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

County_	ALAMANCE			tion ALA			JAIL
Instrumen	t Serial No. <u>XX 8853</u>					•	
The preve	ntive maintenance procedures for the Ir	toximeters,	Model Ir	itox EC/IR 1	I to be fo	llowed at lea	ast once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	lisplays pres ree centigra	ssure, or a	the alcoholic	breath s	imulator the	rmometer sho
2.	Verify instrument displays time	and date;					
3.	Initiate breath test sequence;						
4.	Enter information as prompted;						
5.	Verify instrument accuracy;						
6.	When "PLEASE BLOW" appea	rs, collect b	reath san	ıple;			
7.	When "PLEASE BLOW" appea			-			
8.	Print test record;						
9.	Verify Diagnostic Program; and	·					
10.	Verify that the ethanol gas caniston simulator solution is being change whichever occurs first.	er is being c ed every fou	hanged burners	efore expira or after 125	tion date, Alcohol	or the alcoh ic Breath Sir	olic breath nulator tests,
certify that rocedures v epartment	on the day of	ited above, i	, 20 n accord is functio	the ance with cu	e forgoing rrent regi	g preventive ulations of th	maintenance le N.C.
O'THE STATI	CAROLLI JULIA	. D ;	Smi	H		<i>(35</i> )	7
	Signatur	e of Certify	ing Offic	ial	<del></del>	Certificate N	<u> </u>

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008853 Test Date: 05/19/2016

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

Analyst's Name: SMITH, BRIAN D
Permit Number: 8937E
Effective: 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	2:38pm
ACCY CHK	.08	2:39pm 2:40pm
AIR BLK SUB TEST	.00	2:41pm 2:41pm
AIR BLK SUB TEST	.00	2:42pm 2:44pm
AIR BLK	100	2:45pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008853 Test Date: 05/19/2016

Test Record Number: 1941 Test Time: 2:45pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	2:45pm
FLO	Pass	2:45pm
FC	Pass	2:45pm

## Temperature Tests

Test	Status	Time
FC1	Pass	2:46pm
SRC	Pass	2:46pm
DET	Pass	2:46pm
BAR	Pass	2:46pm
BT	Pass	2:46pm

### Blank Tests

Test	Status	Time
AJR	Pass	2:46pm

## Printer Tests

Test	Status	Time
PRNT	Pass	2:46pm
	CRC Tests	: :
Test	Status	Time

CAL Pass 2:46pm

Preventive Maintenance
Status: Pass

Pass

2:46pm

COMP

S) Amost

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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County	Deautors	_ Instrument I	ocation <u>be</u>	enfort	Co.	Cours
Instrument S	Serial No. <u>DD 8918</u>	102 E.	and s	5. Wa	shine	421
The preventi	ve maintenance procedures for the are:	Intoximeters, Mod	lel Intox EC/IR I	to be followe	d at least of	once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure egree centigrade;	, or the alcoholic	breath simula	tor thermo	meter 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" appo	ears, collect breath	ı sample;			
7.	When "PLEASE BLOW" appe	ears, collect breath	ı sample;			
8.	Print test record;					
9.	Verify Diagnostic Program; and	i				
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ster is being chang ged every four mo	ged before expirate on the or after 125	tion date, or th Alcoholic Bre	e alcoholic eath Simul	breath ator tests,
rocedures wer	theday of re performed on the instrument indi Health and Human Services, and th	TA / cated ábove, in ac e instrument is fu	_, 20 / the cordance with cunctioning properly	e forgoing prev rrent regulatio y.	entive ma	intenance I.C.
OF THE STATE OF TWO 20, 1775	SCHOOL CAROLING	. 12				

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

Signature of Certifying Official

Certificate Number

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008918 Test Date: 05/12/2016

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

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

Analyst's Name: KEESLER, LINDA A
Permit Number: 11646E
Effective:
08/01/2015-08/01/2017

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00 .00	11:35am 11:35am 11:36am 11:37am 11:38am 11:39am 11:40am
=		· CIII

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008918 Test Date: 05/12/2016 Test Record Number: 468
Test Time: 11:31am EDT

•

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:32am 11:32am
FC	Pass	11:32am

## Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:32am 11:32am 11:32am 11:32am

### Blank Tests

Test	Status	Time
AIR	Pass	11:33am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:33am

### CRC Tests

Test	Status	Time
COMP	Pass	11:33am
CAL	Pass	11:33am

Preventive Maintenance Status: Pass

Analyst

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

County	Juncomb Instrument Location But Mobile Unit 11
Instrument S	erial No. <u>00 8973</u>
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ure:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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	theday of, 20, 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.
THE STATE OF THE	Chi V WW 658
	Signature of Certifying Official Certificate Number

### BUNCOMBE BAT MOBILE UNIT 11 100

Serial Number: 008973 Test Date: 05/07/2016

Test Record Number: 116
Test Time: 7:08pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	7:09pm 7:09pm
FC	Pass	7:09pm

## Temperature Tests

Test	Status	Time
FC1	Pass	7:09pm
SRC	Pass	7:09pm
DET	Pass	7:09pm
BAR	Pass	7:09pm
BT	Pass	7:09pm

### Blank Tests

Test	Status	Time
AIR	Pass	7:09pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:09pm
	CRC Tests	

Test	Status	Time
COMP	Pass	7:10pm
CAL	Pass	7:10pm

Preventive Maintenance Status: Pass

Analyst

BUNCOMBE BAT MOBILE UNIT 11 100

Serial Number: 008973 Test Date: 05/07/2016

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: 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/210 <b>L</b>	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	7:01pm 7:02pm 7:03pm
AIR BLK	.00	7:04pm
SUB TEST	.00	7:04pm
AIR BLK	.00	7:05pm
SUB TEST	.00	7:06pm
ATR BLK	ሰሰ	$7 \cdot 0.7 \text{rm}$

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County	BRUNSWICK	Instrument Location_c	BATI	MOBILE	UNIT
Instrument So	BRUNSWICK erial No. 008616		CALA	BASH, A	) C
The preventive four months a	ve maintenance procedures for the In	ntoximeters, Model Intox E	C/IR II to be f	oflowed at least o	nce every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	displays pressure, or the al gree centigrade;	coholic breath	simulator thermo	meter 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.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.	ter is being changed before ged every four months or a	expiration date fter 125 Alcoho	e, or the alcoholic olic Breath Simul	breath ator tests,
I certify that or procedures were Department of	n the <u>27</u> day of <u>1</u> , re performed on the instrument indic Health and Human Services, and the	A . , 20 / 6 ated above, in accordance instrument is functioning	/ the forgoi with current re properly.	ng preventive ma gulations of the N	intenance N.C.
STATE OF STA	NO CAROLINA	· · · · · · · · · · · · · · · · · · ·			
ARIL 12, 1778		23-	Wip Mare	648	ž.
	Signat	ure of Certifying Official	est the est	Certificate Nun	<del></del>

#### BRUNSWICK COUNTY BAT MOBILE UNIT 9 090

Serial Number: 008616 Test Date: 05/27/2016

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00 .00	11:15pm 11:16pm 11:17pm 11:18pm 11:19pm 11:19pm 11:21pm
AIR BLK	.00	11:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## BRUNSWICK COUNTY BAT MOBILE UNIT 9 090

Serial Number: 008616 Test Date: 05/27/2016

Test Record Number: 2220 Test Time: 11:23pm EDT

System Check: Passed

### Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:24pm 11:24pm 11:24pm 11:24pm 11:24pm

#### Blank Tests

Test	Status	Time
AIR	Pass	11:24 m

## Printer Tests

Test	Status	Time
PRNT	Pass	11:24pm
	CRC Tests	
Test	Status	Time
COMP	Pass	11:24pm

Preventive Maintenance Status: Pass

Pass

11:24pm

CAL

Analyst

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

County	BRUNSWICK	Instrument Location	BAT MOBILE UNIT
Instrument S	erial No. <u>OOS 707</u>		CALABASH, NC
The prevention 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 of	er displays pressure, or the a	alcoholic breath simulator thermometer show
2.	Verify instrument displays tir	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample	
7.	When "PLEASE BLOW" app	pears, collect breath sample	, ,
8.	Print test record;		
9.	Verify Diagnostic Program; ar	nd	
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	nister is being changed befo nnged every four months or	re expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
certify that or rocedures we Department of	n the	7. , 20 / dicated above, in accordance the instrument is functioning	the forgoing preventive maintenance with current regulations of the N.C. g properly.
OTHE STATE OF	AOR H CAROLL		
TOE QUAM VIDEN	al al	ReBone	648
*	Sign	ature of Certifying Official	Certificate Number

BRUNSWICK COUNTY BAT MOBILE UNIT 9 090

Serial Number: 008707 Test Date: 05/27/2016

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	11:18pm 11:19pm 11:20pm 11:21pm 11:22pm
SUB TEST	.00	11:23pm
AIR BLK	.00	11:24pm
	.00	Dill

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## BRUNSWICK COUNTY BAT MOBILE UNIT 9 090

Serial Number: 008707 Test Date: 05/27/2016

Test Record Number: 2307 Test Time: 11:26pm EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:27pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:28pm
	CRC Tests	

Test	Status	Time
COMP	Pass	11:28pm
CAL	Pass	11:28pm

Preventive Maintenance Status: Pass

Analyst

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

County	BRUNSWICK	Instrument Location_	BAT MOBILE L	116
Instrument S	derial No. <u>OOS647</u>		CALABASH, N	<u>C</u>
***				
The preventi four months	ve maintenance procedures for the In are:	atoximeters, Model Intox	EC/IR II to be followed at least once	e every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	displays pressure, or the a gree centigrade;	coholic breath simulator thermome	ter show
2.	Verify instrument displays time	and date;	•	
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appear	ars, collect breath sample;		
7.	When "PLEASE BLOW" appear	ars, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.	ter is being changed befor ged every four months or	e expiration date, or the alcoholic batter 125 Alcoholic Breath Simulato	reath r tests,
I certify that o procedures we Department of	on the	ated above, in accordance	the forgoing preventive maint with current regulations of the N.Cg properly.	enance
STATE OF THE STATE	A CONTRACTOR OF THE PROPERTY O			
ARIL 12, VT6	_ Clu-K	Bank		· .
	Signat	ure of Certifying Official	Certificate Number	 ≥r

## BRUNSWICK COUNTY BAT MOBILE UNIT 9 090

Serial Number: 008647 Test Date: 05/27/2016

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00 .00	11:50pm 11:51pm 11:52pm 11:53pm 11:54pm 11:54pm
AIR BLK	.00	11:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## BRUNSWICK COUNTY BAT MOBILE UNIT 9 090

Serial Number: 008647

Test Record Number: 2228 Test Time: 11:57pm EDT

Test Date: 05/27/2016

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:58pm
FLO	Pass	11:58pm
FC	Pass	11:58pm

## Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:58pm 11:58pm 11:58pm 11:58pm 11:58pm
		_

### Blank Tests

Test	Status	Time
AIR	Pass	11:59pm

## Printer Tests

Test	Status	Time
PRNT	Pass	11:59pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:59pm 11:59pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

INTOXIMETERS, MODEL INTOX EC/IR II	
County BRUNSWICK Instrument Location BAT M	LIBILE ()N
Instrument Serial No. 008647 LELAN	0 NC
· · · · · · · · · · · · · · · · · · ·	,
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be follow four months are:	ved at least once every
<ol> <li>Verify the ethanol gas canister displays pressure, or the alcoholic breath simu</li> <li>34 degrees, plus or minus .2 degree centigrade;</li> </ol>	lator 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 date, or simulator solution is being changed every four months or after 125 Alcoholic whichever occurs first.	
I certify that on the	preventive maintenance ations of the N.C.
STATE OF NOTICE	
Signature of Certifying Official C	'ertificate Number

## BRUNSWICK COUNTY BAT MOBILE UNIT 9 090

Serial Number: 008647 Test Date: 05/21/2016

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	9:53pm 9:54pm 9:55pm
AIR BLK	.00	9:56pm
SUB TEST	.00	9:57pm
AIR BLK	.00	9:58pm
SUB TEST	.00	9:59pm
AIR BLK	.00	10:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## BRUNSWICK COUNTY BAT MOBILE UNIT 9 090

Serial Number: 008647 Test Date: 05/21/2016

Test Record Number: 2224
Test Time: 10:01pm EDT

System Check: Passed

### Baseline Tests

Test Sta	atus Time
IR Pas FLO Pas FC Pas	ss 10:01pm

## Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	10:02pm

#### Printer Tests

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

10:02pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

County Ca	barrus Instrument Location Cabarrus County ST
Instrument Seri	ial No. 008590 30 Corban Ave., Concord
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;
<b>5.</b>	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the 3 5 day of May, 20 16 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
THE STATE OF A STATE O	Signature of Certifying Official Certificate Number

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

Certificate Number

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008590 Test Date: 05/31/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	3:22pm 3:23pm 3:24pm 3:25pm 3:26pm 3:27pm 3:29pm
AIR BLK	.00	3:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008590

Test Record Number: 2707

Test Date: 05/31/2016

Test Time: 3:31pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:32pm
FLO	Pass	3:32pm
FC	Pass	3:32pm

### Temperature Tests

Test	Status	Time
FC1	Pass	3:32pm
SRC	Pass	3:32pm
DET	Pass	3:32pm
BAR	Pass	3:32pm
BT	Pass	3:32pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:33pm

### Printer Tests

Test	Status	Time
PRNT	Pass	3:33pm
	CRC Tests	
Test	Status	Time

	200000	0
COMP	Pass	3:33pm
CAL	Pass	3:33pm

Preventive Maintenance Status: Pass

Analyst

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

County	Cabaccus Instrument Location Cabaccus County SD
Instrument	Serial No. 008625 30 Corban Ave, Concord
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures	t on the 3/5+ day of May, 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.
STAR STAR	TE ON OCCUPANT OF THE OCCUPANT
A FOR QUAM	OOO
	// Signature of Certifying Official Certificate Number

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008625 Test Date: 05/31/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	3:29pm 3:30pm 3:30pm
AIR BLK	.00	3:31pm
SUB TEST	.00	3:32pm
AIR BLK	.00	3:33pm
SUB TEST	.00	3:35pm
AIR BLK	.00	3:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008625

Test Record Number: 4227

Test Date: 05/31/2016

Test Time: 3:24pm EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	3:25pm
SRC	Pass	3:25pm
DET	Pass	3:25pm
BAR	Pass	3:25pm
BT	Pass	3:25pm

#### Blank Tests

Test.	Status	Time
ATR	Pagg	3 • 26pm

### Printer Tests

Test	Status	Time
PRNT	Pass	3:26pm
	CRC Tests	

Test	Status	Time
COMP	Pass	3:26pm
CAL	Pass	3:26pm

Preventive Maintenance Status: Pass

Analyst

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

County	Cabarrus Instrument Location Cabarrus County SD
Instrument Se	erial No. 008792 30 Corban Ave, Concord
The preventive four months as	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shadegrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister 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.
procedures wer	n the 3 st day of May, 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.
OF STATE OF THE ST	Signature of Certifying Official Certificate Number

#### CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008792 Test Date: 05/31/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Test	g/210L	Time
DIAG	Pass	3:31pm
AIR BLK	.00	3:31pm
ACCY CHK	.08	3:32pm
AIR BLK	.00	3:33pm
SUB TEST	.00	3:34pm
AIR BLK	.00	3:35pm
SUB TEST	.00	3:37pm
AIR BLK	.00	3:38pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008792 Test Date: 05/31/2016

Test Record Number: 2159

Test Time: 3.26pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	3:27pm
FLO	Pass	3:27pm
FC	Pass	3:27pm

## Temperature Tests

Test	Status	Time
FC1	Pass	3:27pm
SRC	Pass	3:27pm
DET	Pass	3:27pm
BAR	Pass	3:27pm
BT	Pass	3:27pm

### Blank Tests

Test	Status	Time
AIR	Pass	3:27pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:28pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:28pm

Preventive Maintenance Status: Pass

Pass

3:28pm

CAL

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

County	Catawba Instrument Location Catawba County SD
Instrument	Serial No. 008687 100 B Jouthwest Blvd, Newton
The preven	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on the, 20, 20, 20
STATE STATE OF THE	Signature of Certifying Official Certificate Number

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008687 Test Date: 05/13/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008687

Test Record Number: 2206

Test Date: 05/13/2016

Test Time: 1:21pm EDT

### System Check: Passed

### Baseline Tests

Test Stat	
IR Pass FLO Pass FC Pass	1:22pm

### Temperature Tests

Test	Status	Time
FC1	Pass	1:22pm
SRC	Pass	1:22pm
DET	Pass	1:22pm
BAR	Pass	1:22pm
BT	Pass	1:22pm

### Blank Tests

Test	Status	Time
AIR	Pass	1:23pm

### Printer Tests

Test	Status	Time
PRNT	Pass	1:23pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:23pm
CAL	Pass	1:23pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ATAWBA Instrument Location BAT MOBILE 7
Instrument S	Serial No. <u>00897/</u>
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 of procedures w Department o	on the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

CATAWBA BAT MOBILE UNIT 7 170

Serial Number: 008971 Test Date: 05/05/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: INGLE, LARRY W

Permit Number: 7281E

Effective:

02/01/2016-02/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00 .00	6:19pm 6:20pm 6:20pm 6:21pm 6:22pm
AIR BLK SUB TEST	.00 .00	6:23pm 6:24pm
AIR BLK	.00	6:25pm

Reported/AC:

Signature of Chemidal Analyst

Court

Analyst

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

Rev. 12/2007

## CATAWBA BAT MOBILE UNIT 7 170

Serial Number: 008971

Test Record Number: 109

Test Date: 05/05/2016

Test Time: 6:27pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	6:27pm
FLO	Pass	6:27pm
FC	Pass	6:27pm

## Temperature Tests

Test	Status	Time
FC1 SRC	Pass	6:27pm
DET	Pass	6:27pm
BAR	Pass	6:27pm
BAK BT	Pass	6:27pm
DТ	Pass	6:27pm

#### Blank Tests

Test	Status	Time
AIR	Pass	6:28pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	6:28pm

## CRC Tests

Test	Status	Time
COMP	Pass	6:28pm
CAL	Pass	6:28pm

Preventive Maintenance Status: Pass

Analyst

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

County (	Instrument Location Bot Mobile Un. 7 11
Instrument Seria	I No. 008970
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t procedures were Department of H	he
STATE OF NO. 20, 1775 N. C. T.	Signature of Certifying Official Certificate Number

CATAWBA BAT MOBILE UNIT 11 170

Serial Number: 008970 Test Date: 05/05/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: TOWERY, CHAD V

Permit Number: 26632E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	6:18pm 6:19pm
ACCY CHK	.08	6:19pm
AIR BLK	.00	6:20pm
SUB TEST	.00	6:21pm
AIR BLK	.00	6:22pm
SUB TEST	.00	6:23pm
AIR BLK	.00	6:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Che Voor
Analyst

# CATAWBA BAT MOBILE UNIT 11 170

Serial Number: 008970 T Test Date: 05/05/2016

Test Record Number: 159
Test Time: 6:26pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:26pm
FLO	Pass	6:26pm
FC	Pass	6:26pm

## Temperature Tests

Test	Status	Time
FC1	Pass	6:26pm
SRC	Pass	6:26pm
DET	Pass	6:26pm
BAR	Pass	6:26pm
BT	Pass	6:26pm

#### Blank Tests

Test	Status	Time
AIR	Pass	6:27pm

# Printer Tests

Status

Test

COMP

CAL

Time

6:27pm

6:27pm

Pass	6:27pm
CRC Tests	
Status	Time
	CRC Tests

Preventive Maintenance Status: Pass

Pass

Pass

Analyst

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

County CA	IATHAM	Instrument Location_	SILER	City Buce De
Instrument Seria	1 No	SILER	City.	N
The preventive r	naintenance procedures for the In	toximeters, Model Intox I	EC/IR II to be f	ollowed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg		icoholic breath	simulator thermometer shows
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appe	ars, collect breath sample;	;	
7.	When "PLEASE BLOW" appe	ars, collect breath sample;	}	•
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ter is being changed before ged every four months or	re expiration da after 125 Alcol	ate, or the alcoholic breath holic Breath Simulator tests,
I certify that on a procedures were Department of H	he <u>24</u> day of <u>N</u> performed on the instrument indicalth and Human Services, and the	cated above, in accordance	e with current	oing preventive maintenance regulations of the N.C.
THE STATE OF A COLUMN TO STATE OF A COLUMN WORLD A	Sign	nuire of Certifying Officia	<u></u>	37/ Certificate Number

CHATHAM COUNTY SILER CITY PD. 180

Serial Number: 008811 Test Date: 05/24/2016

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: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported\_AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### CHATHAM COUNTY SILER CITY PD. 180

Serial Number: 008811 Test Record Number: 1224

Test Date: 05/24/2016 Test Time: 11:09am EDT

System Check: Passed

# Baseline Tests

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

# Temperature Tests

Test	Status	Time
FC1	Pass	11:09am
SRC	Pass	11:09am
DET	Pass	11:09am
BAR	Pass	<b>11:</b> 09am
BT	Pass	11:09am

#### Blank Tests

Test	Status	Time
•		
ΆTD	Dagg	11.10am

#### Printer Tests

'l'est	Status	Time
PRNT	Pass	11:10am

## CRC Tests

rest	Status	Time
COMP	Pass	11:10am
CAL	Pass	11:10am

Preventive Maintenance Status: Pass

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

	INTOXIMETERS, MODEL INTOX EC/IR II
County	leveland Instrument Location Cleveland County SD A
Instrument Se	erial No. 008887 407 M Brayer St. Shelby
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the day of day of , 20 the forgoing preventive maintenance are performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
TARE GRAMMATER AND	Signature of Certifying Official Certificate Number

#### CLEVELAND COUNTY CLEVELAND SD-ANNEX 220

Serial Number: 008887

Test Record Number: 2261

Test Date: 05/16/2016

Test Time: 3:51pm EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	3:52pm
SRC	Pass	3:52pm
DET	Pass	3:52pm
BAR	Pass	3:52pm
$\mathtt{BT}$	Pass	3:52pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:53pm

## Printer Tests

Test	Status	Time
PRNT	Pass	3:53pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

CLEVELAND COUNTY CLEVELAND SD-ANNEX 220

Serial Number: 008887 Test Date: 05/16/2016

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: 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 AIR BLK ACCY CHK	Pass .00 .08	3:55pm 3:55pm 3:56pm
AIR BLK	.00	3:57pm
SUB TEST	.00	3:58pm
AIR BLK	.00	3:59pm
SUB TEST	.00	4:00pm
AIR BLK	.00	4:01pm

Reported AC: 00 g/210L

Signature of Chemical/Analys

Court CVR

Analys

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

County	C 21	AVEN	I	nstrument Locatio	n Ba	T ME	BILE UN	17
Instrument	Serial No	00882	<u> </u>		BR	1066	TON, NO	>₽
The preven four month		nance procedures fo	or the Intoxi	meters, Model Into	ox EC/IR II	to be follow	wed at least once ev	ery
1.		y the ethanol gas congrees, plus or minu			e alcoholic	breath simu	llator thermometer s	shows
2.	Verif	y instrument displa	ys time and	date;				
3.	Initia	te breath test seque	nce;					
4.	Enter	information as pro	mpted;					
5.	Verif	y instrument accura	acy;					
6.	When	n "PLEASE BLOW	" appears,	collect breath sam	ple;			
7.	When	n "PLEASE BLOW	" appears,	collect breath sam	ple;			
8.	Print	test record;						
9.	Verif	y Diagnostic Progr	am; and				-	
10.	simul						r the alcoholic brea Breath Simulator to	
I certify that procedures Department	t on the were perfor of Health a	day of	ent indicated s, and the ins	, 2 d above, in accord strument is function	0 / Co the ance with coning prope	ne forgoing urrent regul	preventive maintenations of the N.C.	ance
CALATA SET OF SE	ELO NO	al.	2	B	and the same of th		C048	
			Signature	of Certifying Off	icial		Certificate Number	_

#### CRAVEN COUNTY BAT MOBILE UNIT 9 240

Serial Number: 008826 Test Date: 05/26/2016

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

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CRAVEN COUNTY BAT MOBILE UNIT 9 240

Serial Number: 008826 Test Record Number: 7931 Test Date: 05/26/2016 Test Time: 11:11pm EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	11:12pm

## Printer Tests

Test	Status	Time
PRNT	Pass	11:12pm
	CRC Tests	

Test	Status	Time
COMP	Pass	11:12pm
CAL	Pass	11:12pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTUATIVIETE.	RS, MODEL IN I <u>OA</u>	EC/IR II
County	CRAVEN	Instrument Location	AT MOBILE UNIT
Instrument	t Serial No. <u>008616</u>	<u></u>	AT MOBILE UNIT
The prever four month	ntive maintenance procedures for the Ir	ntoximeters, Model Intox EC/IR	II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		lic breath simulator thermometer show
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;	;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ears, collect breath sample;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	d	,
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ster is being changed before exp nged every four months or after	piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
I certify the procedures Departmen	at on the	, 20 / 6 icated above, in accordance wit he instrument is functioning pro	the forgoing preventive maintenance h current regulations of the N.C. operly.
SECONDARY SECTION SECT	ATE OF THE OF TH	ature of Certifying Official	Certificate Number

## CRAVEN COUNTY BAT MOBILE UNIT 9 240

Serial Number: 008616 Test Date: 05/13/2016

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:12pm 11:13pm
ACCY CHK	.07	11:14pm
AIR BLK	.00	11:14pm
SUB TEST AIR BLK	.00 .00	11:15pm 11:16pm
SUB TEST	.00	11:18pm
AIR BLK	.00	11:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CRAVEN COUNTY BAT MOBILE UNIT 9 240

Serial Number: 008616 Test Date: 05/13/2016

Test Record Number: 2212
Test Time: 11:23pm EDT

System Check: Passed

## Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:24pm
SRC	Pass	11:24pm
DET	Pass	11:24pm
BAR	Pass	11:24pm
BT	Pass	11:24pm

#### Blank Tests

Test	Status	Time

AIR Pass 11:24pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:24pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTUXIMET	ERS, MODEL INTOX EC/II	<b>N.II</b> / ^
County	CRAVEN	Instrument Location BAT A	LOBILE UNIT
Instrument	t Serial No. <u>008 826</u>	Instrument Location BAT A	GETON, NC
The prever		Intoximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	er displays pressure, or the alcoholic breath degree centigrade;	simulator thermometer show
2.	Verify instrument displays tin	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	and	
10.		nister is being changed before expiration d anged every four months or after 125 Alco	
procedures	were performed on the instrument in	ndicated above, in accordance with current the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
AND SECTION OF SECTION	ATE OF NOTE OF SIGNATURE OF SIG	gnature of Certifying Official	Certificate Number

CRAVEN COUNTY BAT MOBILE UNIT 9 240

Serial Number: 008826 Test Date: 05/10/2016

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CRAVEN COUNTY BAT MOBILE UNIT 9 240

Serial Number: 008826

Test Record Number: 7923

Test Date: 05/10/2016

Test Time: 10:13pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:13pm 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
		<del>-</del>

#### Blank Tests

Test	Status	Time
AIR	Pass	10:14pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:14pm
	CRC Tests	
Test	Status	Time

Pass

Pass

10:14pm

10:14pm

Preventive Maintenance Status: Pass

COMP

CAL

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

County Co	Instrument Location Queenland Co. DetCenter
Instrument Ser	ial No. 008614 FayetteVILLE, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus 2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the <u>26</u> day of <u>MAG</u> , 20 16 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.
THE STATE OF THE S	
William Control	Signature of Certifying Official Certificate Number

#### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008614 Test Date: 05/26/2016

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: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	4:35pm 4:36pm
ACCY CHK	.08	4:37pm
AIR BLK	.00	4:38pm
SUB TEST	.00	4:39pm
AIR BLK	.00	4:40pm
SUB TEST	.00	4:42pm
ATR BLK	.00	4:42pm

Reported AC: .00\_g/210L

Signature of Chemical Analyst

Court CVR

## CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008614

Test Record Number: 3344

Test Date: 05/26/2016 Test Time: 4:43pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	4:43pm
FLO	Pass	4:43pm
FC	Pass	4:44pm

# Temperature Tests

Test	Status	Time
FC1	Pass	4:44pm
SRC	Pass	4:44pm
DET	Pass	4:44pm
BAR	Pass	4:44pm
BT	Pass	4:44pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:44pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:44pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

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

DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905 Test Date: 05/03/2016

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

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

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

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

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

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

Reported AC: .00 g/21

Signature of Chemical Adalyst

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

## DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905 Test Record Number: 1804
Test Date: 05/03/2016 Test Time: 11:16am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	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
$\mathtt{BT}$	Pass	11:17am

## Blank Tests

Test	Status	Time	
ATR	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

County	Avidson Instrument Location DAVIDSON COJAIL
Instrument Seri	ial No. 008896 LexingTON, N.C.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
<b>7.</b>	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the day of day of 20/6 the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OTHE STATE OF THE	The Land 642

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

Signature of Certifying Official

Certificate Number

#### DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008896 Test Date: 05/12/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00	12:21pm 12:22pm 12:23pm 12:24pm 12:24pm 12:25pm 12:27pm
AIR BLK	.00	12:27pm

Reported AC: .00\_g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

## DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008896 Test Record Number: 957
Test Date: 05/12/2016 Test Time: 12:28pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass	12:29pm 12:29pm
	Pass Pagg	
FC FC	Pass Pass	12:29pn

## Temperature Tests

Test	Status	Time
FC1	Pass	12:29pm
SRC	Pass	12:29pm
DET	Pass	12:29pm
BAR	Pass	12:29pm
$\mathtt{BT}$	Pass	12:29pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	12:29pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:29pm
	CRC Tests	
Test	Status	Time

12:30pm

12:30pm

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Juna

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

County Du	ILHAM	Instrument Location Duralian	Co. JAIL
Instrument Seri	al No. <u>008859</u>	217 S. MANGUM ST.	DIRHAM, NO
The preventive four months are		ntoximeters, Model Intox EC/IR II to be fol	llowed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath si egree centigrade;	mulator thermometer shows
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appo	ears, collect breath sample;	
7.	When "PLEASE BLOW" appo	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	d	
10.	Verify that the ethanol gas can simulator solution is being char whichever occurs first.	ister is being changed before expiration date nged every four months or after 125 Alcoho	e, or the alcoholic breath blic Breath Simulator tests,
I certify that on procedures were Department of I	the <u>/</u> 8 day of <u>//</u> e performed on the instrument ind Health and Human Services, and t	A \( \) , 20 \( \sum_6 \) the forgoing the instrument is functioning properly.	ng preventive maintenance gulations of the N.C.
STATE OF STA	Sign	nature of Certifying Official	637 Certificate Number

#### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859 Test Date: 05/18/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC:

Signature of Chemical Analyst

Court CVR

## DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859

Test Record Number: 2019

Test Date: 05/18/2016

Test Time: 4.20pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:20pm
SRC	Pass	4:20pm
DET	Pass	4:20pm
BAR	Pass	4:20pm
BT	Pass	4:20pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:21pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:21pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

-	INTUATIVETERS, MODEL INTOX EC/IR II
County	URHAM Instrument Location DURHAM G. JAIL
Instrument S	erial No. <u>008891</u> 2175. MANGUM ST. DURHAM, NO
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the
OF THE STATI	Signature of Certifying Official Certificate Number

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891 Test Date: 05/18/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	3:46pm 3:46pm
ACCY CHK	.08	3:47pm
AIR BLK	.00	3:48pm
SUB TEST	.00	3:49pm
AIR BLK	.00	3:49pm
SUB TEST	.00	3:53pm
ATR BLK	.00	3:54pm

Reported AC: .90 g/210L

Signature of Chemical Analyst

Court CVR

Suo D Smill
Analyst

# DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891

Test Record Number: 3248

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	3:58pm
FLO	Pass	3:58pm
FC	Pass	3:59pm

## Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	3:59pm 3:59pm 3:59pm 3:59pm
BT	Pass	3:59pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:59pm

# Printer Tests

Test	Status	Time
PRNT	Pass	3:59pm

#### CRC Tests

Test	Status	Time
COMP	Pass	4:00pm
CAL	Pass	4:00pm

Preventive Maintenance Status: Pass

Analyst

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

County Da	URHAM Instrument Location DURHAM & JAIL		
Instrument Ser	ial No. 008878 217 S. MANGUM ST. DURHAM, 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.		
I certify that or procedures we Department of	n the		
STATE OF THE STATE	A CARLON CONTRACTOR OF THE PARTY OF THE PART		
A STAR OLIVAN AREA	Signature of Certifying Official Certificate Number		

#### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878 Test Date: 05/18/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	3:40pm 3:41pm
ACCY CHK	.08	3:41pm
AIR BLK	.00	3:43pm
SUB TEST	.00	3:43pm
AIR BLK	.00	3:44pm
SUB TEST	.00	3:46pm
ATR BLK	.00	3:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878 Test Date: 05/18/2016 Test Record Number: 3640 Test Time: 3:49pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:50pm
FLO	Pass	3:50pm
FC	Pass	3:50pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:50pm
SRC DET	Pass Pass	3:50pm 3:50pm
BAR	Pass	3:50pm
BT	Pass	3:50pm

# Blank Tests

Test	Status	Time
7A T' D	Dagg	3 · 51 nm

#### Printer Tests

	Princer lesc	B
Test	Status	Time
PRNT	Pass	3:51pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:51pm 3:51pm

Preventive Maintenance Status: Pass

Analyst

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

- D-	Instrument Location Kill Devil Hills P.D.
County 12	
Instrument Seri	al No. 008844 102 Town Hall Dr., Kill Devil Hills,
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.
procedures were	the
TATE OF THE STATE	Signature of Certifying Official Certificate Number

DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844 Test Date: 05/17/2016

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: GUARD, KELLY G

Permit Number: 12955E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:05am
AIR BLK	.00	9:06am
ACCY CHK	.08	9:07am
AIR BLK	.00	9:08am
SUB TEST	.00	9:08am
AIR BLK	.00	9:09am
SUB TEST	.00	9:11am
ATR BLK	.00	9:12am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844 Test Record Number: 1753 

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:13am
SRC	Pass	9:13am
DET	Pass	9:13am
BAR	Pass	9:13am
BT	Pass	9:13am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:14am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:14am
	CRC Tests	

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETE	RS, MODEL INTOX EC/I	RII
County Fol	rsyth	Instrument Location KERNER	Syills Police
Instrument Ser	ial No. <u>808650</u>	Depos	fment
			:
The preventive four months ar		ntoximeters, 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 de	displays pressure, or the alcoholic brea gree centigrade;	th simulator thermometer show
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;	•	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ears, collect breath sample;	•
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	d	
10.	Verify that the ethanol gas cani simulator solution is being char whichever occurs first.	ster is being changed before expiration nged every four months or after 125 Ale	date, or the alcoholic breath coholic Breath Simulator tests,
I certify that or	n the day of		rgoing preventive maintenance
procedures we Department of	re performed on the instrument ind Health and Human Services, and t	licated above, in accordance with curre the instrument is functioning properly.	nt regulations of the N.C.
of the STATE of Th			·
S T	ARON ARON ARON ARON ARON ARON ARON ARON		2 June June 2
ASSE QUAM VIDE	Jan	16/16/1/201/2018	651
	Sign	nature of Certifying Official	Certificate Number

FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650 Test Date: 05/11/2016

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: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

09/01/2014-09/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:00pm
AIR BLK	.00	1:00pm
ACCY CHK	.07	1:01pm
AIR BLK SUB TEST	.00 .00	1:02pm 1:02pm
AIR BLK	.00	1:02pm
SUB TEST	.00	1:05pm
AIR BLK	z. 00	1:06pm

of Chemical Analyst Signature

Court CVR

#### FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650

Test Record Number: 1234

Test Date: 05/11/2016 Test Time: 1:07pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	1:08pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:08pm

#### CRC Tests

Test	Status	Time
COMP	Pass	1:08pm
CAL	Pass	1:08pm

Preventive Maintenance Status: Pass

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

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

PREVENTIVE MAINTENANCE RECORD

INTOXIMETERS, MODEL INTOX EC/IR II \_\_\_\_\_Instrument Location 20RS Instrument Serial No. 108659 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. Print test record; 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

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659 Test Date: 05/11/2016

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: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

09/01/2014-09/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	TIME
DIAG	Pass	11:59am
AIR BLK	.00	12:00pm
ACCY CHK	.07	12:01pm
AIR BLK	.00	12:02pm
SUB TEST	.00	12:02pm
AIR BLK	.00	12:03pm
SUB TEST	.00	12:05pm
AIR BLK	<b>ノ.</b> 00	12:06pm

Reported AC:

epprised Act 1909/9/2101

Signature of Chemical Analyst

Court CVR

#### FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659

Test Record Number: 4028

Test Date: 05/11/2016

Test Time: 12:08pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time	

AIR Pass 12:09pm

#### Printer Tests

Test	Status	Time
יייאמת	Dogg	12.10mm

#### CRC Tests

rest	Status	TTIIIE
COMP	Pass	12:10pm
CAL	Pass	12:10pm

Preventive Maintenance Status: Pass

Analyst

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

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

Signature of Certifying Official

Certificate Number

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583 Test Date: 05/11/2016

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: BENFIELD II, KENNETH R
Permit Number: 22067E

Effective:

09/01/2014-09/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	11:56am
AIR BLK	.00	11:57am
ACCY CHK	.08	11:58am
AIR BLK	.00	11:59am
SUB TEST	.00	12:00pm
AIR BLK	.00	12:01pm
SUB TEST	.00	12:02pm
ATR BLK	00	12:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

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#### FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583 Test Record Number: 6176 Test Date: 05/11/2016 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	Pass	12:06pm

12:06pm

Preventive Maintenance Status: Pass

Pass

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	Same and Assessed	INTOXIMETERS, MODEL INTOX EC/IR II
Cour	nty	SUTA Instrument Location FORSYTH COUNTY DETENT
Instr	ument Seria	al No. 008925 Winston-Salem, N.C
		t .
	preventive months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
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;
	6.	When "PLEASE BLOW" appears, collect breath sample;
	7.	When "PLEASE BLOW" appears, collect breath sample;
	8.	Print test record;
	9.	Verify Diagnostic Program; and
	10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
proce	tify that on edures were artment of I	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.
COREAT SE	O'THE STATE OF A STATE	Signature of Certifying Official Certificate Number

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008925 Test Date: 05/11/2016

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:55am 11:56am
ACCY CHK AIR BLK	.08 .00	11:57am 11:57am
SUB TEST	.00	11:58am
AIR BLK	.00	11:59am
SUB TEST	.00	12:01pm
AIR BLK	<b>,</b> Ø0	12:02pm

Reported AC:

Signature of Chemigal Analyst

Court CVR

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

Rev. 12/2007

#### FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008925 Test Record Number: 1301 Test Date: 05/11/2016 Test Time: 12:03pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:03pm 12:03pm
FC	Pass	12:03pm

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	12:04pm 12:04pm
DET	Pass	12:04pm
BAR BT	Pass Pass	12:04pm 12:04pm

#### Blank Tests

Test	Status	Time
71 T D	Dagg	12.04pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:04pm
	CRC Tests	
Test	Status	Time

	20000	
COMP	Pass	12:04pm
CAL	Pass	12:04pm

Preventive Maintenance Status: Pass

~ (M) My

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

	MIOAMETERS, MODEL IN 1078 DOING			
County	ZUIL FORD COUNTY Instrument Location BAT MOBILE UNI	T 10		
Instrument Se	Serial No. 005776 HIGH POINT			
The preventive four months a	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at are:	least once every		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator to 34 degrees, plus or minus .2 degree centigrade;	hermometer show		
2.	Verify instrument displays time and date;			
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;			
7.	When "PLEASE BLOW" appears, collect breath sample;			
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canister is being changed before expiration date, or the a simulator solution is being changed every four months or after 125 Alcoholic Breat whichever occurs first.	lcoholic breath h Simulator tests,		
procedures we	on the <u>27</u> day of <u>MAY</u> , 20 / the forgoing prevent were performed on the instrument indicated above, in accordance with current regulations of Health and Human Services, and the instrument is functioning properly.	ntive maintenance of the N.C.		
TO THE STATE OF TH	Economic Control Contr			
Althoration (Control of Control o	Signature of Certifying Official Certifi	icate Number		

#### GUILFORD COUNTY BAT MOBILE UNIT 10 400

Serial Number: 008776 Test Date: 05/27/2016

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: 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	9:48pm 9:49pm
ACCY CHK	.08	9:49pm
AIR BLK	.00	9:50pm
SUB TEST	.00	9:51pm
AIR BLK	.00	9:51pm
SUB TEST	.00	9:53pm
AIR BLK	.00	9:54pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County Fr	Instrument Location BAT MOBILE UNIT 10
Instrument Seri	al No. 00863> 4/16H POINT
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that on procedures were Department of I	the <u>27</u> day of <u>MAY</u> , 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.
TO THE STATE OF TH	Signature of Certifying Official  Certificate Number

GUILFORD COUNTY BAT MOBILE UNIT 10 400

Serial Number: 008637 Test Date: 05/27/2016

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	10:33pm 10:34pm 10:34pm 10:35pm
SUB TEST	.00	10:36pm
AIR BLK SUB TEST	.00 .00	10:37pm <b>10:38pm</b>
AIR BLK	.00	10:39pm

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 MOBILE LAUT 10
Instrument	Serial No. <u>008779                                  </u>
The prevent four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on the 27 day of MAY, 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.
STATE STATE OF THE	E O NO MARIA DE LA CAROLINA DEL CAROLINA DEL CAROLINA DE LA CAROLI
* ESE QUAM	1 CG/
	Signature of Certifying Official Certificate Number

GUILDORD COUNTY BAT MOBILE UNIT 10 400

Serial Number: 008779 Test Date: 05/27/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00 .00 .00	10:39pm 10:40pm 10:40pm 10:41pm 10:42pm 10:42pm 10:45pm 10:45pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

**Analyst** 

#### GUILDORD COUNTY BAT MOBILE UNIT 10 400

Serial Number: 008779 Test Record Number: 3425 Test Date: 05/27/2016 Test Time: 11:06pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	'l'ime
AIR	Pass	11:08pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:08pm
	CRC Tests	
Test	Status	Time
COMP	Pass	11:08pm

11:08pm

Preventive Maintenance Status: Pass

CAL Pass

Analyst

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

÷	A.	Ro, Nobel II (Total Edition
County	CANUNOED	Instrument Location BAT MOBILE WIIT 12
Instrumer	nt Serial No. <u>00 5584</u>	HIGH POINT
<u> </u>		
The preve	•	atoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath simulator thermometer show gree centigrade;
2.	Verify instrument displays time	and date;
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appe	ars, collect breath sample;
7.	When "PLEASE BLOW" appe	ars, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canisimulator solution is being charwhichever occurs first.	ster is being changed before expiration date, or the alcoholic breath ged every four months or after 125 Alcoholic Breath Simulator tests,
I certify the procedure Department	that on the <u>27</u> day of <u>MH</u> es were performed on the instrument indent of Health and Human Services, and the	, 20/6, the forgoing preventive maintenance icated above, in accordance with current regulations of the N.C. ne instrument is functioning properly.
STATE OF THE PARTY	TATE OF ANODELLE STORY OF THE S	ature of Certifying Official Certificate Number

GUILFORD COUNTY BAT MOBILE UNIT 10 400

Serial Number: 008584

Test Date: 05/27/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SMITH, JOCK B

Permit Number: 20630E

Effective:

05/01/2016-05/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:35pm
AIR BLK	.00	10:35pm
ACCY CHK	.08	10:36pm
AIR BLK	.00	10:37pm
SUB TEST	.00	10:37pm
AIR BLK	.00	10:38pm
SUB TEST	.00	10:40pm
AIR BLK	.00	10:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GUILFORD COUNTY BAT MOBILE UNIT 10 400

Serial Number: 008584 Test Record Number: 2107 Test Date: 05/27/2016 Test Time: 10:43pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:44pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:44pm

#### CRC Tests

Test	Status	Time
COMP	Pass	10:44pm
CAL	Pass	10:44pm

Preventive Maintenance Status: Pass

Analyst

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

County (	7016FORD Instrument Location BAT MC	BILE CHIT 10
Instrument So	erial No. 008686 HIGH POINT	
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be are:	e followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic brea 34 degrees, plus or minus .2 degree centigrade;	th simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Ale whichever occurs first.	date, or the alcoholic breath coholic Breath Simulator tests,
I certify that of procedures we Department of	on the	rgoing preventive maintenance nt regulations of the N.C.
OF GLAM VI	Signature of Certifying Official	Certificate Number
÷	Signature of Certifying Official	Certificate Number

GUILFORD COUNTY BAT MOBILE UNIT 10 400

Serial Number: 008686 Test Date: 05/27/2016

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 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	10:10pm 10:11pm
ACCY CHK	.07	10:12pm
AIR BLK	.00	10:12pm
SUB TEST	.00	10:13pm
AIR BLK	.00	10:14pm
SUB TEST	.00	10:16pm
AIR BLK	.00	10:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### GUILFORD COUNTY BAT MOBILE UNIT 10 400

Serial Number: 008686 Test Record Number: 6387 Test Date: 05/27/2016 Test Time: 10:18pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:19pm
SRC	Pass	10:19pm
$\mathtt{DET}$	Pass	10:19pm
BAR	Pass	10:19pm
BT	Pass	10:19pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:19pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:19pm

#### CRC Tests

Test	Status	Time
COMP	Pass	10:20pm
CAL	Pass	10:20pm

Preventive Maintenance Status: Pass

Analyst

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

,	INTOANVETERS, MODEL INTOX EC/IR II
County	195ton Instrument Location Goston County SD
Instrument S	erial No. 008643 435 N. Marietta St., Gastania
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.
procedures w	on the day of day of 20 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

#### GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008643 Test Date: 05/04/2016

Test Record Number: 2416

Test Time: 9:47am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	9:48am 9:48am
DET	Pass	9:48am
BAR	Pass	9:48am
BT	Pass	9:48am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:48am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:48am

#### CRC Tests

Test	Status	Time
COMP	Pass	9:48am
CAL	Pass	9:48am

Preventive Maintenance Status: Pass

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008643 Test Date: 05/04/2016

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:53am 9:53am
ACCY CHK AIR BLK	.07 .00	9:54am 9:55am
SUB TEST	.00	9:56am
AIR BLK	.00	9:57am
SUB TEST	.00	9:59am
AIR BLK	.00	10:00am

Reported AC: \ .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

al Carlon	INTOXIMETI	ERS, MODEL INTOX EC	JIR II
County G	ston	Instrument Location	len County SD
Instrument Serie	al No. <i>008684</i>	425 N. Marietta	St. Gogania
The preventive four months are	· · · · · · · · · · · · · · · · · · ·	Intoximeters, Model Intox EC/IR II to	o be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic be legree centigrade;	reath simulator thermometer show
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; as	nd	
10.		nister is being changed before expiration anged every four months or after 125.	
	performed on the instrument in	the dicated above, in accordance with cur the instrument is functioning properly	
THE STATE OF N. 1775 N	State of the state	nature of Certifying Official	Certificate Number

#### GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008684 Test Date: 05/04/2016

Test Record Number: 3174
Test Time: 10:08am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:08am
FLO	Pass	10:08am
FC	Pass	10:08am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:09am
SRC	Pass	10:09am
DET	Pass	10:09am
BAR	Pass	10:09am
BT	Pass	10:09am

#### Blank Tests

Test	Status	Time
7. T.D.	De e.e.	10 0000
AIR	Pass	10:09am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:09am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:09am 10:09am

Preventive Maintenance Status: Pass

Analyst

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008684 Test Date: 05/04/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

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

Effective:

01/01/2016-01/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

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

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

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	1 1 CAT Mable 12 18
County /	Instrument Location 15/41 MOSITE UNIT O
Instrument Se	Instrument Location BAT Mobile Unit 8  erial No. 068615  SHP-Housett
The preventive four months a	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the
STATE OF STA	

#### HARNETT COUNTY BAT MOBILE UNIT 8 420

Serial Number: 008615 Test Record Number: 5388
Test Date: 05/27/2016 Test Time: 9:52pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:53pm
FLÖ	Pass	9:53pm
FC	Pass	9:53pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:53pm
SRC	Pass	9:53pm
DET	Pass	9:53pm
BAR	Pass	9:53pm
$\mathtt{BT}$	Pass	9:53pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:54pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:54pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:54pm 9:54pm

Preventive Maintenance Status: Pass

Analyst

### HARNETT COUNTY BAT MOBILE UNIT 8 420

Serial Number: 008615 Test Date: 05/27/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

03/01/2016-03/01/2018

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	10:14pm 10:15pm 10:16pm 10:17pm 10:17pm
AIR BLK	.00	10:18pm
SUB TEST	.00	10:19pm
AIR BLK	.00	10:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County	TREDELL Instrument Location BAT MOBILE 1	
Instrument S	Serial No. <u>608972</u>	
The prevent four months	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 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 tests whichever occurs first.	,
	t on the	е
OTHE STATE OF THE	Signature of Certifying Official Certificate Number	

IREDELL BAT MOBILE UNIT 7 480

Serial Number: 008972 Test Date: 05/28/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: INGLE, LARRY W

Permit Number: 7281E

Effective:

02/01/2016-02/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	1:44pm 1:45pm
ACCY CHK	.07	1:46pm
AIR BLK	.00	1:47pm
SUB TEST	.00	1:47pm
AIR BLK	.00	1:48pm
SUB TEST	.,00	1:49pm
AIR BLK	<b>1.</b> 00	1/:50 pm

Reported AC:

Signature of Chemical Analyst

Court

Analyst

### IREDELL BAT MOBILE UNIT 7 480

Serial Number: 008972

Test Record Number: 206

Test Date: 05/28/2016

Test Time: 1:52pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:52pm 1:52pm
FC	Pass	1:52pm

### Temperature Tests

Test	Status	Time
FC1	Pass	1:52pm
SRC	Pass	1:52pm
DET	Pass	1:52pm
BAR	Pass	1:52pm
$\mathtt{BT}$	Pass	1:52pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:53pm

### Printer Tests

Test	Status	Time
PRNT	Pass	1:53pm

### CRC Tests

Test	Status	Time
COMP	Pass	1:53pm
CAL	Pass	1:53pm

Preventive Maintenance Status: Pass

Analyst

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

County	TREDELL Instrument Location BAT MOBILE 7
Instrument Se	erial No
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o procedures we Department of	on the 28 day of 44, 2016 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.
COLUMN VIEW OF COLUMN	Signature of Certifying Official Certificate Number

IREDELL BAT MOBILE UNIT 7 480

Serial Number: 008968 Test Date: 05/28/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MINTENANCE

Subject'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	Pass	1:28pm 1:29pm
ACCY CHK	.07	1:29pm
AIR BLK	.00	1:30pm
SUB TEST	.00	1:31pm
AIR BLK	.00	1:32pm
SUB TEST	.00	1:33pm
AIR BLK	.00	1/3/410m

Reported AC:

00/4/201

Signature of Chemical Analyst

Court CVR

Analyst

### IREDELL BAT MOBILE UNIT 7 480

Serial Number: 008968 Test Record Number: 158
Test Date: 05/28/2016 Test Time: 1:35pm EDT

System Check: Passed

Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1	Pass	1:36pm
SRC	Pass	1:36pm
DET	Pass	1:36pm
BAR	Pass	1:36pm
$\mathtt{BT}$	Pass	1:36pm

### Blank Tests

Test	Status	Time
AIR	Pass	1:36pm

### Printer Tests

Test	Status	Time
PRNT	Pass	1:36pm
	CRC Tests	

Test :	Status	Time
		1:37pm 1:37pm

Preventive Maintenance Status: Pass

Analyst

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

County	Jackson Instrument Location BA+ Mubile Unit 11
Instrument	Serial No. <u>00</u> 8970
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.
	on the
STATE OF THE CHEAT	Signature of Certifying Official Certificate Number

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

JACKSON BAT MOBILE UNIT 11 490

Serial Number: 008970 Test Date: 05/14/2016

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: 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	5:25pm 5:26pm
ACCY CHK	.08	5:27pm
AIR BLK	.00	5:28pm
SUB TEST	.00	5:28pm
AIR BLK	.00	5:29pm
SUB TEST	.00	5:30pm
AIR BLK	.00	5:31pm

Reported AC: .00 g/210L

Signature of Chemical (Amalyst

Court CVR

Analyst

### JACKSON BAT MOBILE UNIT 11 490

Serial Number: 008970 Test Record

Test Record Number: 172

Test Date: 05/14/2016 Test Time: 5:33pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	5:33pm
FLO	Pass	5:33pm
FC	Pass	5:33pm

### Temperature Tests

Test	Status	Time
FC1	Pass	5:33pm
SRC	Pass	5:33pm
DET	Pass	5:33pm
BAR	Pass	5:33pm
BT	Pass	5:33pm

### Blank Tests

Test	Status	Time
AIR	Pass	5:34pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	5:34pm
	CRC Tests	
Test.	Status	Time

ICPC	status	TIME
COMP	Pass	5:34pm
CAL	Pass	5:34pm

Preventive Maintenance Status: Pass

Analyst\_

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

County	Jackson Instrument Location Bat Mobile Uni+11
Instrumer	nt Serial No. <u>008973</u>
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sho 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
procedures	at on the
CONTRACTOR OF THE CONTRACTOR O	ATH OF NO.
	Signature of Certifying Official Certificate Number

JACKSON BAT MOBILE UNIT 11 490

Serial Number: 008973 Test Date: 05/14/2016

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: 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	5:27pm
AIR BLK	.00	5:28pm
ACCY CHK	.08	5:29pm
AIR BLK	.00	5:30pm
SUB TEST	.00	5:30pm
AIR BLK	.00	5:31pm
SUB TEST	.00	5:33pm
ATR BLK	. 0.0	5:34pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### JACKSON BAT MOBILE UNIT 11 490

Serial Number: 008973 Test Record Number: 124
Test Date: 05/14/2016 Test Time: 5:35pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	5:35pm
FLO	Pass	5:35pm
FC	Pass	5:35pm

### Temperature Tests

Test	Status	Time
FC1	Pass	5:35pm
SRC	Pass	5:35pm
DET	Pass	5:35pm
BAR	Pass	5:35pm
BT	Pass	5:35pm

#### Blank Tests

Test	Status	Time
AIR	Pass	5:36pm

### Printer Tests

Test	Status	Time
PRNT	Pass	5:36pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	5:36pm 5:36pm

Preventive Maintenance Status: Pass

Analyst/)

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

County	1 Cell lendury Instrument Location Bat Mus.	1c Unt 11
	erial No. <u>008973</u>	
The prevention	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be for are:	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 shov
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, 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.	e, or the alcoholic breath olic Breath Simulator tests,
I certify that of procedures we Department of	on the	ing preventive maintenance egulations of the N.C.
STATE OF STA	CAROLLI CAROLL	
ASSE QUAM VI	(M Joux	658
	Signature of Certifying Official	Certificate Number

### MECKLENBURG BAT MOBILE UNIT 11 590

Serial Number: 008973 Test Date: 05/12/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: 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 .08	7:30pm 7:31pm 7:31pm
AIR BLK	.00	7:32pm
SUB TEST	.00	7:33pm
AIR BLK	.00	7:34pm
SUB TEST	.00	7:35pm
AIR BLK	.00	7:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### MECKLENBURG BAT MOBILE UNIT 11 590

Serial Number: 008973 Test Record Number: 120

Test Date: 05/12/2016 Test Time: 7:37pm EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

Test Statu	s Time
FC1 Pass	7:37pm
SRC Pass	7:37pm
DET Pass	7:37pm
BAR Pass	7:37pm
BT Pass	7:37pm

### Blank Tests

Test	Status	Time
AIR	Pass	7:38pm

### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

7:38pm

CAL

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

County_/	Mccllerburg Instrument Location BA+ Mobile Unit 11
Instrument So	erial No. 008970
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the
THE STATE OF THE S	Signature of Certifying Official Certificate Number
A signed orig	ginal of the preventive maintenance record shall be kept on file for at least three years.

### MECKLENBURG BAT MOBILE UNIT 11 590

Serial Number: 008970 Test Date: 05/12/2016

Citation Number: M0000000-0 Subject's Name:

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

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

Analyst's Name: 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 .08 .00 .00	7:28pm 7:29pm 7:29pm 7:30pm 7:31pm 7:32pm
AIR BLK	.,00	7;34pm

Reported AC:

00/g/2/10L

Signature of Chemical Analyst

Court/CVD

Analyst

### MECKLENBURG BAT MOBILE UNIT 11 590

Serial Number: 008970 Test Record Number: 168

Test Date: 05/12/2016 Test Time: 7:36pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	7:36pm
FLO	Pass	7:36pm
FC	Pass	7:36pm

### Temperature Tests

Status	Time
Pass	7:36pm
	Pass Pass Pass Pass

### Blank Tests

Test	Status	Time
AIR	Pass	7:37pm

### Printer Tests

Test	Status	Time
PRNT	Pass	7:37pm

### CRC Tests

Test	Status	Time
COMP	Pass	7:37pm
CAL	Pass	7:37pm

Preventive Maintenance Status: Pass

Analyst

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

County Me	ECKLENBURG Instrument Location BAT MOBILE 7
Instrument Seria	INO. 008969
	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
four months are:	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t procedures were Department of H	he 1373 day of NAG, 2016 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.
TOTAL STATE OF NO.	Signature of Certifying Official Certificate Number

#### MECKLENBURG BAT MOBILE UNIT 7 590

Serial Number: 008969 Test Date: 05/13/2016

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: INGLE, LARRY W

Permit Number: 7281E

Effective:

02/01/2016-02/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00 .00	8:51pm 8:52pm 8:52pm 8:53pm 8:54pm 8:55pm 8:56pm
PIN DIN	7,00	8:57pm

Penorted AC.

00/q/210I

Signature of Chemical Analyst

Court Cyf

Analyst

### MECKLENBURG BAT MOBILE UNIT 7 590

Serial Number: 008969 Test Record Number: 157
Test Date: 05/13/2016 Test Time: 9:00pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:00pm 9:00pm
FC	Pass	9:01pm

### Temperature Tests

Test	Status	Time
FC1	Pass	9:01pm
SRC	Pass	9:01pm
DET	Pass	9:01pm
BAR	Pass	9:01pm
BT	Pass	9:01pm

### Blank Tests

Test	Status	Time
AIR	Pass	9:01pm

### Printer Tests

Test	Status	Time
PRNT	Pass	9:01pm
	CRC Tests	
Test	Status	Time

Test	Status	Time
COMP	Pass	9:02pm
CAL	Pass	9:02pm

Preventive Maintenance Status: Page

Analyst

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

County M	MECKLENBURG Instrument Location BAT MOBILE	= 7
Instrument Ser	Gerial No. <u>008968</u>	
The preventive four months are	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at I are:	east once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator th 34 degrees, plus or minus .2 degree centigrade;	ermometer 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 alc simulator solution is being changed every four months or after 125 Alcoholic Breath 9 whichever occurs first.	oholic breath Simulator tests,
I certify that on t procedures were Department of H	n the	/e maintenance f the N.C.
O'THE STATE OF ALL		5 G
-	Signature of Certifying Official Certificate	59 e Number
		· ****** #1

### MECKLENBURG BAT MOBILE UNIT 7 590

Serial Number: 008968 Test Date: 05/13/2016

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: 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	Pass	8:37pm 8:38pm
ACCY CHK	.07	8:39pm
AIR BLK	.00	8:40pm
SUB TEST	.00	8:40pm
AIR BLK	.00	8:41pm
SUB TEST	.00	8:43pm
AIR BLK /	€00	8:44pm

Reported AC:

&0 α/210Ti

Signature of Chemical Analyst

Court CVR

Aralyst/

### MECKLENBURG BAT MOBILE UNIT 7 590

Serial Number: 008968 Te

Test Record Number: 154

Test Date: 05/13/2016

Test Time: 8:46pm EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	8:48pm

### Printer Tests

Test	Status	Time
PRNT	Pass	8:48pm
	CRC Tests	

Status	Time
Pass	8:48pm 8:48pm

Preventive Maintenance Status: Pass

Analyst/

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II CKLENBURG Instrument Location Instrument Serial No. 008972 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 , 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.

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

Signature of Certifying Official

Certificate Number

### MECKLENBURG BAT MOBILE UNIT 7 590

Serial Number: 008972 Test Date: 05/13/2016

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: 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	9:09pm
AIR BLK	.00	9:10pm
ACCY CHK	.07	9:11pm
AIR BLK	.00	9:12pm
SUB TEST	.00	9:12pm
AIR BLK	.00	9:13pm

SUB TEST .00
AIR BLK / .00

**9:15pm** 9:∕‡⁄6pm

Reported AC:

∕00 g⁄/210L

Signature of Chemical Analyst

Court ove

Analyst

### MECKLENBURG BAT MOBILE UNIT 7 590

Serial Number: 008972

Test Record Number: 199

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FIO	Pass	9:18pm
ГTО	Pass	9:18pm
FC	Pass	9:19pm

### Temperature Tests

Test	Status	Time
FC1	Pass	9:19pm
SRC	Pass	9:19pm
DET	Pass	9:19pm
BAR	Pass	9:19pm
$\mathtt{BT}$	Pass	9:19pm

### Blank Tests

Test	Status	Time
AIR	Pass	9:19pm

### Printer Tests

Test	Status	Time
PRNT	Pass	9:19pm
	CRC Tests	
	<b>-</b>	

Test	Status	Time
COMP	Pass	9:19pm
CAL	Pass	9:19pm

Preventive Maintenance Status: Pagg

Analyst

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

County_	Meell lea buy Instrument Location But Mobile Unit 11
Instrume	nt Serial No
The prevenue four mon	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify the procedure Department	nat on the
SO SE	

### MECKLENBURG BAT MOBILE UNIT 11 590

Serial Number: 008970 Test Date: 05/19/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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	8:08pm
AIR BLK	.00	8:09pm
ACCY CHK	.08	8:10pm
AIR BLK	.00	8:11pm
SUB TEST	.00	8:11pm
AIR BLK	.00	8:12pm
SUB TEST	.00	8:14pm
AIR BLK	<b>∕</b> €0	8:A.50m2

Reported AC:

<u>0</u>0/g/21/01

Signature of Chemical Analyst

Court/CV

Analyst

### MECKLENBURG BAT MOBILE UNIT 11 590

Serial Number: 008970 Test Record Number: 175 

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	8:17pm
FLO	Pass	8:17pm
FC	Pass	8:17pm

### Temperature Tests

Test	Status	Time
FC1	Pass	8:17pm
SRC	Pass	8:17pm
$\mathtt{DET}$	Pass	8:17pm
BAR	Pass	8:17pm
BT	Pass	8:17pm

### Blank Tests

Test	Status	Time
AIR	Pass	8:18pm

### Printer Tests

Test	Status	Time
PRNT	Pass	8:18pm
	CRC Tests	

Test	Status	Time
COMP	Pass	8:18pm
CAL	Pass	8:18pm

Preventive Maintenance

Stakus: Pass

Analyst

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

County_	Mechlenburg Instrument Location Bist Mobile Unix 11
Instrume	ont Serial No
The prev	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify the procedure Department	nat on the 19 day of May, 2014 the forgoing preventive maintenance is were performed on the instrument indicated above, in accordance with current regulations of the N.C. int of Health and Human Services, and the instrument is functioning properly.
OF STATE OF	ATE ON TO SO THE STATE OF CONTINUES OFFICIAL Signature of Contifying Official Certificate Number
	Signature of Centifying Official Certificate Number

MECKLENBURG BAT MOBILE UNIT 11 590

Serial Number: 008973 Test Date: 05/19/2016

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	8:09pm 8:10pm 8:11pm 8:12pm <b>8:12pm</b>
AIR BLK	.00	8:13pm
SUB TEST	.00	8:14pm
AIR BLK	.00	8:15pm

Reported AC: .00 g/210L

Signature of Chemidal Analyst

Court CVR

Analyst (

### MECKLENBURG BAT MOBILE UNIT 11 590

Serial Number: 008973 Test Record Number: 131
Test Date: 05/19/2016 Test Time: 8:17pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	8:17pm
FLO	Pass	8:17pm
FC	Pass	8:17pm

### Temperature Tests

Test	Status	Time
FC1	Pass	8:17pm
SRC	Pass	8:17pm
DET	Pass	8:17pm
BAR	Pass	8:17pm
$\mathtt{BT}$	Pass	8:17pm

### Blank Tests

Test	Status	Time
AIR	Pass	8:18pm

### Printer Tests

Test	Status	Time
PRNT	Pass	8:18pm
	CRC Tests	
Test	Status	Time
COMP	Pass	8:18pm

Pass 8:18pm

Preventive Maintenance Status: Pass

CAL

Anglyer

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

County_/	Parterusery Co. Instrument Location Wanter	moray Co. 74:1
Instrument Se	erial No. <u>608657</u> <u>TRoy, MC</u>	
The preventive four months a	re 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 breatl 34 degrees, plus or minus .2 degree centigrade;	h simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	. <del>"</del>
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration d simulator solution is being changed every four months or after 125 Alco whichever occurs first.	ate, or the alcoholic breath sholic Breath Simulator tests,
I certify that or procedures we Department of	the forgoine 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 STA	Signature of Certifying Official	Certificate Number

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008657 Test Date: 05/10/2016

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00 .00	1:48pm 1:48pm 1:49pm 1:50pm
AIR BLK	.00	1:51pm
SUB TEST	.00	1:53pm
AIR BLK	.00	1:54pm

Reported AC:

/09/q/210L/

Signature of Chemical Analyst

Court CVR

XXX

#### MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008657

Test Record Number: 1232

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:55pm
SRC	Pass	1:55pm
DET	Pass	1:55pm
BAR	Pass	1:55pm
BT	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	1:56pm
CAL	Pass	1:56pm

Preventive Maintenance

Status: Pass

Analyst

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

County 7/1	ontoning C. Instrument Location Montgomery Co Vail
Instrument Seri	al No. 208/109 TROY, HC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
STATE ON THE STATE ON THE STATE OF THE STATE	Signature of Certifying Official Certificate Number

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008709 Test Date: 05/10/2016

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

Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, 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: AG414801 Exp Date: 05/28/2016

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

Reported Mr. . AG

g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008709

Test Record Number: 925

Test Date: 05/10/2016 Test

Test Time: 1:54pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:54pm
SRC	Pass	1:54pm
DET	Pass	1:54pm
BAR	Pass	1:54pm
$\operatorname{BT}$	Pass	1:54pm

#### 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

Analyst`

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

	INTOXIMETE	KS, MODEL INTOX EC	JIK II
County	Moore	Instrument Location	Mobile Unit
Instrument Se	rial No. <u>608775</u>	Carthage	PD
The preventive four months as		ntoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic br gree centigrade;	eath simulator thermometer shows
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;	•	
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ears, collect breath sample;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	i	
10.		ster is being changed before expiration ged every four months or after 125 A	
procedures we		, 20, 20 the icated above, in accordance with cure instrument is functioning properly	
SET OF MAND SET AND SE	NO. ALTONOMIC CONTROL OF THE PARTY OF THE PA		, 1
Works and the second	JUNYO B Signa	ature of Certifying Official	Certificate Number

MOORE COUNTY BAT MOBILE UNIT 8 620

Serial Number: 008775 Test Date: 05/26/2016

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	Pass	9:10pm
AIR BLK	.00	9:11pm
ACCY CHK	.08	9:11pm
AIR BLK	.00	9:12pm
SUB TEST	.00	9:13pm
AIR BLK	.00	9:13pm
SUB TEST	.00	9:15pm
AIR BLK	.00	9:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MOORE COUNTY BAT MOBILE UNIT 8 620

Serial Number: 008775

Test Record Number: 1621

Test Date: 05/26/2016

Test Time: 9:17pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:18pm
FLO	Pass	9:18pm
FC	Pass	9:18pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:18pm
SRC	Pass	9:18pm
DET	Pass	9:18pm
BAR	Pass	9:18pm
$\mathtt{BT}$	Pass	9:18pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:19pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:19pm
	CRC Tests	
Test	Status	Time

COMP	Pass	9:19pm
CAL	Pass	9:19pm

Preventive Maintenance Status: Pass

20040 B Stunn

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

County 2	Mooke Co. Instrument Location South	even Pines P.D
Instrument Ser	rial No. 008/20 Southern Pine	5
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be fee:	followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	in The control of the
10.	Verify that the ethanol gas canister is being changed before expiration de simulator solution is being changed every four months or after 125 Alcolubration occurs first.	
* s		
	re performed on the instrument indicated above, in accordance with current	oing preventive maintenance regulations of the N.C.
Department of	Health and Human Services, and the instrument is functioning properly.	
STATE OF THE STATE	NORTH CAROUNT	
TOP QUAM VIDE		654
	Signature of Certifying Official	Certificate Number

MOORE COUNTY SOUTHERN PINES PD. 620

Serial Number: 008720 Test Date: 05/24/2016

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, 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 AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00 .00	11:17am 11:18am 11:18am 11:20am 11:21am 11:23am
AIR BLK	.00	11:23am
_		

Reported AC: , .00 g/2101

Signature of Chemical Analyst

Court CVR

Analyst

#### MOORE COUNTY SOUTHERN PINES PD. 620

Serial Number: 008720

Test Record Number: 903

Test Date: 05/24/2016

Test Time: 11:24am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:24am
FLO	Pass	11:24am
FC	Pass	11:25am

#### Temperature Tests

Test	Status	Time
a tu		
FC1	Pass	11:25am
SRC	Pass	11:25am
DET	Pass	11:25am
BAR	Pass	11:25am
$\mathtt{BT}$	Pass	11:25am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:25am

#### Printer Tests

Test	Status	Time
	•	
PRNT	Pass	11:25am

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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 M	Instrument Location MONTGOMERY G. JAIL
Instrument Seria	al No. 008721 TROY, NC
The preventive i	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of H	the
THE STATE OF A STATE O	Signature of Certifying Official Certificate Number

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008721 Test Date: 05/17/2016

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	2:10pm
AIR BLK	.00	2:11pm
ACCY CHK	.08	2:12pm
AIR BLK	.00	2:13pm
SUB TEST	.00	2:13pm
AIR BLK	.00	2:14pm
SUB TEST	.00	2:16pm
AIR BLK	.00	2:17pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008721

Test Record Number: 935

Test Date: 05/17/2016

Test Time: 2:18pm EDT

#### System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:18pm
FLO	Pass	2:18pm
F'C	Pass	2:18pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	2:19pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:19pm
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

2:19pm 2:19pm

COMP

CAL

Analyst

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

County	MOORE Instrument Location Rule	HURST POLICE DEPT.
Instrument S	Serial No. <u>008710</u> PNEHURST, NO	
The preventi four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR are:	II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcohol 34 degrees, plus or minus .2 degree centigrade;	ic breath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before exp simulator solution is being changed every four months or after whichever occurs first.	iration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
I certify that procedures we Department of	on the <u>20</u> day of <u>MA4</u> , 20 <u>6</u> were performed on the instrument indicated above, in accordance with of Health and Human Services, and the instrument is functioning pro	the forgoing preventive maintenance a current regulations of the N.C. perly.
THE STATION OF THE ST	Signature of Certifying Official	371 Certificate Number

MOORE COUNTY PINEHURST PD. 620

Serial Number: 008710 Test Date: 05/20/2016

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:24am 10:25am
ACCY CHK	.07	10:26am
AIR BLK	.00	10:27am
SUB TEST	.00	10:27am
AIR BLK	.00	10:28am
SUB TEST	.00	10:30am
AIR BLK	.00	10:30am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MOORE COUNTY PINEHURST PD. 620

Serial Number: 008710

Test Record Number: 1290

Test Date: 05/20/2016

Test Time: 10:31am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:32am
FLO	Pass	10:32am
FC	Pass	10:32am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:32am
SRC	Pass	10:32am
DET	Pass	10:32am
BAR	Pass	10:32am
BT	Pass	10:32am

#### Blank Tests

Test	Status	Time

AIR Pass 10:32am

#### Printer Tests

Test	Status	Time
TCOL	Dialus	11110

PRNT Pass 10:32am

CRC Tests

Test Status Time

COMP Pass 10:33am CAL Pass 10:33am

Preventive Maintenance

Status: Pass

Analyst

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

County ()	Instrument Location Bat Mahile Unit
Instrument Seri	al No. (1086) 5HP- Orange
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the, 20, 20, the forgoing preventive maintenance experformed 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	S CAROLLIN CONTROLLING TO THE CONTROLLING THE CONTROLLING TO THE CONTROLLING THE CONTROLLING TO THE CONTROLLING THE CONTROLLING TO THE CONTROLLING TO THE CONTROLLING TO THE CONTROLLING TO THE CONTROLLING
SE QUAM VIOLEN	Signature of Certifying Official Certificate Number

ORANGE COUNTY BAT MOBILE UNIT 8 068

Serial Number: 008615 Test Date: 05/14/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### ORANGE COUNTY BAT MOBILE UNIT 8 068

Serial Number: 008615 Test Date: 05/14/2016

Test Record Number: 5384
Test Time: 9:50pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	9:51pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:51pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

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

County_	Orange Instrument Location Bot Mobile Unit
Instrumer	nt Serial No. 0088) LO SHP-Orange
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify the procedure Departme	hat on theday of, 20 the forgoing preventive maintenance es were performed on the instrument indicated above, in accordance with current regulations of the N.C. ant of Health and Human Services, and the instrument is functioning properly.
BANGER OF STATE OF ST	TATE OCTOBER OF CARROLL Signature of Certifying Official Certificate Number

ORANGE COUNTY BAT MOBILE UNIT 8 068

Serial Number: 008816 Test Date: 05/14/2016

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	9:44pm 9:45pm
ACCY CHK AIR BLK	.07 .00	9:46pm 9:47pm
SUB TEST	.00	9:47pm
AIR BLK	.00	9:48pm
SUB TEST	.00	9:50pm
AIR BLK	.00	9:50pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Donya B Skunger

#### ORANGE COUNTY BAT MOBILE UNIT 8 068

Serial Number: 008816

Test Record Number: 7216

Test Date: 05/14/2016 Test Time: 9:52pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:52pm
FLO	Pass	9:52pm
FC	Pass	9:52pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:52pm
SRC	Pass	9:52pm
DET	Pass	9:52pm
BAR	Pass	9:52pm
$\mathtt{BT}$	Pass	9:52pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:53pm

#### Printer Tests

ma a t	Ctatua	Timo
	CRC Tests	
PRNT	Pass	9:53pm
Test	Status	Time

Test	Status	Time
COMP	Pass	9:53pm
CAL	Pass	9:53pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

•	INTOXIMETERS, MODEL INTOX EC/IR II
County	Instrument Location Rot Mobile Uni
Instrument Ser	ial No. 608775 SHP-600000
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
STATE OF THE STATE	Signature of Certifying Official Certificate Number

ORANGE COUNTY BAT MOBILE UNIT 8 068

Serial Number: 008775 Test Date: 05/14/2016

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	9:45pm 9:46pm 9:47pm
ACCI CHK	.00	9:47pm
SUB TEST	.00	9:48pm
AIR BLK	.00	9:49pm
SUB TEST	.00	9:50pm
AIR BLK	.00 *	9:51pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Donyo, B Skyn

#### ORANGE COUNTY BAT MOBILE UNIT 8 068

Serial Number: 008775

Test Record Number: 1615

Test Date: 05/14/2016

Test Time: 9:52pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:52pm
FLO	Pass	9:52pm
FC	Pass	9:52pm

#### Temperature Tests

Status	Time
Pass	9:53pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	9:53pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:53pm

#### CRC Tests

Test	Status	Time
COMP	Pass	9:53pm
CAL	Pass	9:53pm

Preventive Maintenance Status: Pass

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

County	1) 1 ( ) ( ) ( ) ( ) ( ) ( ) ( )	Instrument Location BAT M	BBILE ()NIT S
County ()	NJ	instrument Location////////////////////////////////	
Instrument Seri	al No. <u>008575</u>	Instrument Location BAT M.	RIOGE, NC
			·
The preventive four months are		toximeters, Model Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	lisplays pressure, or the alcoholic breath gree centigrade;	simulator thermometer show
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" 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 danged every four months or after 125 Alcoh	
I certify that on procedures were Department of H	the day of A of performed on the instrument indicated the desired that the desired	20 / the forgo cated above, in accordance with current re instrument is functioning properly.	ing preventive maintenance egulations of the N.C.
STATE OF A	C C	2 Banes	1 110
SE QUAM VIDE	San Jan San San San San San San San San San S	ture of Certifying Official	Certificate Number

ONSLOW COUNTY BAT MOBILE UNIT 9 660

Serial Number: 008575 Test Date: 05/06/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

08/01/2015-08/01/2017

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

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ONSLOW COUNTY BAT MOBILE UNIT 9 660

Serial Number: 008575

Test Record Number: 919

Test Date: 05/06/2016

Test Time: 10:13pm 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	Pass	10:13pm
SRC	Pass	10:13pm
$\mathtt{DET}$	Pass	10:13pm
BAR	Pass	10:13pm
BT	Pass	10:13pm

#### Blank Tests

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

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

County	IntoxIMETERS, MODEL INTOX EC/IR II  Instrument Location Pitt Co. Detention Cents
Instrument Se	erial No. 008/046 124 Detention Dr., Greenville, M
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
THE STATE OF THE S	200 July M. C. 1643
	Signature of Certifying Official Certificate Number

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646 Test Date: 05/04/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:08am
AIR BLK	.00	9:09am
ACCY CHK	.07	9:10am
AIR BLK	.00	9:11am
SUB TEST	.00	9:11am
AIR BLK	.00	9:12am
SUB TEST	.00	9:14am
ATR BLK	.00	9:15am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646 Test Record Number: 3170

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	9:17am

#### Frinter Tests

Test	Status	Time
PRNT	Pass	9:17am
	CRC Tests	
Test	Status	Time

Test	Status	TIME
COMP	Pass	9:17am
CAL	Pass	9:17am

Preventive Maintenance Status: Pass

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

County /	14	Instrument Location	a Dotaction Com
Instrument S	derial No. <u>008668</u>	124 Defention	Dr., Greanille, MC
•••	ve maintenance procedures for the Int		
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg		breath simulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appea	rs, collect breath sample;	
7.	When "PLEASE BLOW" appea	rs, collect breath sample;	•
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		er is being changed before expirated every four months or after 125	tion date, or the alcoholic breath Alcoholic Breath Simulator tests,
	on the day of	ated above, in accordance with cu	
THE STATE OF THE S	ON TORREST OF THE PARTY OF THE	Λ ~7	
	All A	ure of Certifying Official	Certificate Number

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668 Test Date: 05/04/2016

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	9:31am 9:32am 9:32am
AIR BLK	.00	9:33am
SUB TEST	.00	9:34am
AIR BLK	.00	9:35am
SUB TEST	.00	9:37am
AIR BLK	.00	9:38am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

#### PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668 Test Record Number: 2705 

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	9:40am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:40am
	CRC Tests	
Test	Status	Time

COMP	Pass	9:40am
CAL	Pass	9:40am

Preventive Maintenance Status: Pass

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

County /	PANIONOPH Instrument Location LIBERTY POLICE DE	
Instrument Se	erial No. 008830 LIBERTY, NC	
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once eve	ry
-		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sl 34 degrees, plus or minus .2 degree centigrade;	10W
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	/
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.	
•		
	on the <u>24</u> day of <u>MAY</u> , 20 <u>6</u> the forgoing preventive maintenar 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.	ice
STATE OF THE STATE		
AND IS THE COSE CHAMMADE	371 371	

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

Signature of Certifying Official

Certificate Number

#### RANDOLPH LIBERTY POLICE DEPT 750

Serial Number: 008830 Test Date: 05/24/2016

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: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	10:01am 10:02am 10:02am 10:03am
SUB TEST	.00	10:04am
AIR BLK	.00	10:05am
SUB TEST	.00	10:06am
AIR BLK	.00	10:07am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## RANDOLPH LIBERTY POLICE DEPT 750

Serial Number: 008830

Test Record Number: 518

Test Date: 05/24/2016

Test Time: 10:08am EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	10:08am
FLO	Pass	10:08am
FC	Pass	10:08am

## Temperature Tests

Test	Status	Time
FC1	Pass	10:09am
SRC	Pass	10:09am
DET	Pass	10:09am
BAR	Pass	10:09am
BT	Pass	10:09am

## Blank Tests

Test	Status	Time
AIR	Pass	10:09am

## Printer Tests

Status	Time
Pass	10:09am
CRC Tests	
Status	Time
	Pass CRC Tests

COMP Pass 10:09am CAL Pass 10:09am

Preventive Maintenance Status: Pass

Analyst

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

	INTOXIMETE	RS, MODEL INTOX EC/11	X 11
County K	ockinaham	Instrument Location Machisa	on tolice
Instrument S	erial No. <u>008802</u>	Depart	tment
· · · · · · · · · · · · · · · · · · ·			:
The prevention four months		intoximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath egree centigrade;	simulator thermometer show
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	ļ.,	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample;	
7.	When "PLEASE BLOW" app	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	nd	
I certify that procedures w	simulator solution is being cha whichever occurs first.  on the day of day of	ister is being changed before expiration dunged every four months or after 125 Alcounter 125 Alcount	sholic Breath Simulator tests, going preventive maintenance
THE STATE OF THE S	CAROLLA CAROLL	nature of Certifying Official	Certificate Number

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802 Test Date: 05/11/2016

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 State: XX
Driver's License Number: NONE

Analyst's Name: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

09/01/2014-09/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:30pm
AIR BLK	.00	2:30pm
ACCY CHK	.07	2:31pm
AIR BLK	.00	2:32pm
SUB TEST	.00	2:33pm
AIR BLK	.00	2:34pm
SUB TEST	.00	2:36pm
AIR BLK	200	2:36pm

Reported AC:

megalized in the state of the s

Signature of Chemical Analyst

Court CVR

## ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802

Test Record Number: 699

Test Date: 05/11/2016

Test Time: 2:38pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	2:38pm
FLO	Pass	2:38pm
FC	Pass	2:39pm

## Temperature Tests

Status	Time
Pass	2:39pm
	Pass Pass Pass Pass

## Blank Tests

Test	Status	Time
AIR	Pass	2:39pm

## Printer Tests

Test	Status	Time
PRNT	Pass	2:39pm

## CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County /	OCKINGHAM Instrument Location Ede N
Instrument S	Serial No. 008636 Police Department
The prevent	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
" <b>7.</b>	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
TO STATE OF THE ST	

ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636 Test Date: 05/13/2016

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: 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	Pass	2:31pm 2:32pm
ACCY CHK AIR BLK	.07 .00	2:33pm 2:34pm
SUB TEST	.00	2:35pm
AIR BLK	.00	2:36pm
SUB TEST	.00	2:37pm
ATR BLK	.00	2:38pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636 Test Date: 05/13/2016 Test Record Number: 1623

Test Time: 2:25pm EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	2:27pm

## Printer Tests

Test	Status	Time
PRNT	Pass	2:27pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:27pm 2:27pm

Preventive Maintenance Status: Pass

Analyst

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

County	Scotland Co. Instrument Location Laurinburg P.D.
Instrumen	t Serial No. <u>008834 LAURIN BURG</u> , N.C.
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.
procedure	nat on the
SE S	Signature of Certifying Official  Certificate Number

SCOTLAND COUNTY LAURINBURG PD. 820

Serial Number: 008834 Test Date: 05/10/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2016-02/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:36am
AIR BLK ACCY CHK	.00	10:37am 10:37am
AIR BLK	.00	10:38am
SUB TEST	0 0	10:39am
AIR BLK	.00	10:40am
SUB TEST	.00	10:41am
ATD BIN	O O	10.42am

Reported A6:

∠00 2/210L

Signature of Chemical Analyst

Court CVR

### SCOTLAND COUNTY LAURINBURG PD. 820

Serial Number: 008834 Test Redord Number: Test Date: 05/10/2016

Test Time: 10:45am EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	10:45am
FLO	Pass	10:45am
FC	Pass	10:45am

### Temperature Tests

Test	Status	Time
FCI	Pass	10:45am
SRC	Pass	10:45am
DET	Pass	10:45am
BAR	Pass	10:45am
BT	Pass	10:45am

### Blank Tests

Test	Status	Time
AIR	Pass	10:46am

## Printer Tests

rest	Status	1 Tille
PRNT	Pass	10:46am

## CRC Tests

'l'est	Status	Time
COMP	Pass	10:46am
CAL	Pass	10:46am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Rotland Co. Instrument Location Sco	Hand G. Jail
Instrument S	erial No. OCKOL LAURIN DUR	g NC.
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II tare:	to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic b 34 degrees, plus or minus .2 degree centigrade;	reath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expirat simulator solution is being changed every four months or after 125 whichever occurs first.	tion date, or the alcoholic breath Alcoholic Breath Simulator tests,
procedures v	on theday of	e forgoing preventive maintenance arrent regulations of the N.C. ly.
TAR STATE OF THE S	Signature of Certifying Official	Certificate Number

SCOTLAND COUNTY SHERIFF'S OFFICE 820

Serial Number: 008861 Test Date: 05/10/2016

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

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

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

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

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

Test Type: Breath Test

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

 $\alpha/210T$ 

rest	9/2101	rine
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	11:41am 11:41am 11:42am 11:43am
SUB TEST	.00	11:45am
AIR BLK	.00	11:45am
SUB TEST,	.00	11:47am
AIR BLK/	.00	11:47am

Reported AC; .00, g/210L

Signature of Chemical Analyst

Court CVR

## SCOTLAND COUNTY SHERIFF'S OFFICE 820.

Serial Number: 008861 Test Record Number: 1205 Test Date: 05/10/2016 Test Time: 11:49am EDT

System Check: Passed

### Baseline Tests

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

## Temperature Tests

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

### Blank Tests

Test	Status	TTITE
AIR	Pass	11:50am

## Printer Tests

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

1050	Status	111116
COMP	Pass	11:50am
CAL	Pass	11:50am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIN	TETERS, MODEL	INTOXEC/IR II	ſ
County	Stokes	Instrument Locat	tion Stokes County Jai	
Instrum	ent Serial No. <u>8085 96</u>	<u> </u>	Danbury, N.C.	
	ventive maintenance procedures nths are:	for the Intoximeters, Model In	ntox EC/IR II to be followed at least once eve	ery
1		canister displays pressure, or nus .2 degree centigrade;	the alcoholic breath simulator thermometer s	how
2	. Verify instrument disp	lays time and date;		
3	Initiate breath test sequ	ience;		
4	Enter information as pr	rompted;		
5	Verify instrument accu	racy;		
6	When "PLEASE BLOV	W" appears, collect breath sa	ımple;	
7	When "PLEASE BLOV	W" appears, collect breath sa	imple;	
8	Print test record;			
9	Verify Diagnostic Prog	gram; and		
procedu	simulator solution is be whichever occurs first.  that on the day of_res were performed on the instruments.	eing changed every four mont	the forgoing preventive maintena brdance with current regulations of the N.C.	ests,
Departm	nent of Health and Human Service	es, and the instrument is func	tioning properly.	
STATE COREATORS	STATE OF MODELLE CONTROL OF THE CONT		Markey 657	
		Signature of Certifying @	fficial Certificate Number	

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596 Test Date: 05/11/2016

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	3:31pm 3:32pm 3:33pm 3:34pm 3:34pm 3:35pm 3:36pm
AIR BLK	<i>)</i> .00	3:37pm

hemigal Analyst

Court CVR

## STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596

Test Record Number: 827

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:39pm 3:39pm
FC	Pass	mqeE:E

## Temperature Tests

Test	Status	Time
FC1	Pass	3:39pm
SRC	Pass	3:39pm
DET	Pass	3:39pm
BAR	Pass	3:39pm
BT	Pass	3:39pm

## Blank Tests

Test	Status	Time
	*	
AIR	Pass	3:40pm

## Printer Tests

Test	Status	Time
PRNT	Pass	3:40pm
	CRC Tests	
Test	Status	Time

	!	
COMP	Pass	3:40pm
CAL	Pass	3:40pm

Preventive Maintenance Status) Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Su	Instrument Location Elkin Police  al No. 008926  Department
Instrument Seri	al No. 008926 Department
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.  I certify that on procedures wer Department of	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  the
CREATE OF STATE OF ST	Signature of Certifying Official Certificate Number

SURRY COUNTY ELKIN PD 850

Serial Number: 008926 Test Date: 05/12/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

09/01/2014-09/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:30am
AIR BLK ACCY CHK	.00	9:31am 9:31am
AIR BLK	.00	9:32am
SUB TEST	.00	9:33am
AIR BLK	.00	9:34am
SUB TEST	.00,	9:36am
AIR BLK	.ø0	9:36am

Reported AC: .00

00 q/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

## SURRY COUNTY ELKIN PD 850

Serial Number: 008926

Test Record Number: 708

Test Date: 05/12/2016

Test Time: 9:38am EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	9:39am

## Printer Tests

Test	Status	Time
PRNT	Pass	9:39am

## CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County 5	tanly Instrument Location Stanly County SD
Instrument Seria	11No. 008824 126 5.30 Street, Albemacle
The preventive r four months are:	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	he <u>33rd</u> day of <u>Narch</u> , 20 <u>lo</u> the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
STATE OF ALL STATE	Signature of Certifying Official Certificate Number

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008824 Test Date: 03/23/2016

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: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	3:08pm 3:08pm 3:09pm
AIR BLK	.00	3:10pm
SUB TEST	.00	3:11pm
AIR BLK	.00	3:12pm
SUB TEST	.00	3:13pm
AIR BLK	.00	3:14pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008824

Test Record Number: 1079

Test Date: 03/23/2016

Test Time: 3:03pm EDT

System Check: Passed

### Baseline Tests

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

## Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	3:05pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:05pm

## CRC Tests

Test	Status	Time
COMP	Pass	3:05pm
CAL	Pass	3:05pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County	nion Instrument Location BAT Mobile Unit
Instrument Se	erial No. 008615 Union County 50
·	
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 of procedures we Department of	on the
STATE OF THE STATE	Signature of Certifying Official Certificate Number

## UNION COUNTY BAT MOBILE UNIT 8 890

Serial Number: 008615 Test Record Number: 5391 Test Date: 05/28/2016

Test Time: 9:09pm EDT

## System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	9:10pm
FLO	Pass	9:10pm
FC	Pass	9:10pm

## Temperature Tests

Test	Status	Time
FC1	Pass	9:10pm
SRC	Pass	9:10pm
DET	Pass	9:10pm
BAR	Pass	9:10pm
BT	Pass	9:10pm

### Blank Tests

Test	Status	Time
AIR	Pass	9:10pm

## Printer Tests

Test	Status	Time
PRNT	Pass	9:10pm

## CRC Tests

	Test	Status	Time
<u>-</u>			9:11pm 9:11pm

Preventive Maintenance Status: Pass

Analyst

## UNION COUNTY BAT MOBILE UNIT 8 890

Serial Number: 008615 Test Date: 05/28/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SMITH, JASON R

Permit Number: 19145E

Effective:

03/01/2016-03/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	9:29pm 9:30pm 9:31pm
AIR BLK	.00	9:32pm
SUB TEST	.00	9:32pm
AIR BLK	.00	9:33pm
SUB TEST	.00	9:35pm
AIR BLK	.00	9:36pm

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

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

County VA	Instrument Location NCSHP C-4 OFFICE
Instrument Serie	Instrument Location NCSHP C-4 OFFICE  at No. 008651 1080 EASTERN BLVD 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.
I certify that on procedures were Department of H	the 19 day of MAY, 2016 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
OF THE STATE OF A	Signature of Certifying Official Certificate Number

VANCE COUNTY NCSHP C4 OFFICE 900

Serial Number: 008651 Test Date: 05/19/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	5:47pm 5:48pm
ACCY CHK	.08	5:48pm
AIR BLK	.00	5:50pm
SUB TEST	.00	5:51pm
AIR BLK	.00	5:52pm
SUB TEST	.00	5:54pm
AIR BLK	.00	5:54pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## VANCE COUNTY NCSHP C4 OFFICE 900

Serial Number: 008651

Test Record Number: 1246

Test Date: 05/19/2016

Test Time: 6:00pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	6:01pm
FLO	Pass	6:01pm
FC	Pass	6:01pm

## Temperature Tests

Test	Status	Time
FC1	Pass	6:01pm
SRC	Pass	6:01pm
DET	Pass	6:01pm
BAR	Pass	6:01pm
$\mathtt{BT}$	Pass	6:01pm

#### Blank Tests

Test	Status	Time
AIR	Pass	6:02pm

## Printer Tests

	C	<b></b>
	CRC Tests	
PRNT	Pass	6:02pm
Test	Status	Time

Test	Status	Time
COMP	Pass	6:02pm
CAL	Pass	6:02pm

Preventive Maintenance Status: Pass

Anaiyst

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

County_\	ANCE		SHP C-4 OFFICE
Instrument S	Serial No. <u>/ 098738</u>	1080 EASTERN B	LVD HENDERSON, 1
The prevent four months		Intoximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 o	er displays pressure, or the alcoholic begree centigrade;	preath 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	nd	
10.		nister is being changed before expirat anged every four months or after 125	
I certify that procedures v Department	on the day of day of day of day of free performed on the instrument in the day of Health and Human Services, and	Ad , 20 / the indicated above, in accordance with cult the instrument is functioning properly	forgoing preventive maintenance rrent regulations of the N.C.
THE STATE OF	The second	0 Amoth	127
		nature of Certifying Official	Certificate Number

VANCE COUNTY NCSHP C4 OFFICE 900

Serial Number: 008738 Test Date: 05/19/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	6:07pm 6:08pm
ACCY CHK	.08	6:09pm
AIR BLK	.00	6:10pm
SUB TEST	.00	6:10pm
AIR BLK	.00	6:11pm
SUB TEST	.00	6:13pm
ATR BIK	0.0	6:14pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

Kus DA

## VANCE COUNTY NCSHP C4 OFFICE 900

Serial Number: 008738 Test Record Number: 650 Test Date: 05/19/2016 Test Time: 6:14pm EDT

System Check: Passed

### Baseline Tests

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

## Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	6:15pm

## Printer Tests

Test	Status	Time
PRNT	Pass	6:16pm
	CRC Tests	•

Test	Status	Time
COMP	Pass	6:16pm
CAL	Pass	6:16pm

Preventive Maintenance Status: Pass

Analyst

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

County (1)	Jake C. Instrument Location faleigh P.D. Northers I Dis
Instrument Seria	INO. ODSC23 5228 GREEN DAIRY Rd Raleigh MC
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 t procedures were Department of H	he
STATE OF AVERT OF AVE	Signature of Certifying Official Certificate Number

WAKE COUNTY NORTH EAST DISTRICT 910

Serial Number: 008623 Test Date: 05/05/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Driver's License 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: AG607502 Exp Date: 03/15/2018

Test	g/210L	Time
DIAG	Pass	9:44am
AIR BLK	.00	9:45am
ACCY CHK	.08	9:46am
AIR BLK	.00	9:47am
SUB TEST	.00	9:48am
AIR BLK	.00	9:49am
SUB TEST	.00	9:50am
AIR BLK	.00	9:51am

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

WAKE COUNTY NORTH EAST DISTRICT 910

Serial Number: 008623 Test Record Number: 3323

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	9:52am
FLO	Pass	9:52am
FC	Pass	9:52am

## Temperature Tests

Test	Status	Time
FC1	Pass	9:52am
SRC	Pass	9:52am
DET	Pass	9:52am
BAR	Pass	9:52am
BT	Pass	9:52am

### Blank Tests

Test	Status	Time
AIR	Pass	9:53am

### Printer Tests

Test	Status	Time
PRNT	Pass	9:53am

### CRC Tests

Test	Status	Time
COMP	Pass	9:53am
CAL	Pass	9:53am

Preventive Maintenance Status: Pass

Analyst

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

County ( )A	Instrument Location BAT MOBILE CLIT 10
Instrument Serial N	10. <u>OOE584 PALLEGH</u>
The preventive mai four months are:	ntenance 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 show 4 degrees, plus or minus .2 degree centigrade;
2. V	Verify instrument displays time and date;
3. I	nitiate breath test sequence;
4. E	Inter information as prompted;
5. V	erify instrument accuracy;
6. V	When "PLEASE BLOW" appears, collect breath sample;
7. V	When "PLEASE BLOW" appears, collect breath sample;
8. P	rint test record;
9. V	erify Diagnostic Program; and
si	rerify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath imulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were pe	day of MAM, 20 / the forgoing preventive maintenance rformed on the instrument indicated above, in accordance with current regulations of the N.C. Ith and Human Services, and the instrument is functioning properly.
STATE OF AUGUST	
William Control	Signature of Certifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008584 Test Record Number: 2101 Test Date: 05/06/2016 Test Time: 11:30pm EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	11:30pm
SRC	Pass	11:30pm
$\mathtt{DET}$	Pass	11:30pm
BAR	Pass	11:30pm
$\mathtt{BT}$	Pass	11:30pm

### Blank Tests

Test	Status	Time
AIR	Pass	11:31pm

## Printer Tests

Test	Status	Time
PRNT	Pass	11:31pm

## CRC Tests

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

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

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008584 Test Date: 05/06/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SMITH, JASON R

Permit Number: 19145E

Effective:

03/01/2016-03/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	11:35pm
AIR BLK	.00	11:36pm
ACCY CHK	.08	11:36pm
AIR BLK	.00	11:37pm
SUB TEST	.00	11:38pm
AIR BLK	.00	11:39pm
SUB TEST	.00	11:40pm
AIR BLK	.00	11:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County ( )	Instrument Location FAT MOCKE UNIT 10
Instrument Seri	al No. OCK637 PALLEST
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

#### WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008637 Test Record Number: 2861 Test Date: 05/06/2016 Test Time: 11:27pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:28pm

## Printer Tests

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

COMP Pass 11:28pm CAL Pass 11:28pm

Preventive Maintenance Status: Pass

Analyst

#### WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008637 Test Date: 05/06/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: SMITH, JASON R

Permit Number: 19145E

Effective:

03/01/2016-03/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

County_	WAKE Instrument Location DAT WARE UNITED
Instrumer	t Serial No. OOTTO Daleigh
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 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 the procedure Departme	nat on the
OREN E	Signature of Certificial Certificate Number

## WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008776 Test Record Number: 3300 Test Date: 05/06/2016 Test Time: 11:28pm EDT

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:30pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:30pm
	CRC Tests	

Test	Status	Time
COMP	Pass	11:30pm
CAL	Pass	11:30pm

Preventive Maintenance Status: Pass

Analyst

#### WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008776 Test Date: 05/06/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	11:36pm 11:37pm 11:37pm 11:38pm 11:39pm
AIR BLK SUB TEST	.00	11:40pm 11:41pm
AIR BLK	.00	11:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County	Instrument Location DAT WORKE UNIT 10
Instrumen	serial No. 008580 Raleigh
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify the procedure Department	at on the
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ATE OF MORE
GREAT	
* ESSE QU	660
	Signature of Certifying Official Certificate Number

#### WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008580 Test Record Number: 2272 Test Date: 05/06/2016 Test Time: 11:29pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
ATR	Pass	11:31pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:31pm
	CRC Tests	
Test	Status	Time
COMP	Pass	11:31pm

Pass

11:31pm

Preventive Maintenance Status: Pass

CAL

Analyst

#### WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008580 Test Date: 05/06/2016

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	11:36pm 11:36pm 11:37pm 11:38pm
SUB TEST	.00	11:38pm
AIR BLK SUB TEST	.00 .00	11:39pm 11:41pm
AIR BLK	.00	11:42pm

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

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

County (	UAVE Instrum	ent Location Beau MOS	MEHOMETON
Instrument Se	Serial No. <u>OOR686</u>	Phasar	
The preventive four months a	ive maintenance procedures for the Intoximeters are:	, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister displays pro 34 degrees, plus or minus .2 degree centigr	essure, or the alcoholic breath rade;	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 simulator solution is being changed every for whichever occurs first.	changed before expiration da our months or after 125 Alcol	ate, or the alcoholic breath molic Breath Simulator tests,
procedures we	on the day of	e, in accordance with current r	oing preventive maintenance regulations of the N.C.
THE STATE OF THE S			660
	Signature of Cert	ifying Official	Certificate Number

#### WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008686 Test Record Number: 6379
Test Date: 05/06/2016 Test Time: 11:30pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:30pm
FLO	Pass	11:30pm
FC	Pass	11:31pm

# Temperature Tests

Status	Time
Pass	11:31pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
ATR	Pass	11.31pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:31pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008686 Test Date: 05/06/2016

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	11:41pm 11:42pm 11:43pm 11:44pm 11:44pm
		11:47pm
AIR BLK	.00	11:48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC 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. 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 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

WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008865 Test Date: 05/12/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BENFIELD II, KENNETH R Permit Number: 22067E

Effective:

09/01/2014-09/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210Г	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:02am 11:02am 11:03am
AIR BLK	.00	11:04am
SUB TEST	.00	11:04am
AIR BLK SUB TEST	.00 .00	11:05am 11:07am
AIR BLK	<b>/</b> 00	11:08am

Chemical Analyst

Court CVR

#### WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008865

Test Record Number: 398

Test Date: 05/12/2016

Test Time: 10:58am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
ATR	Pagg	10.59am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:59am
	CRC Tests	

Test	Status	Time
COMP	Pass	10:59am
CAL	Pass	10:59am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX Instrument Location Instrument Serial No. 00884 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. Print test record; 8. Verify Diagnostic Program; and 9. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the forgoing preventive maintenance day of I certify that on the



Signature of Certifying Official

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

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

Certificate Number

WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008843 Test Date: 05/12/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

09/01/2014-09/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Salgnature of Chemical Analyst

Court CVR

## WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008843 Test Date: 05/12/2016

Test Record Number: 1898
Test Time: 11:02am EDT

System Check: Passed

## Baseline Tests

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

# Temperature Tests

FC1 Pass 11:0 SRC Pass 11:0 DET Pass 11:0	:
BAR Pass 11:0 BT Pass 11:0	3am 3am 3am
	J 02

#### Blank Tests

Test	Status	Time
AIR	Pass	11:03am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:03am
	CRC Tests	

Test	Status	Time
COMP	Pass	11:03am <b>£</b>
CAL	Pass	11:03am

Preventive Maintenance Status: Pass

Analyst /

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

County 11 11 CAL	Instrument Location Vision State Control of the Con
Instrument Serial No.	Marca Labracal
The preventive maintenance profour months are:	rocedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
	hanol gas canister displays pressure, or the alcoholic breath simulator thermometer show plus or minus .2 degree centigrade;
2. Verify instru	ment displays time and date;
3. Initiate breat	h test sequence;
4. Enter inform	ation as prompted;
5. Verify instru	ment accuracy;
6. When "PLEA	ASE BLOW" appears, collect breath sample;
7. When "PLEA	ASE BLOW" appears, collect breath sample;
8. Print test reco	ord;
9. Verify Diagn	nostic Program; and
	ne ethanol gas canister is being changed before expiration date, or the alcoholic breath ution is being changed every four months or after 125 Alcoholic Breath Simulator tests, ecurs first.
procedures were performed on	day of
OTHE STATE OF A CONTROL OF A CO	
* CSE QUAN VIDEA *	Signature of Certifying Official Certificate Number

#### WILSON COUNTY BAT MOBILE UNIT 10 970

Serial Number: 008686 Test Date: 05/21/2016

Test Record Number: 6382 Test Time: 10:20pm EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	10:21pm
SRC	Pass	10:21pm
DET	Pass	10:21pm
BAR	Pass	10:21pm
$\mathtt{BT}$	Pass	10:21pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:21pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:21pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:21pm

Preventive Maintenance Status: Pass

Pass

10:21pm

CAL

Analyst

#### WILSON COUNTY BAT MOBILE UNIT 10 970

Serial Number: 008686 Test Date: 05/21/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: SMITH, JASON R

Permit Number: 19145E

Effective:

03/01/2016-03/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	10:26pm 10:26pm 10:27pm 10:28pm 10:28pm
SUB TEST	.00	10:31pm
		_
AIR BLK	.00	10:32pm

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

County (,)	11 Soul Instrument Location BAT MOBILE CALIT 10
Instrument Seria	al No. 008580 WILSON
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the <u>Olay of HAI</u> , 20 <u>I</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.
OF THE STATE OF A PART OF	Signatura of Configure Official Configure Number

#### WILSON COUNTY BAT MOBILE UNIT 10 970

Serial Number: 008580 Test Record Number: 2275
Test Date: 05/21/2016 Test Time: 10:19pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:19pm
FLO	Pass	10:19pm
FC	Pass	10:20pm

#### Temperature Tests

Status	Time
Pass	10:20pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
ATR	Pagg	10.20pm

#### Printer Tests

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

COMP Pass 10:21pm CAL Pass 10:21pm

Preventive Maintenance Status: Pass

Analyst

WILSON COUNTY BAT MOBILE UNIT 10 970

Serial Number: 008580 Test Date: 05/21/2016

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:23pm 10:23pm 10:24pm
AIR BLK	.00	10:25pm
SUB TEST	.00	10:26pm
AIR BLK	.00	10:27pm
SUB TEST	.00	10:28pm
AIR BLK	.00	10:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Instrument Location Vacility Court

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



Signature of Certifying Official

Certificate Number

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

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

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008854 Test Date: 05/11/2016

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: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

09/01/2014-09/01/2016

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	10:30am 10:31am 10:32am 10:34am 10:35am 10:36am 10:37am
AIR BLK	<b>ス</b> 00	10:38am

Reported AC: .00 g/2,10L

Sagnature of Chemical Analyst

Court CVR

#### YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008854 Test Record Number: 406
Test Date: 05/11/2016 Test Time: 10:39am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test Status Time	3
FC1 Pass 10:4	10am
SRC Pass 10:4	10am
DET Pass 10:4	10am
BAR Pass 10:4	10am
BT Pass 10:4	10am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:40am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:41am

#### CRC Tests

Test	Status	Time
COMP	Pass	10:41am
CAL	Pass	10:41am

Preventive Maintenance Status: Pass

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

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PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	y Yackin Instrument Location	m Yadkin County Jail
Instrum	ment Serial No. 008944	VANKINVILLE, N.C.
		,
	eventive maintenance procedures for the Intoximeters, Model Intonths are:	ox EC/IR II to be followed at least once every
1	<ol> <li>Verify the ethanol gas canister displays pressure, or the 34 degrees, plus or minus .2 degree centigrade;</li> </ol>	ne alcoholic breath simulator thermometer show
2	<ol> <li>Verify instrument displays time and date;</li> </ol>	
3	3. Initiate breath test sequence;	
4	4. Enter information as prompted;	
5	5. Verify instrument accuracy;	
6	6. When "PLEASE BLOW" appears, collect breath sam	pple;
7	7. When "PLEASE BLOW" appears, collect breath sam	pple;
8	8. Print test record;	
9	9. Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed be simulator solution is being changed every four month whichever occurs first.	pefore expiration date, or the alcoholic breath s or after 125 Alcoholic Breath Simulator tests,
procedu	y that on theday ofday of	the forgoing preventive maintenance dance with current regulations of the N.C. oning properly.
GREAT SE	THE STATE OF NO. 1775 OF NO. 1	
	Signature of Certifying Of	ficial Certificate Number

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

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944 Test Date: 05/11/2016

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

09/01/2014-09/01/2016

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00 .00	10:26am 10:27am 10:28am 10:29am <b>10:30am</b>
AIR BLK	.00	10:30am
SUB TEST	.00	10:33am
AIR BLK	.00	10:34am

Signature of

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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#### YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944

Test Record Number: 1258

Test Date: 05/11/2016

Test Time: 10:35am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:35am 10:35am
FC	Pass	10:35am

#### Temperature Tests

Test	Status	Time
	3	V.
FC1	Pass	10:35am
SRC	Pass	10:35am
DET	Pass	10:35am
BAR	Pass	10:35am
BT	Pass	10:35am

#### Blank Tests

Test	Status	rime
ΔTD	Pagg	10-36an

### Printer Tests

Test	Status	Time
PRNT	Pass	10:36am
	CRC Tests	

Test	Status .	ттше
COMP CAL	Pass Pass	10:36am 10:36am

Preventive Maintenance Status: Pass

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

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Analyst