PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Al	Instrument Location Avery	Co. Jail
Instrument Ser	ial No. 008664 Instrument Location Avery Newland	, NC
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be force:	ollowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath s 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration daysimulator solution is being changed every four months or after 125 Alcol whichever occurs first.	ate, or the alcoholic breath holic Breath Simulator tests,
I certify that of procedures we Department o	on the // day of <u>October</u> , 20/6 the forgon the performed on the instrument indicated above, in accordance with current f Health and Human Services, and the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
THE STATE COUNTY OF THE STATE O	Signature of Certifying Official	649 Certificate Number

AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664 Test Date: 10/11/2016

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: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	11:19am 11:20am 11:21am 11:22am 11:22am
AIR BLK SUB TEST	.00 .00	11:23am 11:25am
AIR BLK	.00	11:26am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664

Test Record Number: 824

Test Date: 10/11/2016

Test Time: 11:26am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

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

AIR Pass 11:28am

Printer Tests

Test Status Tim

PRNT Pass 11:28am

CRC Tests

Test	Status	Time
TEST	olalus	TTILLE

COMP Pass 11:28am CAL Pass 11:28am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County AL	INTOXIMET AMANCE	Instrument L			PD
Instrument S	erial No. <u>008912</u>	267 4 Bullion	J. FRONT		<u></u>
	ve maintenance procedures for th				
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2		, or the alcoholic b	reath simu	lator thermometer show
2.	Verify instrument displays t	ime and date;			
3.	Initiate breath test sequence	;			
4.	Enter information as promp	ted;			
5.	Verify instrument accuracy;	;			
6.	When "PLEASE BLOW" a	appears, collect breat	th sample;		
7.	When "PLEASE BLOW" a	appears, collect breat	th sample;		
8.	Print test record;				
9.	Verify Diagnostic Program;	and			
10.	Verify that the ethanol gas of simulator solution is being of whichever occurs first.	canister is being char changed every four r	nged before expirati nonths or after 125	ion date, or Alcoholic	r the alcoholic breath Breath Simulator tests,
I certify that procedures v Department	on the <u>Z5</u> day of	OCTOBER_ indicated above, in nd the instrument is	, 20 <u>/6</u> the accordance with cu functioning properl	forgoing prent reguly.	preventive maintenance ations of the N.C.
TATE ONE OF THE STATE OF THE ST	E ON TO STATE CAROLINA STATE OF THE STATE OF	25 BANNS Signature of Certifyi	ng Official	· 	Certificate Number

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008812 Test Date: 10/25/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

Lot Number: AG621501 Exp Date: 08/02/2018

Test	g/210L	Time
DIAG AIR BLK	Pass	3:42pm 3:43pm
ACCY CHK AIR BLK	.08 .00	3:43pm 3:44pm
SUB TEST	.00	3:45pm
AIR BLK	.00	3:46pm
SUB TEST	.00	3:47pm
AIR BLK	.00	3:48pm

Reported AC: ___.00 g/210L

Signature of Chemical Analyst

Court CVR

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008812

Test Record Number: 2815

Test Date: 10/25/2016

Test Time: 3:49pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass Pass	3:49pm 3:49pm
FLO FC	Pass Pass	3:49pm 3:50pm

Temperature Tests

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

Blank Tests

Test	Status	Time	
ATR	Pass	3:50pm	

Printer Tests

Test	Status	TIME
PRNT	Pass	3:50pm
	ana ======	

CRC Tests

Test Stat	
COMP Pass	` -

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County ALA	MANCE Instrument Location BURLINGTON PA
Instrument Seria	INO. 008907 267 W. FRONT ST. BURLINGTON, WE
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that, on procedures wer Department of	the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008907 Test Date: 10/25/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	3:27pm 3:28pm 3:28pm 3:29pm
SUB TEST	.00	3:30pm
AIR BLK	.00	3:31pm
SUB TEST	.00	3:32pm
AIR BLK	.00	3:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008907

Test Record Number: 808

Test Date: 10/25/2016

Test Time: 3:35pm EDT

System Check: Passed

Baseline Tests

pm pm
]

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	3:35pm 3:35pm
DET	Pass	3:35pm
BAR	Pass	3:35pm 3:35pm
BT	Pass	2:25bm

Blank Tests

Test	Status	Time
AIR	Pass	3:36pm

Printer Tests

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

Preventive Maintenance Status: Pass

CAL

Pass

3:36pm

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	ake Instrument Location BAT Mobile Unit/
Instrument Seri	al No. 008776 Aprx PD
	
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the Sday of October, 20 the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE CORE AT THE C	100 (000)
	Signature of Certifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008776 Test Date: 10/28/2016

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

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

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

Analyst's Name: 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	10:25pm 10:26pm 10:26pm 10:27pm 10:28pm 10:29pm
SUB TEST	.00	10:31pm
AIR BLK	.00	10:32pm

Reported AC: __00_g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008776

Test Record Number: 3348 Test Date: 10/28/2016 Test Time: 10:33pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:33pm
SRC	Pass	10:33pm
DET	Pass	10:33pm
BAR	Pass	10:33pm
BT	Pass	10:33pm

Blank Tests

Test	Status	Time
AIR	Pass	10:34pm

Printer Tests

Status	Time
Pass	10:34pm
CRC Tests	
	Pass

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7 .	rs, Model in Loa ech	·
County /	uncombe	Instrument Location Eurocon	-
Instrument So	erial No. <u>008798</u>	AsheVi	110,NC
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 shows
2.	Verify instrument displays tim	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	! ;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; ar	nd	
10.		nister is being changed before expiration of anged every four months or after 125 Alcoholes	
procedures w	vere performed on the instrument in	dicated above, in accordance with current the instrument is functioning properly.	going preventive maintenance regulations of the N.C.
TOTAL STATI	Signature Signat	nature of Certifying Official	Certificate Number

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008798 Test Date: 10/13/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BURNETTE, $ANTHONY\ J$

Permit Number: 11304E

Effective:

05/01/2015-05/01/2017

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

Agency: DHHS

Test Type: Breath Test

Lot Number: 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	2:37pm 2:38pm 2:38pm 2:40pm 2:41pm 2:43pm
AIR BLK	.00	2:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008798 Test Record Number: 3882 Test Date: 10/13/2016 Test Time: 2:45pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	2:45pm
SRC	Pass	2:45pm
DET	Pass	2:45pm
BAR	Pass	2:45pm
BT	Pass	2:45pm

Blank Tests

Test	Status	Time
ATR	Pass	2:46pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008631 Test Date: 10/13/2016

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	2:50pm
AIR BLK	.00	2:50pm
ACCY CHK	.07	2:51pm
AIR BLK	.00	2:52pm
SUB TEST	.00	2:52pm
AIR BLK	.00	2:53pm
SUB TEST	.00	2:55pm
AIR BLK	.00	2:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Bu		Instrument Location Suncon	be Co. Jail
Instrument Seria	ll No. <u>008631</u>	Ashevill	le, NC
The preventive r		Intoximeters, Model Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic breath s legree centigrade;	simulator thermometer show
2.	Verify instrument displays tim	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	nd	
10.	Verify that the ethanol gas can simulator solution is being ch whichever occurs first.	nister is being changed before expiration da anged every four months or after 125 Alcol	te, or the alcoholic breath nolic Breath Simulator tests,
procedures were	e performed on the instrument in	d the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
ONE STATE OF THE S	OS:H CAROUND	gnature of Certifying Official	649 Certificate Number

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008631 Test Date: 10/13/2016

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2015-05/01/2017

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	2:35pm 2:36pm
ACCY CHK	.07	2:37pm
AIR BLK	.00	2:38pm
SUB TEST	.00	2:38pm
AIR BLK	.00	2:39pm
SUB TEST	.00	2:41pm
AIR BLK	.00	2:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008631 Test Record Number: 4550 Test Date: 10/13/2016 Test Time: 2:43pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	2:43pm
SRC	Pass	2:43pm
DET	Pass	2:43pm
BAR	Pass	2:43pm
BT	Pass	2:43pm

Blank Tests

Test	Status	Time
AIR	Pass	2:44pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County <u>Dela</u>	utors Instrument Location Beaufort Co. Courthouse
nstrument Seria	al No. DO8909 LODE 2nd ST., WashingTON, N.C.
he preventive rour 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.
certify that on rocedures were Department of I	the day of 20 6 the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE OFFICE	Signature of Certifying Official Certificate Number

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909 Test Date: 10/17/2016

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: KEESLER, LINDA A

Permit Number: 11646E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	2:53pm 2:54pm 2:55pm 2:56pm
SUB TEST	.00	2:57pm
AIR BLK	.00	2:58pm
SUB TEST	.00	2:59pm
AIR BLK	.00	3:00pm

.00 g/210L Reported AC:

Signature of Chemical Analyst

Court CVR

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909

Test Record Number: 2550

Test Date: 10/17/2016 Test Time: 3:05pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time

3:06pmAIR Pass

Printer Tests

Test	Status	Time
PRNT	Pass	3:06pm

CRC Tests

Test	Status	Time
COMP	Pass	3:06pm
CAL	Pass	3:06pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	Instrument Location Beautor Co. Courtle
County / Occilination	and los & Dad St lalosh with A
The preventive marginary months are:	aintenance 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	theday of
STATE OF A	CAROLLA CAROLL
QUAM VIDE	Signature of Certifying Official Certificate Number

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008586 Test Date: 10/17/2016

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: 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	Pass .00 .08	2:51pm 2:52pm 2:53pm
AIR BLK	.00	2:54pm
SUB TEST	.00	2:55pm
AIR BLK	.00	2:56pm
SUB TEST	.00	2:57pm
AIR BLK	.00	2:58pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008586

Test Record Number: 1227

Test Date: 10/17/2016

Test Time: 3:00pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:00pm 3:00pm
FC	Pass	3:00pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:00pm
SRC	Pass	3:00pm
DET	Pass	3:00pm
BAR	Pass	3:00pm
BT	Pass	3:00pm

Blank Tests

Test	Status	Time

AIR Pass 3:01pm

Printer Tests

Test	Status	TIME	
	_	2 21	_

PRNT Pass 3:01pm

CRC Tests

Test Status Time

COMP Pass 3:01pm CAL Pass 3:01pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

- marine	INTOXIMETERS, MODEL INTOX EC/IR II
County 1	RUNSWICK Instrument Location BAT MOBILE UNI
Instrument Seri	ial No. <u>008826</u> <u>CALABASH, NC</u>
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 <u>ZS</u> day of <u>OCTOBER</u> , 20 <u>Mo</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.
and the same	
OF THE STATE OF A	
TISE QUAM VIDES	al Ch 2, 130 648
	Signature of Certifying Official Certificate Number

BRUNSWICK COUNTY BAT MOBILE UNIT 9 090

Serial Number: 008826 Test Date: 10/28/2016

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: BARNES, ALVIN R

Permit Number: 15671E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	9:11pm 9:12pm 9:13pm
ACCI CHK	.00	9:13pm
SUB TEST	.00	9:14pm
AIR BLK	.00	9:15pm
SUB TEST	.00	9:17pm
AIR BLK	.00	9:17pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BRUNSWICK COUNTY BAT MOBILE UNIT 9 090

Serial Number: 008826 Test Record Number: 7964
Test Date: 10/28/2016 Test Time: 9:18pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:18pm
FLO	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
BT	Pass	9:19pm

Blank Tests

Test	Status	Time
AIR	Pass	9:19pm

Printer Tests

Test Status Time

1000	Deacab	1 IIIC
PRNT	Pass	9:19pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:19pm

CAL Pass 9:19pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXINETERS, MODEL INTOXICATION
County 1	BRUNSWICK Instrument Location BAT MOBILE ()NI
Instrument Se	orial No. <u>008575</u> <u>CALABASH</u> , NC
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department of	on the
OFFICE CHAPTER CORE TO SEE	Signature of Certifying Official Certificate Number

BRUNSWICK COUNTY BAT MOBILE UNIT 9 090

Serial Number: 008575 Test Date: 10/28/2016

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: BARNES, ALVIN R

Permit Number: 15671E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BRUNSWICK COUNTY BAT MOBILE UNIT 9 090

Serial Number: 008575 Test Record Number: 970
Test Date: 10/28/2016 Test Time: 9:13pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:14pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:14pm
	CRC Tests	
Test	Status	Time

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX ECTIVIT
County Ber	
Instrument Seria	INO. 008897 222 County Farm Rd., Windsor
The preventive 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 of procedures we Department of	n the
THE STATE OF WAY 20, 1775 APRIL 2, 517 ASSEC CLIAM NO.	The state of the s
ACOUNTY ACOUNTY	Signature of Certifying Official Certificate Number
	···

BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897 Test Date: 10/06/2016

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

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

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

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

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

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897

Test Record Number: 1033 Test Time: 12:02pm EDT

Test Date: 10/06/2016

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass	12:03pm 12:03pm 12:03pm 12:03pm 12:03pm
דע	Labb	

Blank Tests

Test	Status	Time
AIR	Pass.	12:03pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:03pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:04pm

12:04pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County ()	instrument Location Currituit Co. S.O Corolla			
Instrument Seria	al No. OD8949 1123 Ocean Trail, Corolla, M.C.			
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.	7. When "PLEASE BLOW" appears, collect breath sample;			
8.	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				
ONE STATE OF THE S	700 AA () (643			
The second	Signature of Certifying Official Certificate Number			

CURRITUCK COUNTY SO-COROLLA 260

Serial Number: 008949 Test Date: 10/17/2016

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 State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

CURRITUCK COUNTY SO-COROLLA 260

Serial Number: 008949

Test Record Number: 416

Test Date: 10/17/2016

Test Time: 12:11pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:13pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:13pm
	CRC Tests	

Test	Status	Time
COMP	Pass	12:13pm
CAL	Pass	12:13pm

Preventive Maintenance Status: Pass

Analyst

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PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ly Instrument Seria	1No. <u>008858</u>	Instrument Location Algh Ge.	e folice
	1 No. <u>008859</u>	Desporting	1 200 Markon
			Con Set 1
The preventive r four months are:		Intoximeters, Model Intox EC/IR II to be fol	lowed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic breath silegree centigrade;	mulator thermometer show
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	and	
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	mister is being changed before expiration dat nanged every four months or after 125 Alcohol	e, or the alcoholic breath olic Breath Simulator tests
I certify that on procedures wer Department of	e performed on the instrument i	ndicated above, in accordance with current red the instrument is functioning properly.	ing preventive maintenance
THE STATE OF THE S		ignature of Certifying Official	Certificate Number

DUPLIN COUNTY WALLACE PD 300

Serial Number: 008858 Test Date: 10/03/2016

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: RHODES, KENNETH C

Permit Number: 5329E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/2/01

Signature of Chemical Analyst

Court CVR

DUPLIN COUNTY WALLACE PD 300 '

Serial Number: 008858

Test Record Number: 771

Test Date: 10/03/2016

Test Time: 11:43am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:43am 11:43am
FC	Pass	11:44am

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	11:44am 11:44am 11:44am 11:44am
BT	Pass	11:44all

Blank Tests

Test	Status	Time
AIR	Pass	11:44am

Printer Tests

Test	Status	Time
PRNT	Pass	11:44am

CRC Tests

•		
Test	Status	Time
COMP CAL	Pass Pass	11:45am 11:45am

Preventive Maintenance Status: Pass

K-C-/Mode____

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County ++A	RNETT Co. Instrument Location DUNIV Police Dept
Instrument Ser	rial No. 00 8644 DUNH, NC.
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

HARNETT COUNTY DUNN POLICE DEPT. 420

Serial Number: 008644 Test Date: 10/12/2016

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, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2016-02/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC:

AC: / 00 g/2107

Signature of Chemical Analyst

Court CVR

HARNETT COUNTY DUNN POLICE DEPT. 420

Serial Number: 008644

Test Record Number: 1208 Test Date: 10/12/2016 Test Time: 12:25pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test Status Ti	
SRC Pass 12 DET Pass 12 BAR Pass 12	2:25pm 2:25pm 2:25pm 2:25pm 2:25pm

Blank Tests

Test	Status	Time
AIR	Pass	12:26pm

Printer Tests

m	a	m !
	CRC Tests	
PRNT	Pass	12:26pm
Test	Status	Time

ICBC	blacus	TIME
COMP	Pass	12:26pm
CAL	Pass	12:26pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR I	\mathbf{I}
County Vo	MISON Co. Instrument Location Beryson	Police Dept.
Instrument Seri	al No. 008885 Benson, NC	
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be follow:	lowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath sin 34 degrees, plus or minus .2 degree centigrade;	nulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date simulator solution is being changed every four months or after 125 Alcohowhichever occurs first.	e, or the alcoholic breath blic Breath Simulator tests,
I certify that o procedures we Department of	n the	ng preventive maintenance gulations of the N.C.
THE STATE OF THE S	Signature of Certifying Official	Certificate Number

JOHNSTON COUNTY BENSON POLICE DEPT. 500

Serial Number: 008885 Test Date: 10/12/2016

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, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2016-02/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:57pm 12:57pm
ACCY CHK	.08	12:58pm
AIR BLK	.00	12:59pm
SUB TEST AIR BLK	.00 .00	12:59pm 1:00pm
SUB TEST	.00	1:02pm
ATR BLK	.00	1:03pm

Reported AC:

0/a/210L

signature of Chemical Analyst

Court CVR

JOHNSTON COUNTY BENSON POLICE DEPT. 500

Serial Number: 008885

Test Record Number: 464

Test Date: 10/12/2016

Test Time: 1:04pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:05pm
FLO	Pass	1:05pm
FC	Pass	1:05pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:05pm
SRC	Pass	1:05pm
DET	Pass	1:05pm
BAR	Pass	1:05pm
BT	Pass	1:05pm

Blank Tests

Test	Status	Time
AIR	Pass	1:05pm

Printer Tests

Test	Status	Ti.me
PRNT	Pass	1:06pm

CRC Tests

Test	Status	Time
COMP	Pass	1:06pm
CAL	Pass	- 1:06pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Vo	hivson Co.	Instrument Location_	Selma	Police	Dept.
Instrument Seria	al No. <u>(1) 8595</u>	Selma	NC		
The preventive if four months are	maintenance procedures for the It	ntoximeters, Model Intox I	EC/IR II to be fo	llowed at least	t once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		coholic breath s	imulator thern	nometer show
2.	Verify instrument displays time	and date;			
3.	Initiate breath test sequence;		•		
4.	Enter information as prompted				
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" appe	ears, collect breath sample			
7.	When "PLEASE BLOW" appe	ears, collect breath sample			
8.	Print test record;				
9.	Verify Diagnostic Program; and	i			
10.	Verify that the ethanol gas can simulator solution is being char whichever occurs first.				
I certify that on procedures were Department of I	the 3/ day of 0 e performed on the instrument ind Health and Human Services, and t	icated above, in accordance the instrument is functioning	e with current re	ing preventive egulations of t	maintenance
OTAL STATE OF OTAL STATE	No. III	Setupo of Cortificion Office		Configuration	Number

JOHNSTON COUNTY SELMA PD 500

Serial Number: 008595 Test Date: 10/31/2016

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: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2016-02/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

chemical Analyst }iqnature

Court CVR

JOHNSTON COUNTY SELMA PD 500

Serial Number: 008595

Test Record Number: 1035

Test Date: 10/31/2016

Test Time: 12:10pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	. 12:12pm

Printer Tests

Test Status Time	
PRNT Pass 12:12p	m

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	Instrument Location Johnson Co. TAIL
County VA	TIN SAN CO. Institution Location V Sylvy Sayo Co. 1777
Instrument Ser	ial No. 008810 Sm. Hitiold
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o	on the
Department of	Tripatiti una Trantati con vicos, ana vico menuncio de como a proper pro-
STATE	
ORFA TO THE TOTAL THE TOTAL TO THE TOTAL TOT	
STATE OLIVINALIS	14. 657
	Signature of Certifying Official Certificate Number

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008810 Test Date: 10/31/2016

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: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective: 02/01/2016-02/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

9/2100	Time
Pass .00 .07 .00 .00	12:47pm 12:48pm 12:48pm 12:50pm 12:50pm 12:51pm
.00	12:53pm
.00	12:54pm
	.00 .07 .00 .00 .00

Reported/AC:/ 00 g/2101

Signature of Chemical Analyst

Court CVR

Analyst

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008810

Test Record Number: 2406

Test Date: 10/31/2016 Test Time: 12:56pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:57pm
FLO	Pass	12:57pm
FC	Pass	12:57pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:57pm
SRC	Pass	12:57pm
DET	Pass	12:57pm
BAR	Pass	12:57pm
BT	Pass	12:57pm

Blank Tests

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

AIR Pass 12:58pm

Printer Tests

Test	Status	Time
IESL	Status	1 T I I I E

12:58pm PRNT Pass

CRC Tests

Test	Status	Time
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12:58pm COMP Pass CALPass 12:58pm

Preventive Maintenance

∌tatus: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

•	INTOXIMETERS, MODEL I	NTOX EC/IR II
County	TOMUSAY Co. Instrument Locat	ion Volangor Co. Vail
Instrument Se	rial No. <u>(X) 48 44</u> <u>Suss</u>	Hitfield MC
The preventive four months a	re maintenance procedures for the Intoximeters, Model Interection	ntox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or 34 degrees, plus or minus .2 degree centigrade;	the alcoholic breath simulator thermometer 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 sa	mple;
7.	When "PLEASE BLOW" appears, collect breath sa	mple;
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed simulator solution is being changed every four mon- whichever occurs first.	before expiration date, or the alcoholic breath the or after 125 Alcoholic Breath Simulator tests.
I certify that oprocedures we Department of	on theday ofday_oferc_ where performed on the instrument indicated above, in according to the strument is fundamental to the strumental to	the forgoing preventive maintenance ordance with current regulations of the N.C.
CALENTS IN COREATE OF THE COREATE OF	Signature of Certifying C	Official Certificate Number

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008846 Test Date: 10/31/2016

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: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2016-02/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	12:48pm
AIR BLK	.00	12:49pm
ACCY CHK	.08	12:49pm
AIR BLK	.00	12:51pm
SUB TEST	.00	12:51pm
AIR BLK	.00	12:52pm
SUB TEST	.00	12:53pm
AIR BLK	,00	12:54pm

Reported AC; .00 g/2

Signature of Chemical Analyst

Court CVR

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

Analyst

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008846 Test Record Number: 3978

Test Date: 10/31/2016 Test Time: 12:56pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:56pm
FLO	Pass	12:56pm
FC	Pass	12:56pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:56pm
SRC	Pass	12:56pm
DET	Pass	12:56pm
BAR	Pass	12:56pm
BT	Pass	12:56pm

Blank Tests

Test	Status	Time
AIR	Pass	12:57pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:57pm

CRC Tests

Test	Status	Time
COMP	Pass	12:57pm
CAL	Pass	12:57pm

Preventive Maintenance Status: Pass

Analyst

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

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/I	A 111
County	Lee Co., Instrument Location SAN PON	d Police Vepi
Instrument Ser	ial No. 008864 SANFORD, 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 breat 34 degrees, plus or minus .2 degree centigrade;	h simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration of simulator solution is being changed every four months or after 125 Alcowhichever occurs first.	
procedures wer	the	going preventive maintenance t regulations of the N.C.
THE STATE OF THE S	Signature of Certifying Official	Certificate Number

LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: 008867 Test Date: 10/24/2016

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: AG513103 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG	Pass	10:37am
AIR BLK	.00	10:37am
ACCY CHK	.07	10:38am
AIR BLK	.00	10:39am
SUB TEST	.00	10:39am
AIR BLK	.00	10:40am
SUB TEST	.00	10:42am
ATR BLK	. 0.0	10:43am

Reported Ag:

,00 g/210<u>J</u>

Signature of Chemical Analyst

Court CVR

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

Analyst

Rev. 12/2007

LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: 008867

Test Record Number: 959

Test Date: 10/24/2016

Test Time: 10:44am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:44am
FLO	Pass	10:44am
FC	Pass	10:44am

Temperature Tests

	Time
Pass Pass	10:44am
Pass	10:44am
	10:44am
	Pass

Blank Tests

Test	Status	Time

AIR Pass 10:45am

Printer Tests

Test	Status	Time

PRNT Pass 10:45am

CRC Tests

Test	Status	Time
CO. 15	T	10 45

COMP Pass 10:45am CAL Pass 10:45am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD

INTOXIMETERS, MODEL INTOX EC/IR II

County Mechler burg Instrument Location CMPD-LEC

Instrument Serial No. 008594 60/E. Trade St. Charlotte

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

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

I certify that on the day of day of 2000 , 20 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008594

Test Record Number: 3425
Test Time: 9:55am EDT

Test Date: 10/26/2016 Test Time: 9:55am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:56am

Printer Tests

Test	Status	Time
PRNT	Pass	9:56am
	CRC Tests	
Teat	Status	Time

ICBC	Scacus	TTILLE
COMP	Pass	9:56am
CAL	Pass	9:56am

Preventive Maintenance Status: Pass

Analyst

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008594 Test Date: 10/26/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

01/01/2016-01/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:59am 9:59am
ACCY CHK	.07	10:00am
AIR BLK	.00	10:01am
SUB TEST	.00	10:02am
AIR BLK	.00	10:03am
SUB TEST	.00	10:05am
AIR BLK	. 00	10:06am

.00 g/210L

al Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

200	INTOXIMETERS, MODEL INTOX EC/IR II
County	1604/11 bug Instrument Location Mecklenburg County SD
Instrument Se	erial No. 008690 80/ E. 4+0 St. Charlotte
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.
procedures w	on the day of octor, 20 16 the forgoing preventive maintenance are performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
TARE OF THE STATE OF THE OFFICE OFFICE OF THE OFFICE OFFICE OFFICE OFFICE OFFICE OFFIC	Signature of Certificate Number

MECKLENBURG COUNTY SHERIFFS DEPARTMENT 590

Serial Number: 008690 Test Record Number: 5376

Test Date: 10/26/2016 Test Time: 10:27am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:27am
\mathtt{FLO}	Pass	10:27am
FC	Pass	10:27am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:29am

Printer Tests

Test	Status	Time
PRNT	Pass	10:29am
	CRC Tests	
Test	Status	Time

COMP Pass 10:29am 10:29am CALPass

Preventive Maintenance Status: Pass

MECKLENBURG COUNTY SHERIFFS DEPARTMENT 590

Serial Number: 008690 Test Date: 10/26/2016

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

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

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

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

01/01/2016-01/01/2018

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	10:32am 10:32am 10:33am 10:34am
SUB TEST	.00	10:34am
AIR BLK	.00	10:35am
SUB TEST	.00	10:37am
AIR BLK	.00	10:38am

Reported AC. .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Mecklenburg Instrument Location Mecklenburg County SD		
Instrumen	1 Serial No. 008665 801 E. 410 St., Charlotte		
The prevention	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	at on the day of Oches, 20 16 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. at of Health and Human Services, and the instrument is functioning properly.		
S S S S S S S S S S S S S S S S S S S	Signature of Certifying Official Certificate Number		

MECKLENBURG COUNTY SHERIFFS DEPARTMENT 590

Serial Number: 008665 Test Date: 10/26/2016

Test Record Number: 4099

Test Time: 10:42am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:42am
FLO	Pass	10:42am
F'C	Pass	10:42am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:43am

Printer Tests

Test	Status	Time
PRNT	Pass	10:43am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:43am

Preventive Maintenance Status: Pass

Pass

10:43am

CAL

ARCKLENBURG COUNTY SHERIFFS DEPARTMENT 590

> Serial Number: 008665 Test Date: 10/26/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2016-01/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

g/210L Time Test Pass 10:46am DIAG AIR BLK .00 10:46am

ACCY CHK .08 10:47am AIR BLK .00 ... 10:48am SUB TEST .00 10:48am AIR BLK .00 10:49am

SUB TEST .00 10:51am

AIR BLK .00 10:52am

Reddorted AC: .00 g/210L

Chemical Analyst

Court CVR

Analyst

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

MECKLENBURG BAT MOBILE UNIT 7 590

Serial Number: 008971 Test Date: 10/27/2016

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: INGLE, LARRY W

Permit Number: 7281E

Effective:

02/01/2016-02/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00	8:03pm 8:04pm 8:04pm 8:05pm 8:05pm 8:06pm 8:08pm
AIR BLK/	7.00	/8′:09 /20m

Reported AC:

Ø g/2/10L

Signature of Chemical Analyst

Court CVB

Analyst

MECKLENBURG BAT MOBILE UNIT 7 590

Serial Number: 008971 Test Record Number: 135 Test Date: 10/27/2016 Test Time: 8:10pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:10pm
FLO	Pass	8:10pm
FC	Pass	8:10pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:10pm
SRC DET	Pass Pass	8:10pm 8:10pm
BAR	Pass	8:10pm
BT	Pass	8:10pm

Blank Tests

Test	Status	Time
7\ T D	Dacc	Q • 11 mm

Printer Tests

Test	Status	Time
PRNT	Pass	8:11pm

CRC Tests

Test	Status	Time
COMP	Pass	8:11pm
CAL	Pass	8:11pm

Preventive Maintenance

Statzas: Pass

Analyst/

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Instrument Serial No. DOBLISO SOI S. BARNES ST NASHUILE, NC The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus 2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. 1 certify that on the 24 day of OCTOBER. 20 16 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.		in Camilli	MO, MODE	TIMIOV EC/I	K 11	
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. 1 certify that on theZ_H	County A	lasu	_ Instrument L	ocation <u>NASIIVII</u>	LE PI)
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. 1 certify that on the 2-1/2 day of COTOBER , 20 16 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.	Instrument Se	rial No. <u>DD 8 L 3 D</u>	501 5	BARNES.	54	· · · · · · · · · · · · · · · · · · ·
1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus. 2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the 24 day of CCTOBER, 20 16 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.			NASHU	ILLE, NC		
2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. 1 certify that on the 24 day of OCTOBER. 20 16 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.	The preventive four months a	e maintenance procedures for the re:	Intoximeters, Mod	el Intox EC/IR II to be	followed at le	ast once every
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. 1 certify that on the 24 day of 00000000000000000000000000000000000	1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d	displays pressure egree centigrade;	, or the alcoholic breatl	ı simulator the	ermometer show
4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	2.	Verify instrument displays tim	e and date;			
5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the 24 day of xrabea, 20 16 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.	3.	Initiate breath test sequence;				
6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the 24 day of 00000000000000000000000000000000000	₩ 4.	Enter information as prompted	! ;			
7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	5.	Verify instrument accuracy;		-		
8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the 24 day of OCTOBER., 20 16 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.	6.	When "PLEASE BLOW" app	ears, collect breat	h sample;		
9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	7.	When "PLEASE BLOW" app	ears, collect breat	n sample;	,	
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	8.	Print test record;				
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	9.	Verify Diagnostic Program; an	d .	i,		
procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly. STATE OF THE ST	10.	simulator solution is being cha	ister is being chan nged every four m	ged before expiration d onths or after 125 Alco	ate, or the alco sholic Breath S	pholic breath Simulator tests,
STOKES BAKINGS 662	procedures we	re performed on the instrument inc	ficated above, in a	ccordance with current	oing preventiv regulations of	/e maintenance the N.C.
		CARLE CAROLINA CAROLI	Barra		last.	2
			~~~			

NASH COUNTY NASHVILLE PD 630

Serial Number: 008630 Test Date: 10/24/2016

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:27am 10:28am
ACCY CHK AIR BLK	.08 .00	10:29am 10:30am
SUB TEST AIR BLK	.00	10:31am 10:32am
SUB TEST	.00	10:33am
AIR BLK	.00	10:34am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### Intox EC/IR-II: Test Diagnostics

NASH COUNTY NASHVILLE PD 630
Serial Number: 008630
System Date: 10/24/2016
System Time: 10:40am EDT

Flow Baseline: 271
Flow Peak: 501
Blow Time: 5.45
Flow Volume: 2617
Ethanol Baseline: 3166
Ethanol Delta: .01
CO2 Baseline: 3265
CO2 Delta: 1522

Fuel Cell Gain: 2
Quick Zero Peak: 175
Cal Factor 1: 3424
Cal Factor 2: 7737

Fuel Cell Baseline: 508
Fuel Cell SB Baseline: 508
Integral: 18099
Absolute Peak: 726
Peak 1: 50
Time 1: 238
Peak 2: 0
Time 2: 0
Peak 4: 0
Time 4: 0
FACT Result: .00

Test Status: Success

Analyst

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

County	NASH Instrument Location ROCKY Mount P.D.
Instrument Se	rial No. 008873 #7 GOVERNMENT PLAZA
	ROCKY MOUNT, NC
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	n the
STATE OF STA	Holes Muss 662
	Signature of Certifying Official Certificate Number

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008873 Test Date: 10/24/2016

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

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

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

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

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:02pm 12:04pm
ACCY CHK AIR BLK	.08	12:04pm 12:05pm
SUB TEST	.00	12:06pm
AIR BLK	.00	12:07pm
SUB TEST	.00	12:08pm
ATR BLK	.00	12:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

#### NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008873 Test Record Number: 1336
Test Date: 10/24/2016 Test Time: 12:17pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:18pm
FLO	Pass	12:18pm
FC	Pass	12:18pm

### Temperature Tests

Test	Status	Time
FC1	Pass	12:18pm
SRC	Pass	12:18pm
DET	Pass	12:18pm
BAR	Pass	12:18pm
BT	Pass	12:18pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:19pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:19pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:19pm

12:19pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

County	ASH Instrument Location Rocky Mount PD
Instrument Se	orial No. <u>108741</u> #1 GOVERNMENT PLAZA ROCKY MOUNT,
The preventive four months as	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer should degree, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
procedures we	on the 24 day of OCTOBER, 2016 the forgoing preventive maintenance 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.
OF HE STATE OF THE	

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741 Test Date: 10/24/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	11:55am 11:56am 11:56am 11:57am
SUB TEST	.00	11:58am
AIR BLK	.00	11:59am
SUB TEST AIR BLK	.00 .00	12:00pm 12:01pm

Reported AC: |00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741

Test Record Number: 1956

Test Date: 10/24/2016 Test Time: 12:02pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:02pm
SRC	Pass	12:02pm
DET	Pass	12:02pm
BAR	Pass	12:02pm
$\mathtt{BT}$	Pass	12:02pm

#### Blank Tests

Test	Status	Time
71 T D	Dacc	12 03pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD OXIMETERS, MODEL INTOX EC/IR II Instrument Location 26 Counn The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. Initiate breath test sequence; 3. Enter information as prompted; 4. Verify instrument accuracy; 5. When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. Print test record; 8. Verify Diagnostic Program; and 9. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10.

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

simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests,



whichever occurs first.

Signature of Certifying Official

Certificate Number

NEW HANOVER COUNTY NEW HANOVER CO SD 640

> Serial Number: 008626 Test Date: 10/05/2016

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: RHODES, KENNETH C Permit Number: 5329E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00 .00	12:56pm 12:57pm 12:58pm 12:59pm 12:59pm 1:00pm 1:02pm
AIR BLK	.00	1:03pm

Reported AC:

Court CVR

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008626 Test Record Number: 6537
Test Date: 10/05/2016 Test Time: 1:04pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:04pm
FLO	Pass	1:04pm
FC	Pass	1:04pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:04pm
SRC	Pass	1:04pm
DET	Pass	1:04pm
BAR	Pass	1:04pm
$\mathtt{BT}$	Pass	1:04pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:05pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:05pm

#### CRC Tests

Test	Status	Time
COMP	Pass	1:05pm
$\mathtt{CAL}$	Pass	1:05pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

11	INTOXIMETERS, MODEL INTOXICARI
County /	en Hanover Instrument Location New Hanover
Instrument Seria	INO. 00 8617 County Sheriff Delarmo
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the
OTH STATE OF OTHER PRINTS OF THE STATE OF TH	Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008617 Test Date: 10/05/2016

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: RHODES, KENNETH C

Permit Number: 5329E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	12:44pm 12:45pm
ACCY CHK	.07	12:46pm
AIR BLK	.00	12:47pm
SUB TEST	.00	12:47pm
AIR BLK	.00	12:48pm
SUB TEST	.00	12:50pm
ATR BLK	.00	12:50pm

Reported AC: .00

09 8/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

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

Serial Number: 008617 Test Record Number: 2642
Test Date: 10/05/2016 Test Time: 12:52pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:52pm 12:52pm
FC	Pass	12:52pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:52pm 12:52pm 12:52pm 12:52pm 12:52pm
		L

#### Blank Tests

Test	Status	Time
AIR	Pass	12:53pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Instrument Serial No. 008704 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. Initiate breath test sequence; 3. Enter information as prompted; 4. Verify instrument accuracy; 5. When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. Print test record; 8. Verify Diagnostic Program; and 9 Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10.

I certify that on the 30 day of 0000 3E2, 2010 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.

simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests,



whichever occurs first.

Signature of Certifying Official

Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 9
640

Serial Number: 008704 Test Date: 10/30/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

08/01/2015-08/01/2017

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:16am 12:17am
ACCY CHK	.07	12:17am
AIR BLK	.00	12:18am
SUB TEST	.00	12:19am
AIR BLK	.00	12:20am
SUB TEST	.00	12:22am
AIR BLK	.00	12:23am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

Serial Number: 008704 Test Record Number: 423 Test Date: 10/30/2016 Test Time: 12:23am EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:24am 12:24am
FC	Pass	12:24am

## Temperature Tests

Test	Status	Time
FC1	Pass	12:24am
SRC	Pass	12:24am
DET	Pass	12:24am
BAR	Pass	12:24am
BT	Pass	12:24am

#### Blank Tests

Test	Status	Time
AIR	Pass	12:25am

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:25am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:25am 12:25am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County NE	WHANDVER Instrument Location BAT MOBILE UNIT 9
Instrument Seria	INO. 008647 Instrument Location BAT MOBILE UNIT 9  WILMINGTON, NC
	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;
	When "PLEASE BLOW" appears, collect breath sample;
8.	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>30</u> day of <u>0CTOBER</u> , 20/10 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
CREAT STATE OF THE	Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 9
640

Serial Number: 008647 Test Date: 10/30/2016

Citation Number: M0000000-0 Subject's Name:

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:49am 12:50am
ACCY CHK	.07	12:51am
AIR BLK	.00	12:51am
SUB TEST	.00	12:52am
AIR BLK	.00	12:53am
SUB TEST	.00	12:54am
ATR BLK	.00	12:55am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

Serial Number: 008647 Test Record Number: 2282
Test Date: 10/30/2016 Test Time: 12:56am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:57am 12:57am
FC	Pass	12:57am

### Temperature Tests

Test	Status	Time
FC1	Pass	12:57am
SRC	Pass	12:57am
DET	Pass	12:57am
BAR	Pass	12:57am
BT	Pass	12:57am

#### Blank Tests

Test	Status	Time
AIR	Pass	12:57am

#### Printer Tests

1696	Status	rime
PRNT	Pass	12:58am
	CRC Tests	
Test	Status	Time

-		
COMP	Pass	12:58am
CAL	Pass	12:58am

Preventive Maintenance Status: Pass

Analyst

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PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETER	RS, MODEL INTOX EC/	1 <b>K 11</b>
County ME	WHANDUER	Instrument Location JAT	MOBILE UNIT
Instrument Seria	ino. <u>008616</u>	Instrument Location BAT WILA	MINGTON, NC
The preventive r four months are:		toximeters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	displays pressure, or the alcoholic brea gree centigrade;	ath simulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ears, collect breath sample;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	E ₁
8	Print test record;		
9.	Verify Diagnostic Program; and	1	
10.	Verify that the ethanol gas canis simulator solution is being char whichever occurs first.	ster is being changed before expiration aged every four months or after 125 A	n date, or the alcoholic breath leoholic Breath Simulator tests,
procedures were	performed on the instrument and	the following properly.	ent regulations of the N.C.
OF ALL STATE OF AL	A AROUND		
ASRI R. 178	O Que Sign	nature of Certifying Official	Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

Serial Number: 008616 Test Date: 10/30/2016

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	12:17am 12:18am 12:19am
AIR BLK	.00	12:20am
SUB TEST	.00	12:21am
AIR BLK	.00	12:22am
SUB TEST	.00	12:23am
AIR BLK	.00	12:24am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Serial Number: 008616 Test Record Number: 2267
Test Date: 10/30/2016 Test Time: 12:33am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time	
IR	Pass	12:34am	ŧ
FLO	Pass	12:34am	
FC	Pass	12:34am	•

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:34am
SRC	Pass	12:34am
DET	Pass	12:34am
BAR	Pass	12:34am
$\mathtt{BT}$	Pass	12:34am

#### Blank Tests

Test	Status	Time
AIR	Pass	12:35am

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:35am
	CRC Tests	
Test	Status	Time
COMP	Pass	12:35am

Preventive Maintenance Status: Pass

Pass

12:35am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. Initiate breath test sequence; 3. Enter information as prompted; 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. 30 day of  $0CTOBER_{20}/C_{0}$  the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly. Signature of Certifying Official

NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

> Serial Number: 008707 Test Date: 10/30/2016

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	12:44am 12:45am 12:46am 12:47am <b>12:47am</b> 12:48am
SUB TEST	.00	12:50am
ATR BLK	.00	12:51am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Serial Number: 008707 Test Record Number: 2359
Test Date: 10/30/2016 Test Time: 12:51am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:51am 12:51am
FC	Pass	12:52am

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	12:52am 12:52am
DET	Pass	12:52am
BAR	Pass	12:52am
$\mathtt{B}\mathbf{T}$	Pass	12:52am

#### Blank Tests

Test	Status	Time
AIR	Pass	12:52am

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:52am
	CRC Tests	

Test	Status	Time
COMP	Pass	12:52am
CAL	Pass	12:52am

Preventive Maintenance Status: Pass

Analyst

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

Instrument Serial No. 008799    127   N. CHURTON 5T	County OK	ANGE	Instrument Location // //	sborough PD
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.  1 certify that on the	Instrument Ser	ial No. <u>008799</u>	127 N. CHUR.	TON ST
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the/			•	
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. 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	1.			c breath simulator thermometer shows
4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  1 certify that on the/	2.	Verify instrument displays tin	ne and date;	
5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the // day of October , 20/6 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.	3.	Initiate breath test sequence;	god.	
6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. 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	4.	Enter information as prompte	d;	
7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  1 certify that on the	5.	Verify instrument accuracy;		
8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  1 certify that on the	6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the // day of October , 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.	7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the	8.	Print test record;		
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the	9.	Verify Diagnostic Program; a		
Department of Health and Human Services, and the instrument is functioning properly.	10.	simulator solution is being ch		
O'THE STATE OF NO.	I certify that on procedures wer Department of	the <u>//</u> day of <u>Oct</u> e performed on the instrument in Health and Human Services, and	dicated above, in accordance with the instrument is functioning pro	the forgoing preventive maintenance current regulations of the N.C. perly.
COLAN VICE TO THE COLOR OF THE	OF THE STATE OF TH	SORTING CAROLING		
Signature of Certifying Official Certificate Number	a comprise		mature of Certifying Official	

#### ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799 Test Date: 10/17/2016

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: 11111911

Analyst's Name: BARNES, SIMON S

Permit Number: 11434E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG621501 Exp Date: 08/02/2018

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	8:49am 8:50am 8:51am
AIR BLK	.00	8:52 <b>am</b>
SUB TEST	.00	8:52am
AIR BLK	.00	8:53am
SUB TEST	.00	8:55am
AIR BLK	.00	8:56am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

**Analyst** 

#### ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799

Test Record Number: 2232

Test Date: 10/17/2016

Test Time: 9:00am EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:00am 9:00am
FC	Pass	9:00am

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:00am
SRC	Pass	9:00am
DET	Pass	9:00am
BAR	Pass	9:00am
$\mathtt{BT}$	Pass	9:00am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:01am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:01am
	CRC Tests	
Test	Status	Time
COMP	Pass	9: <b>01a</b> m

Preventive Maintenance Status: Pass

Pass

**Analyst** 

PREVENTIVE MAINTENANCE RECORD

0	INTOXIMETERS, MODEL INTOX EC/IR II
County	INDOIPH Instrument Location ARChdale
Instrument Ser	rial No. 00879/ Police Department
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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;
<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.
	n the / E day of
THE STATE OF THE S	Signature of Certifying Official Certificate Number

#### RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791 Test Date: 10/18/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	2:49pm 2:50pm 2:50pm
AIR BLK	.00	2:51pm
SUB TEST	.00	2:52pm
AIR BLK	.00	2:53pm
SUB TEST	.00	2:55pm
ATR BLK	.00	2:55pm

Reported AC:, .00 g/210L

Chemical

Court CVR

#### RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791

Test Record Number: 1153

Test Date: 10/18/2016

Test Time: 2:57pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	2:58pm
FLO	Pass	2:58pm
FC	Pass	2:58pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:58pm
SRC	Pass	2:58pm
DET	Pass	2:58pm
BAR	Pass	2:58pm
BT	Pass	2:58pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:59pm

#### Printer Tests

Test	Status	ттие
PRNT	Pass	2:59pm

#### CRC Tests

Test	Status	Time
COMP	Pass	2:59pm
CAL	Pass	2:59pm

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 Instrument Serial No. <u>A08660</u> The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 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 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: 008660 Test Date: 10/31/2016

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: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

07/01/2016-07/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	10:28am 10:28am 10:29am 10:30am <b>10:31am</b>
AIR BLK	.00	10:32am
SUB TEST	.00 /	10:33am
AIR BLK	. 0,2/	10:34am

Reported AC: .00 g/2101

Signature of Chemical Malyst

Court CVR

#### WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008660 Test Record Number: 3934
Test Date: 10/31/2016 Test Time: 10:37am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:38am

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County Wa	tauga Instrument Location Watauga Co. Jal
Instrument Seria	al No. <u>008715</u> <u>Boone, WC</u>
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the
THE STATE OF VINTED THE ST	# CANO
	Signature of Certifying Official Certificate Number

#### WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008715 Test Date: 10/10/2016

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

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

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

Test	g/210L	Time
DIAG	Pass	4:19pm
AIR BLK	.00	4:20pm
ACCY CHK	.08	4:20pm
AIR BLK	.00	4:21pm
SUB TEST	.00	4:22pm
AIR BLK	.00	4:23pm
SUB TEST	<b>.00</b>	4:25pm
AIR BLK	.00	4:26pm

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

### WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008715 Test Record Number: 1860 Test Date: 10/10/2016 Test Time: 4:27pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	4:27pm
FLO	Pass	4:27pm
FC	Pass	4:27pm

## Temperature Tests

Test	Status	Time
FC1	Pass	4:27pm
SRC	Pass	4:27pm
DET	Pass	4:27pm
BAR	Pass	4:27pm
BT	Pass	4:27pm

### Blank Tests

Test	Status	Time
AIR	Pass	4:28pm

### Printer Tests

Test	Status	Time
PRNT	Pass	4:28pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:28pm 4:28pm

Preventive Maintenance Status: Pass

**Analyst** 

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

County_/	/i))le>	Instrument Location BAI 19	Pobile Unit 11
Instrument S	Gerial No. <u>00 8973</u>		
The preventi	ive maintenance procedures for the Inare:	atoximeters, Model Intox EC/IR II to	o be followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 degrees.	displays pressure, or the alcoholic b gree 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" 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 expiratinged every four months or after 125	
I certify that procedures v Department	on the <u>Z</u> day of <u>O</u> covere performed on the instrument ind of Health and Human Services, and t	icated above, in accordance with cu he instrument is functioning properl	e forgoing preventive maintenance rrent regulations of the N.C. y.
OTHE STATE OF THE	CMV	Joh	658
	Sign	ature of Certifying Official	Certificate Number

### WILKES BAT MOBILE UNIT 11 960

Serial Number: 008973 Test Record Number: 209

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	8:29pm
FLO	Pass	8:29pm
FC	Pass	8:29pm

### Temperature Tests

Test	Status	Time
FC1	Pass	8:29pm
SRC	Pass	8:29pm
DET	Pass	8:29pm
BAR	Pass	8:29pm
BT	Pass	8:29pm

#### Blank Tests

Test	Status	Time

AIR Pass 8:29pm

### Printer Tests

Test	Status	Time
PRNT	Pass	8:30pm

### CRC Tests

Test	Status	Time
COMP	Pass	8:30pm
CAL	Pass	8:30pm

Preventive Maintenance Status: Pass

Analyst

WILKES BAT MOBILE UNIT 11 960

Serial Number: 008973 Test Date: 10/28/2016

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: TOWERY, CHAD V

Permit Number: 26632E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

g/210L	Time
Pass .00	8:20pm 8:21pm 8:21pm
.00	8:22pm
.00	8:23pm
.00	8:24pm
.00	8:26pm
.00	8:27pm
	Pass .00 .08 .00 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County MA	100	_ Instrument Location	Johnson A.F.
Instrument Seria		1010 Varmont Garriso	n Rd., Evoldsb
The preventive r four months are:	naintenance procedures for the	Intoximeters, Model Intox EC/IR II to be fo	llowed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 c	or displays pressure, or the alcoholic breath s degree centigrade;	imulator thermometer show
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" 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 expiration dat anged every four months or after 125 Alcohol.	
	performed on the instrument in	ndicated above, in accordance with current relationships the instrument is functioning properly.	ng preventive maintenance egulations of the N.C.
THE STATE OF N. ST	Sir Sir	On al M Clark	Certificate Number

## WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: 008786 Test Date: 10/14/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:39pm
AIR BLK	.00	2:40pm
ACCY CHK	.07	2:40pm
AIR BŁK	.00	2:41pm
SUB TEST	.00	2:42pm
AIR BLK	.00	2:43pm
SUB TEST	.00	2:44pm
AIR BLK	.00	2:45pm

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

## WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: 008786

Test Record Number: 255

Test Date: 10/14/2016

Test Time: 2:46pm EDT

# System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:46pm 2:46pm
FC	Pass	2:46pm

### Temperature Tests

Test	Status	Time
FC1	Pass	2:47pm
SRC	Pass	2:47pm
DET	Pass	2:47pm
BAR	Pass	2:47pm
BT	Pass	2:47pm

### Blank Tests

Test	Status	Time
ATR	Pass	2:47pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:47pm
	CRC Tests	

Test	Status	Time
COMP	Pass	2:47pm
CAL	Pass	2:47pm

Preventive Maintenance Status: Pass

Analyst

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

County WA	Instrument Location WAVE FOREST	PD		
Instrument Ser	erial No. DO8651 225 S, TAYLORST. WAKE FORE:	ST NE		
The preventive four months ar	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at learn:	ast once every		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator the 34 degrees, plus or minus .2 degree centigrade;	rmometer 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 alcosimulator solution is being changed every four months or after 125 Alcoholic Breath Swhichever occurs first.			
I certify that or procedures we Department of	on the 25 day of DCTOBER, 20/6 the forgoing preventivere performed on the instrument indicated above, in accordance with current regulations of of Health and Human Services, and the instrument is functioning properly.	ve maintenance f the N.C.		
THE STATE OF THE S	The state of the s	Somety		
	Signature of Certifying Official Certificat	te Number		

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008651 Test Date: 10/25/2016

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SMITH, BRIAN D Permit Number: 8937E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	10:00am 10:01am 10:02am 10:03am
AIR BLK	.00	10:04am 10:06am
SUB TEST AIR BLK	.00 .00	10:06am

Reported AC: ..00 g/210L

Signature of Chemical Analyst

Court CVR

Anaiyst

### WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008651

Test Record Number: 1251

Test Date: 10/25/2016

Test Time: 10:07am 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	10:08am
SRC	Pass	10:08am
DET	Pass	10:08am
BAR	Pass	10:08am
$\mathtt{BT}$	Pass	10:08am

### Blank Tests

Test	Status	Time
ΔΤΡ	Pass	10:08am

### Printer Tests

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

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

Preventive Maintenance Status: Pass

Analyst

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

County Will	Son Instrument Location Wilson	o. Detention (
Instrument Seria	INO. 008652 100 E. Green St., W	Pilson, MC
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be for	ollowed at least once every
<b>1.</b>	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration da simulator solution is being changed every four months or after 125 Alcoh whichever occurs first.	
	the	oing preventive maintenance regulations of the N.C.
OR STATE OF THE ST	OPENIE CAROLLE STATE OF THE STA	
YERE QUAM VIDEN X	Silvery of Cartificine Official	643

#### WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008652 Test Date: 10/13/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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mi ma

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

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

### WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008652 Test Rec

Test Record Number: 2869

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:15am
FLO	Pass	10:15am
FC	Pass	10:15am

### Temperature Tests

Test	Status	Time
FC1	Pass	10:15 <b>a</b> m
SRC	Pass	10:15am
DET	Pass	10:15am
BAR	Pass	10:15am
BT	Pass	10:15am

### Blank Tests

Test	Status	Time
AIR	Pass	10:15am

### Printer Tests

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

COMP Pass 10:16am CAL Pass 10:16am

Preventive Maintenance Status: Pass

Analyst

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

County ():	Instrument Location Wilson Co. Defeation (
Instrument Ser	rial No. 008627 100E. Green St., Wilson, N.C.
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
<b>1.</b>	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	n the 13 day of October, 20/6 the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OR PARTY OF THE STATE OF THE ST	Signature of Certifying Official Certificate Number

### WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008627 Test Date: 10/13/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	9:53am
AIR BLK	.00	9:54am
ACCY CHK	.08	9:54am
AIR BLK	.00	9:55am
SUB TEST	.00	9:56am
AIR BLK	.00	9:57am
SUB TEST	.00	9:58am
AIR BLK	.00	9:59am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services Rev. 12/2007

### WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008627 Test Record Number: 1997
Test Date: 10/13/2016 Test Time: 10:01am EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

Status	Time
Pass	10:01am
	Pass Pass Pass Pass

### Blank Tests

Test	Status	Time
AIR	Pass	10:02am

### Printer Tests

Test	Statu <b>s</b>	Time
PRNT	Pass	10:02am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:02am

Preventive Maintenance Status: Pass

Pass

10:02am

CAL

Analyst

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

County \	The Instrument Location BAT Mobile Vait 10
Instrument Seria	11 No. 100 8580 Age x PD
The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
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: 008580 Test Date: 10/28/2016

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

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

Analyst's Name: 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	Pass	10:27pm
AIR BLK	.00	10:28pm
ACCY CHK	.07	10:28pm
AIR BLK	.00	10:29pm
SUB TEST	.00	10:30pm
AIR BLK	.00	10:31pm
SUB TEST	.00	10:32pm
AIR BLK	.00	10:33pm

Reported AC: .00 g/210L

gnature of Chemical Analyst

Court CVR

### WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008580 Test Record Number: 2326 Test Time: 10:34pm EDT Test Date: 10/28/2016

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	10:34pm
FLO	Pass	10:34pm
FC	Pass	10:34pm

### Temperature Tests

Status	Time
Pass	10:34pm
	Pass Pass Pass Pass

### Blank Tests

Test	Status	Time
AIR	Pass	10:35pm

#### Printer Tests

Test

PRNT	Pass	10:35pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:35pm 10:35pm

Status Time

Preventive Maintenance Status: Pass

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

County Wa	ke Instrument Location BAT Mobile Unit 18
Instrument Seria	11 No. 008686 Apex AD
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 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 28 day of 2010 day of 2010 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF STA	Signature of Certifying Official Certificate Number
	Signature of Countying Official Countries Humber

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008686 Test Date: 10/28/2016

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

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

Analyst's Name: 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 .00	10:28pm 10:29pm 10:30pm 10:31pm 10:31pm 10:32pm 10:33pm
AIR BLK	.00	10:34pm

Reported AC: 00 g/210L

gnature of Chemical Analyst

Court CVR

**Analyst** 

### WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008686 Test Record Number: 6447 Test Date: 10/28/2016 Test Time: 10:36pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:36pm
FLO	Pass	10:36pm
FC	Pass	10:36pm

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	10:37pm

### Printer Tests

Status Time

10:37pm

Test

PRNT	Pass	10:37pm
	CRC Tests	_
Test	Status	Time
COMP CAL	Pass Pass	10:37pm 10:37pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Instrument Serial No. ( The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 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; Print test record; 8. 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

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

Signature of Certify

### CLEVELAND COUNTY KINGS MOUNTAIN PD 220

Serial Number: 008900

Test Record Number: 622

Test Date: 10/07/2016

Test Time: 10:44am 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
FC1	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

PRNT Pass 10:46am

### CRC Tests

Test	Status	Time
COMP	Pass	10:46am
CAT.	Pagg	10.46am

Preventive Maintenance Status: Pass

Analyst

CLEVELAND COUNTY KINGS MOUNTAIN PD 220

Serial Number: 008900 Test Date: 10/07/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2016-01/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07 .00	10:48am 10:48am 10:49am 10:50am
SUB TEST	.00	10:51am
AIR BLK	.00	10:52am
SUB TEST	.00	10:53am
ATR RIK	0.0	10.54am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County	Fastania Instrument Location Belmont PD
Instrument Ser	ial No. 008733 201 Chronicle Street, Belm
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
. 1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	n the <u>3544</u> day of <u>Odoliec</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.
STATE OF THE STATE	A CAROLINA C
* CESE QUAM VIDE	Signature of Certifying Official Certificate Number

GASTON COUNTY BELMONT PD 350

Serial Number: 008733 Test Date: 10/25/2016

Citation Number: M0000000-0

Subject's Name:

SAEVENGEVES VASENGENS

Medis Date of Births II 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___

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

Test · g/210L Time

PAGNOMAR PAGE TO AN ALEXAND ACCESS OF THE PAGE TO A PAGE

SUB TEST .00 2:59pm

AIR BLK .00 3:00pm

Reported AC: .00 g/210L

Chemical Analyst

Analyst :

Hhis form is used wheir performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

SEP TEEL CHE Man Department of Health and Human Services

\$25.57 pres Rev. 12/2007

### GASTON COUNTY BELMONT PD 350

Serial Number: 008733 Test Date: 10/25/2016

Test Record Number: 998 Test Time: 3:01pm EDT

System Check: Passed

Baseline Tests

Test Status Time

Pass 3:01pm

FC

Pass

3:01pm

Temperature Tests

Test

Status

Intox BCFCk-II: PPassncive 3 in 1 pm enance Pass 3 in 1 pm

GASPET Pass 3:01pm BAR Pass 3:01pm

Pass

3:01pm

Serial Number BT 008733 Pass St 3:01pm Number 993

Test Date: 10/25/2016 Blank Tests

Test Status

Time

AIR

Pass

3:02pm

Printer Tests

PRNT

Pass

3:02pm

CRC Tests

Test

Status Time

DKT Preventive Maintenance

Status: Pass

Test Data 7070

Seatal Numbers

Analyst

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

County Li	100 Instrument Location Lincoln County Cour
Instrument Seri	al No. 008823 #1 Court house Square, Linc
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the Athday of Other, 20 6 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OTHE STATE OF THE	Signature of Certifying Official Certificate Number

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008823 Test Date: 10/24/2016

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: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

08/01/2015+08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
------	--------	------

	and the state of t	
DIAG	Pass	1:44pm
AIR BLK	.00	1:44pm
ACCY CH	K .08	1:45pm
AIR BLK	00	1:46pm
SUB TES	T 00	1:46pm
AIR BLK	.00	1:47pm
SUB TES	T .00	1:49pm
AIR BLK	.00	1:50pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

### LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008823 | Test Record Number: 1281 | Test Date: 10/24/2016 | Test Time: 1:39pm EDT

System Check Passed

Baseline Tests

Test Status Time

IR Pass 1:40pm

FLO Pass 1:40pm

FC Pass 1:40pm

Temperature Tests

Test Status Time

 FC1
 Pass
 1:40pm

 SRC
 Pass
 1:40pm

 DET
 Pass
 1:40pm

 BAR
 Pass
 1:40pm

 BT
 Pass
 1:40pm

Blank Tests

Test Status Time

AIR Pass 1:41pm

Printer Tests

Test Status Time

PRNT Pass 1:41pm

CRC Tests

Test Status Time

COMP Pass 1:41pm CAL Pass 1:41pm

Preventive Maintenance Status Pass

Analyst

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

County In	edell Instrument Location Mooresville PD
Instrument Seria	aino. 008685 750 W. Iredell Ave, Mooresville
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 <u>2544</u> day of <u>Odober</u> , 20 16 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
ON STATE OF A STATE OF	Small E. Hall 650

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

Signature of Certifying Official

Certificate Number

IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008685
 Test Date: 10/25/2016

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

Subject'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: AG607601 Exp Date: 03/16/2018

Test	3/310F	Time .
DIAG	Pass	1:50pm
AIR BUE	,00	1:51pm
ACCY CER	.07	1:52pm
AIR BLE	.00	1:53 pm
SUR TEST	.00	1:53pm
AIR BLK	0.0	1:54pm
SUB TEST	0.0	1:56pm
AIR BLK	.00	1:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008685

Test Record Number: 2597

Test Date: 10/25/2016 Test Time: 1:58pm EDT

System Check: Passed

## Baseline Tests

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

### Temperature Tests

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

### Blank Tests

Test	Status	Tim€
AIR	Pass	2:00pm

### Printer Tests

Test	Status	Time
PRNT	Pass	2:00pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:00pm 2:00pm

Preventive Maintenance Status: Pass

Analyst

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

- C	INTOXIMETERS, MODEL INTOX EC/IR II
County_	ender Instrument Location Kendel Country
Instrument S	
. v .	
The prevention	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on theday of, 20/ the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATE STATE OF THE	Signature of Certifying Official Certificate Number

### PENDER COUNTY SHERIFF DEPT ANNEX 700

Serial Number: 008948 Test Date: 10/06/2016

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: RHODES, KENNETH C

Permit Number: 5329E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:00am
AIR BLK	.00	3:01am
ACCY CHK	.07	3:02am
AIR BLK	.00	3:02am
SUB TEST	.00	3:03am
AIR BLK	.00	3:04am
SUB TEST	.00	3:06am
ATR BLK	. 0.0	3.07am

Reported AC:

00/g/210L

Signature of Chemical Analyst

Court CVR

<u>La Callader</u> Analyst

### PENDER COUNTY SHERIFF DEPT ANNEX 700

Serial Number: 008948 Test Record Number: 738
Test Date: 10/06/2016 Test Time: 3:07am EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	3:08am
FLO	Pass	3:08am
FC	Pass	3:08am

### Temperature Tests

Test	Status	Time
FC1	Pass	3:08am
SRC	Pass	3:08am
DET	Pass	3:08am
BAR	Pass	3:08am
$\mathtt{BT}$	Pass	3:08am

### Blank Tests

Test	Status	Time
AIR	Pass	3:09am

#### Printer Tests

Most.	Chabia	Timo
	CRC Tests	
PRNT	Pass	3:09am
Test	Status	Time

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

Preventive Maintenance Status: Pass

h.C. Male

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

٠	INTUAIMETERS, MODEL INTUA	
County	1. H Instrument Location P. H	6. Detention Con
Instrument Se	Gerial No. 008660 124 Defantion	1 6. Detention Con Dr., Greenville, N.
· · · · · · · · · · · · · · · · · · ·		
The preventive four months a	ive maintenance procedures for the Intoximeters, Model Intox EC/IR I are:	I to be followed at least once every
<b>1.</b>	Verify the ethanol gas canister displays pressure, or the alcoholic 34 degrees, plus or minus .2 degree centigrade;	c breath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expinsimulator solution is being changed every four months or after 1 whichever occurs first.	
	on the 12th day of October, 20/6 were performed on the instrument indicated above, in accordance with of Health and Human Services, and the instrument is functioning prop	
OFFI STATE OF THE	Signature of Certifying Official	

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008662 Test Date: 10/12/2016

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: GUARD, KELLY G

Permit Number: 12955E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC:  $.00 ext{ g/210L}$ 

Signature of Chemical Analyst

Court CVR

Analyst

## PITT COUNTY PITT CO DETENTION 730

Serial Number: 008662 Test Date: 10/12/2016 Test Record Number: 915
Test Time: 10:16am EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

### Blank Tests

Test	Status	Time
ATR	Pass	10·17am

### Printer Tests

Test	Status	Time
PRNT	Pass	10:17am
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst