PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Sones	Instrument Location	BAT MOBIL	E UNIT
Instrument S	erial No. <u>008707</u>		KINSTON,	M)C
The preventi four months	ve maintenance procedures for the are:	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 c		oholic breath simulator t	hermometer shows
2.	Verify instrument displays tir	ne and date;		
3.	Initiate breath test sequence;			. :
4.	Enter information as prompte	d;		
5.	Verify instrument accuracy;		**************************************	, ,
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	,	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; a	und		
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nister is being changed before anged every four months or a	e expiration date, or the after 125 Alcoholic Breat	alcoholic breath th Simulator tests,
I certify that procedures v Department	on the day of day of swere performed on the instrument in of Health and Human Services, and	ndicated above, in accordance	the forgoing prevent with current regulations g properly.	ntive maintenance s of the N.C.
STATE OF THE STATE	E O CO C	S. Bank	(,	148
	Si	gnature of Certifying Official	Certif	icate Number

JONES COUNTY BAT MOBILE UNIT 9 510

Serial Number: 008707 Test Date: 06/10/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	11:35pm
AIR BLK ACCY CHK	.00	11:36pm 11:36pm
AIR BLK	.00	11:37pm
SUB TEST	.00	11:38pm
AIR BLK	.00	11:39pm
SUB TEST	.00	11:41pm
AIR BLK	.00	11:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

JONES COUNTY BAT MOBILE UNIT 9 510

Serial Number: 008707 Test Date: 06/10/2016

Test Record Number: 2310
Test Time: 11:52pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass Pass	11:52pm 11:52pm 11:52pm
Temp	erature Te	ests
Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:53pm 11:53pm 11:53pm 11:53pm 11:53pm
В	lank Tests	3
Test	Status	Time
AIR	Pass	11:53pm
Pr	inter Test	s
Test	Status	Time
PRNT	Pass	11:53pm
	CRC Tests	

Preventive Maintenance Status: Pass

Pass

Pass

Status

Test

COMP

CAL

Time

11:53pm

11:53pm

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR I

County	TOHHSON G. Instrument Location BONSON	Police Dept
Instrument Se	rial No. 008885 Benson, N.C.	
The preventive four months as	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;	simulator thermometer show
2.	Verify instrument displays time and date;	
 3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	*
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	• •
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration da simulator solution is being changed every four months or after 125 Alcoh whichever occurs first.	te, or the alcoholic breath nolic Breath Simulator tests,
	at 1 th	
I certify that of procedures we Department o	on the	oing preventive maintenance regulations of the N.C.
		•
THE STATE OF THE S	NORTH CAROLINA CAROLI	:
EDE QUAM VIC	CALL SELLEN	_654
	Signature of Certifying Official	Certificate Number

JOHNSTON COUNTY BENSON POLICE DEPT. 500

Serial Number: 008885 Test Date: 06/16/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: 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: AG434201 Exp Date: 12/08/2016

Test	g/210L	Time
DIAG	Pass	12:23pm
AIR BLK	.00	12:24pm
ACCY CHK	.07	12:24pm
AIR BLK	.00	12:25pm
SUB TEST	.00	12:26pm
AIR BLK	.00	12:27pm
SUB TEST	.00	12:29pm
AIR BLK	.00	12:30pm

Reported M:

.90 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

JOHNSTON COUNTY BENSON POLICE DEPT. 500

Serial Number: 008885

Test Record Number: 444

Test Date: 06/16/2016

Test Time: 12:30pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time	

AIR Pass 12:31pm

Printer Tests

Test

1000	500000	2 22 111 12
PRNT	Pass	12:31pm

Status

Time

CRC Tests

Test	Status	Time
COMP	Pass	12:31pm
CAL	Pass	12:31pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	County /	on from you find base	Instrument Locationa	LEE	<u>Co.</u>	JAIL	
	Instrument Serial	No. <u>008645</u>	SANFORD	NC	-		. 3
	The preventive m four months are:	aintenance procedures for the Int	oximeters, Model Intox E	C/IR II to	be follo	wed at least on	ice every
	1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg		coholic bi	eath sim	ulator thermon	neter shows
	2.	Verify instrument displays time	and date;				
-7	3.	Initiate breath test sequence;					
	4.	Enter information as prompted;		٠			
	5.	Verify instrument accuracy;	***				
	6.	When "PLEASE BLOW" appear	ars, collect breath sample;				
	7.	When "PLEASE BLOW" appear	ars, collect breath sample;		e.		
	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 befor ged every four months or a	e expirati after 125	on date, Alcoholi	or the alcoholic c Breath Simul	c breath lator tests,
	I certify that on to procedures were Department of H	he <u>0</u> day of <u></u> performed on the instrument indi ealth and Human Services, and th	cated above, in accordance	e with cu	rrent regi	g preventive maulations of the	aintenance N.C.
	THE STATE OF AN AUTOMATION AND STATE OF AUTOMATION AND	CAROLINA A POLINA				, i	
	Walter State of the State of th	Signi	Housell ature of Certifying Official	<u> </u>	·	37/ Certificate Nu	ımber
		9	• •				

LEE COUNTY LEE CO. LEC. 520

Serial Number: 008645 Test Date: 06/07/2016

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: AG534901 Exp Date: 12/15/2017

DIAG Pass 1:59pm AIR BLK .00 2:00pm ACCY CHK .08 2:01pm AIR BLK .00 2:02pm SUB TEST .00 2:03pm AIR BLK .00 2:03pm SUB TEST .00 2:05pm AIR BLK .00 2:06pm	Test	g/210L	Time
AIR BLK .00 2:06pm	AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	.00 .08 .00 .00	2:00pm 2:01pm 2:02pm 2:03pm 2:03pm
	AIR BLK	.00	2:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

LEE COUNTY LEE CO. LEC. 520

Serial Number: 008645

Test Record Number: 1616

Test Date: 06/07/2016

Test Time: 2:07pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:07pm
FLO	Pass	2:07pm
FC	Pass	2:07pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:07pm
SRC	Pass	2:07pm
DET	Pass	2:07pm
BAR	Pass	2:07pm
BT	Pass	2:07pm

Blank Tests

Test	Status	Time
AIR	Pass	2:08pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:08pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:08pm 2:08pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	County Line	coln Instrument Location Lincoln County Courthaus
	Instrument Seria	INO.008623 #2 Counthase Square, Lincolnton
	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
٠	10.	Verify that the ethanol gas canister is being changed before 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 24th day of Jule , 2016 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 THE ST	Signature of Certifying Official Certificate Number

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

DHHS 4080 (11/07)

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008823 Test Record Number: 1250 Test Date: 06/24/2016 Test Time: 12:49pm EDT

System Check: Passed

Baseline Tests

res	C	Status	Tillie
IR		Pass	12:50pm
FLC	5	Pass	12:50pm
FC		Pass	12:50pm
-	Temper	ature Tes	ts
Tes	t	Status	Time

FC1 Pass 12:50pm SRC Pass 12:50pm DET Pass 12:50pm BAR Pass 12:50pm BT Pass 12:50pm

Blank Tests

Test Status Time

AIR Pass 12 51pm

Printer Tests

Test Status Time

PRNT Pass 12:51pm

CRC Tests

Test Status Time

COMP Pass 12:51pm CAL Pass 12:51pm

Preventive Maintenance

Status: Pass

Analyst

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008823 Test Date: '06/24/2016

Citation Number: M0000000-0

Subject s Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth 11/11/1911

Subject's Sex: Male

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

Analyst's Name: 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 12:53pm 12:54pm AIR BLK .00 ACCY CHK .08 №12:55pm AIR BLK .00 12:56pm SUB TEST .00 12:56pm 12:57pm AIR BLK .00 12:59pm SUB TEST ,00

1:00pm

Reported AC: .00 g/210L

. 0,0

AIR BLK

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	NLLOW	Instrument Location	pobile Unt 11
Instrument Se	erial No. 008973		
The prevention four months		Intoximeters, Model Intox EC/IR II t	o be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2	er displays pressure, or the alcoholic b degree centigrade;	reath simulator thermometer shows
2.	Verify instrument displays ting	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 ca simulator solution is being cl whichever occurs first.	anister is being changed before expirate hanged every four months or after 125	tion date, or the alcoholic breath Alcoholic Breath Simulator tests,
procedures v	on the day of were performed on the instrument i of Health and Human Services, an	indicated above, in accordance with cured the instrument is functioning proper	e forgoing preventive maintenance urrent regulations of the N.C.
TATE STATE TOTAL	CM.	ignature of Carrifyida Official	Certificate Number

MACON BAT MOBILE UNIT 11 550

Serial Number: 008973 Test Date: 06/11/2016

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: TOWERY, CHAD V

Permit Number: 26632E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:37pm
AIR BLK	.00	2:38pm
ACCY CHK	.08	2:38pm
AIR BLK	.00	2:39pm
SUB TEST	.00	2:39pm
AIR BLK	.00	2:40pm
SUB TEST	.00	2:42pm
AIR BLK	.00	2:43pm

Reported AC: .00 g/210L

Signature of Chemical Analys

Court CVR

MUS Analyst

MACON BAT MOBILE UNIT 11 550

Serial Number: 008973 Test Date: 06/11/2016 Test Record Number: 145
Test Time: 2:43pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass Pass	2:44pm 2:44pm 2:44pm
Temp	erature Te	ests
Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	2:44pm 2:44pm 2:44pm 2:44pm 2:44pm
В	lank Tests	5
Test	Status	Time
AIR	Pass	2:45pm
Pr	inter Test	S
Test	Status	Time
PRNT	Pass	2:45pm
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

2:45pm

2:45pm

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	County	echlenburg Instrument Location CMPD-LEC	-
	Instrument Seria	INO. 008691 601 E. Trade St., Charlotte	_ -
	The preventive four months are	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every	-
	1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;	/S
	2.	Verify instrument displays time and date;	
	3.	Initiate breath test sequence;	
	4.	Enter information as prompted;	
	5.	Verify instrument accuracy;	
	6.	When "PLEASE BLOW" appears, collect breath sample;	
Pa.	7.	When "PLEASE BLOW" appears, collect breath sample;	
	8.	Print test record;	
	9.	Verify Diagnostic Program; and	
	10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.	,
	I certify that on procedures wer Department of	the day of JUNC, 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	Signature of Certifying Official Certificate Number	

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008691

Test Record Number: 6234

Test Date: 06/02/2016 Test Time: 10:26am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
1000	Deacab	1 IIIC
	_	4.4.00
IR	Pass	10:27am
FLO	Pass	10:27am
FC	Pass	10:27am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:28am

Printer Tests

Test

PRNT	Pass	10:28am
·	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:28am 10:28am

Status

Time

Preventive Maintenance Status: Pass

Analyst

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008691 Test Date: 06/02/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2016-01/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:33am 10:34am
ACCY CHK	.08	10:34am
AIR BLK	.00	10:36am
SUB TEST	.00	10:36am
AIR BLK	.00	10:37am
SUB TEST	.00	10:39am
AIR BLK	.00	10:40am

Reported AC: .00 g/210L

Signature of Chemical Ahalyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	County Ma	con	Instrument Location Maco	n Co. Jail
	Instrument Serial	No. 008789	Franklin, NC	
	The preventive n four months are:	naintenance procedures for the I	intoximeters, Model Intox EC/IR II to	be followed at least once every
	1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic bregree centigrade;	eath simulator thermometer shows
	2.	Verify instrument displays tim	ne and date;	
	3.	Initiate breath test sequence;		
	4.	Enter information as prompted	! ;	
	5.	Verify instrument accuracy;		
	6.	When "PLEASE BLOW" app		
	7.	When "PLEASE BLOW" app	pears, collect breath sample;	
•	8.	Print test record;		
	9.	Verify Diagnostic Program; a		
	10.	Verify that the ethanol gas car simulator solution is being ch whichever occurs first.	nister is being changed before expirati anged every four months or after 125	ion date, or the alcoholic breath Alcoholic Breath Simulator tests,
	I certify that on procedures were Department of I	theday of e performed on the instrument in dealth and Human Services, and	, 20 16 the indicated above, in accordance with cult the instrument is functioning proper	forgoing preventive maintenance rrent regulations of the N.C. y.
	STATE OF THE STATE	LOCATION CAROLINA		
	* ESF QUAN VIDEN	Dil	gnature of Certifying Official	635
		Si	gnature of Certifying Official	Certificate Number

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008789 Test Date: 06/02/2016

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	10:18am 10:19am 10:19am 10:20am 10:21am 10:22am
SUB TEST	.00	10:24am
AIR BLK	.00	10:24am
		· · ·

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008789
Test Date: 06/02/2016

Test Record Number: 532
Test Time: 10:25am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:26am
FLO	Pass	10:26am
FC	Pass	10:26am

Temperature Tests

Test Status	
FC1 Pass SRC Pass DET Pass	10:26am 10:26am 10:26am
BAR Pass	10:26am
BT Pass	10:26am

Blank Tests

Test Status Time

AIR Pass 10:26am

Printer Tests

Test Status Time

PRNT Pass 10:27am

CRC Tests

Test Status Time

COMP Pass 10:27am CAL Pass 10:27am

Preventive Maintenance Status: Pass

Analvet

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	County Macon	Instrument Location	Macon	Co. Jail
			· · · · · · · · · · · · · · · · · · ·	* * * * * * * * * * * * * * * * * * * *
	Instrument Serial No. 0086/8	Franklin,	NC	
	The preventive maintenance procedures for the In four months are:	ntoximeters, Model Intox	EC/IR II to be f	followed at least once every
	1. Verify the ethanol gas canister of 34 degrees, plus or minus .2 degrees.	displays pressure, or the gree centigrade;	alcoholic breath	simulator thermometer show
1	2. Verify instrument displays time	e and date;		
	3. Initiate breath test sequence;			
	4. Enter information as prompted;	;		
	 Verify instrument accuracy; 			
	6. When "PLEASE BLOW" appe	ears, collect breath samp	le;	
	7. When "PLEASE BLOW" appe	ears, collect breath samp	le;	
	8. Print test record;			
	9. Verify Diagnostic Program; and	d		
	10. Verify that the ethanol gas cani simulator solution is being char whichever occurs first.	ister is being changed be nged every four months	fore expiration d or after 125 Alco	ate, or the alcoholic breath pholic Breath Simulator tests,
	I certify that on the day of from the instrument ind Department of Health and Human Services, and t	licated above, in accorda	nce with current	going preventive maintenance t regulations of the N.C.
	STATE OF MORE ST			
	TOT CLUM VIDEN Y	R. Lathrander of Certifying Offi		635
÷	Sign	nature of Certifying Offi	cial	Certificate Number

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008618 Test Date: 06/02/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

<u>Driver's License State: XX</u>

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	Pass	10:09am 10:10am
ACCY CHK		10:11am
AIR BLK	.00	10:12am
SUB TEST	.00	10:12am
AIR BLK	.00	10:13am
SUB TEST	.00	10:15am
ATR BLK	.00	10:16am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008618 Test Date: 06/02/2016 Test Record Number: 1650 Test Time: 10:18am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
	200000	
77 P)	***	10 10
IR	Pass	10:19am
FLO	Pass	10:19am
FC	Pass	10:19am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:20am

ang kanggi Kaladin ang ang manggi kanggi ang manggi kanggi ang manggi kang manggi kang manggi kang manggi kang

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

MECKLENBURG BAT MOBILE UNIT 7 590

Serial Number: 008968 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: 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	9:29pm
AIR BLK	.00	9:30pm
ACCY CHK	.07	9:30pm
AIR BLK	.00	9:31pm
SUB TEST	.00	9:32pm
AIR BLK	.00	9:33pm
SUB TEST	.00	9:34pm
ATR BLK	1 00	9∕:∕35x6m

Reported/AC:

ø g/<u>2/10</u>L

Signature of Chemical Analyst

Court CVE

Analyst

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

Rev. 12/2007

MECKLENBURG BAT MOBILE UNIT 7 590

Serial Number: 008968

Test Record Number: 166

System Check: Passed

Baseline Tests

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

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	9:38pm

Printer Tests

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

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

Preventive Maintenance

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	County M	adisen	Instrument Location Mars	H:11 PD
	Instrument Se	erial No. <u>008582</u>	Mars	Hill , NC
	The preventive four months a	ve maintenance procedures for the are:	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 bullegree centigrade;	reath simulator thermometer shows
	2.	Verify instrument displays tin	ne and date;	
	3.	Initiate breath test sequence;		
	4.	Enter information as prompte	d;	
	5.	Verify instrument accuracy;		
	6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
	7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
	8.	Print test record;		
	9.	Verify Diagnostic Program; a	and	
	10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nister is being changed before expirat nanged every four months or after 125	ion date, or the alcoholic breath Alcoholic Breath Simulator tests,
	I certify that procedures v Department	vere performed on the instrument i	ndicated above, in accordance with cu d the instrument is functioning proper	e forgoing preventive maintenance arrent regulations of the N.C.
	STATE STATE OF THE COLUMN TO T	E & NORTH CAROLINA		
and the state of t	CATE QUAM		ignature of Certifying Official	Certificate Number
are Vi		and the second s	ignature of countying official	# 41 TILL # 11 TILL # 1

MADISON COUNTY MARS HILL PD 560

Serial Number: 008582 Test Date: 06/07/2016

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

<u>Driver's License State: XX</u>

Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2015-05/01/2017

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

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MADISON COUNTY MARS HILL PD 560

Serial Number: 008582

Test Record Number: 1069

Test Date: 06/07/2016

Test Time: 3:02pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time		
IR FLO FC	FLO Pass			
Tempe	rature Te	sts		
Test	Status	Time		
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	3:02pm 3:02pm 3:02pm 3:02pm 3:02pm		
Blank Tests				
Test	Status	Time		
AIR	Pass	3:03pm		
Printer Tests				
Test	Status	Time		
PRNT	Pass	3:03pm		
CRC Tests				

Preventive Maintenance Status: Pass

Status

Pass

Pass

Time

3:03pm

3:03pm

Test

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	County /	CDOVII	Instrument Location	BAT MIL. 8	ie Unit 11
	Instrument Se	erial No. <u>00 897)</u>			
	The preventive four months a	re maintenance procedures for the Into	ximeters, Model Intox E	C/IR II to be follo	owed at least once every
	1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degrees.	plays pressure, or the allee centigrade;	lcoholic breath sim	ulator thermometer shows
	2.	Verify instrument displays time a	nd date;		
	3.	Initiate breath test sequence;			
·	4.	Enter information as prompted;			
•	5.	Verify instrument accuracy;			
```	6.	When "PLEASE BLOW" appear	s, collect breath sample	Ġ	
	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 chang whichever occurs first.	er is being changed befored every four months or	ore expiration date, after 125 Alcohol	or the alcoholic breath ic Breath Simulator tests,
	nrocedures v	on the <u>JD</u> day of <u>June</u> were performed on the instrument indic of Health and Human Services, and the	ated above, in accordan	ice with current reg	g preventive maintenance gulations of the N.C.
	STATE STATE OF STATE		Ja Jacobic		Gertificate Number

MCDOWELL BAT MOBILE UNIT 11 580

Serial Number: 008973 Test Date: 06/10/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: TOWERY, CHAD V

Permit Number: 26632E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

rest	g/210L	TTIIIE
DIAG	Pass	4:48pm
AIR BLK	.00	4:49pm
ACCY CHK	.08	4:50pm
AIR BLK	.00	4:50pm
SUB TEST	.00	4:51pm
AIR BLK	.00	4:52pm
SUB TEST	.00	4:53pm
ATD BILE	0.0	4.54nm

~/21AT

Reported AC: , QQ g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## MCDOWELL BAT MOBILE UNIT 11 580

Serial Number: 008973

Test Record Number: 142

Test Date: 06/10/2016 Test Time: 4:56pm EDT

System Check: Passed

### Baseline Tests

<u>Test</u>	- Status	Time
1000	Deacab	T T
TR	Pass	4:56pm
<b>TI</b>	1455	4.50pm
FLO	Pass	4:56pm
FC	Pass	4:56pm
	Labb	±•20pm

### Temperature Tests

Test	Status	Time
FC1	Pass	4:56pm
SRC	Pass	4:56pm
DET	Pass	4:56pm
BAR	Pass	4:56pm
$\mathtt{BT}$	Pass	4:56pm

### Blank Tests

Test	Status	Time
ΔTD	Dagg	4.57nm

### Printer Tests

Test	Status	Time
PRNT	Pass	4:57pm

### CRC Tests

rest	Status	TTIIIE
COMP	Pass	4:57pm
CAL	Pass	4:57pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be	followed at least once every
four months		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breat 34 degrees, plus or minus .2 degree centigrade;	h simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	•
4.	Enter information as prompted;	·
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Alc whichever occurs first.	date, or the alcoholic breath coholic Breath Simulator tests,
I certify that procedures to Department	on the	going preventive maintenance at regulations of the N.C.
STAL SUND OF STALE SUND OF STA	CAROLLA AUTOMATICA AUT	b5 9

MECKLENBURG BAT MOBILE UNIT 7 590

Serial Number: 008972 Test Date: 06/17/2016

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: INGLE, LARRY W

Permit Number: 7281E

Effective:

02/01/2016-02/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

1000	9/2101	TIME
DIAG	Pass	9:32pm
AIR BLK	.00	mqEE:0
ACCY CHK	.07	9:33pm
AIR BLK	.00	9:34pm
SUB TEST	.00	9:35pm
AIR BLK	.00	9:36pm
SUB TEST	.00	9:37pm
AIR BLK	.øo	8:38pm

 $a/210T_{c}$ 

Reported AC:

Test

Time

Signature of Chemical Analyst

Analyst

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

Rev. 12/2007

## MECKLENBURG BAT MOBILE UNIT 7 590

Serial Number: 008972

Test Record Number: 216

Test Date: 06/17/2016 Test Time: 9:45pm EDT

System Check: Passed

Baseline Tests

_Test	Status	Time
1000	Deacab	1 11110
TR	Pass	9:45pm
IK	rass	3:45bm
FLO	Pass	9:45pm
	- +	_
FC	Pass	9:45pm

### Temperature Tests

Test	Status	Time
FC1	Pass	9:46pm
SRC	Pass	9:46pm
DET	Pass	9:46pm
BAR	Pass	9:46pm
$\mathtt{BT}$	Pass	9:46pm

### Blank Tests

Iest	Status	Time
AIR	Pass	9:46pm

### Printer Tests

Test	Status	Time
PRNT	Pass	9:46pm

#### CRC Tests

rest	Status	rime
COMP	Pass	9:46pm
CAL	Pass	9:46pm

Preventive Maintenance Status: Pass

Analyst

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

The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once eve
four months	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer s 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic brea simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator t whichever occurs first.
I certify tha procedures Department	t on the 14 day of John , 20/4 the forgoing preventive mainten 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.

MECKLENBURG BAT MOBILE UNIT 11 590

Serial Number: 008970 Test Date: 06/16/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Driver's License Number: NONE

Analyst's Name: 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	10:07pm 10:08pm 10:09pm 10:10pm 10:11pm 10:13pm
AIR BLK	./00	10:14pm

Reported AC:

00/ g/2101

Signature of Chemical Analyst

Court Cyr

Analyst

### MECKLENBURG BAT MOBILE UNIT 11 590

Serial Number: 008970

Test Record Number: 189

Test Date: 06/16/2016

Test Time: 10:15pm EDT

System Check: Passed

### Baseline Tests

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

## Temperature Tests

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

## Blank Tests

Test	Status	Time	

AIR Pass 10:17pm

#### Printer Tests

Test Status Time

PRNT Pass 10:17pm

CRC Tests

Test Status Time

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

Preventive Maintenance Status: Pass

Analyst

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

County_/	Mecklenburg Instrument Location BA+ Modile Unit 11
Instrument	Serial No. <u>008973</u>
The prevent	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures	at on the
GO STATE OF THE CREAT OF THE CR	ATE ON TO THE SIGNATURE OF Certificial Certificate Number

### MECKLENBURG BAT MOBILE UNIT 11 590

Serial Number: 008973 Test Date: 06/16/2016

Citation Number: M0000000-0

Subject's Name:

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

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

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: TOWERY, CHAD V

Permit Number: 26632E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:53pm
AIR BLK	.00	9:54pm
ACCY CHK	.08	9:55pm
AIR BLK	.00	9:56pm
SUB TEST	.00	9:56pm
AIR BLK	.00	9:57pm
SUB TEST	.00	9:59pm
ATR BLK	. 00	10:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MECKLENBURG BAT MOBILE UNIT 11 590

Serial Number: 008973

Test Record Number: 148

System Check: Passed

### Baseline Tests

Test	- Status	Time
1000	beacub	11110
TR	Pass	10:01pm
TK	Pass	TO:OTDU
FLO	Pass	10:01pm
		-
FC	Pass	10:01pm

## Temperature Tests

Test	Status	Time
FC1	Pass	10:02pm
SRC	Pass	10:02pm
DET	Pass	10:02pm
BAR	Pass	10:02pm
$\mathtt{BT}$	Pass	10:02pm

### Blank Tests

Test	Status	Time

Printer Tests

#### AIR Pass 10:02pm

Test	Status	Time
PRNT	Pass	10:02pm

#### CRC Tests

	CIC ICSCS	
Test	Status	Time
COMP	Pass Pass	10:02pm

Preventive Maintenance Status: Pass

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

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

MACON BAT MOBILE UNIT 11 550

Serial Number: 008970 Test Date: 06/11/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: TOWERY, CHAD V

Permit Number: 26632E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test

	<b>5</b> ,	
DIAG	Pass	2:35pm
AIR BLK	.00	2:36pm
ACCY CHK	.08	2:36pm
AIR BLK	.00	2:37pm
SUB TEST	.00	2:37pm
AIR BLK	.00	2:38pm
		–

g/210L

Time

AIR BLK .00 2:38pm **SUB TEST .00 2:40pm** AIR BLK .00 2:41pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MACON BAT MOBILE UNIT 11 550

Serial Number: 008970

Test Record Number: 187

Test Date: 06/11/2016

Test Time: 2:42pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:42pm
FLO	Pass	2:42pm
FC	Pass	2:42pm

### Temperature Tests

Status	Time
Pass	2:42pm
	Pass Pass Pass Pass

### Blank Tests

Test	Status	Time
AIR	Pass	2:43pm

## Printer Tests

Test	Status	Time
PRNT	Pass	2:43pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:43pm 2:43pm

Preventive Maintenance Status: Pass

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

	erial No. 008973 Instrument Location Bad Mobile Unit 1
The preventive four months	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 o	on the <u>25</u> day of <u>June</u> , 20/4 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.
TATE OF THE PARTY	E S NOS IN CARDOLIN C
APRIL (2. II)	Signature of Certifying Official Certificate Number
	Signature of Certifying Official Certificate Number

## MECKLENBURG BAT MOBILE UNIT 11 590

Serial Number: 008973 Test Date: 06/25/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: 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	Pass .00 .07	2:21pm 2:22pm 2:23pm
AIR BLK	.00	2:24pm
SUB TEST	.00	2:24pm
AIR BLK	.00	2:25pm
SUB TEST	.00	2:27pm
ATR 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: 156

Test Date: 06/25/2016 Test Time: 2:28pm EDT

System Check: Passed

## Baseline Tests

Status	Time
Pass	2:29pm
	2:29pm 2:29pm

## Temperature Tests

Test	Status	Time
FC1	Pass	2:29pm
SRC	Pass	2:29pm
DET	Pass	2:29pm
BAR	Pass	2:29pm
$\mathtt{BT}$	Pass	2:29pm
SRC DET BAR	Pass Pass Pass	2:29p 2:29p 2:29p

#### 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

Preventive Maintenance Status: Pass

Pass

2:30pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

(**	INTOXIMETERS, MODEL INTOX EC/IR II
County	Instrument Location Wallace
Instrument S	erial No. 108858 Police Dept
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o procedures we Department of	on the day of day of the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
STATE OF WAS 20, 1775	Signature of Certifying Official Certificate Number
	Signature of Certifying Official Certificate Number

DUPLIN COUNTY WALLACE PD 300

Serial Number: 008858 Test Date: 06/23/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	2:17pm 2:17pm 2:18pm
AIR BLK	.00	2:19pm
SUB TEST AIR BLK	.00 .00	2:20pm
SUB TEST	.00	2:21pm 2:22pm
AIR BLK	.00	2 : 23pm

Reported AC:

Ø g/21⁄0L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures

## DUPLIN COUNTY WALLACE PD 300

Serial Number: 008858 Test Date: 06/23/2016

Test Record Number: 762 Test Time: 2:34pm EDT

System Check: Passed

Baseline Tests

	•	
Test	Status	Time
IR FLO FC	Pass Pass Pass	2:34pm 2:34pm 2:34pm
Temp	perature T	ests
Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	2:34pm 2:34pm 2:34pm 2:34pm 2:34pm
E	Blank Tests	5
Test	Status	Time
AIR	Pass	2:35pm
Pr	inter Test	s
Test	Status	Time
PRNT	Pass	2:35pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:35pm

Preventive Maintenance Status: Pass

Pass

2:35pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Filmer con	INTOXIMETERS, MODEL INTOX EC/IR II
County	Instrument Location Dyplin County
Instrument Se	rial No. 008864 Street. FF Depot
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 or procedures we Department of	the day of, 20 / the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF STA	

DUPLIN COUNTY DUPLIN CO SD 300

Serial Number: 008864 Test Date: 06/23/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	3:33pm 3:34pm
ACCY CHK	. 0.8	3:34pm
AIR BLK	.00	3:35pm
SUB TEST	.00	3:36pm
AIR BLK	.00	3:37pm
SUB TEST	.00	3:38pm
AIR BLK	.00	3:39pm

Reported AC: .00 4/2/10L

Signature of Chemical Analyst

Court CVR

1. C //

## DUPLIN COUNTY DUPLIN CO SD 300

Serial Number: 008864 Test Date: 06/23/2016

Test Record Number: 2872 Test Time: 3:40pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass Pass	3:40pm 3:40pm 3:40pm
Temp	perature Te	ests
Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	3:40pm 3:40pm 3:40pm 3:40pm 3:40pm
E	Blank Tests	3
Test	Status	Time
AIR	Pass	3:41pm
Pr	inter Test	s
Test	Status	Time
PRNT	Pass	3:41pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:41pm

Preventive Maintenance Status: Pass

Pass

CAL

3:41pm

Santage and Color of the Color

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

County Du	211A re	Instrument Location BAT MO	BILE CALT 10
Instrument Seria	al No. <u>008686</u>	DURHAM	
The preventive i	<u>-</u>	e Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	er displays pressure, or the alcoholic bre degree centigrade;	eath simulator thermometer show
2.	Verify instrument displays ti	me and date;	•
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	opears, collect breath sample;	
7.	When "PLEASE BLOW" ap	opears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.		anister is being changed before expiration hanged every four months or after 125 A	
	performed on the instrument i	ndicated above, in accordance with curr d the instrument is functioning properly.	
CORE STATE OF A	Octive CAROLINI		
* FOR QUAM VIDEN		<u> </u>	661
	/Şi	gnature of Certifying Official	Certificate Number

## DURHAM COUNTY BAT MOBILE UNIT 10 310

Serial Number: 008686 Test Date: 06/25/2016

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Driver's License Number: NONE

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

05/01/2016-05/01/2018

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

Test Type: Breath Test

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

lesc	9/2101	TIME
DIAG	Pass	3:24pm
AIR BLK	.00	3:25pm
		_
ACCY CHK	.07	3:25pm
AIR BLK	.00	3:26pm
SUB TEST	.00	3:26pm
AIR BLK	.00	3:27pm
SUB TEST	.00	3:29pm
AIR BLK	.00	3:30pm

Reported AC:

.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## DURHAM COUNTY BAT MOBILE UNIT 10 310

Serial Number: 008686

Test Record Number: 6399

Test Date: 06/25/2016

Test Time: 3:33pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	3:34pm
FLO	Pass	3:34pm
FC	Pass	3:34pm

## Temperature Tests

Test	Status	Time
FC1	Pass	3:34pm
SRC	Pass	3:34pm
DET	Pass	3:34pm
BAR	Pass	3:34pm
BT	Pass	3:34pm

### Blank Tests

Test	Status	Time
AIR	Pass	3:34pm

#### Printer Tests

rest	Status	Time
PRNT	Pass	3:34pm
	CRC Tests	
Test	Status	Time

COMP Pass 3:35pm CALPass 3:35pm

Preventive Maintenance Status: Pass

Analyst

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

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008660 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: 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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008660

Test Record Number: 3851

System Check: Passed

#### Baseline Tests

Test	Status	This ma
ICSC	Status	<u>Time</u>
TR	Pass	10 05
TK	Pass	12:05pm
FLO	Pass	12:05pm
	1 455	12.03 <u>P</u> ill
FC	Pass	12:05pm
	- 4.2.2	-2.00p

## Temperature Tests

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

### Blank Tests

rest	Status	Time
AIR	Pass	12:06pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:06pm

### CRC Tests

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

Preventive Maintenance Status: Pass

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

	intoximeters, model intox ec/in	
County	rial No. DO 8815 HTW. MASON ST. FR	NTON PD
Instrument Se	rial No. DO 8815 MASON ST. FR	ANKLINTON, NC
The preventive four months as	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 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration da simulator solution is being changed every four months or after 125 Alcoh whichever occurs first.	
I certify that of procedures we Department of	on the	oing preventive maintenance regulations of the N.C.
THE STATE OF THE S	Rue D Smoth	637
	Signature of Certifying Official	Certificate Number

FRANKLIN COUNTY FRANKLINTON PD 340

Serial Number: 008815 Test Date: 06/14/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## FRANKLIN COUNTY FRANKLINTON PD 340

Serial Number: 008815

Test Record Number: 1033 

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass Pass	11:16am 11:16am 11:16am
Temp	erature Te	ests
Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:16am 11:16am 11:16am 11:16am 11:16am
E	lank Tests	5
Test	Status	Time
AIR	Pass	11:17am
Pr	inter Test	S
Test	Status	Time
PRNT	Pass	11:17am
CRC Tests		
Test	Status	Time
COMP	Pass	11:17am

Preventive Maintenance Status: Pass

Pass

11:17am

CAL

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

County TV	anklin Instrument Location Frankl	in Colf
Instrument Seri	12 No. 00 8933 285 T. Kamp Cou. Sbure N	C. C.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be follow:	owed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath sin 34 degrees, plus or minus .2 degree centigrade;	nulator 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 date, simulator solution is being changed every four months or after 125 Alcohol whichever occurs first.	
	the day of home, 20/6 the forgoin re performed on the instrument indicated above, in accordance with current reg Health and Human Services, and the instrument is functioning properly.	g preventive maintenance sulations of the N.C.
STATE OF THE STATE	NO CAROUNIA	
ASSE QUAM VIDEN	(Ade Farler	655
	Signature of Certifying Official	Certificate Number

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008933 Test Date: 06/02/2016

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: FARLEY, CYNTHIA D

Permit Number: 24123

Effective:

11/01/2014-11/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time:
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00	4:39pm 4:40pm 4:41pm 4:42pm 4:43pm 4:43pm
AIR BLK	.00	4:45pm 4:46pm

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

## FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008933 Test Date: 06/02/2016

Test Record Number: 785
Test Time: 4:47pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
	Status	Time
TR	Pass	4:47pm
-1- A.V.	Lass	4 4/Dm
FLO	Pass	4:4.7  pm
FC	Pass	4:47pm

## Temperature Tests

Test	Status	Time
FC1	Pass	4:47pm
SRC	Pass	4:47pm
DET	Pass	4:47pm
BAR	Pass	4:47pm
BT	Pass	4:47pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:48pm

## Printer Tests

Test

PRNT	Pass	4:48pm
	CRC Tests	
Test	Status	Time

Status

Time

COMP Pass 4:48pm CAL Pass 4:48pm

Preventive Maintenance Status: Pass

Analyst

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

	INTOXIMETERS, MODEL INTOX EC/IR II
County FR	ANKLIN Instrument Location FRANKLIN CO. LEC
Instrument Ser	ial No. OO8942 285 T KEMPRD LOUISBURG, NC
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures we Department of	the OQ day of UNE, 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.
STATE OF STA	TO THE CONTRACT OF THE CONTRAC
ESE QUAM VIDES	Sual Druth 637
	Signature of Certifying Official Certificate Number

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008942 Test Date: 06/02/2016

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, BRIAN D

Permit Number: 8937E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	4:30pm 4:31pm 4:31pm
SUB TEST	.00	4:32pm 4:33pm
AIR BLK	.00	4:33pm
SUB TEST	.00	4:35pm
AIR BLK	.00	4:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008942 Test Date: 06/02/2016

Test Record Number: 1019 Test Time: 4:38pm EDT

System Check: Passed

Baseline Tests

paserine resus		
Test	Status	Time
IR FLO FC	Pass Pass Pass	4:38pm 4:38pm 4:38pm
Tempe	erature Te	ests
Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	4:38pm 4:38pm 4:38pm 4:38pm 4:38pm
Blank Tests		
Test	Status	Time
AIR	Pass	4:39pm
Printer Tests		

PRNT Pass 4:3.9pmCRC Tests Test Status Time COMP Pass 4:39pmCAL

Status

Time

4:39pm

Test

Preventive Maintenance Status: Pass

Pass

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

Instrument Serial No. DO 8973  The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least four months are:  1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator therm 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;	1
1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator therm 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;	
1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator therm 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;	
34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;	once every
<ol> <li>Initiate breath test sequence;</li> <li>Enter information as prompted;</li> <li>Verify instrument accuracy;</li> <li>When "PLEASE BLOW" appears, collect breath sample;</li> </ol>	ometer shows
<ol> <li>Enter information as prompted;</li> <li>Verify instrument accuracy;</li> <li>When "PLEASE BLOW" appears, collect breath sample;</li> </ol>	
<ul><li>Verify instrument accuracy;</li><li>When "PLEASE BLOW" appears, collect breath sample;</li></ul>	
6. When "PLEASE BLOW" appears, collect breath sample;	
7 When "PI FASE BLOW" annears collect breath sample:	
" which I DEASE BEOW appears, confect of 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 simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator occurs first.	olic breath sulator tests,
I certify that on the 30 day of June, 2014 the forgoing preventive procedures were performed on the instrument indicated above, in accordance with current regulations of the Department of Health and Human Services, and the instrument is functioning properly.	maintenance e N.C.
THE STATE OF NO. 1712 STATE OF	
Signature of Certifying Official Certificate N	Ivan base

GASTON BAT MOBILE UNIT 11 350

Serial Number: 008973 Test Date: 06/30/2016

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: 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	Pass .00 .08	10:32pm 10:33pm 10:33pm 10:34pm
SUB TEST	.00	10:35pm
AIR BLK	.00	10:35pm
SUB TEST	.00	10:37pm
AIR BLK	.00	10:38pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## GASTON BAT MOBILE UNIT 11 350

Serial Number: 008973

Test Record Number: 160 Test Date: 06/30/2016 Test Time: 10:39pm EDT

System Check: Passed

### Baseline Tests

<del>Test </del>	<del>Status</del>	Time
1696	Blatus	TIME
IR	Pass	10:39pm
TT 0	_	
FLO	Pass	10:39pm
FC	Dage	_
r C	Pass	10:39pm

## Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	10:40pm

### Printer Tests

Test	Status	Time
PRNT	Pass	10:40pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:40pm

10:40pm

Preventive Maintenance Status: Pass

Pass

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

INTOXIMETERS, MODEL INTOX EC/IR II
County Ouilford Instrument Location Bat Mobile Uni
Instrument Serial No. <u>(M8580</u> <u>Unc</u> -G
Greensbord
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:
1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on the day of, 20 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C.
Department of Health and Human Services, and the instrument is functioning properly.
TO THE STATE OF A STAT
Signature of Certifying Official Certificate Number

#### GUILFORD COUNTY BAT MOBILE UNIT 10 400

Serial Number: 008580 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 AIR BLK	Pass .00 .07	11:07pm 11:08pm 11:08pm 11:09pm
SUB TEST	.00	11:10pm
AIR BLK	.00	11:11pm
SUB TEST	.00	11:13pm
AIR BLK	.00	11:14pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

GUILFORD COUNTY BAT MOBILE UNIT 10 400

Serial Number: 008580 Test Date: 06/17/2016

Test Record Number: 2282 Test Time: 11:17pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
-		
IR	Pass	11:17pm
FLO	Pass	11:17pm
FC	Pass	11:17pm

### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:17pm 11:17pm 11:17pm 11:18pm 11:18pm
		<u> </u>

#### Blank Tests

Test Status Time

AIR Pass 11:18pm

#### Printer Tests

Test Status Time

PRNT Pass 11:18pm

CRC Tests

Test Status Time

COMP Pass 11:18pm CAL Pass 11:18pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Instrument Serial No. The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 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 Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the day of. -- 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

GUILDORD COUNTY BAT MOBILE UNIT 10 400

Serial Number: 008779 Test Date: 06/17/2016

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

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

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

08/01/2015-08/01/2017

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	11:19pm 11:20pm 11:21pm 11:22pm
SUB TEST	.00	11:22pm
AIR BLK	.00	11:23pm
SUB TEST	.00	11:25pm
AIR BLK	.00	11:25pm

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

GUILDORD COUNTY BAT MOBILE UNIT 10 400

Serial Number: 008779

Test Record Number: 3429 Test Time: 11:26pm EDT

Test Date: 06/17/2016

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:27pm
FLO	Pass	11:27pm
FC	Pass	11:27pm
	2 4 5 5	11.2.Du
Temg	erature T	ests
Test	Status	Time
FC1	Pass	11.27mm
SRC	Pass	11:27pm
DET		11:27pm
	Pass	11:27pm
BAR	Pass	11:27pm
BT	Pass	11:27pm
E	lank Test:	3
Test	Status	Time
AIR	Pass	11:28pm
Pr	inter Test	s
Test	Status	Time
PRNT	Pass	11:28pm
CRC Tests		
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

11:28pm

11:28pm

COMP

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

INTOXIMETERS, MODEL INTOX EC/IR II
County Chilford Instrument Location Bot Mobile Uni
Instrument Serial No. 608584 LINC-6
Greensbord
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:
<ol> <li>Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;</li> </ol>
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on the
Department of fleatin and fluman Services, and the instrument is functioning property.
STATE ON VO
Signature of Certifying Official Certificate Number

GUILFORD COUNTY BAT MOBILE UNIT 10 400

Serial Number: 008584 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: AG517402 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG	Pass	11:29pm
AIR BLK	.00	11:30pm
ACCY CHK	.08	11:31pm
AIR BLK	.00	11:32pm
SUB TEST	.00	11:32pm
AIR BLK	.00	11:33pm
SUB TEST	.00	11:35pm
AIR BLK	.00	11:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Analyst

GUILFORD COUNTY BAT MOBILE UNIT 10 400

Serial Number: 008584 Test Record Number: 2112 Test Date: 06/17/2016 Test Time: 11:37pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:38pm
SRC	Pass	11:38pm
DET	Pass	11:38pm
BAR	Pass	11:38pm
BT	Pass	11:38pm

#### Blank Tests

Test	Status	Time
AIR	Pass	11:39pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:39pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

Onya Palyst

Analyst

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

County	Instrument Location Greensb	$\wp$ . )
	and I place	resolved /
Instrument Seria	INO. (1) O TO TO THE THORES	ICE CHENEROL.
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed	llowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath si 34 degrees, plus or minus .2 degree centigrade;	mulator 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 date simulator solution is being changed every four months or after 125 Alcohowhichever occurs first.	
I certify that on to procedures were Department of H	theday of, 20, 20 the forgoi performed on the instrument indicated above, in accordance with current relealth and Human Services, and the instrument is functioning properly.	ing preventive maintenance egulations of the N.C.
THE STATE OF A THE ST	Signature of Certifying Official	Certificate Number

GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725 Test Date: 06/14/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

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

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:52pm
AIR BLK	.00	3:53pm
ACCY CHK	.08	3:53pm
AIR BLK	.00	3:54pm
SUB TEST	.00	3:55pm
AIR BLK	.00	3:56pm
SUB TEST	.00	3:57pm
AIR BLK	.00	3:58pm

Reported AC, .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725 Test Date: 06/14/2016 Test Record Number: 3663

Test Time: 3:59pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:00pm
FLO	Pass	4:00pm
FC	Pass	4:00pm

#### Temperature Tests

Test	Status	Time
	_ 1	
FC1	Pass	4:00pm
SRC	Pass	4:00pm
DET	Pass	4:00pm
BAR	Pass	4:00pm
BT	Pass	4:00pm

#### Blank Tests

Status Time

4:00pm AIR Pass

Printer Tests

Test Status Time

PRNT Pass 4:00pm

CRC Tests

Test Status Time

COMP Pass 4:01pm CAL Pass 4:01pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	Dear Section 1	INTOXIMETERS, MODEL INTOX EC/IR II	1
	County 501	11-toRd Instrument Location UNC - GRO	eenshoro_
	Instrument Serial	al No. 008604 Police Departi	rit
	The preventive magnetic 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 simulat 34 degrees, plus or minus .2 degree centigrade;	or thermometer show
	2.	Verify instrument displays time and date;	
	3.	Initiate breath test sequence;	
	4.	Enter information as prompted;	
	5.	Verify instrument accuracy;	
	6.	When "PLEASE BLOW" appears, collect breath sample;	
	7.	When "PLEASE BLOW" appears, collect breath sample;	
	8.	Print test record;	
	9.	Verify Diagnostic Program; and	
	10.	Verify that the ethanol gas canister is being changed before expiration date, or the simulator solution is being changed every four months or after 125 Alcoholic Branchever occurs first.	ne alcoholic breath reath Simulator tests,
•		n the 14 day of June, 20/6 the forgoing pro	
2.	I certify that on the procedures were Department of H	n the	eventive maintenance ions of the N.C.
	OF THE STATE OF A	WORLD THE STATE OF	
	* SSE CHAN YORK	25 Levi Dear	642
		Signature of Certifying Official Ce	rtificate Number

GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604 Test Date: 06/14/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

L. Lunden Analyst

#### GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604 Test Date: 06/14/2016

Test Record Number: 1452 Test Time: 12:26pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test Status Time
AIR Pass 12:27pm

#### Printer Tests

Test Status Time
PRNT Pass 12:27pm

#### CRC Tests

Test Status Time

COMP Pass 12:27pm
CAL Pass 12:27pm

Preventive Maintenance Status: Pass

Analyst

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

County <u>Ha</u>	mest Instrument Location BAT Mobile Units
Instrument Ser	ial No. 008775 (oats P.D.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of H	
THE STATE OF A STATE O	Service Carolina Caro

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

Signature of Certifying Official

#### HARNETT COUNTY BAT MOBILE UNIT 8 420

Serial Number: 008775

Test Record Number: 1639
Test Time: 9:01pm EDT

Test Date: 06/24/2016

### System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:01pm
FLO	Pass	9:01pm
FC	Pass	9:01pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:02pm
SRC	Pass	9:02pm
DET	Pass	9:02pm
BAR	Pass	9:02pm
BT	Pass	9:02pm

#### Blank Tests

rest	Status	Time
AIR	Daga	0 - 02
AIK	Pass	9:02pm

#### Printer Tests

Status

Time

Test

PRNT	Pass	9:02pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:02pm 9:02pm

Preventive Maintenance Status: Pass

Analyst

HARNETT COUNTY BAT MOBILE UNIT 8 420

Serial Number: 008775 Test Date: 06/24/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SMITH, JASON R
Permit Number: 19145E
Effective:

/01/2016 02/01/0

03/01/2016-03/01/2018

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	9:05pm 9:06pm 9:06pm
AIR BLK	.00	9:07pm
SUB TEST AIR BLK	.00 .00	<b>9:08pm</b> 9:09pm
SUB TEST AIR BLK	.00	9:10pm

Reported AC: 00 g/210L

gnature of Chemical Analyst

Court CVR

Analyst

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

County Hay	wood Instrument Location Haywood Co. Jail
Instrument Seria	INO. 008714 Waynesuille NC
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
 2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	he <u>20</u> day of <u>June</u> , 20 <u>Ib</u> the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
TOSE OWN WINDS	Signature of Certifying Official  Certificate Number
	Signature of Certifying Official Certificate

#### HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714 Test Date: 06/20/2016

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

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

Subject's Sex: Male

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

Analyst's Name: CUTLER, DANIEL R

Permit Number: 8457E

Effective:

09/01/2015-09/01/2017

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	11:01am 11:03am 11:03am 11:04am
SUB TEST	.00	11:05am
AIR BLK	.00	11:06am
SUB TEST	.00	11:08am
AIR BLK	.00	11:09am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714 Test Date: 06/20/2016

Test Record Number: 1359
Test Time: 11:12am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time		
IR	Pass	11:13am		
FLO	Pass	11:13am		
FC	Pass	11:13am		
Temp	perature T	ests		
Test	Status	Time		
FC1	Pass	11:13am		
SRC	Pass	11:13am		
DET	Pass	11:13am		
BAR	Pass	11:13am		
BT	Pass	11:13am		
E	lank Test:	5		
Test	Status	Time		
AIR	Pass	11:14am		
Printer Tests				
Test	Status	Time		
PRNT	Pass	11:14am		
	CRC Tests			
Test	Status	Time		
COMP	Pass	11:14am		
CAL	Pass	11:14am 11:14am		
C2 311	TODD	TT: T4am		

Preventive Maintenance Status: Pass

Analyst

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

47	INTOXIMETERS, MODEL INTOX EC/IR II
County // Gy	Instrument Location Haywood Co. Jail
Instrument Ser	ial No. 008712 Waynesville, NC
<u> </u>	
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.
brocoggies were	the 20 day of Jane, 20/6 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
O THE STATE OF AN ANY 20, 1775 AND ANY 20, 1	Elif R. Cuther 635
	Signature of Certifying Official Certificate Number

#### HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712 Test Date: 06/20/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

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

09/01/2015-09/01/2017

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

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712

Test Record Number: 1741

Test Date: 06/20/2016

Test Time: 11:08am EDT

System Check: Passed

#### Baseline Tests

Status	Time
Pass	11:09am
Pass	11:09am
Pass	11:09am
	Pass Pass

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time	
		•	

AIR Pass 11:10am

#### Printer Tests

PRNT Pass 11:10am

CRC Tests

Test Status Time

COMP Pass 11:10am CAL Pass 11:10am

Preventive Maintenance Status: Pass

Analyst

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

and Ha	Instrument Location ROAMOKE RAPIDS PD
County <u>             </u>	Instrument Location NOAMORE NATION 12
 Instrument Seria	INO. 008635 1040 ROANOKE AVE ROANOKE RAPIPS, NO
The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
OF STATE OF	Bus D Smoth 637

HALIFAX CO ROANOKE RAPIDS PD 410

Serial Number: 008635 Test Date: 06/15/2016

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, 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: AG534802

Exp Date: 12/14/2017

Test g/210L Time

DIAG Pass 4:49pmAIR BLK .00 4:50pmACCY CHK .08 4:51pm AIR BLK .00 4:51pmSUB TEST .00 4:52pm AIR BLK .00 4:53pm SUB TEST .00 4:54pm AIR BLK .00 4:55pm

Reported AC:

.00 g/210L

Signature of Chemical Analyst

Court CVR

Due D

#### HALIFAX CO ROANOKE RAPIDS PD 410

Serial Number: 008635 Test Date: 06/15/2016 Test Record Number: 1525
Test Time: 4:56pm EDT

System Check: Passed

#### Baseline Tests

After the control of	-	
Test	Status	Time
IR FLO FC	Pass Pass Pass	4:57pm 4:57pm 4:57pm
Temp	perature To	ests
Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	4:57pm 4:57pm 4:57pm 4:57pm 4:57pm
E	Blank Tests	3
Test	Status	Time
AIR	Pass	4:57pm
Pr	inter Test	cs
Test	Status	Time
PRNT	Pass	4:58pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:58pm 4:58pm

Preventive Maintenance Status: Pass

Analyst

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

County //	ALIFAX	Instrument Location FOANOKE	
Instrument S	Serial No. <u>008656</u>	1040 ROANDIKE AVE R	GMBER RAPIDS, NO
The preventi	•	ne Intoximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ster displays pressure, or the alcoholic breat 2 degree centigrade;	h simulator thermometer shows
2.	Verify instrument displays	time and date;	
3.	Initiate breath test sequence	<b>.</b>	
4.	Enter information as promp	ted;	
5.	Verify instrument accuracy	,	
6.	When "PLEASE BLOW"	appears, collect breath sample;	
7.	When "PLEASE BLOW"	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program	; and	
10.		canister is being changed before expiration changed every four months or after 125 Alc	
procedures v		the for indicated above, in accordance with curren nd the instrument is functioning properly.	going preventive maintenance t regulations of the N.C.
WWD SECTOR CREATER		Signature of Certifying Official	637 Certificate Number

HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656 Test Date: 06/15/2016

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 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: AG534802 Exp Date: 12/14/2017

Test	g/210L	Time
DIAG	Pass	4:50pm
AIR BLK	.00	4:51pm
ACCY CHK	.07	4:51pm
AIR BLK	.00	4:52pm
SUB TEST	.00	4:53pm
AIR BLK	.00	4:54pm
SUB TEST	.00	4:55pm
AIR BLK	.00	4:56pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656

Test Record Number: 542

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:58pm
FLO	Pass	4:58pm
FC	Pass	4:58pm

#### Temperature Tests.

Test	Status	Time
FC1	Pass	4:58pm
SRC	Pass	4:58pm
DET	Pass	4:58pm
BAR	Pass	4:58pm
BT	Pass	4:58pm

#### Blank Tests

Test	Status	Time

AIR Pass 4:59pm

#### Printer Tests

Test	Status	Time

PRNT Pass 4:59pm

CRC Tests

Test Status Time

COMP Pass 4:59pm CAL Pass 4:59pm

Preventive Maintenance Status: Pass

Analyst

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

County	FALIFAX Instrument Location HALIFAX CO. S.O.
Instrument S	erial No. <u>008695</u> 355 FERREU LU HALIFAX, NC
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the
OF THE STATE OF TH	

HALIFAX CO. HALIFAX CO. SD 410

Serial Number: 008695 Test Date: 06/14/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Driver's License Number: NONE

Analyst's Name: 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: AG517402 Exp Date: 06/23/2017

Test

g/210L DIAG Pass 2:57pm AIR BLK 2:58pm .00 ACCY CHK .08 2:58pm AIR BLK .00 2:59pm SUB TEST .00 3:00pm AIR BLK .00 3:01pm

Time

SUB TEST .00 3:02pm AIR BLK .00 3:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

HALIFAX CO. HALIFAX CO. SD 410

Serial Number: 008695

Test Record Number: 2054

System Check: Passed

Baseline Tests

<del>Test</del>		— <del>[10]                                    </del>
TEST	Status	Time
TD	D	
<u></u>	Pass	-3:0.7pm
ET A	_	
FLO	Pass	3:07pm
T7 6		-
FC ·	Pass	3:07pm
	- 01.0.0	5, 0, pm

#### Temperature Tests

Test Status	Time
FC1 Pass SRC Pass DET Pass BAR Pass	3:07pm 3:07pm 3:07pm 3:07pm
BT Pass	3:07pm

#### Blank Tests

Test	Status	Time

AIR Pass 3:07pm

#### Printer Tests

rest	Status	Time
PRNT	Pass	3:07pm

#### CRC Tests

Test	Status	Time
COMP	Pass	3:08pm
CAL	Pass	3:08pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	farnety Instrument Location (SH) MODILE Unf
Instrument_S	erial No. 008775 (exts P.D
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on the
anneastin.	
STATE STATE OF THE	E & NORTH CAR DE LA CAR DE
A ESE QUAM	1111
	Signature of Certifying Official Certificate Number

#### HARNETT COUNTY BAT MOBILE UNIT 8 420

Serial Number: 008775

Test Record Number: 1639

Test Date: 06/24/2016

Test Time: 9:01pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time		
IR	Pass	9:01pm		
FLO	Pass	9:01pm		
FC	Pass	9:01pm		
Temperature Tests				
Test	Status	Time		
FC1	Pass	9:02pm		
SRC	Pass	9:02pm		
DET	Pass	9:02pm		
BAR	Pass	9:02pm		
BT	Pass	9:02pm		
Blank Tests				
Test	Status	Time		
AIR	Pass	9:02pm		
Printer Tests				
Test	Status	Time		
PRNT	Pass	9:02pm		
CRC Tests				
Test	Status	Time		

Preventive Maintenance Status: Pass

Pass

Pass

9:02pm

9:02pm

COMP

CAL

Analyst

HARNETT COUNTY BAT MOBILE UNIT 8 420

Serial Number: 008775 Test Date: 06/24/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: SMITH, JASON R

Permit Number: 19145E

Effective:

03/01/2016-03/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:05pm
AIR BLK	.00	9:06pm
ACCY CHK	.08	9:06pm
AIR BLK	.00	9:07pm
SUB TEST	.00	9:08pm
AIR BLK	.00	9:09pm
SUB TEST	.00	9:10pm
AIR BLK	.00	9:11pm

Reported AC:-.00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

Department of Health and Human Services

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
	County HARNE / Co. Instrument Location Dury Volice Dept.
	Instrument Serial No. 00%644 DUNN, NC.
•	
2	The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:
	<ol> <li>Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;</li> </ol>
٠	<ol> <li>Verify instrument displays time and date;</li> </ol>
٠	3. Initiate breath test sequence;
	4. Enter information as prompted;
	5. Verify instrument accuracy;
	6. When "PLEASE BLOW" appears, collect breath sample;
	7. When "PLEASE BLOW" appears, collect breath sample;
	8. Print test record;
	9. Verify Diagnostic Program; and
	10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	I certify that on the
	Signature of Certifying Official  Certificate Number

HARNETT COUNTY DUNN POLICE DEPT. 420

Serial Number: 008644 Test Date: 06/16/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Driver's License Number: NONE

Analyst's Name: 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 ACCY CHK	Pass .00 .08	1:01pm 1:02pm 1:03pm
AIR BLK SUB TEST	.00 .00	1:04pm 1:04pm
AIR BLK SUB TEST	.00 .00	1:05pm 1:07pm
AIR ÆLK	.00	1:07pm

Signature of Chemical Analyst

Court CVR

Analyst

#### HARNETT COUNTY DUNN POLICE DEPT. 420

Serial Number: 008644

Test Record Number: 1194

Test Date: 06/16/2016

Test Time: 1:08pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
	2000	•
IR	Pass	1:08pm
FLO	Pass	1:08pm
FC	Pass	1:08pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:08pm
SRC	Pass	1:08pm
DET	Pass	1:08pm
BAR	Pass	1:08pm
BT	Pass	1:08pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:09pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:09pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:09pm 1:09pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II mobile Unit 7 Instrument Location The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; Initiate breath test sequence; Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 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

## HARNETT COUNTY BAT MOBILE UNIT 7 420

Serial Number: 008968

Test Record Number: 160

Test Date: 06/10/2016

Test Time: 10:11pm EDT

System Check: Passed

Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1	Pass	10:12pm
SRC	Pass	10:12pm
DET	Pass	10:12pm
BAR	Pass	10:12pm
BT	Pass	10:12pm

#### Blank Tests

Test Status Time

AIR Pass 10:12pm

#### Printer Tests

Test Status Time

PRNT Pass 10:12pm

CRC Tests

Test Status Time

COMP Pass 10:12pm CAL Pass 10:12pm

Preventive Maintenance Status: Pass

Analyst

HARNETT COUNTY BAT MOBILE UNIT 7 420

Serial Number: 008968 Test Date: 06/10/2016

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

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

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

Analyst's Name: 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: AG425303 Exp Date: 10/10/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:16pm 10:16pm 10:17pm
AIR BLK	.00	10:18pm
SUB TEST	.00	10:18pm
AIR BLK	.00	10:19pm
SUB TEST	.00	10:21pm
AIR BLK	.00	10:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

, )	INTOXIMETERS, MODEL INTOX ECTR II
County_//	Instrument Location BAT Mobile Unit 7
Instrument Ser	rial No. 008969 Erwin P.D.
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o procedures we Department of	n the
OF CLASS OF THE STATE OF THE ST	Signature of Certifying Official Certificate Number

#### HARNETT COUNTY BAT MOBILE UNIT 7 420

Serial Number: 008969

Test Record Number: 161

Test Date: 06/10/2016

Test Time: 10:12pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test blacus iiii	Test	Status	Time
------------------	------	--------	------

AIR Pass 10:14pm

#### Printer Tests

Test	Status	Time

PRNT Pass 10:14pm

#### CRC Tests

Test	Status	Time

COMP Pass 10:14pm CAL Pass 10:14pm

Preventive Maintenance Status: Pass

Analyst

HARNETT COUNTY BAT MOBILE UNIT 7 420

Serial Number: 008969 Test Date: 06/10/2016

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: 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: AG425303 Exp Date: 10/10/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:19pm 10:20pm 10:21pm
AIR BLK	.00	10:21pm
SUB TEST	.00	10:22pm
AIR BLK	.00	10:23pm
SUB TEST	.00	10:25pm
AIR BLK	.00	10:26pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

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

	County	Hoke Co. Instrument Location Hoke C	sundy Detention CtR
	Instrument Se	O. D. D. O.	
1	The preventiv	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to	be followed at least once every
	1.	Verify the ethanol gas canister displays pressure, or the alcoholic by 34 degrees, plus or minus .2 degree centigrade;	reath simulator thermometer show
	2.	Verify instrument displays time and date;	
	3.	Initiate breath test sequence;	
	4.	Enter information as prompted;	
	5.	Verify instrument accuracy;	
٠	6.	When "PLEASE BLOW" appears, collect breath sample;	
	7.	When "PLEASE BLOW" appears, collect breath sample;	
	8.	Print test record;	
	9.	Verify Diagnostic Program; and	
	10.	Verify that the ethanol gas canister is being changed before expirati simulator solution is being changed every four months or after 125 whichever occurs first.	
		on the day of day of , 20 feethere performed on the instrument indicated above, in accordance with current Health and Human Services, and the instrument is functioning properly	
	CAN 12 TO THE STATE OF THE STAT		Certificate Number

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855 Test Date: 06/14/2016

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

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

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

Analyst's Name: KEE,
Permit Number:
Effective:
00/00/0000-00/00/0000

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	1:43pm 1:44pm
ACCY CHK	.07	1:45pm
AIR BLK SUB TEST	.00 .00	1:45pm 1:46pm
AIR BLK	.00	1:47pm
SUB TEST	.00	1:49pm
AIR BLK	.00	1:49pm

Reported AC:

00/g/210I

ignature of Chemical Analyst

Court CVR

Analyst

#### HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855

Test Record Number: 1151

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:51pm
F'LO	Pass	1:51pm
F.C	Pass	1:51pm

#### Temperature Tests

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

#### Blank Tests

rest	Status	Time
AIR	Pass	1:52pm

### Printer Tests

Test	Status	Time
PRNT	Fass	1:52pm

#### CRC Tests

Test	Status	Time
COMP	Pass	1:52pm
CAL	Pass	1:52pm

Preventive Maintenance Status: Pass

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

County	INTOXIMETERS, MODEL INTOX EC/IR II  Location Hoke County Detertion Che
Instrument Ser	ial No. 008852 RAR FORCE NC
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	theday of, 20 / the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
APRIL 2. UT	YOU CAROLINE
	Signature of Certifying Official Certificate Number

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852 Test Date: 06/14/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, 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	1:45pm 1:46pm
ACCY CHK	.08	1:47pm
AIR BLK	.00	1:48pm
SUB TEST	.00	1:49pm
AIR BLK	.00	1:50pm
SUB TEST	.00	1:52pm
ATR BLK	.00	1:53pm

Reported AC, A00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852

Test Record Number: 782

Test Date: 06/14/2016 Test Time: 1:54pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:54pm
FLO	Pass	1:54pm
FC	Pass	1:55pm

### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass	1:55pm 1:55pm 1:55pm 1:55pm
DΙ	Pass	1:55pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:55pm

### Printer Tests

Test	Status	Time
PRNT	Pass	1:55pm
	CRC Tests	
Test	Status	Time

COMP	Pass	1:55pm
CAL	Pass	1:55pm

Preventive Maintenance Status: Pass

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

County Hy	Instrument Location Hyde (v.	5.0,
Instrument Seri	erial No. 008801 1233 Main St., Swa	n Quarter,
		<u> </u>
The preventive four months are		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simu 34 degrees, plus or minus .2 degree centigrade;	ulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	:
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	•
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, simulator solution is being changed every four months or after 125 Alcohol whichever occurs first.	or the alcoholic breath ic Breath Simulator tests
I certify that of procedures we Department of	t on theday of, 20/6 the forgoin were performed on the instrument indicated above, in accordance with current reg t of Health and Human Services, and the instrument is functioning properly.	g preventive maintenand gulations of the N.C.
The state of the s		
STATE STATE	ME ON TO THE OWNER OF THE OWNER OF THE OWNER OWN	
APRIL 12. TI	William A A A A A A A A A A A A A A A A A A A	643
WAND STATE	Signature of Certifying Official	

DHHS 4080 (11/07)

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801 Test Date: 06/09/2016

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: 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	Pass	10:02am 10:03am
ACCY CHK	.08	10:03am
AIR BLK	.00	10:05am
SUB TEST AIR BLK	.00 .00	10:05am 10:06am
SUB TEST	.00	10:08am
ATR BLK	. 00	10:09am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801 Test Record Number: 391

System Check: Passed

Baseline Tests

Test	Status	Time
	_	
IR	Pass	10:11am
${ t FLO}$	Pass	10:11am
FC	Pass	10:11am

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:11am

#### Printer Tests

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

lest	Status IIMe	
COMP	Pass	10:12am
CAL	Pass	10:12am

Preventive Maintenance Status: Pass

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

	INTO MINIETERS, MODEL INTO A EC/IR II
County //e	nclerson (o Dentarty)
Instrument Se	rial No. 0089/6 Henclessen Ville, NC
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures we Department of	n the
STATE OF THE STATE	Signature of Certifying Official Certificate Number

#### HENDERSON COUNTY DENTENTION 440

Serial Number: 008916 Test Date: 06/16/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2015-05/01/2017

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	2:01pm 2:02pm
ACCY CHK	.08	2:02pm
AIR BLK	.00	2:04pm
SUB TEST	.00	2:04pm
AIR BLK	.00	2:05pm
SUB TEST	.00	2:06pm
AIR BLK	.00	2:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### HENDERSON COUNTY DENTENTION 440

Serial Number: 008916

Test Record Number: 1157

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:09pm
FLO	Pass	2:09pm
FC	Pass	2:09pm

#### Temperature Tests

Test	Status	Time	
FC1	Pass	2:09pm	
SRC	Pass	2:09pm	
DET	Pass	2:09pm	
BAR	Pass	2:09pm	
$\mathtt{BT}$	Pass	2:09pm	

#### Blank Tests

rest	Status	TTILLE
AIR	Pass	2:09pm

Ctatua

#### Printer Tests

Tesc	Status	rrme
PRNT	Pass	2:09pm

### CRC Tests

rest	Status	Time
COMP	Pass	2:10pm
CAL	Pass	2:10pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

		' MIOVIMETE	KS, MODEL INTOX ECO	
	County 1	edell	Instrument Location ( )	resville PU
	Instrument Seria	1No. <u>008685</u>	250 W. Indell	Ave., Mooresville
	•••			
	The preventive n four months are:	naintenance procedures for the I	ntoximeters, Model Intox EC/IR II to b	e followed at least once every
	1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic brea egree centigrade;	th simulator thermometer show
	2.	Verify instrument displays tim	e and date;	
	3.	Initiate breath test sequence;		
	4.	Enter information as prompted	,	
	5.	Verify instrument accuracy;		
	6.	When "PLEASE BLOW" app	ears, collect breath sample;	
jir V	7.	When "PLEASE BLOW" app	ears, collect breath sample;	
	8.	Print test record;		
	9.	Verify Diagnostic Program; an	d ·	
	10.		ister is being changed before expiration nged every four months or after 125 Al	
	procedures were		the folicated above, in accordance with curre the instrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
	THE STATE OF NO.	Sign Carolina Sign	nature of Cerpifying Official	656 Certificate Number

### IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008685

Test Record Number: 2547 Test Date: 06/29/2016 Test Time: 10:35am EDT

System Check: Passed

Baseline Tests

Test	est Status	
IR	Pass	-10:36am
FLO	Pass	10:36am
FC	Pass	10:35am
T'emp	erature Te	980s
Test	Status	Time
FCL	Pass	10:36am
SRC	Pass	
DE'F	Pass	10:36am
BAR	Pass	10:36am
BT	Pass	10:36am
B Test	lank Tests Status	Time
AITR	Pass	10:37 <b>am</b>
Px	inter Test	IS
Test	Status	Time
PRNT	Pass	10:37am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:37am 10:37am

Preventive Maintenance Status: Pass

Analyst

IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008685 Test Date: 06/29/2016

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: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2016-01/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG607601 - Exp Dage: 03/16/2018

Test	g/210L	Time
DIAG	Pass	10:39am
AIR BLK	.00	10:40am
ACCY CHK	.08	10:40am
AIR BLK	.00	10:41am
SUB TEST	.00	10:42am
AIR BLK	.00	10:43am
SUB TEST	.00	10:45am
AIR BLK	.00	10:46am

Reported AC: . 00 g/210L

Signature of Chemic Analyst

Count CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County )	011.EJ		Instrument Locati	on BAT	MorsiLE	DUIT
Instrument Seri	al No. <u> </u>	016		Kin	5 TON, N	C
				un.		
The preventive four months are		edures for the Intox	imeters, Model In	tox EC/IR II to b	e followed at least	once every
1.	Verify the ethar 34 degrees, plus	nol gas canister disp s or minus .2 degree	lays pressure, or to centigrade;	the alcoholic brea	th simulator therm	ometer shows
2.	Verify instrume	nt displays time an	d date;			
3.	Initiate breath t	est sequence;				
4.	Enter informati	on as prompted;				e e e e e e e e e e e e e e e e e e e
5.	Verify instrume	ent accuracy;			1	
6.	When "PLEAS	E BLOW" appears	, collect breath sa	mple;	and proposed	
7.	When "PLEAS	E BLOW" appears	, collect breath sa	mple;	A Commence of the Commence of	
8.	Print test record	ı;				
9.	Verify Diagnos	tic Program; and				
10.	Verify that the simulator solut whichever occur	ethanol gas canister ion is being change irs first.	is being changed d every four mont	before expiration hs or after 125 A	n date, or the alcoholic Breath Sin	olic breath nulator tests,
	A chis	on a resultable distribution of the second		1/		
I certify that or	n the	day of	1 と ted above, in acco	, 20 / 🏎 the for	orgoing preventive ent regulations of th	maintenance ne N.C.
Department of	Health and Huma	n Services, and the	instrument is func	tioning properly.	-	
OF THE STATE O	NOP					
	CA	***				
		n 1	Q			
APRIL 12, UTB	M. *	Ilm &	1. R.		(_6	18
		Signati	ire of Certifying C	Official	Certificate	Number

JONES COUNTY BAT MOBILE UNIT 9 510

Serial Number: 008616 Test Date: 06/10/2016

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

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

08/01/2015-08/01/2017

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	11:39pm 11:40pm 11:40pm 11:41pm
SUB TEST	.00	11:42pm
AIR BLK SUB TEST	.00 .00	11:43pm 11:44pm
AIR BLK	.00	11:45pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### JONES COUNTY BAT MOBILE UNIT 9 510

Serial Number: 008616 Test Date: 06/10/2016 Test Record Number: 2225
Test Time: 11:54pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time	
 IR FLO	Pass Pass	11:54pm 11:54pm	
FC	Pass	11:54pm	
Tempe:	rature Te	sts	ş
Test	Status	Time	
FC1 SRC DET	Pass Pass Pass	11:54pm 11:54pm 11:54pm	
BAR BT	Pass Pass	11:54pm 11:54pm	
Bla	ank Tests		
Test	Status	Time	
AIR	Pass	11:55pm	
Pri	nter Test	s	
Test	Status	Time	
PRNT	Pass	11:55pm	
C	RC Tests		ţ
Test	Status	Time	
COMP CAL	Pass Pass	11:55pm 11:55pm	

Preventive Maintenance Status: Pass

Analyst

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

County	Towes Instrument Location Jones County
Instrument Se	erial No. 008705 SHERIFF'S OFFICE
The preventiv	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer should degree, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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 <u>J</u> day of <u>JUIUE</u> , 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.
THE STATE OF THE S	
	Signature of Certifying Official Certificate Number

JONES COUNTY JONES COUNTY SD 510

Serial Number: 008705 Test Date: 06/24/2016

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HALL, RANDY E Permit Number: 3462E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

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

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Karl E-Half Analyst

Rev. 12/2007

#### JONES COUNTY JONES COUNTY SD 510

Serial Number: 008705 Test Record Number: 1059 Test Date: 06/24/2016

Test Time: 12:49pm EDT

System Check: Passed

### Baseline Tests

	•	
Test	Status	Time
IR FLO FC	Pass Pass Pass	12:49pm 12:49pm 12:49pm
Temp	erature Te	ests
Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:50pm 12:50pm 12:50pm 12:50pm 12:50pm
В.	lank Tests	5
Test	Status	Time
AIR	Pass	12:50pm
Pr	inter Test	s
Test	Status	Time
PRNT	Pass	12:50pm
CRC Tests		
Test	Status	Time
COMP CAL	Pass Pass	12:50pm 12:50pm

Preventive Maintenance Status: Pass

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

^	11 OAIMETERS, MODEL INTOX EC/IR II
County	Mexander Instrument Location Alexander County SD
Instrument S	erial No. <u>608813</u> 91 Commercial Park Ave., Taylors
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 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
<b>10.</b>	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o procedures we Department of	n the
THE STATE OF THE S	NO PLANTAGE AND A STATE OF THE PARTY OF THE

Signature of Certifying Official

Certificate Number

# ALEXANDER COUNTY ALEXANDER COUNTY SD 010

Serial Number: 008813 Test Date: 06/03/2016

Test Record Number: 1480 Test Time: 2:44pm EDT

System Check: Passed

### Baseline Tests

	•	
Test	Status	Time
IR FLO FC	Pass Pass Pass	2:45pm 2:45pm 2:45pm
Tem	perature T	ests
Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	2:45pm 2:45pm 2:45pm 2:45pm 2:45pm
E	Blank Test:	5
Test	Status	Time
AIR	Pass	2:45pm
Pr	inter Test	s
Test	Status	Time
PRNT	Pass	2:45pm
CRC Tests		
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

2:46pm

2:46pm

COMP

CAL

Analyst

ALEXANDER COUNTY ALEXANDER COUNTY SD 010

Serial Number: 008813 Test Date: 06/03/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

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

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

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

Test	g/210L	Time
DIAG	Pass	2:48pm
AIR BLK	.00	2:49pm
ACCY CHK	.07	2:49pm
AIR BLK	.00	2:50pm
SUB TEST	.00	2:51pm
AIR BLK	.00	2:52pm
SUB TEST	.00	2:53pm
AIR BLK	.00	2:54pm

Reported AC: .00 g/210L

Signature of Chemical

Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location_ Instrument Serial No. 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; 3. Initiate breath test sequence; Enter information as prompted; 4. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; 7. 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

ALLEGHANY COUNTY ALLEGHANY CO JAIL 020

Serial Number: 008890 Test Date: 06/16/2016

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

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

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

Analyst's Name: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

09/01/2014-09/01/2016

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:41am
AIR BLK	.00	10:41am
ACCY CHK	.07	10:42am
AIR BLK	.00	10:43am
SUB TEST	.00	10:43am
AIR BLK	.00	10:45am
SUB TEST	.00	10:46am
AIR BLK/	.00	10:47am

Reported AC: ,90 g/2101,

signature of Chemidal 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

## ALLEGHANY COUNTY ALLEGHANY CO JAIL 020

Serial Number: 008890 Test Date: 06/16/2016

Test Record Number: 598
Test Time: 10:48am EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	10:49am
FLO	Pass	10:49am
FC	Pass	10:49am

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	10:49am 10:49am 10:49am 10:49am
BT	Pass	10:49am

#### Blank Tests

Test Status Time
AIR Pass 10:50am

#### Printer Tests

Test Status Time

PRNT Pass 10:50am

CRC Tests

Test Status Time

COMP Pass 10:50am

CAL Pass 10:50am

Preventive Maintenance Status: Pass

Anglyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County She Instrument Location She County Jail

Instrument Serial No. 008849 Jefferson, No.

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

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

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



Signature of Certifying Official

Certificate Number

ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849 Test Date: 06/16/2016

Citation Number: M0000000-0

___Subject's Name: _PREVENTIVE, MAINTENANCE

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

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

Driver's License Number: NONE

Analyst's Name: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

09/01/2014-09/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:55am 11:55am
ACCY CHK	.07	11:56am
AIR BLK	.00	11:57am
SUB TEST	.00	11:57am
AIR BLK	.00	11:58am
SUB TEST	.00	12:00pm
ATR BLK	- 0.0	$12 \cdot 0.0$ pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849 Test Date: 06/16/2016

Test Record Number: 983 Test Time: 12:02pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time	
IR FLO FC	Pass Pass Pass	12:02pm 12:02pm 12:02pm	
Temperature Tests			
Test	Status	Time	

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:02pm 12:02pm 12:02pm 12:02pm 12:02pm

#### Blank Tests

Test	Status	Time
ATR	Pass	12 · 03 mm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:03pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:03pm 12:03pm

Preventive Maintenance Status: Pass

**Analyst** 

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

<i>a</i> .	INTOXIMETERS, MODEL INTOX EC/II	K II
County Ave.	Instrument Location Avery	Co. Jail
Instrument Seria	No. OO 89/1 Newland	, 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 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	
	Verify that the ethanol gas canister is being changed before expiration da simulator solution is being changed every four months or after 125 Alcohwhichever occurs first.	te, or the alcoholic breath nolic Breath Simulator tests,
I certify that on the procedures were properties to the Department of He	e	ing preventive maintenance egulations of the N.C.
THE STATE OF THE S	LAROUM CAROLING	
ON A COUNTY OF THE PROPERTY OF		649
	Signature of Certifying Official	Certificate Number

AVERY COUNTY AVERY COUNTY JAIL 50

Serial Number: 008911 Test Date: 06/27/2016

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	Pass .00 .07	11:42am 11:43am 11:44am
AIR BLK	.00	11:45am
SUB TEST	.00	11:45am
AIR BLK	.00	11:46am
SUB TEST	.00	11:47am
AIR BLK	.00	11:48am

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

## AVERY COUNTY AVERY COUNTY JAIL 50

Serial Number: 008911 Test Date: 06/27/2016

Test Record Number: 535 Test Time: 11:49am EDT

System Check: Passed

## Baseline Tests

Test	Status	Time	
IR FLO FC	Pass Pass Pass	11:49am 11:49am 11:50am	
Temp	erature T	ests	
Test	Status	Time	
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:50am 11:50am 11:50am 11:50am 11:50am	
В	lank Tests	3	
Test	Status	Time	
AIR	Pass	11:50am	
Printer Tests			
Test	Status	Time	
PRNT	Pass	11:50am	
CRC Tests			
Test	Status	Time	

Preventive Maintenance Status: Pass

Pass

Pass

11:50am

11:50am

COMP

CAL

Analyst

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

÷	County 1/2	Instrument Location Avery Co. Jail
	Instrument Seri	al No. 008664 Newland, 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;
wl." Lak	7.	When "PLEASE BLOW" appears, collect breath sample;
3 .	8.	Print test record;
	9.	Verify Diagnostic Program; and
	10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
		the
	THE STATE OF THE	CAROLL SALVO
i Sas Mari		Signature of Certifying Official Certificate Number

#### AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664 Test Date: 06/06/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

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

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

Analyst

Department of Health and Human Services Rev. 12/2007

## AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664

Test Record Number: 807

Test Date: 06/06/2016

Test Time: 11:13am EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
TD		
IR FLO	Pass Pass	11:13am
FC	Pass	11:13am 11:13am
	Lass	TT.TJan

## Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	11:13am 11:13am 11:13am 11:13am
BT	Pass	11:13am

#### Blank Tests

Test Status Time

AIR Pass 11:14am

## Printer Tests

Test Status Time

PRNT Pass 11:14am

CRC Tests

Test Status Time

COMP Pass 11:14am CAL Pass 11:14am

Preventive Maintenance Status: Pass

Analyst

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

County	eautor Instrument Location Beautor Co. Courthau
Instrument S	erial No. 008909 102 E. DAR ST., Washington, No.
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 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 are 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.
all manual.	
STATE OF THE STATE	
AUT GIVAN AL	Jaco Keer C47
*	Signature of Certifying Official Certificate Number

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909 Test Date: 06/27/2016

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, 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	Pass	2:05pm 2:06pm
ACCY CHK	.08	2:07pm
AIR BLK	.00	2:08pm
SUB TEST	.00	2:08pm
AIR BLK	.00	2:09pm
SUB TEST	.00	2:11pm
AIR BLK	.00	2:12pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909

Test Record Number: 2471 Test Date: 06/27/2016 Test Time: 2:12pm EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	2:13pm
SRC	Pass	2:13pm
DET	Pass	2:13pm
BAR	Pass	2:13pm
BT	Pass	2:13pm

### Blank Tests

IESU	Status	TIME
AIR	Pass	2:14pm

## Printer Tests

Test	Status	Time
PRNT	Pass	2:14pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:14pm 2:14pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD

		Lexical	INTOXIMET	ERS, MODEL INTOX EQ	Z/IR II
	Cour	nty	Sladen	Instrument Location	when County
	Instr	ument Se	erial No. <u>008894</u>	Sherift	Dept
		preventiv	-	Intoximeters, Model Intox EC/IR II to	be followed at least once every
		1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2	er displays pressure, or the alcoholic budegree centigrade;	reath simulator thermometer shows
		2.	Verify instrument displays til	me and date;	
	-	3.	Initiate breath test sequence;	•	
		4.	Enter information as prompte	ed;	·
		5.	Verify instrument accuracy;		
	:/ -s	6.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
Ÿ		7.	When "PLEASE BLOW" ap	opears, collect breath sample;	
		8.	Print test record;		
		9.	Verify Diagnostic Program;	and	
		10.	Verify that the ethanol gas ca simulator solution is being cl whichever occurs first.	anister is being changed before expirati hanged every four months or after 125	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
	proc	edures w	on theday of were performed on the instrument i of Health and Human Services, an	, 20 / c the indicated above, in accordance with cur d the instrument is functioning properi	forgoing preventive maintenance rrent regulations of the N.C.
		annum or a	999		
		OF THE STATE	E OF A CAP		
	REALS				
	WHI.			A port	/
	· Ville	* ESSE QUAM V	WIDER A	a Manda	601
			S	ignature of Certifying Official	Certificate Number

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008894 Test Date: 06/22/2016

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: RHODES, KENNETH C

Permit Number: 5329E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	3:11pm 3:12pm 3:13pm 3:14pm
SUB TEST	.00	3:15pm
AIR BLK	.00	3:15pm
SUB TEST	.00	3:18pm
ATR BLK	. 0.0	3:1.800m

Reported AC:

00 g/2/1/1

Signature of Chemical Analyst

Court CVR

Z. C. Knalyst

## BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008894

Test Record Number: 806
Test Time: 3:28pm EDT

Test Date: 06/22/2016

_ .

System Check: Passed

## Baseline Tests

Test S	Status	Time
FLO F	ass ass ass	3:29pm 3:29pm 3:29pm

## Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	3:29pm 3:29pm
DET	Pass	3:29pm
BAR BT	Pass Pass	3:29pm 3:29pm
		~ . ~

### Blank Tests

Test	Status	Time
AIR	Pass	3:29pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:29pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:30pm

Preventive Maintenance Status: Pass

Pass

3:30pm

CAL

K.C. Malyst

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

	INTOXIMETERS, MODEL INTOX EC/IR	II ,
County_	Brunswick Instrument Location 0910	ISland
Instrume	nt Serial No. <u>008648</u>	Dest
The prev	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be foll ths are:	lowed at least once every
%;t <b>1.</b>	Verify the ethanol gas canister displays pressure, or the alcoholic breath sin 34 degrees, plus or minus .2 degree centigrade;	mulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	a de la companya de
5.	Verify instrument accuracy;	. <b>A.</b>
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 expiration date simulator solution is being changed every four months or after 125 Alcohowhichever occurs first.	e, or the alcoholic breath blic Breath Simulator tests,
procedu	that on the	ng preventive maintenance gulations of the N.C.
SA CAREATORY SEA	STATE OF THE STATE	Certificate Number

BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648 Test Date: 06/27/2016

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: RHODES, KENNETH C

Permit Number: 5329E

Effective:

08/01/2015-08/01/2017

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

Test Type: Breath Test

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

~/01AT

Test	g/210L	Time
DIAG	Pass	1:18pm
AIR BLK	.00	1:19pm
ACCY CHK	.07	1:19pm
AIR BLK	.00	1:20pm
SUB TEST	.00	1:21pm
AIR BLK	.00	1:22pm
SUB TEST	.00	1:23pm
AIR BLK	.00	1:24pm

Reported AC:

.9₁0/2/210**L**/

md mo

Signature of Chemical Analyst

Court CVR

## BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648 Test Date: 06/27/2016

Test Record Number: 1426
Test Time: 1:24pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:25pm
FLO	Pass	1:25pm
FC	Pass	1:25pm
Temp	perature T	ests
Test	Status	Time
FC1	Pass	1:25pm
SRC	Pass	1:25pm
DET	Pass	1:25pm
BAR	Pass	1:25pm
BT	Pass	1:25pm
E	Blank Test:	5
Test	Status	Time
AIR	Pass	1:26pm
Pr	inter Test	s
Test	Status	Time
PRNT	Pass	1:26pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:26pm

Preventive Maintenance Status: Pass

Pass

1:26pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

-	INTOXIMETERS, MODEL INTOX EC/IR II
County Sci	11 Swick Instrument Location Sunset 1509
Instrument Serial No.	008874 Police Departme
The preventive mainte four months are:	nance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
	fy the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows egrees, plus or minus .2 degree centigrade;
2. Veri	fy instrument displays time and date;
3. Initia	ate breath test sequence;
4. Ente	r information as prompted;
5. Veri	fy instrument accuracy;
6. Whe	n "PLEASE BLOW" appears, collect breath sample;
7. Whe	n "PLEASE BLOW" appears, collect breath sample;
8. Print	test record;
9. Veri	fy Diagnostic Program; and
simu	fy that the ethanol gas canister is being changed before expiration date, or the alcoholic breath lator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, hever occurs first.
	day of, 20 // the forgoing preventive maintenance rmed on the instrument indicated above, in accordance with current regulations of the N.C. and Human Services, and the instrument is functioning properly.
O' THE STATE OF NO. 1775 NO. 1	Signature of Certifying Official Certificate Number

BRUNSWICK COUNTY SUNSET BEACH PD 090

Serial Number: 008874 Test Date: 06/29/2016

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: RHODES, KENNETH C

Permit Number: 5329E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

g/210L Time Test 11:29am DIAG Pass 11:29am .00 AIR BLK ACCY CHK .08 11:30am AIR BLK .00 11:31am SUB TEST .00 11:31am 11:32am AIR BLK .00 11:34am SUB TEST .00 AIR BLK .00 11:35am

Reported AC: .00/g/210L

Signature of Chemical Analyst

Court CVR

K.C. Meda Analyst

## BRUNSWICK COUNTY SUNSET BEACH PD 090

Serial Number: 008874 Test Date: 06/29/2016

Test Record Number: 527
Test Time: 11:36am EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

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

## Blank Tests

"l'est	Status	Time	
AIR	Pass	11:37am	ş

#### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

Pass ·

11:37am

11:37am

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

		INTOXIMETERS, MODEL INTOX EC/IR II	
(	County	Sunswick Instrument Location Brunsa	1. CR Lean
]	Instrument Seri	ial No. 008585 Sheriffs De	Dutment
-	The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followere:	
	1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simula 34 degrees, plus or minus .2 degree centigrade;	ator thermometer snows
	2.	Verify instrument displays time and date;	
	3.	Initiate breath test sequence;	
	4.	Enter information as prompted;	
	5.	Verify instrument accuracy;	
i. E	6.	When "PLEASE BLOW" appears, collect breath sample;	
<u> </u>	7.	When "PLEASE BLOW" appears, collect breath sample;	
	8.	Print test record;	
	9.	Verify Diagnostic Program; and	ut a alaahalia braath
	10.	Verify that the ethanol gas canister is being changed before expiration date, or simulator solution is being changed every four months or after 125 Alcoholic whichever occurs first.	Breath Simulator tests,
	I certify that procedures v	ton the	preventive maintenance lations of the N.C.
	STATE OF THE STATE	Signature of Certifying Official	Certificate Number

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008585 Test Date: 06/29/2016

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: RHODES, KENNETH C

Permit Number: 5329E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00 .00 .00	3:47pm 3:48pm 3:48pm 3:49pm 3:50pm 3:51pm 3:54pm 3:55pm
:		2.25pm

Reported AC:

*\$*9/g/210<u>J</u>

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

## BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008585

Test Record Number: 3498 Test Time: 3:57pm EDT

Test Date: 06/29/2016

System Check: Passed

## Baseline Tests

Test	Status	Time
TR.		
±11.	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	Dagg	2

AIR Pass 3:58pm

## Printer Tests

Test	Status	Time
PRNT	Pass	3:58pm
	CD C -	

## CRC Tests

Test	Status	Time
COMP	Pass	3:58pm
CAL	Pass	3:58pm

Preventive Maintenance Status: Pass

La Colloda Malyst

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



Signature of Certifying Official

Certificate Number

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008818 Test Date: 06/22/2016

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: RHODES, KENNETH C

Permit Number: 5329E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:07pm
AIR BLK	.00	3:08pm
ACCY CHK	.08	3:08pm
AIR BLK	.00	3:09pm
SUB TEST	.00	3:10pm
AIR BLK	.00	3:11pm
SUB TEST	.00	3:12pm
AIR BLK	.00	3:13pm

Reported AC: .00 a/2

Signature of Chemical

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

## BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008818 Test Date: 06/22/2016

Test Record Number: 1234 Test Time: 3:16pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time	
IR FLO FC	Pass Pass Pass	3:16pm 3:16pm 3:16pm	
Tem <u>r</u>	erature Te	ests	
Test	Status	Time	
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	3:16pm 3:16pm 3:16pm 3:16pm 3:16pm	
E	Bl <b>an</b> k Tests	3	
Test	Status	Time	
AIR	Pass	3: <b>17pm</b>	
Printer Tests			
Test	Status	Time	
PRNT	Pass	3:17pm	
CRC Tests			
Test	Status	Time	
COMP	Pass	3:17pm	

Preventive Maintenance Status: Pass

Pass

3:17pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Sajick Instrument Location Surick County

Of Old Old Color County

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

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

I certify that on the ______ day of _______, 20 _____ the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

periode partitions in

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008602 Test Date: 06/29/2016

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: RHODES, KENNETH C

Permit Number: 5329E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:59pm
AIR BLK	.00	4,:00pm
ACCY CHK	.08	4:00pm
AIR BLK	.00	4:02pm
SUB TEST	.00	4:02pm
AIR BLK	.00	4:03pm
SUB TEST	.00	4:05pm
ATR BIK	.00	4:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## Analyst

## BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008602

Test Record Number: 3580

Test Date: 06/29/2016 Test Time: 4:06pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time	
IR	Pass	4:07pm	
FLO	Pass	4:07pm	
FC	Pass	4:07pm	
	Labb	4:0/piii	
Temp	erature Te	ests	
Test	Status	Time	
FC1	Pass	4:07pm	
SRC	Pass		
		4:07pm	
DET	Pass	4:07 $p$ m	
BAR	Pass	4:07 pm	
$\mathtt{BT}$	Pass	4:07pm	
В	lank Tests		
Test	Status.	Time	
AIR	Pass	4:07pm	
Printer Tests			
Test	Status	Time	

PRNT	Pass	4:08pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:08pm 4:08pm

Preventive Maintenance Status: Pass

4:08pm

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

County /	Vocavibe Instrument Location Buncante Co. Jail
Instrument Se	erial No. 00 8631 Asheville, NE
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 shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the
STATE STATE OF THE	649
	Signature of Certifying Official Certificate Number

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL
100

Serial Number: 008631 Test Date: 06/23/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2015-05/01/2017

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:23pm
AIR BLK	.00	2:24pm
ACCY CHK	.07	2:24pm
AIR BLK	.00	2:25pm
SUB TEST	.00	2:26pm
AIR BLK	.00	2:27pm
SUB TEST	.00	2:29pm
AIR BLK	.00	2:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008631

Test Record Number: 4455

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:35pm
FLO	Pass	2:35pm
FC	Pass	2:35pm

## Temperature Tests

Test	Status	Time
FC1	Pass	2:36pm
SRC	Pass	2:36pm
DET	Pass	2:36pm
BAR	Pass	2:36pm
BT	Pass	2:36pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:36pm

#### Printer Tests

Test	Status	Time
PRNT	Pass .	2:36pm
	CRC Tests	
Test	Status	Time

2:36pm COMP Pass Pass 2:36pm CAL

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

INTOXIMETERS, MODEL INTOX EC/IR	<b>II</b>
County JUNCOMBE Instrument Location SUNCOM	Se Co. Jail
Instrument Serial No. 008793 Ashevitle	2,1/2
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be for four months are:	bllowed at least once every
<ol> <li>Verify the ethanol gas canister displays pressure, or the alcoholic breath s</li> <li>34 degrees, plus or minus .2 degree centigrade;</li> </ol>	simulator thermometer show
<ol> <li>Verify instrument displays time and date;</li> </ol>	
3. Initiate breath test sequence;	
4. Enter information as prompted;	
5. Verify instrument accuracy;	
6. When "PLEASE BLOW" appears, collect breath sample;	
7. When "PLEASE BLOW" appears, collect breath sample;	
8. Print test record;	
9. Verify Diagnostic Program; and	:
10. Verify that the ethanol gas canister is being changed before expiration da simulator solution is being changed every four months or after 125 Alcoh whichever occurs first.	te, or the alcoholic breath nolic Breath Simulator tests,
I certify that on the	oing preventive maintenance regulations of the N.C.
TANK COLAM YOUR STATE OF NO ST	
Signature of Certifying Official	Certificate Number

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008798 Test Date: 06/23/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2015-05/01/2017

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	2:18pm 2:19pm 2:20pm
AIR BLK	.00	2:21pm
SUB TEST	.00	2:22pm
AIR BLK	.00	2:23pm
SUB TEST	.00	2:24pm
AIR BLK	.00	2:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008798 Test Date: 06/23/2016

Test Record Number: 3793
Test Time: 2:35pm EDT

est Date: 06/23/2016 Test Time: 2

System Check: Passed

#### Baseline Tests

Test	Status	Time	
IR FLO FC	Pass Pass Pass erature Te	2:35pm 2:35pm 2:35pm	
_			
Test	Status	Time	
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	2:36pm 2:36pm 2:36pm 2:36pm 2:36pm	
Blank Tests			
Test	Status	Time	
AIR	Pass	2:36pm	
Printer Tests			
Test	Status	Time	
PRNT	Pass	2:36pm	
CRC Tests			

Preventive Maintenance Status: Pass

Pass

Pass

Status

Test

COMP

CAL

Time

2:36pm

2:36pm

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
	County BRUNSWICK Instrument Location BAT MOBILE UNIT
	Instrument Serial No. 008707 OAK ISLAND, NC
	The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:
1	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;
٠.	6. When "PLEASE BLOW" appears, collect breath sample;
	7. When "PLEASE BLOW" appears, collect breath sample;
	8. Print test record;
	9. Verify Diagnostic Program; and
	10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	I certify that on the
	The STATE of NO. 1775 OF NO. 1
	Signature of Certifying Official Certificate Number

BRUNSWICK COUNTY BAT MOBILE UNIT 9 090

Serial Number: 008707 Test Date: 06/25/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: 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

g/210L	Time
Pass	8:43pm 8:44pm
.08	8:45pm
.00	8:46pm
.00	8:47pm
.00	8:47pm
.00	8:49pm
.00	8:50pm
	Pass .00 .08 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BRUNSWICK COUNTY BAT MOBILE UNIT 9 090

Serial Number: 008707

Test Record Number: 2319

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	8:52pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:52pm
	CRC Tests	
Test	Status	Time
COMP	Pass	8:52pm

Preventive Maintenance Status: Pass

Pass

8:52pm

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

	INTOXIMETERS, MODEL INTOX EC/IR II
County Ky	Instrument Location Service (0.5.0)
Instrument Se	erial No. 008897 104 Dundee St, Windsor, NC
The preventiv	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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.
	and -
I certify that of procedures we Department of	on the
OF THE STATE	SONO PORTO DE LA CONTRACTOR DE LA CONTRA
* ESTE QUAM VI	Zeu 1 0 643
	Signature of Certifying Official Certificate Number

BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897 Test Date: 06/23/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: 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: AG525303 Exp Date: 09/10/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	12:40pm 12:40pm 12:41pm 12:42pm
SUB TEST	.00	12:43pm
AIR BLK	.00	12:44pm
SUB TEST	.00	12:46pm
AIR BLK	.00	12:46pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897

Test Record Number: 1009

Test Date: 06/23/2016

Test Time: 12:47pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass Pass	12:48pm 12:48pm 12:48pm
Temp	erature Te	ests
Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:48pm 12:48pm 12:48pm 12:48pm 12:48pm
В	lank Tests	3
Test	Status	Time
AIR	Pass	12:49pm
Pr	inter Test	s
Test	Status	Time
PRNT	Pass	12:49pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:49pm

Preventive Maintenance Status: Pass

Pass

CAL

12:49pm

Analyst

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

		Instrument Location Beaufult 6. Courthon
In	strument Seri	al No. 008586 102 E. and St., Washington, N.C
	1	
	ne preventive ur 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;
e .	8.	Print test record;
	9.	Verify Diagnostic Program; and
	10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
pr	ocedures were	the
GRE AT	STATE OF STA	WOOD AND AND AND AND AND AND AND AND AND AN
	ASSE QUAM VIDEN	Signature of Certificing Official Certificate Number

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008586 Test Date: 06/27/2016

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

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:17am 10:18am 10:18am
ACCI CHK	.00	10:18am
SUB TEST	.00	10:20am
AIR BLK	.00	10:21am
SUB TEST	.00	10:22am
AIR BLK	.00	10:23am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008586

Test Record Number: 1213 

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:25am
FLO	Pass	10:25am
FC	Pass	10:25am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:25am
SRC	Pass	10:25am
DET	Pass	10:25am
BAR	Pass	10:25am
BT	Pass	10:25am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:25am

10:26am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:25am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:26am

Preventive Maintenance Status: Pass

Pass

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	County	abanus	IMETI	•	DEL IN	1/		のな	P.D.
	Instrument Seri	ial No. <u>00855</u>	39_		Laurec		/	Kanno	polis_
	The preventive four months are	maintenance procedu	res for the	Intoximeters	, Model Intox	c EC/IR I	I to be follow	ed at leas	at once every
	1.	Verify the ethanol 34 degrees, plus or				alcoholic	breath simu	lator ther	nometer shows
	2.	Verify instrument	lisplays tir	ne and date;					
	3.	Initiate breath test	sequence;						
	4.	Enter information	as prompte	d;					
200	5.	Verify instrument	accuracy;						
i.	6.	When "PLEASE B	LOW" ap	pears, collec	t breath samp	le;			
	7.	When "PLEASE B	LOW" ap	pears, collec	t breath samp	le;			
	8.	Print test record;							
	9.	Verify Diagnostic	Program; a	ınd					
	10.	Verify that the ethe simulator solution whichever occurs	is being ch	nister is bein anged every	g changed be four months	fore expir or after 1	ration date, o 25 Alcoholic	r the alco Breath S	holic breath imulator tests,
	I certify that or procedures we Department of	n the <u>Jou</u> day re performed on the in Health and Human So	of strument i ervices, and	ndicated abo	ve, in accorda	ance with	current regul	preventiv ations of	e maintenance the N.C.
	THE STATE OF THE S	A CORDINATION OF THE PROPERTY		]  -  -	TAP			<u> </u>	
			Si	gnature of C	errifying Offi	cial		Certificat	e Number

### CABARRUS COUNTY KANNAPOLIS PD 120

Serial Number: 008589

Test Record Number: 2511

Test Date: 06/02/2016

Test Time: 1:31pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
	Daza	4 ~~~
TK	Pass	1:32pm
FLO	Pass	1:32pm
FC	Pass	1:32pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	1:32pm 1:32pm 1:32pm 1:32pm
ът	Pass	1:32pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:33pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:33pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

CABARRUS COUNTY KANNAPOLIS PD 120

Serial Number: 008589 Test Date: 06/02/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2016-01/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:35pm
AIR BLK	.00	1:36pm
ACCY CHK	.07	1:37pm
AIR BLK	.00	1:38pm
SUB TEST	.00	1:38pm
AIR BLK	.00	1:39pm
SUB TEST	.00	1:41pm
AIR BLK	.00	1:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County	Instrument Location Bat Mubile Unit 11
Instrument S	erial No. <u>008973</u>
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the 3 day of June, 20/4 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Child V DOL 658
	Signature of Certifying Official Certificate Number

CABARRUS BAT MOBILE UNIT 11 120

Serial Number: 008973 Test Date: 06/03/2016

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 AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	9:22pm 9:23pm 9:24pm 9:25pm <b>9:25pm</b>
AIR BLK SUB TEST	.00 .00	9:26pm <b>9:28p</b> m
AIR BLK	.00	9:28pm

Reported AC: .00 g/210L

Signature of Chemical Amalyst

Court CVR

Analyst

#### CABARRUS BAT MOBILE UNIT 11 120

Serial Number: 008973

Test Record Number: 139

Test Date: 06/03/2016

Test Time: 9:29pm EDT

System Check: Passed

Baseline Tests

"l'est	Status	'I'.ı_me
	20000	11110
TR	Pass	9:30pm
T17	rass	J. J O D III
FLO	Pass	9:30pm
FC.	Pass	9:30pm
1. C	rass	2:30pm

#### Temperature Tests

Status	Time
Pass	9:30pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	9:31pm

#### Printer Tests

rest	Status	Time
PRNT	Pass	9:31pm
	CRC Tests	
Test	Status	Time

COMP	Pass	9:31pm
CAL	Pass	9:31pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

/	INTUXIMETERS, MUDEL INTUX EC/IR II
County (a	inden Instrument Location BAT Mobile Unit
Instrument Seri	al No. 008775 Canden Conty S.D.
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 day of o, 20 / the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

#### CAMDEN COUNTY BAT MOBILE UNIT 8 140

Serial Number: 008775 Test Date: 06/17/2016 Test Record Number: 1634
Test Time: 6:40pm EDT

System Check: Passed

Baseline Tests

_Test	Status_	Time
	D-000-0-00	2.2
IR	Pass	6:40pm
FLO	Pass	6:40pm
FC	Pass	6:41pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	6:41pm
SRC	Pass	6:41pm
DET	Pass	6:41pm
BAR	Pass	6:41pm
BT	Pass	6:41pm

#### Blank Tests

Test	Status	Time
ATR	Pass	6:41pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	6:41pm
	CRC Tests	
Test	Status	Time
COMP	Pass	6:42pm

Preventive Maintenance Status: Pass

CAL

Pass

6:42pm

Analyst

#### CAMDEN COUNTY BAT MOBILE UNIT 8 140

Serial Number: 008775 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: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SMITH, JASON R

Permit Number: 19145E

Effective:

03/01/2016-03/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

g/210L Time Test DIAG Pass 6:47pm AIR BLK .00 6:47pm ACCY CHK .08 6:48pm AIR BLK .00 6:49pm 6:49pm SUB TEST .00 AIR BLK .00 6:50pm SUB TEST .00 6:52pm AIR BLK .00 6:53pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

	A	1 / / A /	1 4 1
	County	Instrument Location CARTERS	t County
	Instrument Seria	INO. DOSSSZ SHERIFFS OFFI	12
			·
	The preventive refour months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be fo	llowed at least once every
	1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath s 34 degrees, plus or minus .2 degree centigrade;	imulator thermometer shows
	2.	Verify instrument displays time and date;	
	3.	Initiate breath test sequence;	
	4.	Enter information as prompted;	
	5.	Verify instrument accuracy;	
	6.	When "PLEASE BLOW" appears, collect breath sample;	
-	7.	When "PLEASE BLOW" appears, collect breath sample;	
	8.	Print test record;	
	9.	Verify Diagnostic Program; and	
	10.	Verify that the ethanol gas canister is being changed before expiration dat simulator solution is being changed every four months or after 125 Alcohowhichever occurs first.	
	procedures were	the	ing preventive maintenance egulations of the N.C.
.*	CREAT STATE OF N	OR THE CAROLINA OF THE PROPERTY OF THE PROPERT	
	* ESE QUAM VIDEO	Karen E-Hold	354
		Signature of/Certifying Official	Certificate Number

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008882 Test Date: 06/23/2016

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Driver's License Number: NONE

Analyst's Name: HALL, RANDY E

Permit Number: 3462E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	2:58pm 2:58pm 2:59pm 3:00pm
SUB TEST	.00	3:01pm
AIR BLK	.00	3:02pm
SUB TEST	.00	
AIR BLK	.00	3:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures

#### CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008882

Test Record Number: 1426

Test Date: 06/23/2016

Test Time: 3:05pm EDT

System Check: Passed

#### Baseline Tests

Test	Status_	Time
IR	Pass	3:05pm
FLO	Pass	3:05pm
FC	Pass	3:05pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:05pm
SRC	Pass	3:05pm
DET	Pass	3:05pm
BAR	Pass	3:05pm
BT	Pass	3:05pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:06mm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:06pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:06pm

Preventive Maintenance Status: Pass

Pass

3:06pm

CAL

Kard E Half
Analyst

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

A	INTOAINETERS, MODEL INTOA ECIR II
County CA	Etact Instrument Location CARTERET County
Instrument Seria	INO. 008605 SHERIFF'S OFFICE
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.
procedures were	the <u>J3</u> day of <u>June</u> , 20 <u>Lo</u> the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
O THE STATE OF A TO THE STATE	CAROLLINA (1)

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

Signature of Certifying Official

Certificate Number

#### CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008605 Test Date: 06/23/2016

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Driver's License Number: NONE

Analyst's Name: HALL, RANDY E
Permit Number: 3462E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	2:58pm 2:59pm
ACCY CHK	.08	3:00pm
AIR BLK	.00	3:01pm
SUB TEST	.00	3:01pm
AIR BLK	.00	3:02pm
SUB TEST	.00	3:04pm
AIR BLK	.00	3:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Karl E-Half
Analyst

#### CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008605 Test Date: 06/23/2016 Test Record Number: 3495
Test Time: 3:05pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass Pass	3:06pm 3:06pm 3:06pm
Tem	perature Te	ests
Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	3:06pm 3:06pm 3:06pm 3:06pm 3:06pm
	Blank Tests	B
Test	Status	Time
AIR	Pass	3:07pm
P	rinter Test	s
Test	Status	Time
PRNT	Pass	3:07pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:07pm 3:07pm

Preventive Maintenance Status: Pass

Analyst

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

County 1	ARteret Instrument Location Morch	
Instrument Se	rial No. <u>00873/</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 canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration d simulator solution is being changed every four months or after 125 Alco whichever occurs first.	
I certify that or procedures we Department of	n the <u>23</u> day of <u>June</u> , 20 <u>6</u> the forgoing performed on the instrument indicated above, in accordance with current Health and Human Services, and the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
STATE OF THE 20, 1775	Signature of Certifying Official	35 4 Certificate Number

#### CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008731 Test Date: 06/23/2016

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	2:28pm 2:28pm
ACCY CHK	.08	2:29pm
AIR BLK	.00	2:30pm
SUB TEST	.00	2:30pm
AIR BLK	.00	2:31pm
SUB TEST	.00	2:33pm
AIR BLK	.00	2:34pm

Reported, AC: ,.00 g/210L

Signature of Chemical Analyst

Court CVR

Karls E Half
Analyst

#### CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008731 Test Date: 06/23/2016 Test Record Number: 1793
Test Time: 2:34pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
	Ducus	2 2 0
IR	Pass	2:34pm
FLO	Pass	2:34pm
FC	Pass	2:34pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:35pm
SRC	Pass	2:35pm
DET	Pass	2:35pm
BAR	Pass	2:35pm
BT	Pass	2:35pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	2:35pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:35pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:35pm

Preventive Maintenance Status: Pass

Pass

2:35pm

CAL

Analyst

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

County	CARteret Instrument Location Atlantic Beach PD
Instrumen	t Serial No. <u>008785</u>
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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	at on the
THE CHEAT OF THE C	ATE OF 100 100 100 100 100 100 100 100 100 10
-	Signature of Certifying Official Certificate Number

#### CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008785 --Test Date: 06/23/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Driver's License Number: NONE

Analyst's Name: HALL, RANDY E

Permit Number: 3462E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:01pm
AIR BLK	.00	2:01pm
ACCY CHK	.07	2:02pm
AIR BLK	.00	2:03pm
SUB TEST	.00	2:03pm
AIR BLK	.00	2:04pm
SUB TEST	.00	2:06pm

Reported AC: .00 g/210L

2:07pm

AIR BLK .00

Signature of Chemical Analyst

Court CVR

Analyst

#### CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008785

Test Record Number: 876 

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass Pass	2:07pm 2:07pm 2:07pm
Temp	erature Te	ests
Test:	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	2:08pm 2:08pm 2:08pm 2:08pm 2:08pm
E	Blank Tests	5
Test	Status	Time
AIR	Pass	2:08pm
Pr	inter Test	S
Test	Status	Time
PRNT	Pass	2:08pm
CRC Tests		
Test	Status	Time
COMP	Pass Pass	2:08pm 2:08pm

Rand E-Holf
Analyst

Preventive Maintenance Status: Pass

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

County Cr	ARTERST Instrument Location EMERALD IS LE PL
Instrument Ser	ial No. <u>808620</u>
The preventive four months ar	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the <u>33</u> day of <u>June</u> , 20/ <u>Le</u> the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE	

CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008620 Test Date: 06/23/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HALL, RANDY E

Permit Number: 3462E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
AIR BLK	Pass .00	1:14pm 1:15pm
ACCY CHK	.08	1:16pm
AIR BLK	.00	1:17pm
SUB TEST	.00	1:18pm
AIR BLK	.00	1:18pm
SUB TEST	.00	1:20pm
AIR BLK	.00	1:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

**Analyst** 

#### CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008620

Test Record Number: 1803

Test Date: 06/23/2016

Test Time: 1:21pm EDT

System Check: Passed

#### Baseline Tests

	the state of the s	
Test	Status	Time
IR FLO FC	Pass Pass Pass	1:22pm 1:22pm 1:22pm
Tem	perature Te	sts
Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	1:22pm 1:22pm 1:22pm 1:22pm 1:22pm
	Blank Tests	
Test	Status	Time
AIR	Pass	1:23pm
F	rinter Test	S
Test	Status	Time
PRNT	Pass	1:23pm
CRC Tests		
Test	Status	Time
COMP CAL	Pass Pass	1:23pm 1:23pm

Preventive Maintenance Status: Pass

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

County CA	SUELL Instrument Location CASWELL CO. DETENTION CTR
Instrument Ser	ial No. 008593 231 COUNTY PARK RO YANGEYHILE, NC
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
<b>3.</b>	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	n the
THE STATE OF THE S	

CASWELL COUNTY DETENTION CENTER 160

Serial Number: 008593 Test Date: 06/01/2016

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, 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: AG517402 Exp Date: 06/23/2017

lest	g/210L	Time
DIAG	Pass	2:35pm
AIR BLK	.00	2:36pm
ACCY CHK	.08	2:37pm
AIR BLK	.00	2:38pm
SUB TEST	.00	2:38pm
AIR BLK	.00	2:39pm
SUB TEST	.00	2:41pm
AIR BLK	.00	2:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CASWELL COUNTY DETENTION CENTER 160

Serial Number: 008593

Test Record Number: 1336

Test Date: 06/01/2016

Test Time: 2:43pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:43pm
FLO	Pass	2:43pm
FC	Pass	2:44pm

### Temperature Tests

Test	Status	Time
FC1	Pass	2:44pm
SRC	Pass	2:44pm
DET	Pass	2:44pm
BAR	Pass	2:44pm
BT	Pass	2:44pm

#### Blank Tests

Test	Status	Time
ATR	Pass	2:44pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:44pm

### CRC Tests

Test	Status	Time
COMP	Pass	2:44pm
CAL	Pass	2:44pm

Preventive Maintenance Status: Pass

Analyst

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

County_	nowan	Instrument Location (hau	van Co. Public Safety
Instrument Se	rial No. <u>008895</u>	305 W. Fremasi	on St., Edentin, r.
The preventiv		Intoximeters, Model Intox EC/IR	II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d		c breath simulator thermometer shows
2.	Verify instrument displays tim	ne and date;	
3.	Initiate breath test sequence;		<b>∳</b>
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;	They Carl
8.	Print test record;		
9.	Verify Diagnostic Program; as	nd	
10.			iration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
	11 yell		
I certify that of procedures we Department of	ere performed on the instrument in	dicated above, in accordance with the instrument is functioning prop	the forgoing preventive maintenance current regulations of the N.C. perly.
7511110			
THE STATE OF THE S	P. NO.		
ARRI 12, TT			643
	Sig	gnature of Certifying Official	Certificate Number

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895 Test Date: 06/14/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: 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: AG425303 Exp Date: 09/10/2016

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

Reported AC: .00 g/210L

of Chemical Analyst

Court CVR

Analyst

#### CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895

Test Record Number: 720

Test Date: 06/14/2016 Test Time: 10:17am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:17am
FLO	Pass	10:18am
FC	Pass	10:18am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:18am
SRC	Pass	10:18am
DET	Pass	10:18am
BAR	Pass	10:18am
BT	Pass	10:18am

#### Blank Tests

Test	Status	Time
ATR	Pass	10:18am

#### Printer Tests

2214	D	10.10~~
PRNT	Pass	10:18am
	CRC Tests	

Test	Status	Time
COMP	Pass	10:19am
CAL	Pass	10:19am

Preventive Maintenance Status: Pass

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

	County(	Instrument Location But m	obile Unit 11
	Instrument So	erial No. <u>00 8970</u>	
	The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to bare:	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;	
* 1	3.	Initiate breath test sequence;	
	4.	Enter information as prompted;	
	5.	Verify instrument accuracy;	
Marian Na	6.	When "PLEASE BLOW" appears, collect breath sample;	
	7.	When "PLEASE BLOW" appears, collect breath sample;	
	8.	Print test record;	
* 1	9.	Verify Diagnostic Program; and	
	10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Al whichever occurs first.	
	procedures w	on the 2 y day of Juu, 20/4 the fovere performed on the instrument indicated above, in accordance with curre of Health and Human Services, and the instrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
	STATI	ONOR MARKET STATE OF THE STATE	
	A PART OF CHAMN	Signature of Certifying Official	658
\		Signature of Certifying Official	Certificate Number

CATAWBA BAT MOBILE UNIT 11 170

Serial Number: 008970 Test Date: 06/24/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: 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	Pass	10:31pm 10:32pm
ACCY CHK	.08	10:32pm
AIR BLK	.00	10:33pm
SUB TEST	.00	10:34pm
AIR BLK	.00	10:34pm
SUB TEST	.00	10:36pm
AIR BLK	.00	10:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CATAWBA BAT MOBILE UNIT 11 170

Serial Number: 008970 Test Date: 06/24/2016

Test Record Number: 196
Test Time: 10:38pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
-000	Duacab	1 11110
IR	Pass	10:38pm
	Labb	
FLO	Pass	10:38pm
<b>T</b> O		-
FC	Pass	10:38pm
FC	Pass	TO:38bw

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:38pm
SRC	Pass	10:38pm
DET	Pass	10:38pm
BAR	Pass	10:38pm
$\mathtt{BT}$	Pass	10:38pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:39pm

#### Printer Tests

Status

Test

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

Time

COMP Pass 10:39pm CAL Pass 10:39pm

Preventive Maintenance Status: Pass

Analyst

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

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

Signature of Certifying Official

Certificate Number

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008886 Test Date: 06/22/2016

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: RHODES, KENNETH C

Permit Number: 5329E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	4:35pm 4:36pm
ACCY CHK	.08	4:36pm
AIR BLK	.00	4:37pm
SUB TEST	.00	4:38pm
AIR BLK	.00 .	4:39pm
SUB TEST	.00	4:41pm
AIR BLK	.00	4:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

______Analyst

0 0

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008886

Test Record Number: 1198 Test Date: 06/22/2016 Test Time: 4:45pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time	
IR FLO FC	Pass Pass Pass	4:45pm 4:45pm 4:45pm	
Temp	perature Te	ests	
Test	Status	Time	
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	4:45pm 4:45pm 4:45pm 4:45pm 4:45pm	
F	Blank Tests	3	
Test	Status	Time	
AIR	Pass	4:46pm	
Pr	rinter Test	S	
Test	Status	Time	
PRNT	Pass	4:46pm	
CRC Tests			
Test	Status	Time	
COMP	Pass	4:46pm	

Preventive Maintenance Status: Pass

Pass

4:46pm

CAL

Analyst

	PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II
County	Jun 645 Instrument Location Colombus Coant
Instrument Seria	al No. 008875 Sheriff Dept
The preventive four months are	$\cdot$
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	n the day of
STATE OF WAS DO THE STATE	Signature of Certifying Official Certificate Number

#### COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008875 Test Date: 06/22/2016

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: RHODES, KENNETH C

Permit Number: 5329E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	4:34pm 4:35pm 4:35pm
ACCI CHK	.00	4:35pm
SUB TEST	.00	4:37pm
AIR BLK	.00	4:38pm
SUB TEST	.00	4:39pm
AIR BLK	.00	4:40pm

Reported AC: /

//ar/210⊺∟

Signature of Chemical Analyst

Court CVR

K.C. Malyst Man

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008875

Test Record Number: 1772

Test Date: 06/22/2016 Test Time: 4:41pm EDT

System Check: Passed

Baseline Tests

<del>Test </del>	<del>- Status -</del>	<del>-Time</del>
1050	Deacus	TIME
	-	
TK	Pass	<u>4:41pm</u>
TIT O	D = = =	~
FLO	Pass	4:41pm
FC	Pass	1 . 1 1 ram
r C	Pass	4:41pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	4:42pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:42pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

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

County	RAVEN Instrument Location CRAVEN COUNTY
Instrument Ser	ial No. 008732 SHERIFF'S OFFICE
The preventive four months ar	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
. 10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o procedures we Department o	on the
THE STATE AND SETS AN	
	Signature of Certifying Official Certificate Number

CRAVEN COUNTY CRAVEN COUNTY SD 240

Serial Number: 008732 Test Date: 06/24/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HALL, RANDY E

Permit Number: 3462E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	10:41am 10:42am 10:42am 10:44am
AIR BLK	.00	10:45am
SUB TEST	.00	10:46am
AIR BLK	.00	10:47am

Reported AC: 00

00 g/210L

Signature of Chemical Analyst

Court CVR

Karl E-Half
Analyst

#### CRAVEN COUNTY CRAVEN COUNTY SD 240

Serial Number: 008732

Test Record Number: 1687
Test Time: 10:51am EDT

Test Date: 06/24/2016

System Check: Passed

#### Baseline Tests

Test -	- Status	
TCDC	beacab	I IIIC
IR	Pass	10:52am
	1 000	- + · · · · ·
FLO	Pass	10:52am
FC	Pass	10:52am
	- +	

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:52am
SRC	Pass	<b>10:</b> 52am
DET	Pass	10:52am
BAR	Pass	10:52am
BT	Pass	10:52am

#### Blank Tests

Test	Status	Time
ATR	Pass	10:53am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:53am
	CRC Tests	÷
Test	Status	Time
COMP CAL	Pass Pass	10:53am 10:53am

Preventive Maintenance Status: Pass

Karl E-Half
Analyst

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

County <u>(</u>	CRAVEN Instrument Location New Ber.	N PD
Instrument S	Serial No. <u>00 8817</u>	
The preventi- four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed are:	ed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simula 34 degrees, plus or minus .2 degree centigrade;	ator 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 date, or simulator solution is being changed every four months or after 125 Alcoholic whichever occurs first.	the alcoholic breath Breath Simulator tests,
procedures v	ton the	oreventive maintenance ations of the N.C.
THE STAR OF THE ST	Records E-Hall	354

CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817 Test Date: 06/24/2016

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

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

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

Analyst's Name: HALL, RANDY E
Permit Number: 3462E
Effective:

08/01/2015-08/01/2017

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

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Kard E Holf
Analyst

#### CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817 Test Date: 06/24/2016 Test Record Number: 1193
Test Time: 10:11am EDT

System Check: Passed

Baseline Tests

Status	Time
Deareas	TIMO
Pass	10:11am
Pass	10:11am
Pass	10:11am
	Pass

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:11am
SRC	Pass	10:11am
DÉT	Pass	10:11am
BAR	Pass	10:11am
$\mathtt{BT}$	Pass	10:11am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:12am

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County _	RAVEN Instrument Location HAVELock AD
Instrument S	Gerial No. 008800
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
<b>7.</b> ¹ .	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures v	on the <u>JH</u> day of <u>June</u> , 20 <u>Mo</u> the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	

CRAVEN COUNTY HAVELOCK PD 240

Serial Number: 008800 Test Date: 06/24/2016

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	8:51am
AIR BLK	.00	8:52am
ACCY CHK	.08	8:52am.
AIR BLK	.00	8:53am
SUB TEST	.00	8:54am
AIR BLK	.00	8:55am
SUB TEST	.00	8:56am
AIR BLK	.00	8:57am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Karl E Half
Analyst

#### CRAVEN COUNTY HAVELOCK PD 240

Serial Number: 008800 Test Record Number: 1034
Test Date: 06/24/2016 Test Time: 8:58am EDT

System Check: Passed

#### Baseline Tests

Test	Status-	Tim⇔
	200000	111110
IR	Pass	8:58am
FLO	Pass	8:58am
FC	Pass	8:58am

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:58am
SRC	Pass	8:58am
DET	Pass	8:58am
BAR	Pass	8:58am
BT	Pass	8:58am

#### Blank Tests

Test	Status	Time
AIR	Pass	8:59am

#### Printer Tests

rest	Status	Time
PRNT	Pass	8:59am
	CRC Tests	
Test	Status	Time
COMP	Pass	8:59am

Preventive Maintenance Status: Pass

Pass

8:59am

CAL

Analyst

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

Instrument Serial No	
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once four months are:	every
<ol> <li>Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermomet</li> <li>34 degrees, plus or minus .2 degree centigrade;</li> </ol>	er show
2. Verify instrument displays time and date;	
3. Initiate breath test sequence;	
4. Enter information as prompted;	
5. Verify instrument accuracy;	
6. When "PLEASE BLOW" appears, collect breath sample;	
7. When "PLEASE BLOW" appears, collect breath sample;	
8. Print test record;	
9. Verify Diagnostic Program; and	
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic be simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.	reath or tests,
I certify that on the /3 day of JONE, 20 16 the forgoing preventive main procedures were performed on the instrument indicated above, in accordance with current regulations of the N.O. Department of Health and Human Services, and the instrument is functioning properly.	tenance C.
Signature of Certifying Official  Certificate Num	

#### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632 Test Date: 06/13/2016

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: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	7:26pm 7:27pm
ACCY CHK	.07	7:28pm
AIR BLK	.00	7:29pm
SUB TEST	.00	7:30pm
AIR BLK	.00	7:31pm
SUB TEST	.00	7:32pm
AIR BLK	.00	7:33pm

Reported AC: .00 g/210L

Signature (of )Chemical Analyst

Court CVR

#### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632

Test Record Number: 3599 Test Time: 7:34pm EDT

Test Date: 06/13/2016

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass Pass	7:34pm 7:34pm 7:34pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	7:34pm
SRC	Pass	7:34pm
DET	Pass	7:34pm
BAR	Pass	7:34pm
BT	Pass	7:34pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	7:35pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:35pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	7:35pm 7:35pm

Preventive Maintenance Status: Pass

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

The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once eare:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bresimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.
procedures v	on the O6 day of ONE , 20 16 the forgoing preventive mainted 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.
OF THE STAT	

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008629 Test Date: 06/06/2016

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: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	1:16pm 1:16pm 1:17pm
AIR BLK	.00	1:18pm
SUB TEST	.00	1:19pm
AIR BLK	.00	1:20pm
SUB TEST	.00	1:21pm
AIR BLK	.00	1:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008629

Test Record Number: 339

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:23pm
FLO	Pass	1:23pm
FC	Pass	1:24pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:24pm
SRC	Pass	1:24pm
DET	Pass	1:24pm
BAR	Pass	1:24pm
BT	Pass	1:24pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:24pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:24pm
	CDC Teata	

Test	Status	Time	
COMP	Pass	1:25pm	
CAL	Pass	1:25pm	

Preventive Maintenance Status: Pass

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

County (V)	LIBERCAND Instrument Location CAT MOBILE UNITS	
Instrument Ser	rial No. OUS 736 FAYETTE CILLE	_
· 		
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 sho 34 degrees, plus or minus .2 degree centigrade;	w
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
. 8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.	s,
procedures we	on the	Э
STATE OF THE STATE	Signature of Certifying Official Certificate Number	-

CUMBERLAND COUNTY BAT MOBILE UNIT 8
250

Serial Number: 008736 Test Date: 06/10/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Driver's License Number: NONE

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

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

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

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

Reported .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CUMBERLAND COUNTY BAT MOBILE UNIT 8 250

Serial Number: 008736 Test Date: 06/10/2016

Test Record Number: 828
Test Time: 10:10pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	10:11pm 10:11pm 10:11pm 10:11pm
$\mathtt{BT}$	Pass	10:11pm

#### Blank Tests

Test	Status	Time

AIR Pass 10:11pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:11pm

#### CRC Tests

iest	status	Time
COMP	Pass	10:11pm
CAL	Pass	10:11pm

Preventive Maintenance Status: Pass

Analyst

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

County County	18-PLANO Instrument Location PAT 1408	ILE ONT 8
Instrument Seri	al No. OCOSTO FAMETTE VILLE	
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be f	followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration desimulator solution is being changed every four months or after 125 Alco whichever occurs first.	ate, or the alcoholic breath holic Breath Simulator tests,
procedures wer	theday of, 20 / C the forgo the performed on the instrument indicated above, in accordance with current Health and Human Services, and the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
STATE OF 13. 13. 13. 13. 13. 13. 13. 13. 13. 13.	A CAROLIN COSCILI	(o (o )
	Signature of Certifying Official	Certificate Number

CUMBERLAND COUNTY BAT MOBILE UNIT 8 250

> Serial Number: 008816 Test Date: 06/10/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: 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

Toct

 $\alpha/210T$ 

Time

Iest	9/2101	TTIIIE
DIAG	Pass	9:25pm
AIR BLK	.00	9:26pm
ACCY CHK	.07	9:26pm
AIR BLK	.00	9:27pm
SUB TEST	.00	9:27pm
AIR BLK	.00	9:28pm
SUB TEST	.00	9:30pm
AIR BLK	.00	9:31pm

Reported Re: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CUMBERLAND COUNTY BAT MOBILE UNIT 8 250

Serial Number: 008816

. /8

Test Record Number: 7228

System Check: Passed

#### Baseline Tests

Test	Status	Time
I,R,	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

rest	Status	Time
PRNT	Pass	9:39pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:39pm

Preventive Maintenance Status: Pass

Pass

9:39pm

CAL

Analyst

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

Instrument Serial No. COSOIS FARTE OLLE  The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever four months are:  1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer s 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;			
four months are:  1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer s 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;			
34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;	ery		
<ol> <li>Initiate breath test sequence;</li> <li>Enter information as prompted;</li> <li>Verify instrument accuracy;</li> <li>When "PLEASE BLOW" appears, collect breath sample;</li> </ol>	shows		
<ol> <li>Enter information as prompted;</li> <li>Verify instrument accuracy;</li> <li>When "PLEASE BLOW" appears, collect breath sample;</li> </ol>			
<ul><li>Verify instrument accuracy;</li><li>When "PLEASE BLOW" appears, collect breath sample;</li></ul>			
6. When "PLEASE BLOW" appears, collect breath sample;			
	Verify instrument accuracy;		
7. When "PLEASE BLOW" appears, collect breath sample;			
8. Print test record;			
9. Verify Diagnostic Program; and			
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic break simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first.			
I certify that on the	ance		
Signature of Certifying Official  Certificate Number			

#### CUMBERLAND COUNTY BAT MOBILE UNIT 8 250

Serial Number: 008615

Test Record Number: 5396

Test Date: 06/10/2016 Test Time: 9:29pm EDT

System Check: Passed

#### Baseline Tests

lest	Status	TTIIIC
IR	Pass	9:30pm
FLO	Pass	9:30pm
FC	Pass	9:30pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:30pm
SRC	Pass	9:30pm
DET	Pass	9:30pm
BAR	Pass	9:30pm
BT	Pass	9:30pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:31pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:31pm

#### CRC Tests

Test	Status	Time
COMP	Pass Pass	9:31pm 9:31pm

Preventive Maintenance Status: Pass

Analyst

CUMBERLAND COUNTY BAT MOBILE UNIT 8
250

Serial Number: 008615 Test Date: 06/10/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: SMITH, JOCK B

Permit Number: 20630E

Effective:

05/01/2016-05/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	9:22pm 9:23pm
ACCY CHK	.07	9:23pm
AIR BLK	.00	9:24pm
SUB TEST	.00	9:25pm
AIR BLK	.00	9:26pm
SUB TEST	.00	9:27pm
AIR BLK	.00	9:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County CLA	Instrument Location CHT MOBILE CAIT &
Instrument Seria	INO. OOSGOT FAYETTEUILLE
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 / O day of
ASSE COMPANY AND SECOND ASSESSMENT OF THE STATE OF THE ST	CAROLI GGG /
	Signature of Certifying Official Certificate Number

#### CUMBERLAND COUNTY BATMOBILE UNIT 8 250

Serial Number: 008601 Test Date: 06/10/2016

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

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

Subject's Sex: Male

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

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

05/01/2016-05/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:07pm 10:08pm
ACCY CHK	.08	10:09pm
AIR BLK	.00	10:09pm
SUB TEST	.00	10:10pm
AIR BLK	.00	10:11pm
SUB TEST	.00	10:13pm
AIR BLK	. 20-	10:13pm

Reported Ac. . . 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# CUMBERLAND COUNTY BATMOBILE UNIT 8 250

Serial Number: 008601 Test Record Number: 1172
Test Date: 06/10/2016 Test Time: 10:15pm EDT

System Check: Passed

# Baseline Tests

D	aserrie res	LS
Test	Status	Time
IR FLO FC	Pass Pass Pass	10:15pm 10:15pm 10:16pm
Tei	mperature Te	ests
Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:16pm 10:16pm 10:16pm 10:16pm 10:16pm
	Blank Tests	3
Test	Status	Time
AIR	Pass	10:16pm
1	Printer Test	s
Test	Status	Time
PRNT	Pass	10:16pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:16pm 10:16pm
Prever	ntive Mainte	nance

Preventive Maintenance Status: Pass

Analyst

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

	intoximieters, model intox echici			
County C	eveland Instrument Location Kings Mountain P.	0		
Instrument Ser	al No. 008900 112 S. Piedmant Ave. Kings Mo	ان <u>را</u>		
The preventive four months ar	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;	NS		
2.	Verify instrument displays time and date;			
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears, collect breath sample;			
7.	When "PLEASE BLOW" appears, collect breath sample; Print test record;			
8.				
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.	,		
	theday of, 20	3		
STATE OF STA	Signature of Certifying Official  Certificate Number			

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

DHHS 4080 (11/07)

#### CLEVELAND COUNTY KINGS MOUNTAIN PD 220

Serial Number: 008900

Test Record Number: 602

Test Date: 06/07/2016

Test Time: 8:01am EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	8:02am
FLO	Pass	8:02am
FC	Pass	8:02am

# Temperature Tests

Test	Status	Time
FC1	Pass	8:02am
SRC	Pass	8:02am
DET	Pass	8:02am
BAR	Pass	8:02am
BT	Pass	8:02am

#### Blank Tests

Test	Status	Time
AIR	Pass	8:03am

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:03am

#### CRC Tests

Test	Status	Time
COMP	Pass	8:03am
CAL	Pass	8:03am

Preventive Maintenance Status: Pass

#### CLEVELAND COUNTY KINGS MOUNTAIN PD 220

Serial Number: 008900 Test Date: 06/07/2016

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: 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	8:06am
AIR BLK		8:07am
ACCY CHK	.07	8:07am
AIR BLK	.00	8:08am
SUB TEST	.00	8:09am
AIR BLK	.00	8:10am
SUB TEST	.00	8:11am
ATR BLK	0.0	8 · 12 am

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	Withek Instrument Location Culvi	ruck (o. S.O.
Instrument Se	rial No. DD 8947 407-A Maple 6	W., Maple, NC
<del></del>		
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to re:	be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic broad degrees, plus or minus .2 degree centigrade;	eath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, 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.	
	on the	
STATE OF THE CREAT	Ten 1	_643
	Signature of Certifying Official	Certificate Number

# CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

Serial Number: 008947 Test Date: 06/06/2016

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: GUARD, KELLY G

Permit Number: 12955E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Keys

#### CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

Serial Number: 008947

Test Record Number: 1889

Test Date: 06/06/2016

Test Time: 11:16am EDT

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

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

# Blank Tests

Test S	tatus	Time

AIR Pass 11:17am

#### Printer Tests

Test	Status	Time

PRNT Pass 11:18am

# CRC Tests

Test	Status	Time

COMP	Pass	11:18am
CAL	Pass	11:18am

Preventive Maintenance Status: Pass

) Analyst

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

	INTOANSETERS, MODEL INTOX EC/IR II
County_	ander Instrument Location Canden 6.5.0.
Instrumen	t Serial No. 008940 113 Huy 343, Canden, MC
The prevention	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 th procedure Departmen	nat on the day of, 20 the forgoing preventive maintenance s were performed on the instrument indicated above, in accordance with current regulations of the N.C. nt of Health and Human Services, and the instrument is functioning properly.
GREAT TO STATE OF THE STATE OF	ATE ON ORDER
Car Car	Leh 1 643
	Signature of Certifying Official Certificate Number

CAMDEN COUNTY CAMDEN CO SO 140

Serial Number: 008940 Test Date: 06/06/2016

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: GUARD, KELLY G
Permit Number: 12955E
Effective:

07/01/2015-07/01/2017

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	11:58am 11:58am 11:59am 12:00pm
SUB TEST	.00	12:00pm
AIR BLK	.00	12:01pm
SUB TEST	.00	12:03pm
AIR BLK	.00	12:04pm

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

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# CAMDEN COUNTY CAMDEN CO SO 140

Serial Number: 008940

Test Record Number: 778

Test Date: 06/06/2016

Test Time: 12:05pm EDT

System Check: Passed

# Baseline Tests

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

# Temperature Tests

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

#### Blank Tests

Test	Status	Time

AIR Pass 12:06pm

# Printer Tests

Test	Status	Time
PRNT	Pass	12:06pm
	CRC Tests	
Test	Status	Time

COMP 12:06pm Pass CAL 12:06pm Pass

Preventive Maintenance Status: Pass

	INTOXIMETERS, MODEL INTOX EC/IR II
County	Westweek Instrument Location Currie well Co. s. o Co
Instrument S	erial No. 008949 1123 Ocean Trait, Corolla, N
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 shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the 23 rd day of 3 rd 2 , 20 / 6 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

CURRITUCK COUNTY SO-COROLLA 260

Serial Number: 008949 Test Date: 06/23/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: 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	3:47pm 3:48pm
ACCY CHK	.00	3:48pm
AIR BLK	.00	3:50pm
SUB TEST	.00	3:50pm
AIR BLK	.00	3:51pm
SUB TEST	.00	3:53pm
ATR BLK	. 0 0	3:530m

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# CURRITUCK COUNTY SO-COROLLA 260

Serial Number: 008949

Test Record Number: 403

Test Date: 06/23/2016

Test Time: 3:59pm EDT

System Check: Passed

#### Baseline Tests

. 242	CITIE 105	
Test	Status	Time
IR FLO FC	Pass Pass Pass	3:59pm 3:59pm 3:59pm
Temp	erature Te	ests
Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	3:59pm 3:59pm 3:59pm 3:59pm 3:59pm
В	lank Tests	S
Test	Status	Time
AIR	Pass	4:00pm
Pr	inter Test	cs
Test	Status	Time
PRNT	Pass	4:00pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:00pm 4:00pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Model Co. Instrument Location Ma	nue Co. Tail
Instrument Se	rial No. 00847.35 30.2 Mc No:11.	ST CARTLAGE, N
The preventiv	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 by 34 degrees, plus or minus .2 degree centigrade;	reath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	•
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expirate simulator solution is being changed every four months or after 125 whichever occurs first.	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify that of procedures we Department of	the	forgoing preventive maintenance rent regulations of the N.C.
THE STATE OF THE S		
AND THE PERSON NOT THE PERSON WITH THE PERSON		: :
With the same of t	Signature of Confession Official	654
4.	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

MOORE COUNTY MOORE COUNTY JAIL 620

Serial Number: 008735 Test Date: 06/27/2016

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: AG434901 Exp Date: 12/15/2016

Test	g/210L	Time
DIAG	Pass	12:36pm
AIR BLK	.00	12:37pm
ACCY CHK	.07	12:38pm
AIR BLK	.00	12:38pm
SUB TEST	.00	12:39pm
AIR BLK	.00	12:40pm
SUB TEST	.00	12:42pm
ATR BLK	.00	12:43pm

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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# MOORE COUNTY MOORE COUNTY JAIL 620

Serial Number: 008735 Test Date: 06/27/2016

Test Record Number: 1814 Test Time: 12:43pm EDT

System Check: Passed

# Baseline Tests

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

# Temperature Tests

Status	Time
Pass Pass	12:44pm 12:44pm
Pass	12:44pm
Pass	12:44pm
Pass	12:44pm
	Pass Pass Pass Pass

# Blank Tests

Test	Status	Time
ATR	Pass	12 · 44 mm

# Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Mose C. Instrument Location Robbin	is Police Dept.
Instrument Se	rial No. 008/128 Robbins 1/C	
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	n simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	÷
4.	Enter information as prompted;	
 5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	·
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration d simulator solution is being changed every four months or after 125 Alco whichever occurs first.	ate, or the alcoholic breath wholic Breath Simulator tests,
I certify that or procedures we Department of	theday of	oing preventive maintenance regulations of the N.C.
O'N STATE OO ON 20. 1775		Certificate Number
	o.B.maile of Collinging Official	Common Number

MOORE COUNTY ROBBINS PD 620

Serial Number: 008728 Test Date: 06/27/2016

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: 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	1:20pm 1:20pm 1:21pm 1:22pm 1:22pm
SUB TEST	.00	1:25pm
AIR BLK	.00	1:26pm

Reported Ag:

/00 g/210L

Signature of Chemical Analyst

Court CVR

MOORE COUNTY ROBBINS PD 620

Serial Number: 008728 Test Date: 06/27/2016

Test Record Number: 287 Test Time: 1:27pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:28pm
FLO	Pass	1:28pm
FC	Pass	1:28pm

# Temperature Tests

Test	Status	Time
FC1	Pass	1:28pm
SRC	Pass	1:28pm
DET	Pass	1:28pm
BAR	Pass	1:28pm
BT	Pass	1:28pm
SRC DET BAR	Pass Pass Pass	1:28pt 1:28pt 1:28pt

#### Blank Tests

Test	Status	Time
AIR	Pass	1:28pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:29pm
	CRC Tests	
Test	Status	Time

Test	Status	Time
COMP	Pass	1:29pm
CAL	Pass	1:29pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 1	<i>pore</i>	Instrument Location DQ	Mobile Unit
Instrument Se	erial No.008715	Pinehurst 7	
·			
The prevention four months a	ve maintenance procedures for the lare:	Intoximeters, Model Intox EC/IR II to be	e followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 degrees.	r displays pressure, or the alcoholic brea egree centigrade;	th simulator thermometer shows
2.	Verify instrument displays tim	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
<b>7.</b>	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	nd .	
10.	Verify that the ethanol gas car simulator solution is being ch whichever occurs first.	nister is being changed before expiration anged every four months or after 125 Al	n date, or the alcoholic breath Icoholic Breath Simulator tests,
I certify that procedures v Department	were performed on the instrument in	, 20 the formation of the instrument is functioning properly.	orgoing preventive maintenance ent regulations of the N.C.
STATE OF THE CREAT CASE OF THE	E ON NORTH CANONICA SI	gnature of Certifying Official	Certificate Number

#### MOORE COUNTY BAT MOBILE UNIT 8 620

Serial Number: 008775 Test Date: 06/08/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	11:32pm 11:33pm 11:33pm 11:34pm
SUB TEST	.00	11:35pm
AIR BLK	.00	11:36pm
SUB TEST	.00	11:37pm
AIR BLK	.00	11:38pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Ohya B Skyn

# MOORE COUNTY BAT MOBILE UNIT 8 620

Serial Number: 008775 Test Date: 06/08/2016 Test Record Number: 1628 Test Time: 11:40pm EDT

System Check: Passed

Baseline Tests			
Test	Status	Time	
IR FLO FC	Pass Pass Pass	11:40pm 11:40pm 11:40pm	
T.emp	erature To	ests	
Test	Status	Time	
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:40pm 11:40pm 11:40pm 11:40pm 11:40pm	
В	lank Tests	3	
Test	Status	Time	
AIR	Pass	11:41pm	
Printer Tests			
Test	Status	Time	
PRNT	Pass	11:41pm	

CRC Tests

Test Status Time

COMP Pass 11:42pm CAL Pass 11:42pm

Preventive Maintenance Status: Pass

Analyst

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

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

OTHE STATE ON NO STATE OF NO S

Signature of Certifying Official

Certificate Number

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740 Test Date: 06/27/2016

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: 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: AG534802 Exp Date: 12/14/2017

Test	g/210L	'l'ime
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	3:35pm 3:35pm 3:36pm 3:37pm <b>3:38pm</b> 3:39pm
SUB TEST	.00	3:41pm
AIR BLK	.00	3:42pm

Reported AC: __00 g/210L

Signature of Chemical Analys

Court CVR

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Forensic Tests for Alcohol Branch
Department of Health and Human Services

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# NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740

Test Record Number: 583

Test Date: 06/27/2016

Test Time: 3:44pm EDT

System Check: Passed

# __Baseline_Tests__

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

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
ATR	Pass	3 · 45pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

3:45pm

CAL

PREVENTIVE MAINTENANCE RECORD

	INTOXIMETERS, MODEL INTOX EC/IR II
County/V	Instrument Location Rocky Mount
Instrument Seria	1 No. 0087+1 # 1 60 verdment Ft
	Rocker Mount, N
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.
•	the day of 20 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
OF WILL STATE OF A	OO THE CARD AND A STATE OF THE
A FISE QUAM VIDER	C+ Ale Favor 655
	Signature of Certifying Official Certificate Number

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741 Test Date: 06/27/2016

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: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2014-11/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00 .00	3:11pm 3:12pm 3:13pm 3:14pm <b>3:15pm</b> 3:15pm
SUB TEST	.00	3:18pm
AIR BLK	.00	3:19pm

Reported AC: .00 g/210L

Chemical Analyst

Court CVR

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#### NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741 Test Record Number: 1895

Test Date: 06/27/2016 Test Time: 3:20pm EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	3:20pm
FLO	Pass	3:20pm
FC	Pass	3:20pm

# Temperature Tests

FC1       Pass       3:20p         SRC       Pass       3:20p         DET       Pass       3:20p         BAR       Pass       3:20p         BT       Pass       3:20p	om om om

#### Blank Tests

Test	Status	Time

AIR Pass 3:21pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:21pm

#### CRC Tests

Test	Status	Time
COMP	Pass	3:21pm
CAL	Pass	3:21pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

•	INTOXIMETERS, MODEL INTOX EC/IR	II ,
County N	ash Instrument Location Nash	Ville Channel
Instrument Ser	ial No. <u>608630 5015</u>	arnos St
	Mashine	
The preventive four months ar	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be fore:	ollowed at least once every
<b>1.</b>	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration do simulator solution is being changed every four months or after 125 Alco whichever occurs first.	ate, or the alcoholic breath holic Breath Simulator tests,
I certify that o procedures we Department of	n the	oing preventive maintenance regulations of the N.C.
STATE OF THE STATE		
OF THE PARTY OF TH	CAROL	
+ CEST GUMM AND	Jale Farley	655
	Signature of Certifying Official	Certificate Number

NASH COUNTY NASHVILLE PD 630

Serial Number: 008630 Test Date: 06/27/2016

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: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2014-11/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00	12:29pm 12:30pm 12:30pm 12:31pm 12:32pm 12:33pm 12:35pm
AIR BLK	.00	12:36pm

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

#### NASH COUNTY NASHVILLE PD 630

Serial Number: 008630 Test Date: 06/27/2016

Test Record Number: 3613 Test Time: 12:37pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:37pm
FLO	Pass	12:37pm
FC	Pass	12:37pm

# Temperature Tests

Test	Status	Time
FC1	Pass	12:37pm
SRC	Pass	12:37pm
DET	Pass	12:37pm
BAR	Pass	12:37pm
BT	Pass	12:37pm

# Blank Tests

Test	Status	Time	

AIR Pass 12:38pm

#### Printer Tests

lest	Status	TIME
PRNT	Pass	12:38pm

#### CRC Tests

Test	Status	Time
COMP	Pass	12:38pm
CAL	Pass	12:38pm

Preventive Maintenance Status: Pass

Analyst

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



Signature of Certifying Official

Certificate Number

NEW HANOVER COUNTY CAROLINA BEACH PD 640

Serial Number: 008661 Test Date: 06/23/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: 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	8:48am 8:49am 8:49am 8:50am 8:51am 8:52am
SUB TEST	.00	8:53am
AIR BLK	.00	8:54am

Reported AC: .00/6/2101/

Signature of Chemical Analyst

Court CVR

Analyst

# NEW HANOVER COUNTY CAROLINA BEACH PD 640

Serial Number: 008661 Test Date: 06/23/2016

Test Record Number: 2184
Test Time: 8:55am EDT

System Check: Passed

#### Baseline Tests

	Test	Status	Time		
	IR	Pass	8:56am		
	FLO	Pass	8:56am		
	FC	Pass	8:56am		
Temperature Tests					
	Test	Status	Time		
	FC1	Pass	8:56am		
	SRC	Pass	8:56am		
	DET	Pass	8:56am		
	BAR	Pass	8:56am		
	BT	Pass	8:56am		
Blank Tests					
	Test	Status	Time		
	AIR	Pass	8:56am		
Printer Tests					
	Test	Status	Time		
	PRNT	Pass	8:56am		
CRC Tests					
	Test	Status	Time		
	COMP	Pass	8:57am		
	CAL	Pass	8:57am		

Preventive Maintenance Status: Pass

Analyst

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

County /	Teal Hanove Instrument Location Wilmington
Instrument Seria	1No. 008628 /6/ice Dagor-
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
 7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of H	the 3 day of 5 day of 20 6 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Solution of the second of the

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

Signature of Certifying Official

Certificate Number

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628 Test Date: 06/23/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

q/210L Test Time

DIAG	Pass	10:53am
AIR BLK	.00	10:54am
ACCY CHK	.07	10:55am
AIR BLK	.00	10:56am
SUB TEST	.00	10:56am
AIR BLK	.00	10:57am
SUB TEST	.00	10:59am
ATD DIV	$\cap \cap$	11.00am

Chemical Analyst

Court CVR

## NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628

Test Record Number: 3883

Test Date: 06/23/2016

Test Time: 11:01am EDT

System Check: Passed

## <u>Baseline Tests</u>

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

## Temperature Tests

Test	Status	Time
FC1	Pass	11:01am
SRC	Pass	11:01am
DET	Pass	11:01am
BAR	Pass	11:01am
BT	Pass	11:01am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:02am

## Printer Tests

Test	Status	Time
PRNT	Pass	11:02am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:02am 11:02am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County /	ew Hanover Instrument Location New Hanover
Instrument Seria	INO. 008626 Sheriff Deft
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
 6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the
THE STATE OF MAN TO THE ST	Selection of the contract of t
	Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY NEW HANOVER CO SD 640

> Serial Number: 008626 Test Date: 06/23/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male
<u>Driver's License State: XX</u>
Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR B <b>L</b> K	Pass .00	11:50am 11:51am
ACCY CHK	.07	11:51am
AIR BLK	.00	11:52am
SUB TEST	.00	11:53am
AIR BLK	.00	11:54am
SUB TEST	.00	11:56am
AIR BLK	.00	11:57am

Reported AC: .00 g/210L

Signature of Phemical Analyst

Court CVR

Analyst

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008626

Test Record Number: 6434

Test Date: 06/23/2016 Test Time: 11:59am EDT

System Check: Passed

Baseline Tests

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

## Temperature Tests

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

## Blank Tests

Test	Status	Time

12:00pm AIR Pass

## Printer Tests

Test	Status	Time

PRNT Pass 12:00pm

CRC Tests

Time Test Status

12:00pm COMP Pass CAL 12:00pm Pass

Preventive Maintenance Status: Pass

**Analyst** 

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

1)=	INTUATIVETERS, WODEL INTOX ECTR II  WHANOVER Instrument Location BAT MUBICE UNIT
County	Instrument Location 1) M 1 10 10 10 10 10 10 10 10 10 10 10 10 1
Instrument Seria	11NO. 008647 WILMINGTON, NC
	<u> </u>
The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	theday 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.
O'THE STATE OF THE	13 CH8
	Signature of Certificing Official Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

> Serial Number: 008647 Test Date: 06/24/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:26pm 11:27pm
ACCY CHK AIR BLK	.07 .00	11:28pm 11:29pm
SUB TEST	.00	11:30pm
AIR BLK	.00	11:31pm
SUB TEST	.00	11:32pm
AIR BLK	.00	11:33pm

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: 2239

Test Date: 06/24/2016 Test Time: 11:34pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR.	Pass	11:34pm
FLO	Pass	11:34pm
FC	Pass	11:34pm

## Temperature Tests

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

## Blank Tests

Test	Status	Time

AIR 11:35pm Pass

## Printer Tests

Test	Status	Time
PRNT	Pass	11:35pm
	CRC Tests	
Test	Status	Time

1696	blacus	Truc
COMP	Pass	11:35pm
CAL	Pass	11:35pm

Preventive Maintenance Status: Pass

Market Carlotte Control

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

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

I certify that on the 24 day of 5016, 20 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

> Serial Number: 008575 Test Date: 06/24/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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 .08	10:03pm 10:04pm 10:05pm
AIR BLK SUB TEST	.00 .00	10:06pm <b>10:06pm</b>
AIR BLK	.00	10:07pm
SUB TEST	.00	10:09pm
AIR BLK	.00	10:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

Serial Number: 008575 Test Record Number: 935

Test Date: 06/24/2016 Test Time: 10:13pm EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	rime
AIR	Pass	10:15pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

10:15pm

CAL

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

. /	INTOXIMETERS, MODEL INTOX EC/IR II
County /	as Hanover Instrument Location New Hanover Coun-
Instrument Serial	No. 008617 Sheriff Defr
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;
<b>7.</b>	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	he
STATE OF NO. 175 NO. 1	Signature of Cartificate Number

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008617 Test Date: 06/23/2016

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

.08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	11:54am
AIR BLK	.00	11:55am
ACCY CHK	.07	11:56am
AIR BLK	.00	11:57am
SUB TEST	.00	11:58am
AIR BLK	.00	11:58am
SUB TEST	.00	12:00pm

12:01pm

Reported AC: .00 2/210L

AIR BLK .00

Signature of Memical 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

## NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008617 Test Record Number: 2609

Test Date: 06/23/2016

Test Time: 12:02pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	12:02pm
FLO	Pass	12:02pm
FC	Pass	12:02pm

## Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:02pm 12:02pm 12:02pm 12:02pm 12:02pm
		_

## Blank Tests

Test	Status	Time
AIR	Pass	12:03pm

## Printer Tests

Test	Status	Time
PRNT	Pass	12:03pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:03pm 12:03pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

rs pressure, or the alcoholic breath simulator thermometer shows intigrade; ate; ellect breath sample;
llect breath sample;
llect breath sample;
being changed before expiration date, or the alcoholic breath very four months or after 125 Alcoholic Breath Simulator tests,
, 20 the forgoing preventive maintenance above, in accordance with current regulations of the N.C. rument is functioning properly.

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

Signature of Certifying Official

Certificate Number

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008667 Test Date: 06/23/2016

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

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

Subject's Sex: Male

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

## NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008667

Test Record Number: 1493

Test Date: 06/23/2016 Test Time: 10:00am EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

Status	Time
Pass	10:01am
Pass	10:01am
Pass	<b>10:</b> 0lam
Pass	10:01am
Pass	10:01am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	10:01am

## Printer Tests

Test	Status	Time
PRNT	Pass	10:01am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:02am 10:02am

Preventive Maintenance Status: Pass

Analyst

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

County NORT	HAMPTON Instrument Location North MPTON CO. SHERIFF'S OFFICE
Instrument Seria	INO. 008688 105 W. JEFFERSON ST. JACKSON, NC
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
four months are:	·
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the /5 day of JUNE, 20 /6 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
OF STATE OF A STATE OF	Signature of Certifying Official Certificate Number

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

> Serial Number: 008688 Test Date: 06/15/2016

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, BRIAN D

Permit Number: 8937E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:52pm
AIR BLK	.00	3:53pm
ACCY CHK	.07	3:54pm
AIR BLK	.00	3:55pm
SUB TEST	.00	3:55pm
AIR BLK	.00	3:56pm
SUB TEST	.00	3:58pm
AIR BLK	.00	3:59pm

Reported AC: ..00 g/210L

Bus De

Signature of Chemical Analyst

Court CVR

## NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008688 Test Date: 06/15/2016

Test Record Number: 723

Test Time: 4:00pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass Pass	4:01pm 4:01pm 4:01pm
Temp	perature Te	ests
Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	4:01pm 4:01pm 4:01pm 4:01pm 4:01pm
E	Blank Tests	5
Test	Status	Time
AIR	Pass	4:02pm
Pr	inter Test	s
Test	Status	Time
PRNT	Pass	4:02pm
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

4:02pm

4:02pm

COMP

CAL

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

intoximeters, model intox ec/ir ii
County NORTHAMPTON Instrument Location NORTHAMPTON G. SHERIFF'S DE
Instrument Serial No. 008607 105 W. JEFFERSONST. JACKSON, N
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:
1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on the
Signature of Certifying Official  STATE OF THE STATE OF T

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT

Serial Number: 008607 Test Date: 06/15/2016

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, BRIAN D

Permit Number: 8937E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:54pm
AIR BLK	.00	3:55pm
ACCY CHK	.07	3:56pm
AIR BLK	.00	3:57pm
SUB TEST	.00	3:57pm
AIR BLK	.00	3:58pm
SUB TEST	.00	4:00pm
AIR BLK	.00	4:01pm

Reported AC:, .00 g/21.0L

Signature of Chemical Analyst

Court CVR

Analyst

## NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008607 Test Date: 06/15/2016

Test Record Number: 841 Test Time: 4:01pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass Pass	4:02pm 4:02pm 4:02pm
Temp	perature T	ests
Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	4:02pm 4:02pm 4:02pm 4:02pm 4:02pm
E	Blank Test:	5
Test	Status	Time
AIR	Pass	4:03pm
Pr	inter Test	S
Test	Status	Time
PRNT	Pass	4:03pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4:03pm

Preventive Maintenance Status: Pass

Pass

CAL

4:03pm

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

	County_	EusLow)	Instrument Location MCA5	NewRiver t
]	Instrume	nt Serial No. <u>0089/</u> 9	<u> </u>	
	The prev		for the Intoximeters, Model Intox EC/IR II to be	followed at least once every
	1.	Verify the ethanol gas of 34 degrees, plus or min	canister displays pressure, or the alcoholic breathus .2 degree centigrade;	h simulator thermometer shows
	2.	Verify instrument displ	ays time and date;	
	3.	Initiate breath test sequ	ence;	
	4.	Enter information as pr	ompted;	
	5.	Verify instrument accur	racy;	
	6.	When "PLEASE BLOV	W" appears, collect breath sample;	•
	7.	When "PLEASE BLOW	N" appears, collect breath sample;	
	8.	Print test record;		
	9.	Verify Diagnostic Prog	ram; and	
	10.	Verify that the ethanol simulator solution is be whichever occurs first.	gas canister is being changed before expiration of ing changed every four months or after 125 Alco	late, or the alcoholic breath oholic Breath Simulator tests,
p	rocedure	es were performed on the instrun	nent indicated above, in accordance with current es, and the instrument is functioning properly.	going preventive maintenance regulations of the N.C.
	Signature Cont. of Signature Con	TATE OF NO PLANT OF THE PARTY O	Tan 21 5 16 00	7
			Signature of Certifying Official	Certificate Number

## ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: 008919 Test Date: 06/23/2016

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:59am 12:00pm
ACCY CHK	.08	12:00pm
AIR BLK	00	12:01pm
SUB TEST	.00	12:02pm
AIR BLK	.00	12:03pm
SUB TEST	.00	12:04pm
AIR BLK	.00	12:05pm

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

Karel E Half
Analyst

## ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: 008919

Test Record Number: 528

System Check: Passed

## Baseline Tests

Test	Status	Time
T.D.		
IR	Pass	12:07pm
FLO	Pass	12:07pm
FC	Pass	12:07pm

## Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	12:08pm

## Printer Tests

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

12:08pm

Preventive Maintenance Status: Pass

Pass

CAL

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

County 01	Instrument Location ONSLOW LOWN HY
Instrument Seri	ial No. 008931 SHERIFFS OFFICE
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
<b>7.</b>	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer	the 33 day of June , 20/6 the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008931 Test Date: 06/23/2016

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

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

Subject's Sex: *Male*<u>Driver's License State: *XX*</u>

Driver's License Number: *NONE* 

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Karl E-Holf
Analyst

## ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008931

Test Record Number: 2413

Test Date: 06/23/2016

Test Time: 11:07am EDT

System Check: Passed

## Baseline Tests

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

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

## Blank Tests

Test Status Time

AIR Pass -11:08am

## Printer Tests

Time Test Status

PRNT 11:08am Pass

CRC Tests

Test Status Time.

COMP Pass 11:08am CAL Pass 11:08am

Preventive Maintenance Status: Pass

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

County	NShow	Instrument Location ON5 Lo	w County
Instrument Se	rial No. <u>008932</u>	SHERIFFS OFFI	· ~
The preventive four months a	<u>-</u>	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 breat ree centigrade;	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" appear	ars, collect breath sample;	
7.	When "PLEASE BLOW" appear	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		ter is being changed before expiration of ged every four months or after 125 Alc	
procedures we	re performed on the instrument indic	20/6 the for cated above, in accordance with current e instrument is functioning properly.	going preventive maintenance t regulations of the N.C.
OF ME STATE OF ME	Can	ture of Certifying Official	354 Certificate Number

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008932 Test Date: 06/23/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HALL, RANDY E

Permit Number: 3462E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	10:47am 10:48am 10:48am
AIR BLK	.00	10:49am
SUB TEST	.00	10:50am
AIR BLK	.00	10:51am
SUB TEST	.00	10:53am
AIR BLK	.00	10:53am

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008932

Test Record Number: 3659

Test Date: 06/23/2016

Test Time: 10:54am EDT

System Check: Passed

## Baseline Tests

IR Pass 10:54am FLO Pass 10:54am EC Page 10:54am	Test	Status	Time
rc rass IV:34all			_ · ·

## Temperature Tests

Status	Time
Pass	10:54am
	Pass Pass Pass Pass

## Blank Tests

Test	Status	Time	

AIR Pass 10:55am

## Printer Tests

Test

PRNT	Pass	10:55am
	CDC First	

Status

Time

#### CRC Tests

Test	Status	Time
COMP	Pass	10:55am
CAL	Pass	10:55am

Preventive Maintenance Status: Pass

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

County (	Instrument Location JACKSONVILLE AS
Instrument Ser	rial No008930
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.
procedures we	the 3 day of 30 day of 30 the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF THE STATE	

ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: 008930 Test Date: 06/23/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	10:20am
AIR BLK	.00	10:21am
ACCY CHK	.08	10:21am
AIR BLK	.00	10:22am
SUB TEST	.00	10:23am
AIR BLK	.00	10:24am
SUB TEST	.00	10:25am
AIR BLK	.00	10:26am

Reported AC: / .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: 008930 Test Date: 06/23/2016 Test Record Number: 2023
Test Time: 10:27am EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	10:28am

## Printer Tests

Status

Test

* * * * * * * * * * * * * * * * * * * *		
PRNT	Pass	10:28am
·	CRC Tests	
Test	Status	Time
COMP	Pass	10:28am
CAL	Pass	10:28am

Time

Preventive Maintenance Status: Pass

Analyst

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

Count	y DUS	Low Instrument Location CAMD Leighter AMD
Instru	ment Serial l	No. 008920
	reventive ma	intenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
		Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 4 degrees, plus or minus .2 degree centigrade;
	2.	Verify instrument displays time and date;
	3. 1	initiate breath test sequence;
	4.	Enter information as prompted;
eff in	5.	Verify instrument accuracy;
	6.	When "PLEASE BLOW" appears, collect breath sample;
	7.	When "PLEASE BLOW" appears, collect breath sample;
Transfer	8.	Print test record;
÷ :	9.	Verify Diagnostic Program; and
. 1	5	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
proced	dures were p	e 23 day of June, 20/6 the forgoing preventive maintenance erformed on the instrument indicated above, in accordance with current regulations of the N.C. alth and Human Services, and the instrument is functioning properly.
THE GREAT CASE	THE STATE OF VO.	Carel EHall 354
		Signature/of Certifying Official Certificate Number

ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008920 Test Date: 06/23/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HALL, RANDY E

Permit Number: 3462E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:29am
AIR BLK	.00	9:30am
ACCY CHK	.08	9:30am
AIR BLK	.00	9:31am
SUB TEST	.00	9:32am
AIR BLK	.00	9:33am
SUB TEST	.00	9:34am
ATR BLK	. 00	9:35am

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

Kardy E Half

#### ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008920

Test Record Number: 1264

Test Date: 06/23/2016

Test Time: 9:36am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time	
IR FLO FC	Pass Pass Pass	9:37am 9:37am 9:37am	
Temp	erature Te	ests	
Test	Status	Time	
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	9:37am 9:37am 9:37am 9:37am 9:37am	
В.	lank Tests	5	
Test	Status	Time	
AIR	Pass	9:38am	
Pr	inter Test	S	
Test	Status	Time	
PRNT	Pass	9:38am	
C	CRC Tests		

Preventive Maintenance Status: Pass

Pass

Pass

Status

Time

9:38am

9:38am

Test

COMP

CAL

Karel E Half
Analyst

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

four months	
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 29 day of JUNE, 20 16 the forgoing preventive maintenance
procedures v	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.
	on the 29 day of JUNE .20 16 the forgoing preventive mainter

ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799 Test Date: 06/29/2016

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: AG525303 Exp Date: 09/10/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	1:36pm 1:37pm
ACCY CHK	.07	1:38pm
AIR BLK	.00	1:39pm
SUB TEST	.00	1:40pm
AIR BLK	.00	1:41pm
SUB TEST	.00	1:42pm
ATR BLK	. 0.0	1:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

#### ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799

Test Record Number: 2161

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:47pm
FLO	Pass	1:47pm
FC	Pass	1:47pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET	Pass Pass Pass	1:47pm 1:47pm 1:47pm
BAR	Pass	1:47pm
$\mathtt{BT}$	Pass	1:47pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:48pm

Printer Tests

IESU	ptatus	TTIII
		•
PRNT	Pass	1:48pm

Ctation

#### CRC Tests

Test	Status	Time
COMP	Pass	1:48pm
CAL	Pass	1:48pm

Preventive Maintenance Status: Pass

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

	County	instrument Location AGRE	[HIIPD
	Instrument Seria	100.00856 828 Martin Chapel Hill N	uther King, I.
	The preventive i	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be for	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;	simulator thermometer shows
	2.	Verify instrument displays time and date;	
	3.	Initiate breath test sequence;	· ·
	4.	Enter information as prompted;	
	5.	Verify instrument accuracy;	
	6.	When "PLEASE BLOW" appears, collect breath sample;	
	7.	When "PLEASE BLOW" appears, collect breath sample;	
	8.	Print test record;	
	9.	Verify Diagnostic Program; and	
	10.	Verify that the ethanol gas canister is being changed before expiration 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,
٠.	I certify that on t procedures were Department of H	he	ing preventive maintenance egulations of the N.C.
	THE STATE OF NO. 1712 OF NO. 1	Ser Tour Co.	
		Signature of Certifying Official	Certificate Number

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856 Test Date: 06/01/2016

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: NC

Driver's License Number: NONE

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2014-11/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	12:33pm 12:33pm 12:34pm 12:35pm
SUB TEST	.00	12:36pm
AIR BLK	.00	12:37pm
SUB TEST	.00	12:39pm
AIR BLK	.00	12:40pm

Reported AC: .00_g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856 Test Date: 06/01/2016 Test Record Number: 2010

Test Time: 12:41pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:42pm
FLO	Pass	12:42pm
FC	Pass	12:42pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:42pm 12:42pm 12:42pm 12:42pm 12:42pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:42pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:43pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:43pm 12:43pm

Preventive Maintenance Status: Pass

Analyst

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

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II	"Aniska
County <u></u>	Instrument Location Mayel Hill P	
Instrument Sei	rial No. 008839 828 Martin Luther King Ar. B	IVe
	Charge HI NI	
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once evere:	гу
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer significantly and degrees, plus or minus .2 degree centigrade;	how
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first.	
	1 (t	
	n the	ince
O'THE STATE OF THE		
COREA		
WALL OF THE PARTY	Able tarley 655	-
	Signature of Certifying-Official Certificate Number	

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008839 Test Date: 06/01/2016

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: 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	Pass	1:16pm 1:17pm
ACCY CHK	.08	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

#### ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008839

Test Record Number: 1459

Test Date: 06/01/2016

Test Time: 1:26pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass Pass	1:26pm 1:26pm 1:26pm
Temp	erature Te	ests
Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	1:26pm 1:26pm 1:26pm 1:26pm 1:26pm
B	lank Tests	3
Test	Status	Time
AIR	Pass	1:27pm
Pr	inter Test	cs
Test	Status	Time
PRNT	Pass	1:27pm
•	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

1:27pm

1:27pm

Analyst

# PREVENTIVE MAINTENANCE RECORD

	County A	Amhico Instrument Location PAmh	
	County	mstrument Location 77077	- wang
	Instrument Ser	rial No. 008640 SHERIT'S 017-	ice
	The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to	be followed at least once every
	1.	Verify the ethanol gas canister displays pressure, or the alcoholic by 34 degrees, plus or minus .2 degree centigrade;	reath simulator thermometer shows
	2.	Verify instrument displays time and date;	
	3.	Initiate breath test sequence;	
	4.	Enter information as prompted;	
•	5.	Verify instrument accuracy;	
	6.	When "PLEASE BLOW" appears, collect breath sample;	
	7.	When "PLEASE BLOW" appears, collect breath sample;	
	8.	Print test record;	
	9.	Verify Diagnostic Program; and	
	10.	Verify that the ethanol gas canister is being changed before expirate simulator solution is being changed every four months or after 125 whichever occurs first.	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
	procedures wer	n the <u>J4</u> day of <u>June</u> , 20/6 the re performed on the instrument indicated above, in accordance with cur. Health and Human Services, and the instrument is functioning properly	forgoing preventive maintenance rent regulations of the N.C.
	STATE OF STA	Signature of Factificities Official	354
		Signature of Certifying Official	Certificate Number

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

#### PAMLICO COUNTY PAMLICO COUNTY SD 680

Serial Number: 008640 Test Date: 06/24/2016

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Driver's License Number: NONE

Analyst's Name: HALL, RANDY E

Permit Number: 3462E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	2:01pm 2:01pm 2:02pm
ACCI CHK AIR BLK SUB TEST	.00	2:03pm 2:03pm
AIR BLK SUB TEST	.00	2:04pm 2:05pm
AIR BLK	.00	2:06pm

Reported AC: 100 g/210L

Signature of Chemical Analyst

Court CVR

Rand E-Half
Analyst

#### PAMLICO COUNTY PAMLICO COUNTY SD 680

Serial Number: 008640 Test Date: 06/24/2016 Test Record Number: 1187
Test Time: 2:08pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass Pass	2:08pm 2:08pm 2:08pm
Temp	erature Te	ests
Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	2:08pm 2:08pm 2:08pm 2:08pm 2:08pm
Blank Tests		
Test	Status	Time
AIR	Pass	2:09pm
Pr	inter Test	s
Test	Status	Time
PRNT	Pass	2:09pm
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

2:09pm

2:09pm

COMP

CAL

Analyst

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

County Par	SEVOTANK Instrument Location BAT Mabike Unit 8
Instrument Se	erial No. 008775 Elizabeth City P.O.
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
<b>10.</b> ,	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the
THE STATE OF THE S	
	Signature of Certifying Official Certificate Number

#### PASQUOTANK COUNTY BAT MOBILE UNIT 8 690

Serial Number: 008775 Test Date: 06/29/2016 Test Record Number: 1643
Test Time: 8:56pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass Pass	8:57pm 8:57pm 8:57pm
Tempe	erature Te	ests
Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	8:57pm 8:57pm 8:57pm 8:57pm 8:57pm
в	ank Tests	3
Test	Status	Time
AIR	Pass	8:57pm
Pri	nter Test	s
Test	Status	Time
PRNT	Pass	8:58pm
c	RC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

8:58pm

8:58pm

COMP

CAL

Analyst

PASQUOTANK COUNTY BAT MOBILE UNIT 8 690

Serial Number: 008775 Test Date: 06/29/2016

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, JASON R

Permit Number: 19145E

Effective:

03/01/2016-03/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test g/210L Time

DIAG 9:00pm Pass AIR BLK .00 9:01pm ACCY CHK .08 9:01pm AIR BLK .00 9:02pm SUB TEST .00 9:03pm 9:03pm AIR BLK .00 SUB TEST .00 9:05pm AIR BLK .00 9:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Signature of Certifying Official

Certificate Number

PENDER COUNTY SHERIFF DEPT ANNEX 700

Serial Number: 008948 Test Date: 06/26/2016

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: RHODES, KENNETH C

Permit Number: 5329E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517403

Exp Date: 06/23/2017

Test	g/210L	Time

DIAG	Pass	3:53pm
AIR BLK	.00	3:54pm
ACCY CHK	.07	3:55pm
AIR BLK	.00	3:55pm
SUB TEST	.00	3:56pm
AIR BLK	.00	3:57pm
SUB TEST	.00	3:58pm
AIR BLK	.00	3:59pm

Reported AC: .00/g/210

Signature of Chemical Analyst

Court CVR

Apalyst Apalyst

#### PENDER COUNTY SHERIFF DEPT ANNEX

Serial Number: 008948

Test Record Number: 730

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:02pm
FLO	Pass	4:02pm
FC	Pass	4:02pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:02pm
SRC	Pass	4:02pm
DET	Pass	4:02pm
BAR	Pass	4:02pm
$\mathtt{BT}$	Pass	4:02pm

#### Blank Tests

Test	Status	Time
7. T D	Dagg	4 · 02mm

#### Printer Tests

Test

COMP

CAL

Time

4:03pm

4:03pm

Pass	4:03pm
CRC Tests	
Status	Time
	CRC Tests

Status

Preventive Maintenance Status: Pass

Pass

Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX ECAR II Instrument Location Instrument Serial No. The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; Initiate breath test sequence; 3. Enter information as prompted; Verify instrument accuracy; 5. When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record; Verify Diagnostic Program; and 9. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. , 20  $\frac{16}{}$  the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

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

Certificate Number

PENDER PENDER COUNTY SD 700

Serial Number: 008946 Test Date: 06/23/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

~/21 AT

Test	g/2101	TIME
DIAG	Pass	1:14pm
AIR BLK	.00	1:15pm
ACCY CHK	.08	1:15pm
AIR BLK	.00	1:16pm
SUB TEST	.00	1:17pm
AIR BLK	.00	1:18pm
SUB TEST	.00	1:19pm
AIR BLK	.00	1:20pm

Reported AC:

.0/0/g//210L_/

Signature of Themical Analyst

Court CVR

Analyst

#### PENDER PENDER COUNTY SD 700

Serial Number: 008946

Test Record Number: 797

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:21pm
FLO	Pass	1:21pm
FC	Pass	1:21pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass	1:21pm 1:21pm 1:21pm 1:21pm 1:21pm
	LULU	

#### Blank Tests

Test	Status	T'ime
AIR	Pass	1:22pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:22pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:22pm

Pass 1:22pm

Preventive Maintenance Status: Pass

CAL

Analyst

	PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EÇ/IR I	
County	Instrument Location Ferral	ler Count
Instrument Se	rial No. 23733	- for Cfs).
The preventive four months a		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath sin 34 degrees, plus or minus .2 degree centigrade;	nulator 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 date simulator solution is being changed every four months or after 125 Alcohowhichever occurs first.	, or the alcoholic breath lic Breath Simulator tests,
I certify that procedures of Department	t on the	ng preventive maintenance gulations of the N.C.
STA STA STA STA STA STA STA STA STA STA	TE OF THE CASE OF	
S APRIL CL		601
· .	Signature of Certifying Official	Certificate Number

PENDER PENDER CO SD 700

Serial Number: 008935 Test Date: 06/23/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:19pm
AIR BLK	.00	1:19pm
ACCY CHK	.07	1:20pm
AIR BLK	.00	1:21pm
SUB TEST	.00	1:22pm
AIR BLK	.00	1:22pm
SUB TEST	.00	1:24pm
AIR BLK	.00	1:25pm

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

#### PENDER PENDER CO SD 700

Serial Number: 008935

Gerial Number: 008935 Test Record Number: 1914/2016 Test Date: 06/23/2016 Test Time: 1:28pm 280T 201

System Check: Passed

#### Baseline Tests

Test	. Status:	Time
IR	Pass	1:27pm
FLO	Pass	1:27pm
FC	Pass	1:270m

#### Temperature Tests

Test	Status	Ti.me
FC1 SRC	Pass Pass	1:27pm 1:27pm
DET	Pass	1:27pm
BAR	Pass	1:27pm
BT	Pass	1:27pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:27pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:27pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:28pm
CAL	Pass	1:28pm

Preventive Maintenance Status: Pass

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

Haraman Lace with the	11110	WHALLS I ISI	<del>-</del>		A BOIL		
County FERSO	M.		Instrument	Location P	eson Co.	. L. C.	· ·
Instrument Serial	No.008693		120 6	URT ST.	Roxa	ioro, NC	
							·
The preventive m four months are:	aintenance proce	dures for the In	toximeters, M	odel Intox EC	/IR II to be	followed at least o	nce every
1.	Verify the ethan 34 degrees, plus	ol gas canister o or minus .2 de	displays pressi gree centigrad	ure, or the alco	holic breath	n simulator thermo	meter shows
2.	Verify instrume	nt displays time	and date;				
3.	Initiate breath te	est sequence;					
4.	Enter information	on as prompted;				·	
5.	Verify instrume	nt accuracy;					
6.	When "PLEASI	E BLOW" appe	ears, collect br	eath sample;			
7.	When "PLEASI	E BLOW" appe	ears, collect br	eath sample;			
8.	Print test record	;					
9.	Verify Diagnos	tic Program; an	d				
10.	Verify that the c simulator soluti whichever occu	on is being char	ster is being c nged every for	hanged before ir months or a	expiration of ther 125 Alco	date, or the alcoho oholic Breath Sim	lic breath ulator tests,
I certify that on to procedures were Department of H	performed on the	day of \(\sum_\nu\nu\nu\nu\nu\nu\nu\nu\nu\nu\nu\nu\nu\	licated above,	in accordance	with curren	going preventive n it regulations of the	naintenance e N.C.
STATE OF ALL STATE	CAROLINA THE STATE OF THE STAT						
APAR 12. 178		Bus	D) Am	dd	<u>.</u>	<u>637</u>	
	<del>-</del>	Sign	nature of Certi	fying Official		Certificate 1	Number

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693 Test Date: 06/01/2016

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, 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: AG517402 Exp Date: 06/23/2017

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693

Test Record Number: 1253

Test Date: 06/01/2016

Test Time: 4:56pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
·	··	
IR	Pass	4:56pm
FLO	Pass	4:56pm
FC _.	Pass	4:56pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time

AIR Pass 4:57pm

#### Printer Tests

Test	Status	Time

PRNT Pass 4:57pm

CRC Tests

Test Status Time -

COMP 4:57pm Pass CAL Pass 4:57pm

Preventive Maintenance Status: Pass

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

County P	Instrument Location PERSON CO. LEC
Instrument Seria	1 NO. OO 8880 120 COURT ST. ROKBORO, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the <u>O</u> day of <u>J</u> we , 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.
STATE OF THE STATE	Signature of Certifying Official Certificate Number

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880 Test Date: 06/01/2016

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, BRIAN D

Permit Number: 8937E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	4:46pm
AIR BLK	.00	4:48pm
ACCY CHK	.08	4:48pm
AIR BLK	.00	4:49pm
SUB TEST	.00	4:50pm
AIR BLK	.00	4:50pm
SUB TEST	.00	4:52pm
AIR BLK	- 00	4:53rm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880

Test Record Number: 975

Test Date: 06/01/2016 Test Time: 4:54pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:55pm
FLO	Pass	4:55pm
FC	Pass	4:55pm
		<del></del>

#### Temperature Tests

Test	Status	Time
FCL SRC DET BAR BT	Pass Pass Pass Pass	4:55pm 4:55pm 4:55pm 4:55pm 4:55pm

#### Blank Tests

Test	٠	Status	Time
AIR		Pass	4:56pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:56pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:56pm 4:56pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County \	INTOXIMETERS, MODEL INTOX ECTRIF  Instrument Location Polk County 50
Instrument Seria	11 No. 008694 46 Ward St. Columbus
The preventive a 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 , 20 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF THE STATE	Signature of Certifying Official Certificate Number

#### POLK COUNTY POLK COUNTY SD 740

Serial Number: 008694 Test Record Number: 1230

System Check: Passed

#### Baseline Tests

	Test	Status	Time	
	IR FLO FC	Pass Pass Pass	3:08pm 3:08pm 3:08pm	
	Temper	ature Tes	sts	
	Test	Status	Time	
	FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	3:08pm 3:08pm 3:08pm 3:08pm 3:08pm	
	Bla	nk Tests		
	Test	Status	Time	
	AIR	Pass	3:08pm	
Printer Tests				
	Test	Status	Time	
	PRNT	Pass	3:09pm	
CRC Tests				
1	Test	Status	Time	
		Pass	3:09pm	

Preventive Maintenance Status: Pass

Pass

3:09pm

CAL

Analyst

POLK COUNTY POLK COUNTY SD 740

Serial Number: 008694 Test Date: 06/01/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective: 01/01/2016-01/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
(e 		
DIAG	Pass	3:11pm
AIR BLK	.00	3:11pm
ACCY CHK	.08	3:12pm
AIR BLK	.00	3:13pm
SUB TEST	.00	3:14pm
AIR BLK	.00	3:15pm
SUB TEST	.00	3:16pm
ATR BIK	. 0.0	3:17pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# PREVENTIVE MAINTENANCE RECORD

	County Pitt	INTOXINIETERS, MODEL INTOX EC/IR II  Instrument Location Pitt (0. Defention Cente  1No. 008662 124 Defention Dr. Green, 11e, N.C.
	_Instrument_Seria	INO. 008662 124 Defention Dr. Greenville, N.C.
	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;
		When "PLEASE BLOW" appears, collect breath sample;
•	8.	Print test record;
	9.	Verify Diagnostic Program; and
	10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
		the <u>24</u> day of <u>1404</u> , 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.
	O'ME STATE OF AN OWNERS AND THE STATE OF AN OWNE	Signature of Certifying Official Certificate Number

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

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008662 Test Date: 06/24/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:37pm 12:38pm
ACCY CHK	.08	12:38pm
AIR BLK	.00	12:39pm
SUB TEST	.00	12:40pm
AIR BLK	.00	12:41pm
SUB TEST	.00	12:42pm
AIR BLK	.00	12:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### PITT COUNTY PITT CO DETENTION 730

Serial Number: 008662

Test Record Number: 904 Test Date: 06/24/2016 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 BT	Pass Pass Pass Pass Pass	12:45pm 12:45pm 12:45pm 12:45pm 12:45pm
	1 420	-2. · 5 Pin

# Blank Tests

Test Stat	us Time
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AIR Pass 12:45pm

#### Printer Tests

Test	Status	Time	

PRNT Pass 12:46pm

#### CRC Tests

Test	Status	Time
COMP	Pass Pass	12:46pm

Preventive Maintenance Status: Pass

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

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

ROWAN BAT MOBILE UNIT 7 790

Serial Number: 008968 Test Date: 06/25/2016

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: INGLE, LARRY W

Permit Number: 7281E

Effective:

02/01/2016-02/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	2:41pm 2:42pm 2:43pm
AIR BLK	.00	2:43pm
SUB TEST	.00	2:44pm
AIR BLK	.00	2:45pm
SUB TEST	.00	2:46pm
AIR BLK	. 9∕ő	2:47pm

Reported AC:

.00 g/2/10I

Signature of Chemical Analyst

Court/CVR

Analyst

### ROWAN BAT MOBILE UNIT 7 790

Serial Number: 008968 Test Record Number: 170

Test Date: 06/25/2016 Test Time: 2:49pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:49pm
FLO	Pass	2:49pm
FC	Pass	2:49pm

# Temperature Tests

Test	Status	Time
FC1	Pass	2:49pm
SRC	Pass	2:49pm
DET	Pass	2:49pm
BAR	Pass	2:49pm
$\mathtt{BT}$	Pass	2:49pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:50pm

# Printer Tests

Test	Status	Time
PRNT	Pass	2:50pm
	CRC Tests	

Test	Status	Time
COMP	Pass	2:50pm
CAL	Pass	2:50pm

Preventive, Maintenance Status: Pass

Analyst

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

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

ROWAN BAT MOBILE UNIT 7 790

Serial Number: 008969 Test Date: 06/25/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: 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

g/210L Time Test

2:58pm DIAG Pass 2:59pmAIR BLK .00 ACCY CHK .08 2:59pm AIR BLK 3:00pm .00 SUB TEST .00 3:01pm AIR BLK .00 3:02pm@4pmب3

SUB TEST .00 AIR BLK

√05/бт

Reported AC:

Signature of Chemidal Analyst

Court

Analyst

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

Rev. 12/2007

### ROWAN BAT MOBILE UNIT 7 790

Serial Number: 008969 Test Date: 06/25/2016

Test Record Number: 170
Test Time: 3:06pm EDT

System Check: Passed

#### <u>Baseline Tests</u>

Test	Status	Time
IR	Pass	3:07pm
FLO	Pass	3:07pm
FC	Pass	3:07pm

### Temperature Tests

Status	Time
Pass	3:07pm
	Pass Pass Pass Pass

### Blank Tests

Test Status Time

AIR Pass 3:07pm

#### Printer Tests

Test Status Time

PRNT Pass 3:08pm

CRC Tests

Test Status Time

COMP Pass 3:08pm CAL Pass 3:08pm

Preventive Maintenance

Analyst

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

Rev. 12/2007

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

County RAVI	Instrument Location Rad Dulph Co. Vail
Instrument Seria	INO. 008860 Ashebores
The preventive n	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of H	the 30 day of 700 , 20 / the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
THE STATE OF A PART 12, THE ST	Signature of Certifying Official Certificate Number

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

RANDOLPH COUNTY RANDOLPH COUNTY JAIL 750

Serial Number: 008860 Test Date: 06/30/2016

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: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2016-02/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	2:18pm 2:19pm
ACCY CHK	.07	2:19pm
AIR BLK	.00	2:20pm
SUB TEST	.00	2:21pm
AIR BLK	.00	2:22pm
SUB TEST	.00	2:23pm
ATP RIK	0.0	2 · 24 nm

Reported AC:

ُوُلُ g/210<u>ك</u>رُ

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

# RANDOLPH COUNTY RANDOLPH COUNTY JAIL 750

Serial Number: 008860

Test Record Number: 2414 

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:29pm
FLO	Pass	2:29pm
FC	Pass	2:29pm
	_ 33.3.6	
Tempe	erature Te	ests
Test	Status	Time
FC1	Pass	2:29pm
SRC	Pass	2:29pm
DET	Pass	2:29pm
BAR	Pass	2:29pm
$\mathtt{BT}$	Pass	2:29pm
		-
B]	lank Tests	5
Test	Status	Time
AIR	Pass	2:30pm
Pri	nter Test	S
Test	Status	Time

1000	Deacap	TIME
PRNT	Pass	2:30pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:30pm 2:30pm

Preventive Maintenance Status: Pass

Analyst

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

County	ANdolph Co. Instrument Location Revelolph Co. JA:/
Instrument Seri	al No. DO 889, Asheboro NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
<b>7.</b>	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
THE STATE OF THE S	

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

Signature of Certifying Official

RANDOLPH COUNTY RANDOLPH CO. JAIL 750

Serial Number: 008899 Test Date: 06/30/2016

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: 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	2:02pm 2:02pm 2:03pm
AIR BLK	.00	2:04pm
SUB TEST	. 00	2:05pm
AIR BLK	.00	2:06pm
SUB TEST	.00	2:07pm
AIR BLK	.00	2:08pm

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Court CVR

RANDOLPH COUNTY RANDOLPH CO. JAIL 750

Serial Number: 008899

Test Record Number: 2357

Test Date: 06/30/2016

Test Time: 2:10pm EDT

System Check: Passed

Baseline Tests

Status	Time
Pass	2:11pm
Pass	2:11pm
Pass	2:11pm
	Pass Pass

### Temperature Tests

Test	Status	T'ime
FC1	Pass	2:11pm
SRC	Pass	2:11pm
DET	Pass	2:11pm
BAR	Pass	2:11pm
BT	Pass	2:11pm

### Blank Tests

Test	Status	Time
AIR	Pass	2:12pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:12pm
	CRC Tests	
Test	Status	Time

COMP 2:12pm Pass CAL Pass 2:12pm

Preventive Maintenance Status: Pass

Analyst

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

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

Signature of Certifying Official

Certificate Number

ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

> Serial Number: 008796 Test Date: 06/15/2016

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: DEAN, L K

Permit Number: 11598E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:43pm 12:44pm
ACCY CHK	.07	12:44pm
AIR BLK	.00	12:45pm
SUB TEST	.00	12:46pm
AIR BLK	.00	12:47pm
SUB TEST	.00	12:49pm
AIR BLK	.00	12:49pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

Serial Number: 008796

Test Record Number: 2189 Test Time: 12:50pm EDT

Test Date: 06/15/2016

System Check: Passed

#### Baseline Tests

Test	Status	Time
ĪR	Pass	12:50pm
FLO	Pass	12:50pm
FC	Pass	12:50pm

# Temperature Tests

Test	Status	Time
FC1	Pass	12:51pm
SRC	Pass	12:51pm
DET	Pass	12:51pm
BAR	Pass	12:51pm
BT	Pass	12:51pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:51pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:51pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:51pm

Preventive Maintenance Status: Pass

Pass

12:51pm

CAL

PREVENTIVE MAINTENANCE RECORD

Instrument Serial No. OOS 784  The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at le four months are:  1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator the 34 degrees, plus or minus 2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic Breath whichever occurs first.  1 certify that on the day of day o	ERS, MODEL INTOX EC/IR II	INTOX
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at le four months are:  1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator the 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alc simulator solution is being changed every four months or after 125 Alcoholic Breath whichever occurs first.  1 certify that on the	Instrument Location Keids VIIIe	County KOCKINGNA
four months are:  1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator the 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alc simulator solution is being changed every four months or after 125 Alcoholic Breath whichever occurs first.  I certify that on the	Police Department	Instrument Serial No. 0087
four months are:  1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator the 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alc simulator solution is being changed every four months or after 125 Alcoholic Breath whichever occurs first.  I certify that on the	e Intoximeters, Model Intox EC/IR II to be followed at least once every	The preventive maintenance proced
34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alc simulator solution is being changed every four months or after 125 Alcoholic Breath whichever occurs first.  1 certify that on the	·	•
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alc simulator solution is being changed every four months or after 125 Alcoholic Breath whichever occurs first.  I certify that on the	er displays pressure, or the alcoholic breath simulator thermometer shows degree centigrade;	1. Verify the ethanol 34 degrees, plus o
4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alc simulator solution is being changed every four months or after 125 Alcoholic Breath whichever occurs first.  1 certify that on the	me and date;	2. Verify instrument
5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alc simulator solution is being changed every four months or after 125 Alcoholic Breath whichever occurs first.  1 certify that on the		3. Initiate breath test
6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alc simulator solution is being changed every four months or after 125 Alcoholic Breath whichever occurs first.  I certify that on the	ed;	4. Enter information
7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alc simulator solution is being changed every four months or after 125 Alcoholic Breath whichever occurs first.  I certify that on the		5. Verify instrument
8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alc simulator solution is being changed every four months or after 125 Alcoholic Breath whichever occurs first.  I certify that on the	ppears, collect breath sample;	6. When "PLEASE !
9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcosimulator solution is being changed every four months or after 125 Alcoholic Breath whichever occurs first.  I certify that on the	ppears, coilect breath sample;	7. When "PLEASE !
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath whichever occurs first.  I certify that on the		8. Print test record;
simulator solution is being changed every four months or after 125 Alcoholic Breath whichever occurs first.  I certify that on the	and	9. Verify Diagnostic
procedures were performed on the instrument indicated above, in accordance with current regulations of Department of Health and Human Services, and the instrument is functioning properly.	anister is being changed before expiration date, or the alcoholic breath hanged every four months or after 125 Alcoholic Breath Simulator tests,	simulator solution
THE COLLAN VIDENT	indicated above, in accordance with current regulations of the N.C.	procedures were performed on the i
The state of the s	Signature of Certificial Certificate Number	CAROLINA STATE OF A OR A CAROLINA STATE OF A OR A STATE OF A O

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

#### ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784 Test Date: 06/15/2016

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: DEAN, L K

Permit Number: 11598E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:42am 11:43am 11:43am
AIR BLK	.00	11:44am
SUB TEST	.00	11:45am
AIR BLK	.00	11:46am
SUB TEST	.00	11:47am
AIR BLK	.00	11:48am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

# ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784 Test Date: 06/15/2016 Test Record Number: 947
Test Time: 11:49am EDT

System Check: Passed

### Baseline Tests

	Chahaa	Time
Test	Status	TIME
IR FLO FC	Pass Pass Pass	11:50am 11:50am 11:50am
		, t

### Temperature Tests

Test	Status	Time
FC1	Pass	11:50am
SRC	Pass	11:50am
DET	Pass	11:50am
BAR	Pass	11:50am
BT	Pass	11:50am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:51am

#### Printer Tests

Test	Status	Time
PŔŊŢ	Pass	11:51am
•	CRC Tests	•
Test	Status	Time
COMP	Pass	11:51am

Preventive Maintenance Status: Pass

Analyst

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

	County Ko	Instrument Location BAT Mobile Unitil
		m 00 50 7 7
	Instrument Seria	I NO. <u>OU 54 / 1824.</u>
	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;
٠.	3.	Initiate breath test sequence;
-	4.	Enter information as prompted;
	5.	Verify instrument accuracy;
	6.	When "PLEASE BLOW" appears, collect breath sample;
	7.	When "PLEASE BLOW" appears, collect breath sample;
	8.	Print test record;
	9.	Verify Diagnostic Program; and
	10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
		the
	THE STATE OF A STATE O	
	- MITTERSON	Signature of Certifying Official Certificate Number
		form the second

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

### ROWAN COUNTY BAT MOBILE UNIT 7 790

Serial Number: 008972

Test Record Number: 212

Test Date: 06/11/2016 Test Time: 5:02pm EDT

System Check: Passed

Baseline Tests

Test	Status_	Time
		m
IR	Pass	5:03pm
FLO	Pass	5:03pm
FC	Pass	5:03pm

#### Temperature Tests

Status	Time
Pass	5:03pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time

AIR Pass 5:03pm

### Printer Tests

Test	Status	Time
PRNT	Pass	5:03pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

ROWAN COUNTY BAT MOBILE UNIT 7 790

Serial Number: 008972 Test Date: 06/11/2016

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: 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: AG425303 Exp Date: 10/10/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	5:10pm 5:11pm 5:11pm 5:12pm 5:13pm
AIR BLK	.00	5:14pm
SUB TEST	.00	5:16pm
AIR BLK	.00	5:17pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

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

County ROU	INTOXIMETERS, MODEL INTOX EC/IR II  Instrument Location SA / 15/2/194	
County / ) OU	Instrument Location A // Str/f CA	_
Instrument Serial	NOCO8835 Police Department	_
	,	_
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every	
1. 1. 1. 1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	W:
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
 7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before 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	е
OF THE STATE OF AN	A Swar 642	

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

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008835 Test Date: 06/01/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	2:38pm 2:39pm
ACCY CHK	.07	2:39pm
AIR BLK	.00	2:40pm
SUB TEST	.00	2:41pm
AIR BLK	.00	2:42pm
SUB TEST	.00	2:43pm
ATR BLK	.00	2:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ROWAN COUNTY SALISBURY PD 790

Serial Number: 008835

Test Record Number: 1798

Test Date: 06/01/2016

Test Time: 2:45pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time	
IR FLO FC	Pass Pass Pass	2:45pm 2:45pm 2:45pm	
Temperature Tests			

Test	Status	Time
FC1	Pass	2:45pm
SRC	Pass	2:45pm
DET	Pass	2:45pm
BAR	Pass	2:45pm
BT	Pass	2:45pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:46pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:46pm
	CRC Tests	
Test	Status	Time

Test	Status	Time
COMP	Pass	2:46pm
CAL	Pass	2:46pm

Preventive Maintenance Status: Pass

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

County_/	Instrument Location SA/15	burg
Instrument Se	rial No. 008868 16/10e Dep	partment
	<i>y</i> -	
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be re:	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;	to an a
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration desimulator solution is being changed every four months or after 125 Alco whichever occurs first.	ate, or the alcoholic breath holic Breath Simulator tests,
I certify that o procedures we Department of	n the	oing preventive maintenance regulations of the N.C.
THE GLANT WITE STATE OF THE COLUMN TO STATE O	Signature of Certifying Official	Certificate Number

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

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868 Test Date: 06/01/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: DEAN, L K

Permit Number: 11598E Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

~ / O 1 O T

FF 2 ....

·	rest	g/210L	Time
I	DIAG	Pass	2:12pm
Z	AIR BLK	.00	2:12pm
Z	ACCY CHK	.07	2:13pm
Z	AIR BLK	.00	2:14pm
8	SUB TEST	.00	2:14pm
Z	AIR BLK	.00	2:15pm
8	SUB TEST	.00	2:17pm
Z	AIR BLK	.00	2:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868 Test Date: 06/01/2016

Test Record Number: 2582
Test Time: 2:19pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time	
IR FLO FC	Pass Pass Pass	2:19pm 2:19pm 2:19pm	
Temp	erature Te	ests	
Test	Status	Time	
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	2:19pm 2:19pm 2:19pm 2:19pm 2:19pm	
E	Blank Tests	3	
Test	Status	Time	
AIR	Pass	2:20pm	
Printer Tests			
Test	Status	Time	
PRNT	Pass	2:20pm	
CRC Tests			
Test	Status	Time	
COMP CAL	Pass Pass	2:20pm 2:20pm	

Preventive Maintenance Status: Pass

Anaiyst

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

County	Kowan Instrument Location BAT MOBILE 7
Instrument S	erial No. 008969
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	on the
THE STATE OF THE S	
	Signature of Certifying Official Certificate Number

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

DHHS 4080 (11/07)

ROWAN BAT MOBILE UNIT 7 790

Serial Number: 008969 Test Date: 07/04/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

<u>Driver's License State: XX</u>

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	3:36pm
AIR BLK	.00	3:37pm
ACCY CHK	.08	3:37pm
AIR BLK	.00	3:38pm
SUB TEST	.00	3:39pm
AIR BLK	.00	3:40pm
SUB TESŢ	.00	3 41 pm
AIR BLK	- 00	1/3:42 pm

Reported AC:

g/210L

Signature of Chemical Analyst

Court CVA

Analyst

#### ROWAN BAT MOBILE UNIT 7 790

Serial Number: 008969

Test Record Number: 173

Test Date: 07/04/2016 Test Time: 3:44pm EDT

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

Status	Time
Pass	3:44pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	3:45pm

### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst/

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

County	ROWAN Instrument Location BAT MOBILE 7
Instrument Se	erial No
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures we Department of	on the 4th day of 1ucy, 20/6 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
CREAT STATE OF THE COREAT STATE OF THE CORE OF	659
	Signature of Certifying Official Certificate Number

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

ROWAN BAT MOBILE UNIT 7 790

Serial Number: 008971 Test Date: 07/04/2016

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

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

Subject's Sex: Male

<u>Driver's License State: XX</u>

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 T	'ime
DIAG PA AIR BLK .0 ACCY CHK .0 AIR BLK .0 SUB TEST .0 AIR BLK .0 SUB TEST .0 AIR BLK .0	307 3 300 3 300 3 300 3 300 3	:48pm :49pm :50pm :50pm :51pm :52pm :54pm

Reported AC: 0 g/

Signature of Chemical Analyst

Court OVR

Analyst

#### ROWAN BAT MOBILE UNIT 7 790

Serial Number: 008971

Test Record Number: 118

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
CAL	Pass	3:58pm

Preventive Maintenance Status: Pass

Analyst/

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

(شم	INTOXIMETERS, MODEL INTOX EC/IK II
County /5 OL	UAW Instrument Location China Grove
Instrument Seri	al No DOBBLOZ POLICE DEPARTMENT
1	
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;
<b>7.</b>	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
OF USE STATE OF US	
ARRI 12. DE	
	Signature of Course in a Official Course of No.

ROWAN COUNTY CHINA GROVE PD 790

Serial Number: 008862 Test Date: 06/01/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

05/01/2015-05/01/2017

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

Agency: DHHS Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	11:57am
AIR BLK	.00	11:58am
ACCY CHK	.07	11:58am
AIR BLK	.00	12:00pm
SUB TEST	.00	12:00pm
AIR BLK	.00	12:01pm
SUB TEST	.00	12:03pm
AIR BLK	.00	1.2:04pm

Reported, AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### ROWAN COUNTY CHINA GROVE PD 790

Serial Number: 008862 Test Date: 06/01/2016

Test Record Number: 637 Test Time: 12:05pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass Pass	12:05pm 12:05pm 12:05pm
Temp	perature Te	ests
Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:05pm 12:05pm 12:05pm 12:05pm 12:05pm
E	Blank Tests	3
Test	Status	Time
AIR	Pass	12:06pm
Pr	inter Test	S
Test	Status	Time
PRNT	Pass	12:06pm

Preventive Maintenance Status: Pass

Pass

Pass

CRC Tests

Status

Time

12:06pm

12:06pm

Test

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	Se para	INTOXIMETERS, MODEL INTOX EC/IR II
	County	Instrument Location Jan p. Son Lounty
	Instrument Se	rial No. 008877 Sheriff Dept
	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 shows 34 degrees, plus or minus .2 degree centigrade;
	2.	Verify instrument displays time and date;
3	3.	Initiate breath test sequence;
	4.	Enter information as prompted;
	5.	Verify instrument accuracy;
	6.	When "PLEASE BLOW" appears, collect breath sample;
5	7.	When "PLEASE BLOW" appears, collect breath sample;
	8.	Print test record;
	9.	Verify Diagnostic Program; and
	10.	Verify that the ethanol gas canister is being changed before 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 oprocedures we Department of	on the
	STATE STATE	
	APRIL 12. TT	

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

Signature of Certifying Official

Certificate Number

SAMPSON COUNTY SAMPSON COUNTY SD 810

Serial Number: 008877 Test Date: 06/22/2016

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: RHODES, KENNETH C

Permit Number: 5329E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:31pm
AIR BLK	.00	1:32pm
ACCY CHK	.08	1:32pm
AIR BLK	.00	1:33pm
SUB TEST	.00	1:34pm
AIR BLK	.00	1:35pm
SUB TEST	.00	1:36pm
AIR BLK	.00	1:37pm

Reported AC: .00/g/210L

Signature of Chemical Analyst

Court CVR

K. C. Malyst

#### SAMPSON COUNTY SAMPSON COUNTY SD 810

Serial Number: 008877 Test Date: 06/22/2016 Test Record Number: 2300 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	1:39pm
SRC	Pass	1:39pm
DET	Pass	1:39pm
BAR	Pass	1:39pm
$\mathtt{BT}$	Pass	1:39pm

#### 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

Preventive Maintenance Status: Pass

Pass

1:39pm

CAL

Knalyst

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

	County	7MPSON	Instrument Location 59 mg	pson County
	Instrument Seria	1No. 008825	Sherif	7 Dept
	The preventive refour months are:		Intoximeters, Model Intox EC/IR II to I	pe followed at least once every
	1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic bre egree centigrade;	ath simulator thermometer shows
	2.	Verify instrument displays tim	ne and date;	
	3.	Initiate breath test sequence;		
	4.	Enter information as prompted	d;	÷
	5.	Verify instrument accuracy;		
1	6.	When "PLEASE BLOW" app	pears, collect breath sample;	
	7.	When "PLEASE BLOW" app	pears, collect breath sample;	
	8.	Print test record;		
	9.	Verify Diagnostic Program; a	nd	
	10.	Verify that the ethanol gas car simulator solution is being ch whichever occurs first.	nister is being changed before expiratio anged every four months or after 125 A	n date, or the alcoholic breath alcoholic Breath Simulator tests,
	I certify that on procedures were Department of I	performed on the instrument in	ndicated above, in accordance with currly the instrument is functioning properly	ent regulations of the N.C.
	THE COUNTY TO STATE OF	CAROLLINA A		1 .02 8
	wanana.	Si ₁	gnature of Certifying Official	Certificate Number

SAMPSON COUNTY SAMPSON CO SD 810

Serial Number: 008825 Test Date: 06/22/2016

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: RHODES, KENNETH C

Permit Number: 5329E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test g/210L Time

Pass	1:29pm
.00	1:30pm
.07	1:30pm
.00	1:31pm
-00	1:32pm
.00	1:33pm
.00	1:35pm
.00	1:35pm
	.00 .07 .00 .00 .00

Reported AC: .00/g/

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

#### SAMPSON COUNTY SAMPSON CO SD 810

Serial Number: 008825

Test Record Number: 2127

Test Date: 06/22/2016

SRC

DET

BAR

CAL

BT

Test Time: 1:37pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass Pass	1:37pm 1:37pm 1:37pm
Temp	perature Te	ests
Test	Status	Time
FC1	Pass	1:37pm

#### Pass 1:37pm Pass 1:37pm 1:37pm Pass

1:37pm

1:38pm

#### Blank Tests

Pass

Test	Status	Time
AIR	Pass	1:38pm

#### Printer Tests

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

Pass

Preventive Maintenance Status: Pass

Analyst

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

County 50	Instrument Location	Jurry County Jail
Instrument Seri	1 00000011	Dobson N.C.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox E	C/IR II to be followed at least once every
<b>1</b> .	Verify the ethanol gas canister displays pressure, or the ale 34 degrees, plus or minus .2 degree centigrade;	coholic breath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed befor simulator solution is being changed every four months or whichever occurs first.	
I certify that on procedures wer Department of	the day of JUNE, 20/ re performed on the instrument indicated above, in accordance Health and Human Services, and the instrument is functioning	e with current regulations of the N.C.
CREAT STATE OF THE	Vogeth CARO	
+ car Quan viola	Signature of Certifying Officia	Certificate Number

SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934 Test Date: 06/23/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

09/01/2014-09/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

g/210L Time Test DIAG Pass 3:57pm AIR BLK .00 3:5.7pmACCY CHK .07 3:58pm 3:59pm AIR BLK .00 3:59pm SUB TEST .00 4:00pm AIR BLK .00 SUB TEST .00 4:02pm AIR BLK, .00 4:03pm

Reported AC:

00 g/210L

Signature of Chemical Analyst

Court CVR

#### SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934

Test Record Number: 1641

Test Date: 06/23/2016

Test Time: 4:04pm EDT

System Check: Passed

#### Baseline Tests

<del></del>			
Status	Time		
Pass	4:04pm		
Pass	4:04pm		
Pass	4:04pm		
erature Te	ests		
Status	Time		
Pass	4:04pm		
Blank Tests			
Status	Time		
Pass	4:05pm		
Printer Tests			
Status	Time		
Pass	4:05pm		
CRC Tests			
Status	Time		
	Pass Pass Pass Pass erature Te Status  Pass Pass Pass Pass Pass Pass Iank Tests Status Pass CRC Tests		

Preventive Maintenance Status: Pass

Pass

Pass

COMP CAL 4:05pm

4:05pm

Analyst

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

County <u>Su</u>	Instrument Location Mount Airy
Instrument Seria	al No. 008943 Police Department
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
_{2, 3} 3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on to procedures were Department of H	theday of, 20
O'ME STATE O'N O'ME S	Signature of Certifying Official Certificate Number

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943 Test Date: 06/24/2016

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

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

<del>Subj</del>ect's Sex: *Male* 

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

Analyst's Name: BENFIELD II, KENNETH R

Permit Number: 22067E Effective:

09/01/2014-09/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Teat

1656	9/2101	TTIIIC
DIAG	Pass	10:06am
AIR BLK	.00	10:06am
ACCY CHK	.08	10:07am
AIR BLK	.00	10:08am
SUB TEST	.00	10:08am
AIR BLK	.00	10:09am
SUB TEST	.00	10:11am
AIR BLK,	.00	10:12am

a/210T.

Time

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

#### SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943 Test Record Number: 1826 Test Date: 06/24/2016 Test Time: 10:13am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time	
IR	Pass	10:13am	
FLO	Pass	10:13am	
FC	Pass	10:13am	
Temp	erature Te	ests	
Test	Status	Time	
FC1	Pass	10:13am	
SRC	Pass	10:13am	
DET	Pass	10:13am	
BAR	Pass	10:13am	
BT	Pass	10:13am	
<u>-</u>		_ , , _ , , , , , , , , , , , , , , , ,	
Ē	lank Tests	3	
Test	Status	Time	
AIR	Pass	10:14am	
Printer Tests			
Test	Status	Time	
PRNT	Pass	10:14am	
CRC Tests			
Test	Status	Time	
COMP	Pass	10:14am	

Preventive Maintenance Status: Pass

Pass

10:14am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Harring	INTOAINETERS, WC	It last	Nountain
County <u></u>	Instrun	nent Location / //0//	<u> </u>
Instrument Se	rial No	Police a	Department
The preventive four months a	e maintenance procedures for the Intoximeters	s, Model Intox EC/IR II to be fo	llowed at least once every
11.	Verify the ethanol gas canister displays progress, plus or minus .2 degree centig	ressure, or the alcoholic breath s grade;	imulator 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	t breath sample;	
7.	When "PLEASE BLOW" appears, collect	et 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 whichever occurs first.	ng changed before expiration dat four months or after 125 Alcoh	te, or the alcoholic breath solic Breath Simulator tests,
I certify that of procedures we Department of	on theday ofU\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	ove, in accordance with current r	ing preventive maintenance egulations of the N.C.
OF THE STATE OF TH	Signature of C	Certifying Official	Certificate Number

SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938 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: 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: AG434201 Exp Date: 12/08/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	2:17pm 2:17pm 2:18pm 2:19pm
SUB TEST	.00	2:20pm
AIR BLK	.00	2:21pm
SUB TEST	.00	2:22pm
AIR BLK	).00	2:23pm

Reported AC:

, 0,0% д/2170 г

Signature of Chemical Analyst

Court CVR

#### SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938

Test Record Number: 551 Test Date: 06/17/2016 Test Time: 2:24pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time	
IR	Pass	2:25pm	
FLO	Pass	2:25pm	
FC	Pass	2:25pm	
Temp	erature Te	ests	
Test	Status	Time	
FC1	Pass	2:25pm	
SRC	Pass	2:25pm	
DET	Pass	2:25pm	
BAR	Pass	2:25pm	
BT	Pass	2:25pm	
E	lank Tests	5	
Test	Status	Time	
AIR	Pass	2:25pm	
Printer Tests			
Test	Status	Time	
PRNT	Pass	2:25pm	
CRC Tests			
Test	Status	Time	

Preventive Maintenance Status: Pass

Pass

Pass

2:26pm

2:26pm

COMP

CAL

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

County 4	Stanly	Instrument Location 5+an	ly County SD
Instrument Se	erial No. <u>008842</u>	126 S. 319 S	treet, Albemail
The preventiv	ve maintenance procedures for the Intoxi are:	meters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister disp 34 degrees, plus or minus .2 degree		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 breath sample;	
7.	When "PLEASE BLOW" appears,	collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister simulator solution is being changed whichever occurs first.		
	on the <u>300</u> day of <u>JUNC</u> ere performed on the instrument indicate of Health and Human Services, and the in	d above, in accordance with curren	going preventive maintenance t regulations of the N.C.
STATE STATE	CAROLLI CAROLL		
ASIE 12. ITA	_ My E CELL	e of Certifying Official	Certificate Number

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008842 Test Date: 06/03/2016

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: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	2:23pm 2:24pm 2:24pm 2:25pm
SUB TEST	.00	2:26pm
AIR BLK SUB TEST	.00	2:27pm
	.00	2:28pm
AIR BLK	.00	2:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

#### STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008842 Test Date: 06/03/2016 Test Record Number: 1781
Test Time: 2:19pm EDT

System Check: Passed

Baseline Tests

<u> </u>		
Test	Status	Time
IR FLO FC	Pass Pass Pass	2:20pm 2:20pm 2:20pm
Tem	perature Te	ests
Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	2:20pm 2:20pm 2:20pm 2:20pm 2:20pm
	Blank Tests	3
Test	Status	Time
AIR	Pass	2:21pm
P	rinter Test	S
Test	Status	Time
PRNT	Pass	2:21pm
	CRC Tests	

Preventive Maintenance Status: Pass

Pass

Pass

Status

Time

2:21pm

2:21pm

Test

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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

#### SCOTLAND COUNTY BAT MOBILE UNIT 8 820

Serial Number: 008775 Test Date: 06/11/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:48pm 10:49pm 10:50pm
AIR BLK	.00	10:51pm
SUB TEST AIR BLK	.00 .00	10:51pm 10:52pm
SUB TEST	.00	10:52pm
AIR BLK	.00	10:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Jonya B Skinen Analyst

#### SCOTLAND COUNTY BAT MOBILE UNIT 8 820

Serial Number: 008775 Test Date: 06/11/2016 Test Record Number: 1632 Test Time: 10:55pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass Pass	10:56pm 10:56pm 10:56pm
Temp	erature Te	ests
Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:56pm 10:56pm 10:56pm 10:56pm 10:56pm
В	lank Tests	3
Test	Status	Time
AIR	Pass	10:56pm
Pr	inter Test	ts
Test	Status	Time
PRNT	Pass	10:56pm

Preventive Maintenance Status: Pass

Pass

Pass

CRC Tests

Status

Test

COMP

CAL

Time

10:57pm

10:57pm

Analyst

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

	meritaria.	INTUATMETERS, MODEL INTUA EC/IR II
	County	oftland Instrument Location Dat Mobile Unit
	Instrument Seria	INO 20860) Lourin burg P.D
	The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
٠	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
	THE STATE OF A LOCAL PROPERTY OF THE STATE OF A LOCAL PROPERTY OF THE STATE OF A LOCAL PROPERTY OF THE STATE	Signature of Certifying Official Certificate Number

#### SCOTLAND COUNTY BATMOBILE UNIT 8 820

Serial Number: 008601 Test Date: 06/11/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

08/01/2015-08/01/2017

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

Agency: DHHS
Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Jonya B Stinger

#### SCOTLAND COUNTY BATMOBILE UNIT 8 820

Serial Number: 008601 Test Record Number: 1175
Test Date: 06/11/2016 Test Time: 11:20pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time	
IR FLO FC	Pass Pass Pass	11:21pm 11:21pm 11:21pm	
Tem	perature Te	ests	
Test	Status	Time	
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:21pm 11:21pm 11:21pm 11:21pm 11:21pm	
I	Blank Tests	5	
Test	Status	Time	
AIR	Pass	11:21pm	
Pı	rinter Test	S	
Test	Status	Time	
PRNT	Pass	11:21pm	
CRC Tests			
Test	Status	Time	
COMP CAL	Pass Pass	11:22pm 11:22pm	

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	-	INIOXIMETERS, MODEL INIOX ECIR II
	County (	Instrument Location Tat Mobile Unita
	Instrument Seria	INO.008816 Laurinburg PD
	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 show 34 degrees, plus or minus .2 degree centigrade;
	2.	Verify instrument displays time and date;
	3.	Initiate breath test sequence;
	4.	Enter information as prompted;
	5.	Verify instrument accuracy;
	6.	When "PLEASE BLOW" appears, collect breath sample;
	7.	When "PLEASE BLOW" appears, collect breath sample;
*	8.	Print test record;
	9.	Verify Diagnostic Program; and
	10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
		the day of day of , 20 ) the forgoing preventive maintenance
	I certify that on procedures were Department of I	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	NO CATALON CONTRACTOR OF THE PARTY OF THE PA
1	APRIL 12, 578  ESE QUAN VIDEN	Jonya B Stimper 644
	* - +	Signature of Certifying Official Certificate Number

COTLAND COUNTY BAT MOBILE UNIT 8 820

Serial Number: 008816 Test Date: 06/11/2016

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	Pass	10:54pm 10:55pm
ACCY CHK	.07	10:55pm
AIR BLK SUB TEST	.00 .00	10:56pm <b>10:57pm</b>
AIR BLK	.00	10:57pm
SUB TEST	.00	10:59pm
AIR BLK	.00	11:00pm

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

### SCOTLAND COUNTY BAT MOBILE UNIT 8 820

Serial Number: 008816

Test Record Number: 7232 Test Date: 06/11/2016 Test Time: 11:02pm EDT

System Check: Passed

#### Baseline Tests

Test	- Status -	Time
IR FLO FC	Pass Pass Pass	11:02pm 11:02pm 11:03pm
<u>.</u> –	T 0110 10	

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	11:03pm 11:03pm 11:03pm 11:03pm 11:03pm
$\mathtt{BT}$	Pass	TT:02bm

#### Blank Tests

Test	Status	Time
AIR	Pass	11:03pm

#### Printer Tests

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

11:03pm

Preventive Maintenance Status: Pass

Pass

CAL

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

County L	Instrument Location Wayhow PD
Instrument Ser	rial No. 008598 3620 Providence Rd, Waxhaw
	704-843-0353
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	n the 3 day of June, 20 16 the forgoing preventive maintenance are performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATE OF THE STATE	CAROUS AND
* FOR QUAM VIDE	Dave Star
	Signature of Certifying Official Certificate Number

UNION COUNTY WAXHAW PD 890

Serial Number: 008598 Test Date: 06/03/2016

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: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	11:17am 11:18am 11:18am 11:20am 11:21am
SUB TEST	.00	11:22am
AIR BLK	.00	11:23am

Reported AC: .00 g/210L

nature of Chemical Analyst

Court CVR

#### UNION COUNTY WAXHAW PD 890

Serial Number: 008598 Test Record Number: 629 Test Date: 06/03/2016 Test Time: 11:25am

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:25am
${ t FLO}$	Pass	11:25am
FC	Pass	11:25am

#### Temperature Tests

Status	Time
Pass	11:25am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time

AIR Pass 11:26am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:26am
	CRC Tests	

Test	Status	Time
COMP	Pass	11:26am
CAT.	Pagg	11 · 26am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD

		RS, MODEL INTOX EC/IR II	
County /ar	· Cl	Instrument Location Vance	Co. Sheriffis
	808637	156 Church	<u> </u>
Instrument Serial	No. <u>OO 8 1 7</u>	Henderson	1
The preventive n four months are:	naintenance procedures for the In	itoximeters, Model Intox EC/IR II to be follo	owed at least once every
<b>1.</b>	Verify the ethanol gas canister of 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath sim gree centigrade;	ulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ears, collect breath sample;	
7.	When "PLEASE BLOW" 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 charwhichever occurs first.	ister is being changed before expiration date, nged every four months or after 125 Alcohol	or the alcoholic breath lic Breath Simulator tests,
I certify that on procedures were Department of I	nerformed on the instrument inc	the forgoin dicated above, in accordance with current regular the instrument is functioning properly.	g preventive maintenance gulations of the N.C.
TO STATE OF THE ST	Sig	nature of Certifying Official	Certificate Number

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937 Test Date: 06/06/2016

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	12:32pm 12:33pm 12:34pm 12:35pm
SUB TEST	.00	12:35pm
AIR BLK	.00	12:36pm
SUB TEST	.00	12:38pm
AIR BLK	.00	12:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937

Test Record Number: 2237

Test Date: 06/06/2016 Test Time: 12:42pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
1000	Deacas	11110
	D	12:43pm
IR	Pass	12:43pm
FLO	Pass	12:43pm
ГПО	Eass	_
FC	Pass	12:43pm
T. C	1 400	· · · · · · · · · · · · · · · · · ·

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	12:43pm 12:43pm
DET	Pass	12:43pm
BAR	Pass	12:43pm
BT	Pass	12:43pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:44pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:44pm
	CRC Tests	

Test	Status	Time
COMP	Pass	12:44pm

Preventive Maintenance Status: Pass

Analyst

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

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

<i>j</i> .	INTOXIMETERS, MODEL INTOX EC/IR II
County / A	nstrument Location Vance Co. Sher./// 9
Instrument Seri	al No. 008870 156 Church St.
	Henderson, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the day of
STATE OF THE STATE	NORTH CAROUS
TARE OF OLS	Dule Fer Cen 655
	Signature of Certifying Official Certificate Number
•	and the second of the second o

### VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870 Test Date: 06/06/2016

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: 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

DIAG Pass 12:16pm AIR BLK .00 12:17pm ACCY CHK .07 12:17pm AIR BLK .00 12:18pm SUB TEST .00 12:19pm AIR BLK .00 12:20pm SUB TEST .00 12:21pm AIR BLK .00 12:22pm AIR BLK .00 12:22pm	Test	g/210L	Time
	AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	.00 .07 .00 .00	12:17pm 12:17pm 12:18pm 12:19pm 12:20pm
	AIR BLK		12:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services

Rev. 12/2007

### VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870

Test Record Number: 1356 

System Check: Passed

#### Baseline Tests

Test	Status	Time
1000	Deacab	110
IR	Pass	12:24pm
FLO	Pass	12:24pm
FC	Pass	12:24pm

### Temperature Tests

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

### Blank Tests

Test	Status	Time
ATR	Pass	12:25pm

### Printer Tests

Test	Status	Time
PRNT	Pass	12:25pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:25pm 12:25pm

Preventive Maintenance Status: Pass

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

County /	Ushed Instrument Location Bot MOBILE ( with T
Instrument Ser	ial No. 008686 <u>CAAJ</u>
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the day of , 20 / the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifiving Official Cartificate Number

### WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008686

Test Record Number: 6402

System Check: Passed

### Baseline Tests

Test	Status	Time
Test	beacus	Time
<b>T</b> D	The en en	10.20-
IR	Pass	12:36am
O.TH	Pass	12:36am
1.110	Labb	
FC	Pass	12:36am

### Temperature Tests

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

### Blank Tests

Test	Status	Time
ATR	Pass	12:37am

#### Printer Tests

rest	Status	TIME
PRNT	Pass	12:37am

#### CRC Tests

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

Preventive Maintenance Status: Pass

WAKE COUNTY BAT MOBILE UNIT 10 910

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: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	12:18am 12:19am 12:20am
AIR BLK	.00	12:20am
SUB TEST	.00	12:21am
AIR BLK	.00	12:22am
SUB TEST	.00	12:24am
ATR RIK	0.0	12:24am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County	Wake Instrument Location 34T NIOBILE LOW, T
Instrument S	Serial No. <u>008637</u> <u>Cany</u>
The prevent four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify tha procedures Department	at on the
STA	Signature/of Certifying Official Certificate Number

### WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008637 Test Record Number: 2869
Test Date: 07/01/2016 Test Time: 11:25pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time	
IR FLO FC	Pass Pass Pass	11:26pm 11:26pm 11:26pm	
Temp	perature Te	ests	
Test	Status	Time	
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:26pm 11:26pm 11:26pm 11:26pm 11:26pm	
Blank Tests			
Test	Status	Time	
AIR	Pass	11:27pm	
Pi	rinter Test	cs	
Test	Status	Time	
PRNT	Pass	11:27pm	
CRC Tests			
Test	Status	Time	
COMP	Pass	11:27pm	

Preventive Maintenance Status: Pass

Pass

CAL

11:27pm

Analyst

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008637 Test Date: 07/01/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

<del>Subject's Sex: *Male-*</del>

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

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:09pm 11:10pm 11:11pm
AIR BLK	.00	11:12pm
SUB TEST	.00	11:12pm
AIR BLK	.00	11:13pm
SUB TEST	.00	11:15pm
ATR BLK	.00	11:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

	County	JAKE	_ Instrument Location \[ \int 341 \fmathred{H}	10Bile Levit
	Instrument Seria	al No. 008776	<u>CARR</u>	
	The preventive four months are	•	Intoximeters, Model Intox EC/IR II to b	e followed at least once every
	1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 o	er displays pressure, or the alcoholic breadegree centigrade;	th simulator thermometer shows
	2.	Verify instrument displays tin	ne and date;	
	3,	Initiate breath test sequence;		
	4.	Enter information as prompte	d;	
	5.	Verify instrument accuracy;		
	6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
	7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
	8.	Print test record;		
;	9.	Verify Diagnostic Program;	and	
	10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nnister is being changed before expiration nanged every four months or after 125 A	date, or the alcoholic breath leoholic Breath Simulator tests,
	I certify that on procedures wer Department of	e performed on the instrument i	ndicated above, in accordance with curred the instrument is functioning properly.	orgoing preventive maintenance ent regulations of the N.C.
	OF TANK O. THE CO.	NOTAL CAROLINA		
	* ESE QUAM VIDEN		( War The Market )	636
		S	ignature of Certifying Official	Certificate Number

### WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008776 Test Date: 07/01/2016

Test Record Number: 3313 Test Time: 11:20pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:20pm
FLO	Pass	11:20pm
FC	Pass	11:20pm

### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:20pm 11:20pm 11:20pm 11:20pm 11:20pm

### Blank Tests

Test	Status	Time
AIR	Pass	11:21pm

AIR Pass

Test

### Printer Tests

	i	
PRNT	Pass	11:21pm

Status

Time

#### CRC Tests

	CICC TODES	
Test	Status	Time
COMP CAL	Pass Pass	11:21pm 11:21pm

Preventive Maintenance Status: Pass

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008776 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

<u>Driver's License State: XX</u> Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	11:12pm 11:13pm 11:13pm 11:14pm
SUB TEST	.00	11:15pm
AIR BLK	.00	11:16pm
SUB TEST	.00	11:17pm
AIR BLK	.00	11:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR IL Instrument Location² 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; 3. Initiate breath test sequence; Enter information as prompted; Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. Print test record; 8. Verify Diagnostic Program; and 9. 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 C 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

#### WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: 008786 Test Date: 06/24/2016

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test 9	/210L	Time
--------	-------	------

DIAG	Pass	12:46pm
AIR BLK	.00	12:47pm
ACCY CHK	.07	12:48pm
AIR BLK	.00	12:48pm
SUB TEST	.00	12:49pm
AIR BLK	.00	12:50pm
SUB TEST	.00	12:51pm
AIR BLK	.00	12:52pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

Fine A. Keese

### WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: 008786 Test Record Number: 249

Test Date: 06/24/2016 Test Time: 12:54pm EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

#### Blank Tests

Test	Status	Time	

AIR Pass 12:55pm

### Printer Tests

Test	Status	Time
PRNT	Pass	12:55pm

### CRC Tests

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

Preventive Maintenance Status: Pass

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

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 theday of, 20 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.

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

Signature of Certifying Official

Certificate Number

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008671 Test Date: 06/29/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

<u>Driver's License State: XX</u>

Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

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

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	4:33pm 4:34pm 4:35pm 4:36pm
SUB TEST AIR BLK	.00 .00	4:37pm 4:38pm
SUB TEST AIR BLK	<b>.00</b> .00	<b>4:39pm</b> 4:40pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Find A Cosel

### WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008671

Test Record Number: 4377

Test Date: 06/29/2016

Test Time: 4:41pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass Pass	4:42pm 4:42pm 4:42pm
Temp	erature Te	ests
Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	4:42pm 4:42pm 4:42pm 4:42pm 4:42pm
В	lank Tests	3
Test	Status	Time
AIR	Pass	4:42pm
Pr	inter Test	s
Test	Status	Time
PRNT	Pass	4:43pm
	CRC Tests	
Test	Status	Time
	_	

Preventive Maintenance Status: Pass

Pass

Pass

4:43pm 4:43pm

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	INTOXIMETERS, MODEL INTOX ECTR II  Instrument Location Wayne Co. Determine Co.	1
Instrument Se	erial No. 006649 201E. Mestrus St., Golds Boro, F	<u></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 sho 34 degrees, plus or minus .2 degree centigrade;	ws
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.	s,
procedures w	on the 29th day of 100p, 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.	ce
STATION OF	Signature of Certifying Official Certificate Number	ar.

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008649 Test Date: 06/29/2016

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	Pass	4:35pm
AIR BLK	.00	4:36pm
ACCY CHK	.07	4:36pm
AIR BLK	.00	4:37pm
SUB TEST	.00	4:37pm
AIR BLK	.00	4:38pm
SUB TEST	.00	4:40pm
ATR BLK	.00	4:41pm

Reported AC: _.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures

### WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008649

Test Record Number: 2918

Test Date: 06/29/2016

Test Time: 4:42pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	4:43pm
FLO	Pass	4:43pm
FC	Pass	4:43pm
Temp	erature Te	ests
Test	Status	Time
FC1	Pass	4:43pm
SRC	Pass	4:43pm
DET	Pass	4:43pm
BAR	Pass	4:43pm
BT	Pass	4:43pm
<b>1</b> 21		- · · - · F · · ·
E	lank Tests	3
Test	Status	Time
AIR	Pass	4:44pm
Pr	inter Test	cs
Test	Status	Time
PRNT	Pass	4:44pm
CRC Tests		
Test	Status	Time
COMP	Pass	4:44pm

Preventive Maintenance Status: Pass

Pass

CAL

4:44pm

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

-	INTOXIME	ERS, MODEL INTOX EC/1	IX II
County	Wayne	Instrument Location Segunda	er Johnson P. F
Instrument S	Serial No. <u>008879</u>	1010 Vermont Carri	son dd., Gold,
			Note.
The prevent four months		he Intoximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus	ster displays pressure, or the alcoholic breat 2 degree centigrade;	h 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	<i>'</i> ;	•
6.	When "PLEASE BLOW"	appears, collect breath sample;	
7.	When "PLEASE BLOW"	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program	a; and	
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is being changed before expiration changed every four months or after 125 Ale	date, or the alcoholic breath coholic Breath Simulator tests,
•	200	and the second	
procedures	were performed on the instrumen	the fo t indicated above, in accordance with curre and the instrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
			· .
GREAT GE	THE O'NO THE CARD		
A COLE CITY	W. TORKY	The A. Meed	647
	- Canada de la casa de	Signature of Certifying Official	Certificate Number

WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: 008879 Test Date: 06/03/2016

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, 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	10:29am 10:30am 10:31am 10:32am 10:33am 10:34am
SUB TEST	.00	10:35am
ATR BLK	. 0.0	10:36am

Reported AC: __00 g/210L

Signature of Chemical Analyst

. Court CVR

Analyst

### WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: 008879

Test Record Number: 422

Test Date: 06/03/2016

Test Time: 10:37am EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
	•	
IR	Pass	10:38am
FLO	Pass	10:38am
FC	Pass	10:39am

### Temperature Tests

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

#### Blank Tests

Test	Status	Time

AIR Pass 10:41am

### Printer Tests

Test

PRNT	Pass	10:41am

Status

Time

### CRC Tests

Test	Status	Time
COMP	Pass	10:41am
CAL	Pass	10:41am

Preventive Maintenance Status: Pass

Analyst

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

	County_/	MAC	Instrument Location WAKE)	- Ole-12-3 1
	Instrument Se	erial No. <u>008700</u>	225 S. TAYLOR ST.	WAKE FOREST, NC
	The preventive four months a		e Intoximeters, Model Intox EC/IR II to	o be followed at least once every
	1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	ter displays pressure, or the alcoholic b degree centigrade;	reath simulator thermometer shows
	2.	Verify instrument displays t	ime and date;	
	3.	Initiate breath test sequence	;	
	4.	Enter information as prompt	ted;	
	5.	Verify instrument accuracy;		
	6.	When "PLEASE BLOW" a	ppears, collect breath sample;	
ĺ	7.	When "PLEASE BLOW" a	ppears, collect breath sample;	
	8.	Print test record;	•	
	9.	Verify Diagnostic Program;	and	
	10.	Verify that the ethanol gas of simulator solution is being of whichever occurs first.	anister is being changed before expirate changed every four months or after 125	ion date, or the alcoholic breath Alcoholic Breath Simulator tests,
	I certify that procedures w Department	on the 29 day of 10 day of	indicated above, in accordance with cund the instrument is functioning proper	e forgoing preventive maintenance irrent regulations of the N.C.
	STATISTICS OF THE STATIST OF THE STATIST OF THE STATIST OF THE STATIST OF THE STATIS	CAROLLA CAROLL	Λ <i>I</i> 4	
	O QUAN	1 / N.	Signature of Certifying Official	637 Certificate Number

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700 Test Date: 06/29/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

<u>Driver's License State: XX</u>

Driver's License Number: NONE

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

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

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

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

Reported AC: .00 g/210L

Signature of Chémical Analyst

Court CVR

Analyst

### WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700

Test Record Number: 1107

Test Date: 06/29/2016

Test Time: 11:10am EDT

System Check: Passed

#### -Baseline-Tests-

Test	Status	Time
IR FLO FC	Pass Pass Pass	11:10am 11:10am 11:10am
Temn	erature Te	ests

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

### Blank Tests

Test		Status	Time	

AIR Pass 11:11am

### Printer Tests

Test	Status	Time
PRNT	Pass	11:11am

#### CRC Tests

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

Preventive Maintenance Status: Pass

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

	County	WAKE	Instrument Location PAT	MOBILE ONIT
	Instrument S	erial No. <u>008824</u>	RACI	ETGH, NC
	The prevention four months		toximeters, Model Intox EC/IR II to be	e followed at least once every
	1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	lisplays pressure, or the alcoholic brea ree centigrade;	th simulator thermometer shows
	2.	Verify instrument displays time	and date;	
	3.	Initiate breath test sequence;		
	4.	Enter information as prompted;		
	5.	Verify instrument accuracy;		
	6.	When "PLEASE BLOW" appe	ars, collect breath sample;	
)). 17	7.	When "PLEASE BLOW" appe	ars, collect breath sample;	
ui, i	8.	Print test record;		
	9.	Verify Diagnostic Program; and		
	10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ster is being changed before expiration ged every four months or after 125 Al	date, or the alcoholic breath coholic Breath Simulator tests,
	procedures v	vere performed on the instrument ind	the force to the force instrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
k.,	CARTA STATE OF THE CARE AT THE	ES NORTH CAROLINA		· · ·
	ARRIL 12. TO	Olu-K	33-	C+8
100	•	Sign	ature of Certifying Official	Certificate Number

WAKE COUNTY BAT MOBILE UNIT 9 910

Serial Number: 008826 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: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:06pm 11:07pm
ACCY CHK AIR BLK	.08 .00	11:07pm 11:08pm
SUB TEST	.00	11:09pm
AIR BLK	.00	11:09pm
SUB TEST	.00	11:11pm
ATR RIK	. 00	11:120m

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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### WAKE COUNTY BAT MOBILE UNIT 9 910

Serial Number: 008826

Test Record Number: 7938

Test Date: 06/17/2016

Test Time: 11:13pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	11:13pm
FLO	Pass	11:13pm
FC	Pass	11:14pm

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	11:14pm

### Printer Tests

rest	Status	Time
PRNT	Pass	11:14pm
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

11:14pm

11:14pm

COMP

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

		01-1-			51-1 / h	<del>) ( </del>
	Instrument Se	rial No. <u>008616</u>		3/4 6616	D17/2	
	The preventiv	e maintenance procedures for the	Intoximeters, Model Intox	EC/IR II to be folk	owed at least o	nce every
	1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	r displays pressure, or the a egree centigrade;	ilcoholic breath sin	nulator thermo	meter shows
	2.	Verify instrument displays tin	ne and date;			
	3.	Initiate breath test sequence;		•		
	4.	Enter information as prompte	d;			
	5.	Verify instrument accuracy;				
	6.	When "PLEASE BLOW" ap	pears, collect breath sample	<del>3</del> ;		
<u> </u>	7.	When "PLEASE BLOW" ap	pears, collect breath sample	ð;		
· # - #	8.	Print test record;				
	9.	Verify Diagnostic Program; a	nd			V.
	10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nister is being changed befi anged every four months o	ore expiration date r after 125 Alcohol	, or the alcohol lic Breath Simu	ic breath ulator tests,
	I certify that of procedures we Department of STATE	on theday of ere performed on the instrument in f Health and Human Services, and	ウロビ , 20_ndicated above, in accordar the instrument is function	nce with current reg	g preventive n gulations of the	naintenance N.C.
	STORY OF THE STORY	CAR			7	·
A STATE OF THE STA	WALLS OF THE PROPERTY OF THE P	Distriction	K 10-		<u> </u>	- 23
Received to	•	Si	gnature of Certifying Offic	ial	Certificate N	lumber

WAKE COUNTY BAT MOBILE UNIT 9 910

Serial Number: 008616 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: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

08/01/2015-08/01/2017

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	11:02pm 11:03pm 11:04pm 11:05pm 11:06pm
AIR BLK	.00	11:07pm
SUB TEST	.00	11:08pm
AIR BLK	.00	11:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### WAKE COUNTY BAT MOBILE UNIT 9 910

Serial Number: 008616 Test Date: 06/17/2016 Test Record Number: 2228

Test Time: 11:17pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time	
IR FLO FC	Pass Pass Pass	11:17pm 11:17pm 11:17pm	
Tempe	rature Te	sts	
Test	Status	Time	ŧ
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:17pm 11:17pm 11:17pm 11:17pm 11:17pm	
Bla	ank Tests		
Test	Status	Time	
AIR	Pass	11:18pm	
Pri	nter Test	S	
Test	Status	Time	
PRNT	Pass	11:18pm	
C	RC Tests		
Test	Status	Time	ţ
COMP	D	<b>1</b> 1 0	

Preventive Maintenance Status: Pass

Pass

Pass

11:18pm

11:18pm

COMP

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

		INTOXIMETERS, MODEL INTOX EC/1R II
	County	INTOXIMETERS, WODEL INTOXECTION  DAT MOBILE UNIT
	Instrument Se	
-	<u> </u>	
	The preventive four months a	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;
Succession	6.	When "PLEASE BLOW" appears, collect breath sample;
	7.	When "PLEASE BLOW" appears, collect breath sample;
	8.	Print test record;
	9.	Verify Diagnostic Program; and
	10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	I certify that procedures w Department o	n the
	STAIL	
	ESE QUAM	W- K, 15- 648
100.044		Signature of Certifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 9 910

Serial Number: 008647 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: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

08/01/2015-08/01/2017

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:59pm 11:00pm
ACCY CHK	.07	11:01pm
AIR BLK	.00	11:01pm
SUB TEST	.00	11:02pm
AIR BLK	.00	11:03pm
SUB TEST	.00	11:05pm
ATR BLK	.00	11:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### WAKE COUNTY BAT MOBILE UNIT 9 910

Serial Number: 008647 Test Date: 06/17/2016 Test Record Number: 2236
Test Time: 11:07pm EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	11:08pm 11:08pm 11:08pm 11:08pm
BT	Pass	11:08pm

#### Blank Tests

Test	Status	Time
AIR	Pass	11:08pm

### Printer Tests

Test	Status	Time
PRNT	Pass	11:08pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	11:08pm 11:08pm

Preventive Maintenance Status: Pass

Analyst