	.00	8:59pm
AIR BLK	.00	9:00pm
SUB TEST	.00	9:01pm
ATR BLK	.00	9:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### RANDOLPH COUNTY BAT MOBILE UNIT 4 750

Serial Number: 008717 Test Date: 07/09/2016

Test Record Number: 521

Test Time: 9:05pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:05pm
FLO	Pass	9:05pm
FC	Pass	9:05pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:05pm
SRC	Pass	9:05pm
DET	Pass	9:05pm
BAR	Pass	9:05pm
BT	Pass	9:05pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:06pm

## Printer Tests

Test	Status	Time
PRNT	Pass	9:06pm

#### CRC Tests

Test	Status	Time
COMP CAL	Pass Pass	9:06pm

Preventive Maintenance

atus: Pass

Analyst

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

County}	OPENSON	Instrument Location	SAT NOBICE UNIT 10
Instrument S	erial No. <u>008560</u>	PENBRO	XE
The preventi		ntoximeters, Model Intox	EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		lcoholic breath 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" appe	ears, collect breath sample	;
8.	Print test record;		
9.	Verify Diagnostic Program; and	d	
10.			re expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
procedures w	on the day of ere performed on the instrument ind of Health and Human Services, and t	licated above, in accordance	the forgoing preventive maintenance with current regulations of the N.C. ng properly.
STATI STATI	S NORTH CAROLINA		
* ESE QUAMV			
	Sign	nature of Certifying Officia	d Certificate Number

#### ROBENSON COUNTY BAT MOBILE UNIT 10 770

Serial Number: 008580 Test Date: 07/02/2016

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: 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	8:51pm
AIR BLK ACCY CHK	.00 .07	8:52pm 8:53pm
AIR BLK	.00	8:54pm
SUB TEST	.00	8:54pm
AIR BLK	.00	8:55pm
SUB TEST	.00	8:56pm
AIR BLK	.00	8:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ROBENSON COUNTY BAT MOBILE UNIT 10 770

Serial Number: 008580 Test Record Number: 2291 Test Date: 07/02/2016 Test Time: 9:03pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:04pm
FLO	Pass	9:04pm
FC	Pass	9:04pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:04pm
SRC	Pass	9:04pm
DET	Pass	9:04pm
BAR	Pass	9:04pm
BT	Pass	9:04pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:05pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:05pm

#### CRC Tests

Test	Status	Time
COMP	Pass	9:05pm
CAL	Pass	9:05pm

Preventive Maintenance

Status: Pass

Analyst

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

County KC	DEFUSION IN	strument Location BAT MOBI	LE WAIT 10
Instrument Seri	rial No. <u>  008686                                    </u>	EMBROKE	
The preventive four months are	e maintenance procedures for the Intoxin	neters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister displa 34 degrees, plus or minus .2 degree c		simulator thermometer show
2.	Verify instrument displays time and	date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, c	ollect breath sample;	
7.	When "PLEASE BLOW" appears, c	ollect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is simulator solution is being changed e whichever occurs first.		
•	n the day of re performed on the instrument indicated Health and Human Services, and the ins	above, in accordance with current	oing preventive maintenance regulations of the N.C.
OF THE STATE OF TH	A CAROLINA CONTRACTOR OF THE CAROLINA CONTRACTOR		
FOR QUAM VIDEN			6061
	Signature	of Certifying Official	Certificate Number

#### ROBENSON COUNTY BAT MOBILE UNIT 10 770

Serial Number: 008686 Test Date: 07/02/2016

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: SMITH, JOCK B

Permit Number: 20630E

Effective:

05/01/2016-05/01/2018

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	8:53pm
AIR BLK	.00	8:54pm
ACCY CHK	.07	8:55pm
AIR BLK	.00	8:56pm
SUB TEST	.00	8:56pm
AIR BLK	.00	8:57pm
SUB TEST	.00	8:59pm
ATR BLK	.00	9:00pm

Reported AC:

.00 g/210L

Signature

e of Chemical Analyst

Court CVR

Analyst

#### ROBENSON COUNTY BAT MOBILE UNIT 10 770

Serial Number: 008686 Test Record Number: 6407 Test Date: 07/02/2016 Test Time: 9:12pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:13pm
FLO	Pass	9:13pm
FC	Pass	9:13pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:13pm
SRC	Pass	9:13pm
DET	Pass	9:13pm
BAR	Pass	9:13pm
$\mathtt{BT}$	Pass	9:13pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:14pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:14pm

#### CRC Tests

Test	Status	Time
COMP	Pass	9:14pm
CAL	Pass	9:14pm

Preventive Maintenance Status: Pass

<del>/</del>

Analyst

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

County R	PENSON 1	nstrument Location <u>Car</u>	MOBILE DAIT 10
Instrument Ser	al No. <u>007686</u>	PENBROKE	
The preventive four months ar	maintenance procedures for the Intoxi	meters, Model Intox EC/IR	II to be followed at least once every
1.	Verify the ethanol gas canister displayed and degrees, plus or minus .2 degree		lic breath simulator thermometer show
2.	Verify instrument displays time and	date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears,	collect breath sample;	
7.	When "PLEASE BLOW" appears,	collect breath sample;	
8.	Print test record;		•
9.	Verify Diagnostic Program; and		
10.			piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
	the day of	ed above, in accordance wit	
THE STATE OF THE S	San Carolina		601
	Signatur	e of Certifying Official	Certificate Number

#### ROBENSON COUNTY BAT MOBILE UNIT 10 770

Serial Number: 008686 Test Date: 07/02/2016

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: SMITH, JOCK B

Permit Number: 20630E

Effective:

05/01/2016-05/01/2018

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	8:53pm 8:54pm 8:55pm
AIR BLK	.00	8:56pm
SUB TEST	.00	8:56pm
AIR BLK	.00	8:57pm
SUB TEST	.00	8:59pm
AIR BLK	.00	9:00pm

Reported AC: .00

.00 q/210L

Signature

Chemical Analyst

Court CVR

Analyst

#### ROBENSON COUNTY BAT MOBILE UNIT 10 770

Serial Number: 008686

Test Record Number: 6407

Test Date: 07/02/2016

Test Time: 9:12pm EDT

#### System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:13pm
FLO	Pass	9:13pm
FC	Pass	9:13pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:13pm
SRC	Pass	9:13pm
DET	Pass	9:13pm
BAR	Pass	9:13pm
$\mathtt{BT}$	Pass	9:13pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:14pm

Printer Tests

	<b>.</b>	
Test	Status	Time

PRNT Pass 9:14pm

#### CRC Tests

Test	Status	Time

COMP Pass 9:14pm CAL Pass 9:14pm

Preventive Maintenance
Status: Pass

/

Analyst

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

County R	Instrument Location Bad Musik Unit 11
Instrument So	erial No. 008973
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department	on the day of July, 20 14 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.
STATION STATION OF THE STATION OF TH	M 1 20 458
	Signature of Certifying Official Certificate Number

ROWAN BAT MOBILE UNIT 11 790

Serial Number: 008973 Test Date: 07/08/2016

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: TOWERY, CHAD V

Permit Number: 26632E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	4:13pm 4:14pm 4:15pm 4:16pm 4:16pm 4:17pm
SUB TEST	.00	4:19pm
AIR BLK	.00	4:19pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

M/V Do
Analyst

#### ROWAN BAT MOBILE UNIT 11 790

Serial Number: 008973 Test Record Number: 174 Test Date: 07/08/2016

Test Time: 4:20pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:20pm
FLO	Pass	4:20pm
FC	Pass	4:21pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
ATR	Pagg	4 · 21 mm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:21pm

#### CRC Tests

Test	Status	Time
COMP	Pass	4:22pm
CAL	Pass	4:22pm

Preventive Maintenance Status: Pass

10 10 10 10 10 10 10 10 10 10 10 10 10 1	INTOXIMETERS, MODEL INTOX EC/IR II
County Ro	the Fold Instrument Location Forest City PD
Instrument Seri	al No. 008889 187 S. Church St., Forest City
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the Sthool day of John the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OTHE STATE OF THE	Signature of Certifying Official  Certificate Number

#### RUTHERFORD COUNTY FOREST CITY PD 800

Serial Number: 008889 Test Date: 07/08/2016 Test Record Number: 713
Test Time: 10:05am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:07am

#### Printer Tests

Test

CAL

Status

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

Time

10:07am

Preventive Maintenance Status: Pass

Pass

Analyst

#### RUTHERFORD COUNTY FOREST CITY PD 800

Serial Number: 008889 Test Date: 07/08/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HAYS, MARK D Permit Number: 15924E

Effective:

01/01/2016-01/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	10:11am 10:11am 10:12am 10:13am
AIR BLK	.00	10:14am
SUB TEST	.00	10:16am
ATR BLK	. 00	10.17am

Reported AC. .00 g/210L

Signature of Chemidal Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

6		ERS, MODEL INTOX E	
County ->	tan ly	Instrument Location	inly County SU
Instrument Se	rial No. <u>0088}4</u>	1265, 35 5)	. Albemarle
			<u> </u>
The preventive four months as	e maintenance procedures for the	Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	or displays pressure, or the alcoholic but	reath simulator thermometer show
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	nd	
10.	Verify that the ethanol gas car simulator solution is being cha whichever occurs first.	nister is being changed before expiration anged every four months or after 125 A	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
procedures wer	the 26 day of 10	dicated above, in accordance with current is functioning properly	forgoing preventive maintenance rent regulations of the N.C.
THE STATE OF THE COLUMN TO STATE OF THE COLUM		- COM	656
	Sign	nature of Certifying Official	Certificate Number

#### STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008824

Test Record Number: 1175

Test Date: 07/26/2016

Test Time: 9:35am EDT

System Check: Passed

Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time

AIR Pass 9:37am

#### Printer Tests

Test	Status	Time
rest	Status	1.1 me

PRNT Pass 9:37am

### CRC Tests

Test Status Time

COMP Pass 9:37am CAL Pass 9:37am

Preventive Maintenance Status: Pass

Analyst

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008824 Test Date: 07/26/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2016-01/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:43am
AIR BLK	.00	9:43am
ACCY CHK	.08	9:44am
AIR BLK	.00	9:45am
SUB TEST	.00	9:46am
AIR BLK	.00	9:47am
SUB TEST	.00	9:48am
ATR BLK	.00	9:49am

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR I

and the second	INTOXIMETERS, MODEL INTOX EC/IR II
County 5	Hany Instrument Location Stank County SU
Instrument Se	erial No. 008842 1265.3451. Alberraric
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 26th day of 10, 20, 20, the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
OR STATE OF COMMUNICATION OF COMMUNICATI	Signature of Certifying Official Certificate Number

#### STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008842 Test Reco

Test Record Number: 1812

Test Date: 07/26/2016 Test Time: 9:44am EDT

System Check: Passed

Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time

AIR Pass 9:46am

#### Printer Tests

Test	Status	Time

PRNT Pass 9:46am

#### CRC Tests

rest	Status	Time
	•	
COMP	Pass	9:46am
CAL	Pass	9:46am

Preventive Maintenance Status: Pass

Analyst /

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008842 Test Date: 07/26/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HAYS, MARK D Permit Number: 15924E

Effective:

01/01/2016-01/01/2018

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:48am
AIR BLK	.00	9:49am
ACCY CHK	.07	9:49am
AIR BLK	.00	9:50am
SUB TEST	.00	9:51am
AIR BLK	.00	9:52am
SUB TEST	.00	9:54am
ATR BLK	. 0.0	9:55am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County Tra	nsylvania Co. Jail
Instrument Ser	ial No. 008609 Instrument Location Transylvania Co. Jail
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.
procedures wer	the 2/ day of , 20/8 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	Dif R. Cuth
	Signature of Certifying Official Certificate Number

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

> Serial Number: 008609 Test Date: 07/21/2016

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: AG607502 Exp Date: 03/15/2018

Test	g/210L	Time
DIAG AIR BLK	Pass	12:23pm 12:24pm
ACCY CHK	.08	12:24pm
AIR BLK	.00	12:25pm
SUB TEST	.00	12:26pm
AIR BLK	.00	12:27pm
SUB TEST	.00	12:28pm
ATR BLK	. 00	12:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

Serial Number: 008609 Test Record Number: 696 Test Date: 07/21/2016 Test Time: 12:31pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:32pm

#### Printer Tests

rest	Status	TTIIIE
PRNT	Pass	12:32pm
	CRC Tests	

rest	Status	TIME
COMP	Pass	12:33pm
CAL	Pass	12:33pm

Preventive Maintenance Status: Pass

Analyst

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

County Trai	nsylvania	Instrument Location <u>Trail</u>	nsylvania Co. Jail
		Brevard, 1	
The preventive four months ar		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		lic breath simulator thermometer show
2.	Verify instrument displays ti	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompt	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
<b>7.</b> %	When "PLEASE BLOW" ap	opears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.	Verify that the ethanol gas ca simulator solution is being cl whichever occurs first.	unister is being changed before exp nanged every four months or after	piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
I certify that on procedures wer Department of	the <u>2</u> / day of <u>7</u> , reperformed on the instrument in Health and Human Services, and	ndicated above, in accordance with the instrument is functioning pro	the forgoing preventive maintenance a current regulations of the N.C. perly.
O'SHE STATE OF THE	NOW CAROLIN		
COAM VIII	Cont	R little	635
	S1	gnature of Certifying Official	Certificate Number

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

> Serial Number: 008820 Test Date: 07/21/2016

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: AG534802 Exp Date: 12/14/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	12:22pm 12:23pm 12:24pm 12:24pm
SUB TEST	.00	12:25pm
AIR BLK	.00	12:26pm
SUB TEST	.00	12:27pm
AIR BLK	.00	12:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

Serial Number: 008820 Test Date: 07/21/2016 Test Record Number: 974
Test Time: 12:31pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	12:31pm
FLO	Pass	12:31pm
FC	Pass	12:31pm

### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:31pm 12:31pm 12:31pm 12:31pm 12:31pm

#### Blank Tests

Test	Status	Time
ΔTD	Dacc	12.22m

#### Printer Tests

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

		•
COMP	Pass	12:32pm
CAL	Pass	12:32pm

Preventive Maintenance Status: Pass

Analyst

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

County	Instrument Location Type 11 (0. S.O.
Instrument S	Serial No. 008902 402 Main Sty Columbia, NC
The prevent four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department of	on the
TANDERS OF THE STATE OF THE STA	Second Se
	Signature of Certifying Official Certificate Number

#### TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902 Test Date: 07/13/2016

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	Pass	3:17pm
AIR BLK	.00	3:18pm
ACCY CHK	.07	3:19pm
AIR BLK	.00	3:20pm
SUB TEST	.00	3:20pm
AIR BLK	.00	3:21pm
SUB TEST	.00	3:23pm
ATD BLK	0.0	3 · 24 mm

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

### TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902

Test Record Number: 614

Test Date: 07/13/2016

Test Time: 3:24pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:25pm
FLO	Pass	3:25pm
FC	Pass	3:25pm

### Temperature Tests

Test	Status	Time
FC1	Pass	3:25pm
SRC	Pass	3:25pm
DET	Pass	3:25pm
BAR	Pass	3:25pm
${ t BT}$	Pass	3:25pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:26pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:26pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:26pm

Preventive Maintenance Status: Pass

CAL

Pass

3:26pm

3:26pm

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (No	INTOXIMETERS, MODEL INTOX ECTR II  Instrument Location Apex 75. Station
Instrument Seria	Instrument Location Apex 1. John St. W. Miams St. Apex NC
The preventive i	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
. 3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
procedures were	the day of
THE STATE OF THE S	Chale Far Cen 655
	Signature of Certifying Official Certificate Number

WAKE COUNTY APEX PD

Serial Number: 008621

Test Date: 07/29/2016

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: NC

Driver's License Number: XX

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2014-11/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:50pm
AIR BLK	.00	1:51pm
ACCY CHK	.08	1:52pm
AIR BLK	.00	1:53pm
SUB TEST	.00	1:54pm
AIR BLK	.00	1:55pm
SUB TEST	.00	1:56pm
ATR BLK	1.10.0	1 · 57pm

Reperted AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Rev. 12/2007

#### WAKE COUNTY APEX PD

Serial Number: 008621 Test Record Number: 2113 Test Date: 07/29/2016 Test Time: 1:59pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	2:00pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:00pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County M	ake Instrument Location 4night dale F		
Instrument Seri	ial NoOO8838 979 Steple Square (		
The preventive four months are	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	5. Verify instrument accuracy;		
6. When "PLEASE BLOW" appears, collect breath sample;			
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before 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		
OF THE STATE OF TH	Je Jacon Farles 655		
	Signature of Certifying Official Certificate Number		

WAKE COUNTY KNIGHTDALE PS 910

Serial Number: 008838 Test Date: 07/29/2016

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: FARLEY, CYNTHIA D Permit Number: 24123E Effective:

11/01/2014-11/01/2016

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

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court OVR

Analyst

#### WAKE COUNTY KNIGHTDALE PS 910

Serial Number: 008838

Test Record Number: 1381

Test Date: 07/29/2016 Test Time: 11:24am EDT

System Check: Passed

### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:25am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:25am
	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

County Wate	Instrument Location Vake Co. Detention Con
Instrument Serial No. 008760	Rale & NC
The preventive maintenance procedures for the Infour months are:	toximeters, Model Intox EC/IR II to be followed at least once every
1. Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	displays pressure, or the alcoholic breath simulator thermometer show gree centigrade;
2. Verify instrument displays time	and date;
3. Initiate breath test sequence;	
_4. Enter information as prompted;	
5. Verify instrument accuracy;	
6. When "PLEASE BLOW" appe	ars, collect breath sample;
7. When "PLEASE BLOW" appe	ars, collect breath sample;
8. Print test record;	
9. Verify Diagnostic Program; and	
10. Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ter is being changed before expiration date, or the alcoholic breath ged every four months or after 125 Alcoholic Breath Simulator tests,
I certify that on the day of horizontal day of h	the forgoing preventive maintenance cated above, in accordance with current regulations of the N.C. the instrument is functioning properly.
THE STATE OF MORE THAT	I lean
Signa	ture of Certifying Official Certificate Number

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008760 Test Date: 07/26/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2014-11/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	3:45pm 3:46pm
ACCY CHK	.08	3:47pm
AIR BLK	.00	3:48pm
SUB TEST	.00	3:49pm
AIR BLK	.00	3:49pm
SUB TEST	.00	3:51pm
AIR BLK	.00	3:52pm

Reported AC: <u>.0</u>0 g/210L

Signature of Chemical Apalyst

Court CXR

Analyst

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

Rev. 12/2007

## WAKE COUNTY DETENTION CENTER 910

Serial Number: 008760

Test Record Number: 1631

Test Date: 07/26/2016

Test Time: 3:54pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:55pm 3:55pm
FLO	rass Pass	3:55pm
1 0	100	F

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
λTD	Dagg	3 · 55pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:55pm

#### CRC Tests

Test	Status	Time
COMP	Pass	3:56pm
CAL	Pass	3:56pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETE	•	L INTOX EC/IN	. 4
County (A)	ake Co	Instrument L	ocation <u>Wake C</u>	o Detention O
Instrument Seri	al No. <u>00</u> 8778	3301	Hamma	4724
·		Kale	DN C	
The preventive four months are	maintenance procedures for the I	ntoximeters, Mod	el 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		, or the alcoholic 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 breat	h sample;	
7.	When "PLEASE BLOW" app	ears, collect breati	h sample;	
8.	Print test record;			
9.	Verify Diagnostic Program; an	d		
10.	Verify that the ethanol gas can simulator solution is being char	ster is being chan nged every four m	ged before expiration date to the control of the co	te, or the alcoholic breath olic Breath Simulator tests,
	whichever occurs first.			
I certify that on	the 26 day of	14_	20 / the form	ing preventive maintenance
procedures were	e performed on the instrument ind	icated above, in a	ccordance with current re	egulations of the N.C.
Department of F	Health and Human Services, and t	ne instrument is r	unctioning properly.	
OF THE STATE OF A		16-1-Mary Service Serv	•	
la l	AROL			
ASSESSED TO THE PARTY OF THE PA		M	and the second s	And the state of t
TO THE PARTY OF TH	(1) li	4-	ir Cen	655
	Sign	ature of Certifying	g Official	Certificate Number

A consequence of the consequence

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008778 Test Date: 07/26/2016

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

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

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

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

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

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

Test	g/21.0L	Time
DIAG AIR BLK	Pass .00	3:46pm 3:47pm
ACCY CHK	.08	3:48pm
AIR BLK	.00	3:49pm
SUB TEST	.00	3:50pm
AIR BLK	.00	3:51pm
SUB TEST	.00	3:54pm
AIR BLK	.00	3:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Count CVR

Analyst

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

Rev. 12/2007

## WAKE COUNTY DETENTION CENTER 910

Test Record Number: 2252 Test Time: 3:56pm EDT

#### Baseline Tests

System Check: Passed

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:57pm
SRC	Pass	3:57pm
DET	Pass	3: <b>57pm</b>
BAR	Pass	3:57pm
BT	Pass	3:57pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:57pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:5 <b>7</b> pm
	CRC Tests	

Test	Status	Time
COMP	Pass	3: <b>58pm</b>
CAL	Pass	3:58pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Cour	nty W	INTOXIMETERS, MODEL INTOX EC/IR II  A re-  Instrument Location Wake Co Defention Co
Instr	rument Seri	al No.00 8577 3301 Hammond Rd.
		KACE ANG
	preventive months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
	1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer should be degrees, plus or minus 2 degree centigrade;
	2.	Verify instrument displays time and date;
	3.	Initiate breath test sequence;
	4.	Enter information as prompted;
	5.	Verify instrument accuracy;
	6.	When "PLEASE BLOW" appears, collect breath sample;
	7.	When "PLEASE BLOW" appears, collect breath sample;
	8.	Print test record;
	9.	Verify Diagnostic Program; and
	10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
proc	edures were	the day of , 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.
A GREAT SCA	OF THE STATE OF WARES OF THE STATE OF THE ST	
ALL.	APRIL 12, 1776  * ESSE QUAN VIDER	Chreatarley 655
		Signature of Certifying Official Certificate Number

#### WAKE COUNTY DETENTION CENTER 910

Serial Number: 008577 Test Date: 07/26/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: FARLEY, CYNTHIA D
Permit Number: 24123E
Effective:

11/01/2014-11/01/2016
Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	2:52pm 2:53pm
ACCY CHK	.07	2:54pm
AIR BLK	.00	2:55pm
SUB TEST	.00	2:56pm
AIR BLK	.00	2:57pm
SUB TEST	.00	2:58pm
ATR BLK	. 0.0	2:59pm

Reported AC: .00 g/210L

Signature of Chemical Analys

Court CVR

Analyst

#### WAKE COUNTY DETENTION CENTER 910

Serial Number: 008577 Test Record Number: 2448
Test Date: 07/26/2016 Test Time: 3:01pm EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
ATR	Pagg	3 · 02rpm

## Printer Tests

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

Preventive Maintenance Status: Pass

**Analyst** 

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ma	Kunlaman	Instrument Location Wake	Co Defentions
Instrument Seria	al No. <u>608612</u>	3301 Hamma	and Rd:
A Company of the Comp	maintenance procedures for the Into	oximeters, Model Intox EC/IR II to be	
. 1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr	splays pressure, or the alcoholic breath ee centigrade;	simulator thermometer shows
2.	Verify instrument displays time a	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appea	rs, collect breath sample;	
7.	When "PLEASE BLOW" appea	rs, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		er is being changed before expiration de ed every four months or after 125 Alco	
procedures were		, 20 the forg ated above, in accordance with current instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
STATE OF STA	ORIU CAROLIN		
APRIL 12. GTB	The state of the s	le Farley	C 5 5
	Signat	ture of Certifying Official	Certificate Number

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008612 Test Date: 07/26/2016

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2014-11/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	2:47pm 2:48pm
ACCI CHK	.00	2:49pm 2:50pm
SUB TEST	.00	2:51pm
AIR BLK	.00	2:52pm
SUB TEST	.00	2:54pm
AIR BLK	.00	2:55pm

Reported AC: .00 g/210L

Signature of Chemical Analy

Court CVR

Analyst

## WAKE COUNTY DETENTION CENTER 910

Serial Number: 008612

Test Record Number: 3117

Test Date: 07/26/2016

Test Time: 2:56pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:56pm
FLO	Pass	2:56pm
FC	Pass	2:56pm

## Temperature Tests

Status	Time
Pass	2:56pm
Pass	2:5 <b>6p</b> m
Pass	2:56 <b>p</b> m
Pass	2:56 <b>p</b> m
Pass	2:5 <b>6p</b> m
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	2:57pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:57pm
	CRC Tests	

Test	Status	Time
COMP	Pass	2:57pm
CAL	Pass	2:57pm

Preventive Maintenance Status: Pass

Analyst

ale Faley

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

	INTOXIMETERS, MODEL INTOX EC/IR II
County	UAKE Instrument Location (ARY PD
Instrument Se	erial No. 008587 120 WILKINSON AVE CARY, NC
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the day of
A MANDO SELA TOPO SELA TOP	Signature of Certifying Official Certificate Number

WAKE COUNTY CARY PD 910

Serial Number: 008587 Test Date: 07/29/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG507902

Exp Date: 04/20/2017

Test	g/210L	Time
DIAG AIR BLK	Pass .00	1:27pm 1:28pm
ACCY CHK	.07	1:29pm
AIR BLK	.00	1:30pm
SUB TEST	.00	1:30pm
AIR BLK	.00	1:31pm
SUB TEST	.00	1:32pm
AIR BLK	.00	1:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WAKE COUNTY CARY PD 910

Serial Number: 008587

Test Record Number: 3307

Test Date: 07/29/2016

Test Time: 1:37pm EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	1:38pm
SRC	Pass	1:38pm
DET	Pass	1:38pm
BAR	Pass	1:38pm
$\mathtt{BT}$	Pass	1:38pm
BAR	Pass	1:38pm

#### Blank Tests

Test	Status	Time

AIR Pass 1:38pm

#### Printer Tests

Test	Status	Time

PRNT Pass 1:38pm

## CRC Tests

Test	Status	Time

COMP Pass 1:38pm CAL Pass 1:38pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County	instrument Location to the line in the lin
Instrument S	erial No DO8717 Auguay Varing PP
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, 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 COUNTY OF THE PROPERTY OF	Signature of Certificial Certificate Number

WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008717 Test Date: 07/22/2016

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: AG607601 Exp Date: 03/16/2018

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Donya B Skunny Analyst

#### WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008717

Test Record Number: 525

Test Date: 07/22/2016

Test Time: 10:15pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	10:16pm
FLO FC	Pass Pass	10:16pm 10:16pm
rC	rass	TO:TODU

## Temperature Tests

Test	Status	Time
FC1	Pass	10:16pm
SRC	Pass	10:16pm
DET	Pass	10:16pm
BAR	Pass	10:16pm
BT	Pass	10:16pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:16pm

## Printer Tests

Test	Status	Time
PRNT	Pass	10:16pm
	CRC Tests	

Test

COMP	Pass	10:17pm
CAL	Pass	10:17pm

Status

Time

Preventive Maintenance Status: Pass

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

County (1)	Instrument Location SIT WOR, LE LA, T # 17
Instrument Serial	No. DOF637 RALETER
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.
	ne 29 th day of 16 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
STATE OF NO.	CAROLINIA DE LA CAROLINIA DE L
* SEE QUAM VIDER *	Signature of Certifying Official Certificate Number

## WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008637 Test Record Number: 2872
Test Date: 07/29/2016 Test Time: 9:56pm EDT

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
λΤΡ	Dagg	9 . 57mm

#### Printer Tests

TT	<b>C</b> + - +	m ' ·
	CRC Tests	
PRNT	Pass	9:57pm
Test	Status	Time

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

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008637 Test Date: 07/29/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:48pm 9:49pm
ACCY CHK	.08	9:49pm
AIR BLK	.00	9:51pm
SUB TEST	.00	9:51pm
AIR BLK	.00	9:52pm
SUB TEST	.00	9:54pm
ATR BLK	. 00	9:54pm

Reported AC: .00 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
Rev. 12/2007

Analyst

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

County	Uake Instrument Location BAT MOBILE ()
Instrument Ser	rial No. 008776 RALEIGH
*	
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	n the 29th day of 50th , 20/6 the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OF THE STATE OF THE OBJECT OF	Signature of Certifying Official Certificate Number

#### WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008776 Test Record Number: 3320
Test Date: 07/29/2016 Test Time: 9:38pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:38pm
FLO	Pass	9:38pm
FC	Pass	9:38pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:38pm
SRC	Pass	9:38pm
DET	Pass	9:38pm
BAR	Pass	9:38pm
BT	Pass	9:38pm

## Blank Tests

Test	Status	Time
AIR	Pass	9:39pm

#### Printer Tests

Test	Status	TIME
PRNT	Pass	9:39pm
	CRC Tests	

Test	Status	Time
COMP	Pass	9:39pm
CAL	Pass	9:39pm

Preventive Maintenance Status: Pass

Analyst

#### WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008776 Test Date: 07/29/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:30pm
AIR BLK	.00	9:31pm
ACCY CHK	.07	9:31pm
AIR BLK	.00	9:32pm
SUB TEST	.00	9:33pm
AIR BLK	.00	9:34pm
SUB TEST	.00	9:35pm
AIR BLK	.00	9:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County	LOAKE Instrument Location BATMERILELEGIT #11
Instrumen	t Serial No. DOSSE RALEIST
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sho 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify the procedure Departme	nat on the
B B B B B B B B B B B B B B B B B B B	Signature of Certifying Official Certificate Number

## Preventive Maintenance

## WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008580

Test Record Number: 2294

Test Date: 07/29/2016

Test Time: 9:39pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:39pm
FLO	Pass	9:39pm
FC	Pass	9:39pm

## Temperature Tests

Test	Status	Time
FC1	Pass	9:39pm
SRC	Pass	9:39pm
DET	Pass	9:39pm
BAR	Pass	9:39pm
BT	Pass	9:39pm

## Blank Tests

Test	Status	Time
AIR	Pass	9:40pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:40pm

#### CRC Tests

Test	Status	Time
COMP	Pass	9:40pm
CAL	Pass	9:40pm

Preventive Maintenance Status: Pass

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008580 Test Date: 07/29/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: MORGART, STEPHEN G
Permit Number: 9372E
Effective:

07/01/2015-07/01/2017

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:31pm
AIR BLK	.00	9:32pm
ACCY CHK	.07	9:32pm
AIR BLK	.00	9:33pm
SUB TEST	.00	9:34pm
AIR BLK	.00	9:35pm
SUB TEST	.00	9:36pm
AIR BLK	.00	9:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Instrument	Serial No. DO 835 SU RALEIGH
•	
The prever four month	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 that procedures Departmen	at on the
COLAT STATE OF THE COLOT STATE OF THE COLAT STATE O	Signature of Certifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008584 Test Record Number: 2116 Test Date: 07/29/2016 Test Time: 9:49pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:49pm
FLO	Pass	9:49pm
FC	Pass	9:50pm

## Temperature Tests

Test	Status	Time
FC1	Pass	9:50pm
SRC	Pass	9:50pm
DET	Pass	9:50pm
BAR	Pass	9:50pm
BT	Pass	9:50pm

## Blank Tests

Test	Status	Time
AIR	Pass	9:50pm

## Printer Tests

Test	Status	Time
PRNT	Pass	9:50pm

#### CRC Tests

Test	Status	Time
COMP	Pass	9:51pm
CAL	Pass	9:51pm

Preventive Maintenance Status: Pass

Sto G. Mogan

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008584

Test Date: 07/29/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:41pm
AIR BLK	.00	9:42pm
ACCY CHK	.07	9:43pm
AIR BLK	.00	9:44pm
SUB TEST	.00	9:44pm
AIR BLK	.00	9:45pm
SUB TEST	.00	9:47pm
AIR BLK	.00	9:48pm

Reported AC: .00 g/2<u>10</u>L

Signature of Chemical

Court CVR

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

County	Walle	Instrument Location BAT 110B, LA Line, T.
Instrument Ser	rial No. <u>008686</u>	Pople Ep
The preventive four months ar		toximeters, 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 gree centigrade;
2.	Verify instrument displays time	and date;
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appe	ars, collect breath sample;
7.	When "PLEASE BLOW" appe	ars, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; and	l
10.		ster is being changed before expiration date, or the alcoholic breath ged every four months or after 125 Alcoholic Breath Simulator tests,
I certify that or procedures we Department of	n theday of re performed on the instrument indi Health and Human Services, and the	the forgoing preventive maintenance deated above, in accordance with current regulations of the N.C. ne instrument is functioning properly.
STATE ON STA	CORNING AROUND	
ARE 12, 074  ESE QUAM VIDE	Signi	Acture of Certifying Official Certificate Number

#### WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008686 Test Date: 07/29/2016

Test Record Number: 6411

Test Time: 9:40pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:40pm
FLO	Pass	9:40pm
FC	Pass	9:40pm

## Temperature Tests

Test	Status	Time
FC1	Pass	9:40pm
SRC	Pass	9:40pm
DET	Pass	9:40pm
BAR	Pass	9:40pm
BT	Pass	9:40pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:41pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:41pm

## CRC Tests

Test	Status	Time
COMP	Pass	9:41pm
CAL	Pass	9:41pm

Preventive Maintenance Status: Pass

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008686 Test Date: 07/29/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	9:33pm
AIR BLK	.00	9:34pm
ACCY CHK	.07	9:34pm
AIR BLK	.00	9:35pm
SUB TEST	.00	9:36pm
AIR BLK	.00	9:36pm
SUB TEST	.00	9:38pm
ATR BLK	.00	9:39pm

Reperted AC: .00

00\_g/<u>21</u>0I

Signature of Chemical Analyst

Court CVR

Analyst

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

County Wa 7	Tauga Instrument Location Watauga Co. Jail
Instrument Seria	Instrument Location Watavga Co. Jail  1 No. 008715  Some, NC
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the S day of Joly , 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.
STATE OF STA	18 18 18 18 18 18 18 18 18 18 18 18 18 1

#### WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008715 Test Date: 07/08/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2015-05/01/2017

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:49pm
AIR BLK	.00	3:50pm
ACCY CHK	.08	3:50pm
AIR BLK	.00	3:52pm
SUB TEST	.00	3:52pm
AIR BLK	.00	3:53pm
SUB TEST	.00	3:55pm
AIR BLK	.00	3:56pm

1000

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

#### WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008715 Test Record Number: 1825
Test Date: 07/08/2016 Test Time: 3:57pm EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	3:58pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:58pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:58pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

3:58pm

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	AND Instrument Location WAYNE CO. REXENTLY
Instrument Serial	No. 004671 207 E. Chestnut St., Goldsbors
	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.
T 40 4	ne 29+4 day of July ,20/6 the forgoing preventive maintenance
procedures were	performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
OF THE STATE OF AVOID TO THE STATE OF AVOID	
Ser Property of the Control of the C	
TESTE QUAM VIDER	
William Control	Time A. Leese 647
	Signature of Certifying Official Certificate Number

## WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008671 Test Date: 07/29/2016

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	Time
DIAG AIR BLK	Pass	1:17pm 1:17pm
ACCY CHK	.07	1:18pm
AIR BLK	.00	1:19pm
SUB TEST	.00	1:20pm
AIR BLK	.00	1:20pm
SUB TEST	.00	1:22pm
AIR BLK	.00	1:23pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

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

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

#### WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008671 Test Record Number: 4384

Test Date: 07/29/2016 Test Time: 1:28pm EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

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

## Blank Tests

Test	Status	Time
ATR	Pass	1:29pm
T-7-T-7	1000	1. 2. 2. Pill

## Printer Tests

Test	Status	Time
PRNT	Pass	1:29pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County /	NAMARE Instrument Location WAYAR CO. Detention Col
Instrument S	erial No. 004879 207 E. Chesinus St., Goldsboj),
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the day of , 20 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
TARTO SEA TO SEA	
•	Signature of Certifying Official Certificate Number

## WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008879 Test Date: 07/29/2016

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: AG517402 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	1:27pm 1:28pm 1:29pm 1:30pm 1:30pm
SUB TEST	.00	1:35pm
AIR BLK	.00	1:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008879 Test Record Number: 424
Test Date: 07/29/2016 Test Time: 1:37pm EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	1:38pm

#### Printer Tests

Other transport Miller and

Test	Status	Time
PRNT	Pass	1:38pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:39pm
CAL	Pass	1:39pm

Preventive Maintenance Status: Pass

Analyst

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

County	Ayne	Instrument Location Layne C	a. Detention C
Instrument Ser	ial No. 008449	207 E. Chessinus	St., Goldson
The preventive four months are		ntoximeters, Model Intox EC/IR II to be f	ollowed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath egree centigrade;	simulator thermometer shows
2.	Verify instrument displays tim	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	<b>)</b> ;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample;	
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 da inged every four months or after 125 Alcol	
procedures wer		dicated above, in accordance with current the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
OF THE STATE OF	NO.		
	CAROLINA		
* ESTE QUAM VIDEN		nature of Certifying Official	Certificate Number

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008649 Test Date: 07/29/2016

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: AG507902 Exp Date: 03/20/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	1:29pm 1:30pm
ACCY CHK	.07	1:31pm
AIR BLK	.00	1:32pm
SUB TEST	.00	1:32pm
AIR BLK	.00	1:33pm
SUB TEST	.00	1:36pm
AIR BLK	.00	1:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008649

Test Record Number: 2975

Test Date: 07/29/2016

Test Time: 1:38pm EDT

## System Check: Passed

#### Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	1:39pm

### Printer Tests

Test	Status	Time
PRNT	Pass	1:39pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:39pm
CAL	Pass	1:39pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County N	INTOXIMETE	Instrument Location BAT	Mobile Unit-
Instrument Ser	ial No. <u>008717</u>	Wilson P.D	
The preventive four months ar		intoximeters, Model Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath egree centigrade;	simulator thermometer show
2.	Verify instrument displays tim	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	<b>!</b> ;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	ears, collect breath sample;	Š.
8.	Print test record;		;
9.	Verify Diagnostic Program; ar	ad	
10.		ister is being changed before expiration da nged every four months or after 125 Alcoh	nolic Breath Simulator tests,
	re performed on the instrument inc	dicated above, in accordance with current rethe instrument is functioning properly.	oing preventive maintenance egulations of the N.C.
CREATE WAS THE COLOR OF THE CREATE WAS THE CREATE W	NOT THE CAROLING	A DESCRIPTION	
ARR 12, 073	Sign	nature of Certifying Official	660 Certificate Number

#### WILSON COUNTY BAT MOBILE UNIT 4 970

Serial Number: 008717 Test Record Number: 514
Test Date: 07/01/2016 Test Time: 10:25pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:26pm 10:26pm
FC	Pass	10:26pm

## Temperature Tests

Test	Status	Time
FC1	Pass	10:26pm
SRC	Pass	10:26pm
DET	Pass	10:26pm
BAR	Pass	10:26pm
BT	Pass	10:26pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:27pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:27pm
	CRC Tests	

Test	Status	Time
COMP	Pass	10:27pm
CAL	Pass	10:27pm

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

Analyst

#### WILSON COUNTY BAT MOBILE UNIT 4 970

Serial Number: 008717 Test Date: 07/01/2016

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: SMITH, JASON R

Permit Number: 19145E

Effective:

03/01/2016-03/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:35pm 10:36pm 10:37pm
AIR BLK	.00	10:37pm
SUB TEST	.00	10:40pm
AIR BLK	.00	10:41pm
SUB TEST	.00	10:42pm
ATR BLK	.00	10:43pm

Reported AC: .00 g/210L

gnature 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

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

_ 4	U,1500	Instrument Location BAT	Mobile Unit of
County			
Instrument Se	Serial No. <u>1008734</u>	Wilson P.	<i>O.</i>
	•		
The prevention four months	ive maintenance procedures for the In are:	toximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	lisplays pressure, or the alcoholic bregree centigrade;	eath simulator thermometer show
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ars, collect breath sample;	•
7.	When "PLEASE BLOW" appe	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	I	
10.		ster is being changed before expiration ged every four months or after 125 A	
	1	-1.	
I certify that procedures w	were performed on the instrument indi	icated above, in accordance with curr	ent regulations of the N.C.
Department of	of Health and Human Services, and the	he instrument is functioning properly	,
TARE OF ALL OF A	E OS TO SERVICE A CONTROL OF THE SERVICE A CON		660
•	Sign	ature of Certifying Official	Certificate Number

## WILSON COUNTY BAT MOBILE UNIT 4 970

Serial Number: 008734 Test Record Number: 893 Test Date: 07/01/2016 Test Time: 10:48pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:48pm
FLO	Pass	10:48pm
FC	Pass	10:48pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:49pm
SRC	Pass	10:49pm
DET	Pass	10:49pm
BAR	Pass	10:49pm
BT	Pass	10:49pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:49pm

## Printer Tests

Test

PRNT	Pass	10:49pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:49pm 10:49pm

Status Time

Preventive Maintenance Status: Pass

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

Analyst

Rev. 12/2007

#### WILSON COUNTY BAT MOBILE UNIT 4 970

Serial Number: 008734 Test Date: 07/01/2016

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

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

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

Analyst's Name: SMITH, JASON R
Permit Number: 19145E
Effective:
03/01/2016-03/01/2018

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	10:39pm 10:40pm 10:41pm 10:42pm 10:42pm 10:43pm
SUB TEST	.00	10:45pm
AIR BLK	.00	10:46pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County ()	Instrument Location Wilson	Co. Detention (
Instrument Ser	rial No. 008627 1006. Green St.,	Wilson, M.
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be fore:	ollowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 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 dat simulator solution is being changed every four months or after 125 Alcoh whichever occurs first.	
	n the	ing preventive maintenance egulations of the N.C.
STATE OF STA	S)gnature of Certifying Official	G 1/3 Certificate Number

#### WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008627 Test Date: 07/08/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008627 Test Date: 07/08/2016 Test Record Number: 1958
Test Time: 10:14am EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

Test	Statu <b>s</b>	Time
FC1	Pass	10:15am
SRC	Pass	10:15am
DET	Pass	10:15am
BAR	Pass	10:15am
BT	Pass	10:15am
ז כן	rabb	10.10am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:16am

#### Printer Tests

Test	Statu <b>s</b>	Time
PRNT	Pass	10:16am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:16am 10:16am

Preventive Maintenance Status: Pass

Analyst

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

County ()	Ison	Instrument Lo	cation 1	ion Co.	Detention
Instrument Seria	1 No. <u>008652</u>	100 €.	Green	Style	1: 150n, N.
·	· · · · · · · · · · · · · · · · · · ·	. , , , , , , , , , , , , , , , , , , ,	·		
The preventive r	naintenance procedures for the In	toximeters, Mode	l Intox EC/IR I	I to be followed	at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg		or the alcoholic	breath simulate	or thermometer shows
2.	Verify instrument displays time	and date;			
3.	Initiate breath test sequence;				ૡ૽
4.	Enter information as prompted;				
5.	Verify instrument accuracy;				•
6.	When "PLEASE BLOW" appe	ars, collect breath	sample;		
7.	When "PLEASE BLOW" appe	ars, collect breath	sample;		
8.	Print test record;				
9.	Verify Diagnostic Program; and				
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.				
I certify that on to procedures were Department of H	the day of IM performed on the instrument indicath and Human Services, and the	cated above, in ac in instrument is fu	20 / to	he forgoing pre- current regulation orly.	ventive maintenance ons of the N.C.
O'THE STATE OF A THE	Lee Sione	ature of Certifying	Official		ificate Number

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008652 Test Date: 07/08/2016

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 State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:53am 9:54am
ACCY CHK	.08	9:55am 9:56am
SUB TEST	.00	9:56am
AIR BLK	.00	9:57am
SUB TEST	.00	9:59am
AIR BLK	.00	10:00am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008652 Test Record Number: 2853
Test Date: 07/08/2016 Test Time: 10:01am EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

SRC Pass 10:02am DET Pass 10:02am	Test	Status	Time
BI Pass IU:UZam	SRC DET BAR	Pass Pass Pass	10:02am 10:02am 10:02am 10:02am
	DТ	rass	IU:UZdiii

## Blank Tests

Test	Status	Time
AIR	Pass	10:02am

## Printer Tests

Test	Status	Time
PRNT	Pass	10:02am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:03am 10:03am

Preventive Maintenance Status: Pass

Analyst

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

i	INTOXIMETERS, MODEL INTOX EC/IR II
County	ake Instrument Location Bat Mobile Unit
Instrument Seria	al No (08775 Raleigh PD
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
TO THE STATE OF A TANK 20, 1773 A TANK 22, 1773 A TANK 22, 1773 A TANK 22, 1773 A TANK 22, 1774 A TANK 22, 177	Signature of Certifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 8 910

Serial Number: 008775 Test Date: 07/29/2016

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: 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 .08	9:35pm 9:36pm 9:37pm
AIR BLK	.00	9:37pm
SUB TEST	.00	9:38pm
AIR BLK	.00	9:39pm
SUB TEST	.00	9:40pm
AIR BLK	.00	9:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WAKE COUNTY BAT MOBILE UNIT 8 910

Serial Number: 008775 Test Date: 07/29/2016 Test Record Number: 1654
Test Time: 9:43pm EDT

System Check: Passed

## Baseline Tests

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

### Temperature Tests

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

#### Blank Tests

Test	Status	Time	
AIR	Pass	9:44pm	

#### Printer Tests

PRNI	rass	9:44pm
PRNT	Pass	9:44pm
rest	Status	Time

## CRC Tests

Test	Status	Time
COMP	Pass	9:44pm
$\mathtt{CAL}$	Pass	9:44pm

Preventive Maintenance Status: Pass

Analyst

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

County \( \)	Jake	Instrument Location Bath Manile Uni
Instrument Se	rial No 608814	Rakigh PD
The preventive four months a		Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic breath simulator thermometer shows legree centigrade;
2.	Verify instrument displays tin	ne and date;
<b>3.</b> c	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; a	nd
10.		nister is being changed before expiration date, or the alcoholic breath anged every four months or after 125 Alcoholic Breath Simulator tests,
	ere performed on the instrument in	, 20 \ the forgoing preventive maintenance adicated above, in accordance with current regulations of the N.C. the instrument is functioning properly.
STATE STATE OF THE	DONG CONTROL	Property of Certifying Official Certificate Number

#### WAKE COUNTY BAT MOBILE UNIT 8 910

Serial Number: 008816 Test Date: 07/29/2016

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:50pm 10:51pm
ACCY CHK AIR BLK	.07 .00	10:52pm 10:53pm
SUB TEST	.00	10:53pm
AIR BLK	.00	10:54pm
SUB TEST	.00	10:56pm
AIR BLK	.00	10:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## WAKE COUNTY BAT MOBILE UNIT 8 910

Serial Number: 008816

Test Record Number: 7244

Test Date: 07/29/2016

Test Time: 11:01pm EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time

AIR Pass 11:02pm

## Printer Tests

Test	Status	Time

PRNT Pass 11:02pm

#### CRC Tests

Test Status Time

COMP Pass 11:03pm CAL Pass 11:03pm

Preventive Maintenance Status: Pass

Analyst

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

	INTOXIMETER	65, MODEL INTOX EC/IR II
County	Oke	Instrument Location Bat Mobile W
Instrument Seri	ial No (	Raleigh PD
The preventive four months are		oximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	isplays pressure, or the alcoholic breath simulator thermometer show ree centigrade;
2.	Verify instrument displays time	and date;
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appea	rs, collect breath sample;
· 7.	When "PLEASE BLOW" appear	rs, collect breath sample;
8.	Print test record;	f . ·
9.	Verify Diagnostic Program; and	
10.		ter is being changed before expiration date, or the alcoholic breath ged every four months or after 125 Alcoholic Breath Simulator tests,
	re performed on the instrument indic	the forgoing preventive maintenance cated above, in accordance with current regulations of the N.C. e instrument is functioning properly.
THE STATE OF THE S	Popular Carolina Caro	Barran Laur
	Signa	ture of Certifying Official Certificate Number

#### WAKE COUNTY BATMOBILE UNIT 8 910

Serial Number: 008601 Test Date: 07/29/2016

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: 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	Pass .00 .08	10:47pm 10:48pm 10:49pm 10:50pm
SUB TEST	.00	10:51pm
AIR BLK	.00	10:52pm
SUB TEST	.00	10:53pm
AIR BLK	.00	10:54pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

#### WAKE COUNTY BATMOBILE UNIT 8 910

Serial Number: 008601 Test Record Number: 1181 Test Date: 07/29/2016 Test Time: 10:56pm EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	10:57pm
SRC	Pass	10:57pm
DET	Pass	10:57pm
BAR	Pass	10:57pm
BT	Pass	10:57pm

## Blank Tests

Test	Status	Time
AIR	Pass	10:57pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:57pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:57pm

Preventive Maintenance Status: Pass

Pass

10:57pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	IIII OXIIIE I E	RS, MODEL INTOX EC/IR II
County \	JORE	Instrument Location Dat Mobile Unit &
Instrument Se	erial No. 0813 (p	Rakigh PD
The preventiv	•	ntoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath simulator thermometer shows gree centigrade;
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" appe	ears, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; and	d
10.		ster is being changed before expiration date, or the alcoholic breath nged every four months or after 125 Alcoholic Breath Simulator tests,
	ere performed on the instrument ind	, 20 the forgoing preventive maintenance icated above, in accordance with current regulations of the N.C. he instrument is functioning properly.
THE QUANTUM OF THE PROPERTY OF	Sign	ature of Certifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 8 910

Serial Number: 008736 Test Date: 07/29/2016

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: SKINNER, TONYA B

Permit Number: 13651E Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	9:46pm 9:46pm
ACCY CHK	.07	9:47pm
AIR BLK	.00	9:48pm
SUB TEST	.00	9:49pm
AIR BLK	.00	9:50pm
SUB TEST	.00	9:51pm
AIR BLK	.00	9:52pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## WAKE COUNTY BAT MOBILE UNIT 8 910

Serial Number: 008736 Test Date: 07/29/2016

Test Record Number: 841
Test Time: 9:53pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	9:53pm
FLO	Pass	9:53pm
FC	Pass	9:53pm

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	9:54pm

#### Printer Tests

Status

Time

Test

PRNT	Pass	9:54pm
	CRC Tests	
Test	Status	Time

COMP	Pass	9:54pm
CAL	Pass	9:54pm

Preventive Maintenance Status: Pass

Analyst