PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ANSON Instrument Location A	NSON Co. Shoring Office
Instrument :	Serial No. <u>008597</u> <u>WADESBO</u>	RO NC
The prevent four months	ive maintenance procedures for the Intoximeters, Model Intox EC are:	/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alco 34 degrees, plus or minus .2 degree centigrade;	holic breath simulator thermometer sho
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before estimulator solution is being changed every four months or after whichever occurs first.	xpiration date, or the alcoholic breath or 125 Alcoholic Breath Simulator tests,
rocedures we	on the	the forgoing preventive maintenance ith current regulations of the N.C. roperly.
OTHER STATE OF THE	Signature of Certifying Official	371
	organizate of Certifying Official	Certificate Number

ANSON COUNTY ANSON COUNTY SO. 030

Serial Number: 008597 Test Date: 11/29/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:51am 11:51am
ACCY CHK	.07	11:52am
AIR BLK	.00	11:53am
SUB TEST	.00	11:53am
AIR BLK	.00	11:54am
SUB TEST	.00	11:56am
AIR BLK	.00	11:57am

Reported AC: .00 g/210L

Signature (of) Chemical Analyst

Court CVR

ANSON COUNTY ANSON COUNTY SO. 030

Serial Number: 008597 Test Record Number: 1524
Test Date: 11/29/2016 Test Time: 11:58am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	11:58am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	11:59am

Printer Tests

Test	Status	Time
PRNT	Pass	11:59am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:59am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

11:59am

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ANSON	Instrument Location ANSS A	u Ca Shering DAGC
Instrument Se	erial No. <u>008739</u>	1090650000	NC
-			
The preventive four months a		or the Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas ca 34 degrees, plus or minu	anister displays pressure, or the alcoholic brass. 2 degree centigrade;	eath simulator thermometer show
2.	Verify instrument displa	ys time and date;	
3.	Initiate breath test seque	nce;	
4.	Enter information as pro	mpted;	
5.	Verify instrument accura	acy;	
6.	When "PLEASE BLOW	" appears, collect breath sample;	
7.	When "PLEASE BLOW	" appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Progra	am; and	
10.	Verify that the ethanol grainulator solution is being whichever occurs first.	as canister is being changed before expirations of after 125 A	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
procedures we	ere performed on the instrume	nt indicated above, in accordance with curres, and the instrument is functioning properly	rent regulations of the N.C.
THE STATE OF THE S	O NO ROLLING CARROLLING CARROLLIN		771
		Signature of Certifying Official	Certificate Number

ANSON COUNTY ANSON COUNTY S.O. 030

Serial Number: 008739 Test Date: 11/29/2016

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00 .00	11:53am 11:54am 11:54am 11:55am 11:56am 11:57am 11:58am 11:59am

Reported AG: .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

Lussell

ANSON COUNTY ANSON COUNTY S.O. 030

Serial Number: 008739

Test Record Number: 238

Test Date: 11/29/2016 Test Time: 12:02pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

AIR Pass 12:03pm

Printer Tests

Time Test Status

PRNT Pass 12:03pm

CRC Tests

Time Test Status

COMP Pass 12:03pm CAL Pass 12:03pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County A	Very Instrument Location Barne	VEIK PO
Instrument Se	erial No. 006724 Instrument Location Banes	EIK, NC
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to bare:	e followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic brea 34 degrees, plus or minus .2 degree centigrade;	th simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	4. *
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 A whichever occurs first.	n date, or the alcoholic breath lcoholic Breath Simulator tests,
I certify that procedures w Department of	on the day of, 20/6 the force performed on the instrument indicated above, in accordance with current Health and Human Services, and the instrument is functioning properly.	orgoing preventive maintenance ent regulations of the N.C.
TATE OF THE CORE AT THE CORE A	CAROLLA CAROLL	
QUAM QUAM	And San	649
	Signature of Certifying Official	Certificate Number

AVERY COUNTY BANNER ELK PD 050

Serial Number: 008724 Test Date: 11/09/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE,

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	5:12pm 5:13pm
ACCY CHK	.07	5:13pm 5:14pm
SUB TEST	.00	5:15pm
AIR BLK	.00	5:16pm
SUB TEST	.00	5:17pm
AIR BLK	.00	5:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

AVERY COUNTY BANNER ELK PD 050

Serial Number: 008724

Test Record Number: 481

Test Date: 11/09/2016

Test Time: 5:21pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	5:21pm 5:21pm
FC	 Pass	5:21pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:21pm
SRC	Pass	5:21pm
DET	Pass	5:21pm
BAR	Pass	5:21pm
BT	Pass	5:21pm

Blank Tests

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

AIR Pass 5:22pm

Printer Tests

Test Stat	tus	Time
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PRNT Pass -5:22pm

CRC Tests

Test	+	Status	2	Time

COMP Pass 5:22pm CAL Pass 5:22pm

Preventive Maintenance Status: Pass

Analyst ...

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	1LAMANCE	Instrument Location ALAMAN	ICE CO JAIL	
Instrument S	Gerial No. <u>008873</u>	GRAHAM NC	T	
	ive maintenance procedures for the In	toximeters, Model Intox EC/IR II to be		
1,	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	displays pressure, or the alcoholic breath gree 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.	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	I		
10.		ster is being changed before expiration d ged every four months or after 125 Alco		
I certify that procedures v Department	on the <u>IO</u> day of <u>AO</u> were performed on the instrument indi of Health and Human Services, and th	, 20 /6 the forg icated above, in accordance with current he instrument is functioning properly.	oing preventive maintenance regulations of the N.C.	
CALL OR ALL STATE OF THE STATE	Sign	ature of Certifying Official	Certificate Number	

AAMANCE COUNTY ALAMANCE CO JAIL 000

Serial Number: 008873 Test Date: 11/10/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	3/510P	ттие
, Mystepséir Ca		
DIAG	Pass	2:37pm
AIR BLK	.00	2:37pm
ACCY CHK	08	2:38pm
AIR BLK	00	2:39pm
SUB TEST	.00	2:39pm
AIR BLK	00	2:40pm
SUB TEST	.00	2:42pm
AIR BLK	.00	2:43pm

Reported AC: 00 g/210L

Signature of Chemical 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

AAMANCE COUNTY ALAMANCE CO JAIL 000

Serial Number: 008873 Test Record Number: 1349
Test Date: 11/10/2016 Test Time: 2:43pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
		1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
IR	Pass	2:44pm
FLO	Pass	2:44pm
FC	Pass	2:44pm

Temperature Tests

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

Blank Tests

Test	Status	Ų,	7 7 S	Ti	me
A			11:	100	100
AIR	Pass			2:	44 pm

Printer Tests

Te	st St	atus	Time
PR	NT D⊃	.ss	2 • 4 5 mm
FK	NI FA	.cc.	2.430
	CRC	Tests	

TCDC	blatus	TiTUE
	25.00	· · · · · · · · · · · · · · · · · · ·
COMP	Pass	2 · 45 mm
CAL	·제 5577 변경하는 급입다	
CAL	Pass	2:45pm

Preventive Maintenance
Status: Pass

nalvet

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County		Instrument Location ALA	MANCE CO. JAIL
Instrument Seri	al No. <u>008853</u>	1095. MAP.	10 57 10
	maintenance procedures for the	*	I to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d		breath simulator thermometer shows
2.	Verify instrument displays tim	ne and date;	
3.	Initiate breath test sequence;	·	
4.	Enter information as prompted	். d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
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 cha whichever occurs first.	nister is being changed before expi anged every four months or after 1	ration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
procedures wer	re performed on the instrument ir	ndicated above, in accordance with	
STATE OF STA	Stokes Signature	SALLES gnature of Certifying Official	662 Certificate Number

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008853 Test Date: 11/23/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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 .00	10:20am 10:21am
ACCY CHK	.08	10:22am
AIR BLK	.00	10:23am
SUB TEST	.00	10:24am
AIR BLK	.00	10:25am
SUB TEST	.00	10:26am
AIR BLK	.00	10:27am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008853 Test Record Number: 2053 Test Date: 11/23/2016 Test Time: 10:28am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:29am
SRC	Pass	10:29am
DET	Pass	10:29am
BAR	Pass	10:29am
BT	Pass	10:29am

Blank Tests

Test	Status	Time
AIR	Pass	10:29am

Printer Tests

Test

PRNT	Pass	10:29am
	CRC Tests	
Test	Status	Time

Status Time

COMP Pass 10:30am CAL Pass 10:30am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

		ERS, MODEL INTOX EC	
County_	LAMANCE	Instrument Location Alau	HANCE G. JAIL
Instrument Se	rial No. <u>0089/3</u>	109 5. Maple	57
		GRAHAM, NC	
	e maintenance procedures for the	Intoximeters, Model Intox EC/IR II to	
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 c	er displays pressure, or the alcoholic brodegree centigrade;	eath simulator thermometer show
2.	Verify instrument displays tir	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" 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 anged every four months or after 125 A	
procedures we	ere performed on the instrument in	ndicated above, in accordance with curl the instrument is functioning properly	ent regulations of the N.C.
STATE STATE OF THE	NO. IN CAROUN	·	
F.S.S.F. QUAM VID	Stole	5 BARLES	662
	Sig	gnature of Certifying Official	Certificate Number

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913 Test Date: 11/23/2016

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	10:41am
AIR BLK	.00	10:42am
ACCY CHK	.08	10:42am
AIR BLK	.00	10:43am
SUB TEST	.00	10:44am
AIR BLK	.00	10:45am
SUB TEST	.00	10:46am
ATR BLK	. 00	10:47am

Reported AC: .00 g/210L

Signature of Chémical Analyst

Court CVR

Analyst

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913 Test Record Number: 2682 Test Date: 11/23/2016 Test Time: 10:48am EST

System Check: Passed

Baseline Tests

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Blank Tests

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CRC Tests

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Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Buneons	Instrument Location	BA+ mibile Unit 11
Instrumer	nt Serial No. 00 8970		
The preve		toximeters, Model Intox	EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 degrees.		alcoholic breath simulator thermometer show
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;	·	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ears, collect breath samp	le;
7.	When "PLEASE BLOW" appe	ears, collect breath samp	le;
8.	Print test record;		
9.	Verify Diagnostic Program; and	d	
10.	Verify that the ethanol gas can simulator solution is being char whichever occurs first.	ster is being changed be nged every four months	fore expiration date, or the alcoholic breath or after 125 Alcoholic Breath Simulator tests,
I certify to procedur Departm	hat on the day of	icated above, in accordate instrument is function	the forgoing preventive maintenance with current regulations of the N.C. ning properly.
STATE OR EAT SE	STATE OF THE STATE	·	
The state of the s	Chu Chu	bh (Certificate Number

BUNCOMBE BAT MOBILE UNIT 11 100

Serial Number: 008970 Test Date: 11/04/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: TOWERY, CHAD V

Permit Number: 26632E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	6:22pm
AIR BLK	.00	6:23pm
ACCY CHK	.08	6:24pm
AIR BLK	.00	6:25pm
SUB TEST	.00	6:25pm
AIR BLK	.00	6:26pm
SUB TEST	.00	6:28pm
ATR BLK	. 0.0	6:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

MV Dov Analyst

BUNCOMBE BAT MOBILE UNIT 11 100

Serial Number: 008970 Test Record Number: 249
Test Date: 11/04/2016 Test Time: 6:29pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:30pm
FLO	Pass	6:30pm
FC	Pass	6:30pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:30pm
SRC	Pass	6:30pm
DET	Pass	6:30pm
BAR	Pass	6:30pm
\mathtt{BT}	Pass	6:30pm

Blank Tests

Test	Status	Time
AIR	Pass	6:31pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:31pm
	CRC Tests	•
Test	Status	Time
COMP CAL	Pass Pass	6:31pm 6:31pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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.
certify that procedures v Department	on the
STATE CHERT	

BUNCOMBE BAT MOBILE UNIT 11 100

Serial Number: 008973 Test Date: 11/04/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Analyst's Name: TOWERY, CHAD V

Permit Number: 26632E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	6:29pm
AIR BLK	.00	6:30pm
ACCY CHK	.08	6:30pm
AIR BLK	.00	6:31pm
SUB TEST	.00	6:31pm
AIR BLK	.00	6:32pm
SUB TEST	.00	6:34pm
ATR BLK	. 00	6:35pm

Reported AC: .00 q/210L

Signature of Chemical Analyst

Court CVR

Analyst

BUNCOMBE BAT MOBILE UNIT 11 100

Serial Number: 008973 Test Date: 11/04/2016 Test Record Number: 216
Test Time: 6:36pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:36pm
FLO	Pass	6:36pm
FC	Pass	6:36pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:36pm
SRC	Pass	6:36pm
DET	Pass	6:36pm
BAR	Pass	6:36pm
BT	Pass	6:36pm

Blank Tests

Test	Status	Time
AIR	Pass	6:37pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:37pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	6:37pm 6:37pm

Preventive Maintenance Status: Pass

Analyst (

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

January)	INTOAMMETERS, MODEL INTOA EC/IR II
County 15 U	1 Instrument Location Buske-Cata Was Jail
Instrument Seria	INO. <u>OOGGO4</u> <u>Morganton</u> , NC
The preventive n	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on to procedures were Department of H	the
STATE OF MAN 20 TO THE	Signature of Certifying Official Certificate Number

BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008904 Test Date: 11/01/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG434201

Exp Date: 12/08/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	3:08pm 3:09pm 3:09pm 3:10pm
SUB TEST	.00	3:11pm
AIR BLK	.00	3:12pm
SUB TEST	.00	3:14pm
AIR BLK	.00	3:15pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008904

Test Record Number: 1926

Test Date: 11/01/2016

Test Time: 3:16pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	3:17pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:17pm
	CRC Tests	

Test	Status	Time
COMP	Pass	3:17pm
CAL	Pass	3:17pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOAIMETERS, MODEL INTOA EC/IR II
County 15 U	Ke Instrument Location BUTKE - Cata Won Jal
Instrument Seri	al No. 008831 Morganton, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the day of
THE STATE OF THE PARTY OF THE P	

BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008831 Test Date: 11/01/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2015-05/01/2017

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	3:08pm 3:09pm 3:10pm 3:11pm
SUB TEST	.00	3:12pm
AIR BLK	.00	3:13pm
SUB TEST	.00	3:14pm
AIR BLK	.00	3:15pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008831 Test Record Number: 1716
Test Date: 11/01/2016 Test Time: 3:17pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:17pm
FLO	Pass	3:17pm
FC	Pass	3:17pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:17pm
SRC	Pass	3:17pm
DET	Pass	3:17pm
BAR	Pass	3:17pm
\mathtt{BT}	Pass	3:17pm

Blank Tests

Test	Status	Time
AIR	Pass	3:18rpm

Printer Tests

Status

Time

Test

		_
PRNT	Pass	3:18pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:18pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Bea	Instrument Location Belliaven PD
Instrument Seria	INO. 008928 Belhauen, MC.
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.
procedures were	the
THE STATE OF MENTS OF THE STATE OF MENTS OF THE STATE OF	Signature of Certifying Official Certificate Number

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928 Test Date: 11/17/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	11:03am
AIR BLK	.00	11:04am
ACCY CHK	.08	11:04am
AIR BLK	.00	11:06am
SUB TEST	.00	11:06am
AIR BLK	.00	11:07am
SUB TEST	.00	11:09am
ATR BLK	. 00	11.09am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

-∕Analyst

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928 Test Record Number: 308
Test Date: 11/17/2016 Test Time: 11:11am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	11:12am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	11:12am

Printer Tests

Test	Status	Time
PRNT	Pass	11:12am
	CRC Tests	
Test	Status	Time

 Test	Status	Time
00		11:13am 11:13am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	つ <u>らmみを入し分しし</u> Instrument Location」	Comospiano Co. Det. Con		
Instrument Se	erial No. 008633 Tayetter	ille NC		
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox	EC/IR II to be followed at least once every		
1.	Verify the ethanol gas canister displays pressure, or the 34 degrees, plus or minus .2 degree centigrade;	alcoholic breath simulator thermometer shows		
2.	Verify instrument displays time and date;			
3.	Initiate breath test sequence;	Initiate breath test sequence;		
4.	Enter information as prompted;			
5. .	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears, collect breath sample	e;		
7.	When "PLEASE BLOW" appears, collect breath sample	e;		
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months of whichever occurs first.			
	on the <u>30</u> day of <u>Nove M36/2</u> , 20 ere performed on the instrument indicated above, in accordant Health and Human Services, and the instrument is function			
STATE ON STATE OF STA	Signature of Certifying Office	27/ ial Certificate Number		

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008633 Test Date: 11/30/2016

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: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:04am 10:06am 10:06am
AIR BLK	.00	10:08am
SUB TEST	.00	10:08am
AIR BLK	.00	10:09am
SUB TEST	.00	10:11am
AIR BLK	.00	10:12am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008633 Test Record Number: 4038 Test Date: 11/30/2016 Test Time: 10:13am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:14am

Printer Tests

Test	Status	Time
PRNT	Pass	10:14am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:14am

Preventive Maintenance Status: Pass

Pass

10:14am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C	Instrument Location Comberano Co. Det. Contr
Instrument Ser	rial No. 008672 Fayetteville NC
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	n the 30 day of November, 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 STATE OF THE STATE OF CHAMADON	Signature of Certifying Official Certificate Number

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008672 Test Date: 11/30/2016

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: RUSSELL, LARRY H
Permit Number: 6108E

Effective:

08/01/2015-08/01/2017

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	10:25am 10:26am 10:26am 10:27am
SUB TEST	.00	10:28am
AIR BLK	.00	10:29am
SUB TEST	.00	10:31am
AIR BLK	.00	10:31am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008672 Test Record Number: 5366
Test Date: 11/30/2016 Test Time: 10:32am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:32am
FLO	Pass	10:32am
FC	Pass	10:33am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:33am

Printer Tests

Test	Status	Time
PRNT	Pass	10:33am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:33am

Pass

10:33am

Preventive Maintenance Status: Pass

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	CUMBERLAND Instrument Location ComBERLAND CO. DET. CE
Instrume	nt Serial No. 08614 Fayettevi'lle, NC
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify the procedure Departme	hat on theday ofNOVENBER, 20 the forgoing preventive maintenance is were performed on the instrument indicated above, in accordance with current regulations of the N.C. int of Health and Human Services, and the instrument is functioning properly.
S REAL SPACE OF STREET	Signature of Certifying Official Certificate Number

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008614 Test Date: 11/30/2016

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	10:49am 10:50am 10:51am 10:52am 10:52am
AIR BLK	.00	10:52 a m
SUB TEST	.00	10:55am
AIR BLK	.00	10:56am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008614

Test Record Number: 3587 Test Date: 11/30/2016 Test Time: 10:59am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:59am
FLO	Pass	10:59am
FC	Pass	11:00am

Temperature Tests

SRC Pass 11:00am DET Pass 11:00am BAR Pass 11:00am	Test	Status	Time
DET Pass 11:00am BAR Pass 11:00am	FC1	Pass	11:00am
BAR Pass 11:00am	SRC	Pass	11:00am
	DET	Pass	11:00am
BT Pass 11:00am	BAR	Pass	11:00am
	BT	Pass	11:00am

Blank Tests

Test	Status	Time
AIR	Pass	11:00am

Printer Tests

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

Preventive Maintenance Status: Pass

CAL

Pass

11:00am

11:00am

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C	IMBELLAND Instrument Location Compagnation Co. Der. Cenj
Instrument Ser	ial No. 008632 Fayetteville, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
. 3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of I	the <u>30</u> day of <u>November</u> , 20 <u>//</u> the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF THE STATE	Signature of Certifying Official Certificate Number

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632 Test Date: 11/30/2016

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: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:55am
AIR BLK	.00	10:56am
ACCY CHK	.07	10:56am
AIR BLK	.00	10:57am
SUB TEST	.00	10:58am
AIR BLK	.00	10:59am
SUB TEST	.00	11:01am
ATR RIK	0.0	11.02am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632 Test Record Number: 3737 Test Date: 11/30/2016 Test Time: 11:08am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:10am

Printer Tests

Test

CAL

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

Pass

Status

Time

11:10am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CUMBERAND	Instrument Location_	fundamental formation of the second	34966
Instrument	Serial No. <u>008787</u>	PM	. O	
The prever	ntive maintenance procedures for the Into	oximeters, Model Intox E	C/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr	splays pressure, or the alo	coholic breath	simulator thermometer sho
2.	Verify instrument displays time a	nd date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appear	rs, collect breath sample;		
7.	When "PLEASE BLOW" appear	s, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas caniste simulator solution is being change whichever occurs first.	er is being changed before ed every four months or a	e expiration da after 125 Alcoh	te, or the alcoholic breath olic Breath Simulator tests
	whichever occurs that.		3.0°	,
I certify tha	at on the 03 day of $NOVE$	MBER .20	//_ the force	ing preventive maintenanc
procedures	were performed on the instrument indica	ited above, in accordance	with current r	egulations of the N.C.
peparamen	t of Health and Human Services, and the	instrument is functioning	g properly.	
OF THE STA	TE OF NO.			and the second of the second o
	CARO			
APRIL 12.	NOON TO THE PARTY OF THE PARTY	N/Benelle	togent Talse	Z-7/
	Signatu	re of Certifying Official	And	Certificate Number

CUMBERLAND CO. FORT BRAGG LEC. 250

Serial Number: 008787 Test Date: 11/03/2016

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

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

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

Test	g/210L	Time
DIAG	Pass	1:13pm
AIR BLK	.00	1:14pm
ACCY CHK	.07	1:15pm
AIR BLK	.00	1:16pm
SUB TEST	.00	1:17pm
AIR BLK	.00	1:18pm
SUB TEST	.00	1:19pm
AIR BLK	.00	1:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CUMBERLAND CO. FORT BRAGG LEC. 250

Serial Number: 008787 Test Record Number: 665
Test Date: 11/03/2016 Test Time: 1:31pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	_、 Pass	1:32pm
FLO	Pass	1:32pm
FC	Pass	1:32pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:33pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:33pm

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County(CUMBERLAND	Instrument Location	For . La	RAGG	
Instrument S	erial No. <u>008903</u>	P.M.O.			<u> </u>
The preventi	ve maintenance procedures for the are:	Intoximeters, Model Intox E	C/IR II to be f	ollowed at least once	every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	r displays pressure, or the ald egree centigrade;	coholic breath	simulator thermomete	er shov
2.	Verify instrument displays tim	ne and date;			
3.	Initiate breath test sequence;		t.		
4.	Enter information as prompted	l;			
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" app	ears, collect breath sample;			
7.	When "PLEASE BLOW" app	ears, collect breath sample;			
8.	Print test record;				
9.	Verify Diagnostic Program; an	d			
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	ister is being changed before nged every four months or a	expiration da fter 125 Alcoh	te, or the alcoholic bro olic Breath Simulator	eath tests,
certify that o	in the OB day of NOL	16MBER ,20/1	the force	ing preventive mainte	
procedures we Department of	ere performed on the instrument inc f Health and Human Services, and t	licated above, in accordance	with current r	egulations of the N.C.	mance
:	· ·		, property		
STATE OF STA	CAROUS AND THE STATE OF THE STA				
TSSE QUAM VIDE	- Ks	4 Russell		371	Þ
	(Sig)	ature of Certifying Official	7 7 12 5 V	Certificate Numbe	r

CUMBERLAND COUNTY FORT BRAGG LEC. 250

Serial Number: 008903 Test Date: 11/03/2016

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	1:17pm 1:18pm 1:19pm
AIR BLK SUB TEST	.00 .00	1:20pm 1:22pm
AIR BLK SUB TEST	.00 .00	1:23pm 1:25pm
AIR BLK	.00	1:26pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CUMBERLAND COUNTY FORT BRAGG LEC. 250

Serial Number: 008903 Test Record Number: 1743
Test Date: 11/03/2016 Test Time: 1:29pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:29pm
FLO	Pass	1:29pm
FC	Pass	1:29pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:29pm
SRC	Pass	1:29pm
DET	Pass	1:29pm
BAR	Pass	1:29pm
BT	Pass	1:29pm

Blank Tests

Test	Status	Time
AIR	Pass	1 · 30pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:30pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:30pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C	Caldwell Instrument Location Caldwell C	o Juil
Instrument S	tt Serial No. <u>(OO 6719</u> <u>Lenoir, n</u>	Comment
The preventi	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed as the are:	at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator 34 degrees, plus or minus .2 degree centigrade;	thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the simulator solution is being changed every four months or after 125 Alcoholic Bre whichever occurs first.	
I certify that procedures w Department o	nat on the	entive maintenance ns of the N.C.
TOTAL STATI	Company of the contract of the	49 ificate Number
	Signature of Certifying Official Certi	nicate Number

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008719 Test Date: 11/07/2016

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: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2015-05/01/2017

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:23pm
AIR BLK	.00	2:24pm
ACCY CHK	.07	2:24pm
AIR BLK	.00	2:25pm
SUB TEST	.00	2:26pm
AIR BLK	.00	2:27pm
SUB TEST	.00	2:28pm
AIR BLK	.00	2:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008719 Test Record Number: 2075
Test Date: 11/07/2016 Test Time: 2:30pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:31pm
FLO	Pass	2:31pm
FC	Pass	2:31pm

Temperature Tests

SRC Pass 2:31pm DET Pass 2:31pm	Test	Status	Time
	SRC DET BAR	Pass Pass Pass	2:31pm 2:31pm 2:31pm 2:31pm 2:31pm

Blank Tests

Test	Status	Time
AIR	Pass	2:31pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:31pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	2:32pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Co	ald well	Instrument Location <u>Cald Wa</u>	• •
Instrument S	Serial No. <u>(008803</u>	Lenoir,	NC
The preventi	ive maintenance procedures for the Intox	imeters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas canister disp 34 degrees, plus or minus .2 degree		th simulator thermometer shows
2.	Verify instrument displays time and	i date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears,	collect breath sample;	
7.	When "PLEASE BLOW" appears,	collect breath sample;	
8.	Print test record;		1
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister simulator solution is being changed whichever occurs first.		
procedures v	on the day of	ed above, in accordance with curre	rgoing preventive maintenance nt regulations of the N.C.
MANDO SERVICE	E O TO STATE OF THE STATE OF TH	e of Certifying Official	Certificate Number
	Signatur	on contrying official	Certificate Mailinei

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008803 Test Date: 11/07/2016

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00 .00	2:22pm 2:23pm 2:23pm 2:24pm 2:25pm 2:26pm 2:28pm
AIR BLK	.00	2:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CALDWELL COUNTY CALDWELL COUNTY TAIL

Serial Number: 008803 Test Date: 11/07/2016

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	2:39pin
AIR BLK %, 00	2:40pm
ACCY CHREEO8	2:41pm
AIR BLK .00	2:42pm
SUB TEST .**	2:42pm

BREATH AT IMPROPER TIME

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 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; Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record: 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the forgoing preventive maintenance 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

CLEVELAND COUNTY CLEVELAND SD-ANNEX 220

Serial Number: 008694 Test Record Number: 1248
Test Date: 11/02/2016 Test Time: 10:35am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:35am
FLO	Pass	10:35am
FC	Pass	-10:35am

Temperature Tests

Test	٠	Status	Time
FC1		Pass	10:36am
SRC		Pass	10:36am
DET		Pass	10:36am
BAR		Pass	10:36am
${ t BT}$		Pass	10:36am

Blank Tests:

Test	Status	Time

AIR Pass | 10:36am

Printer Tests

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

PRNT Pass 10:36am

CRC Tests

Test Status Time

COMP Pass 10:36am CAL Pass 10:36am

Preventive Maintenance
Status: Pass

Analyst

CLEVELAND COUNTY CLEVELAND SD-ANNEX 220

Serial Number: 008694 Test Date: 11/02/2016

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:39am
AIR BLK	.00	10:39am
ACCY CHK	.08	10:40am
AIR BLK	.00	10:41am
SUB TEST	.00	10:41am
AIR BLK	.00	10:42am
SUB TEST	.00	10:44am
ATR BLK	. 0.0	10:45am

Reported AC. .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Cataway Instrument Location BAT Mobile Unity 7
Instrumer	nt Serial No. <u>00897</u>
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every this are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	nat on the 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	

CATAWBA BAT MOBILE UNIT 7 170

Serial Number: 008972 Test Date: 11/04/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	6:54pm
AIR BLK	.00	6:55pm
ACCY CHK	.07	6:55pm
AIR BLK	.00	6:56pm
SUB TEST	.00	6:57pm
AIR BLK	.00	6:58pm
SUB TEST	.00	7:00pm
AIR BLK	.00	7:00pm

Reparted AC: \.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CATAWBA BAT MOBILE UNIT 7 170

Serial Number: 008972 Test Record Number: 240
Test Date: 11/04/2016 Test Time: 7:02pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:02pm
FLO	Pass	7:02pm
FC	Pass	7:02pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:02pm
SRC	Pass	7:02pm
DET	Pass	7:02pm
BAR	Pass	7:02pm
BT	Pass	7:02pm

Blank Tests

Test	Status	Time
AIR	Pass	7:03pm

Printer Tests

Test	Status	'l'ıme
PRNT	Pass	7:03pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	7:03pm 7:03pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C	Teveland Instrument Location BA+ Mobile Unit 1
Instrument S	Serial No. <u>608973</u>
The preventi	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department of	on the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

CLEVELAND BAT MOBILE UNIT 11 220

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

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

Analystic Name, TOWNEY CHAR I

Analyst's Name: TOWERY, CHAD V

Permit Number: 26632E Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	8:19pm 8:20pm 8:20pm
AIR BLK	.00	8:21pm
SUB TEST	.00	8:21pm
AIR BLK	.00	8:22pm
SUB TEST	.00	8:24pm
AIR BLK	.00	8:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

M Way
Abalyst

CLEVELAND BAT MOBILE UNIT 11 220

Serial Number: 008973 Test Record Number: 227
Test Date: 11/12/2016 Test Time: 8:25pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:26pm
FLO	Pass	8:26pm
FC	Pass	8:26pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:26pm
SRC	Pass	8:26pm
DET	Pass	8:26pm
BAR	Pass	8:26pm
BT	Pass	8:26pm

Blank Tests

Test	Status	Time
AIR	Pass	8:27pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:27pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	8:27pm 8:27pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

		EKS, MODEL INTOX E	
County (howan	Instrument Location Chou	van Co. Public S
Instrument	Serial No. <u>608895</u>	Ctv., 305 Freen	nason St, Edentor
The prevent four months	ive maintenance procedures for the are:	Intoximeters, Model Intox EC/IR II	to be followed at least once every
1,	Verify the ethanol gas caniste 34 degrees, plus or minus .2 o	er displays pressure, or the alcoholic degree centigrade;	breath simulator thermometer show
2.	Verify instrument displays tir	ne and date;	
. 3.	Initiate breath test sequence;		
4.	Enter information as prompte	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	nd	
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	nister is being changed before expirat anged every four months or after 125	ion date, or the alcoholic breath Alcoholic Breath Simulator tests,
certify that or cedures we separtment or	on theday of // day	dicated above, in accordance with cuthe instrument is functioning properly	forgoing preventive maintenance rrent regulations of the N.C.
OT THE STATE OF WAY 20 177	CASOUM NOW AND		643
	Sign	nature of Certifying Official	Certificate Number

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895 Test Date: 11/07/2016

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

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	11:36am 11:37am 11:37am 11:39am
AIR BLK	.00	11:40am
SUB TEST	.00	11:42am
AIR BLK	.00	11:43am

Reported AC: .00 g/210L

Signature of Chem cal 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

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895 Test Date: 11/07/2016 T

Test Record Number: 741
Test Time: 11:44am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:45am
FLO	Pass	11:45am
FC	Pass	11:45am

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:45am 11:45am 11:45am 11:45am 11:45am

Blank Tests

Test	Status	Time
AIR	Pass	11:45am

Printer Tests

Test	Status	Time
PRNT	Pass	11:45am
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

11:46am

11:46am

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Catawba	Instrument Location Catawha County 5D
Instrumen	t Serial No. <u>00882</u> し	100 B Southwest Blud, New
The preve	ntive maintenance procedures for the Inns are:	ntoximeters, Model Intox EC/IR II to be followed at least once every
1,	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath simulator thermometer show gree centigrade;
2.	Verify instrument displays time	e and date;
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appe	ars, collect breath sample;
7.	When "PLEASE BLOW" appe	ars, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ter is being changed before expiration date, or the alcoholic breath ged every four months or after 125 Alcoholic Breath Simulator tests,
I certify tha procedures Department	t on the <u>10 H</u> day of <u>No</u> were performed on the instrument indic of Health and Human Services, and th	the forgoing preventive maintenance cated above, in accordance with current regulations of the N.C. e instrument is functioning properly.
THE STATE OF THE S	Signat	ture of Certifying Official Certificate Number

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008821 Test Date: 11/10/2016

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG513102 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG	Pass	2:06pm
AIR BLK	.00	2:07pm
ACCY CHK	07	2:08pm
AIR BLK	.00	
SUB TEST	.00	2:09pm
AIR BLK	.00	2:10pm
SUB TEST	.00	2:11pm
AIR BLK	.00	2 • 1 2 mm

Reported AC:, .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008821

Test Record Number: 1695

Test Date: 11/10/2016

Test Time: 2:13pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test		Status	Time

AIR Pass 2:14pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:15pm

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Catawha Instrument Location Hickory PD
Instrumen	Catawba Instrument Location Hickory PD Serial No. 008841 347 and Ave SW, Hickory
The preve	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sho 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify tha procedures Department	on the
STA	E O A O CHARLES TO THE CARROLL STATE OF THE CARROLL
ASSET IS	Signature of Certifying Official Certificate Number

CATAWBA COUNTY HICKORY PD 170

Serial Number: 008841 Test Date: 11/07/2016

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: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	2:08pm 2:09pm
ACCY CHK	.08	2:09pm
AIR BLK SUB TEST	.00 .00	2:11pm 2:11pm
AIR BLK	.00	2:12pm
SUB TEST	.00	2:13pm
AIR BLK	.00	2:14pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CATAWBA COUNTY HICKORY PD 170

Serial Number: 008841

Test Record Number: 1703

Test Date: 11/07/2016 Test Time: 2:15pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:15pm
FLO	Pass	2:15pm
FC	Pass	2:15pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:16pm
SRC	Pass	2:16pm
DET	Pass	2:16pm
BAR	Pass	2:16pm
\mathtt{BT}	Pass	2:16pm

Blank Tests

Test	Status	Time
AIR	Pass	2:16pm

Printer Tests

rest	Status	Time
PRNT	Pass	2:16pm

CRC Tests

Test	Status	Time
COMP	Pass	2:16pm
CAL	Pass	2:16pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County/	44	Instrument Location <u>Clay</u>	Co. Jail
Instrument Seri	ial No. <u>008608</u>	Hayesville No	
The preventive four months are	maintenance procedures for the I	ntoximeters, Model Intox EC/IR II to	o be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic begree centigrade;	reath simulator thermometer show
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appo	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	d	
10.	Verify that the ethanol gas cani simulator solution is being char whichever occurs first.	ister is being changed before expiratinged every four months or after 125	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify that on procedures were Department of H	the <u>S</u> day of <u>No</u> e performed on the instrument ind Health and Human Services, and t	the dicated above, in accordance with cur the instrument is functioning properly	forgoing preventive maintenance rent regulations of the N.C.
OTHE STATE OF A PART OF THE PA	Sign:	ature of Certifying Official	Certificate Number

CLAY COUNTY CLAY COUNTY JAIL 210

Serial Number: 008608 Test Date: 11/08/2016

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	11:29am
AIR BLK	.00	11:30am
ACCY CHK	.07	11:30am
AIR BLK	.00	11:32am
SUB TEST	.00	11:32am
AIR BLK	.00	11:33am
SUB TEST	.00	11:35am
AIR BLK	.00	11:36am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CLAY COUNTY CLAY COUNTY JAIL 210

Serial Number: 008608 Test Date: 11/08/2016

Test Record Number: 1128
Test Time: 11:37am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test Status Time

AIR Pass 11:38am

Printer Tests

Test Status Time

PRNT Pass 11:38am

CRC Tests

Test Status Time

COMP Pass 11:38am CAL Pass 11:38am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County	Vare Instrument Location Vare Cv. S. D WATTER
Instrument So	erial No. 008807 50346 N.C. HWY 17, F11500, N
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
. 7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
I certify that o procedures we Department of	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. on the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807 Test Date: 11/21/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	1:06pm 1:07pm 1:08pm 1:09pm 1:09pm 1:10pm
SUB TEST AIR BLK	.00 .00	1:12pm 1:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analy

DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807 Test Record Number: 804 Test Date: 11/21/2016 Test Time: 1:13pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:14pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:14pm
	CRC Tests	

Test	Status	Time
COMP CAL	Pass Pass	1:15pm

Preventive Maintenance Status: Pass

Frield Keese

PREVENTIVE MAINTENANCE RECORD

Instrument Serial No. DD & GT
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 data on the clocked is beautiful.
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 clockelic breath
2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date on the clashelic breath.
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date on the electrolic breath.
 Enter information as prompted; Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; Print test record; Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration data or the clockelic breath
 Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; Print test record; Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date or the clockelic breath
6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date or the clockelic breath
7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date or the clockelic breath
8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date or the clockelic broath
 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date or the clockelic broads.
10. Verify that the ethanol gas canister is being changed before expiration date or the clockellic broath
10. Verify that the ethanol gas canister is being changed before 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 theday of
STATE OF TO THE STATE OF TO THE STATE OF THE
Signature of Certifying Official Certificate Number

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

Certificate Number

DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008847 Test Date: 11/14/2016

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: AG513103 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	1:12pm 1:13pm
ACCY CHK AIR BLK	.08	1:13pm 1:14pm
SUB TEST	.00	1:15pm
AIR BLK	.00	1:16pm
SUB TEST	.00	1:17pm

1:18pm

Reported AC: .00 g/210L

AIR BLK .00

Signature of Chemical Analyst

Court CVR

Analyst

DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008847 Test Record Number: 586
Test Date: 11/14/2016 Test Time: 1:21pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:21pm
FLO	Pass	1:21pm
FC	Pass	1:21pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:21pm
SRC	Pass	1:21pm
DET	Pass	1:21pm
BAR	Pass	1:21pm
BT	Pass	1:21pm

Blank Tests

Test	Status	Time
AIR	Pass	1:22pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:22pm

CRC Tests

Test	Status	Time
COMP	Pass	1:22pm
CAL	Pass	1:22pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

~~~	The state of the s
County /	DURHAM Instrument Location Duham County JAIL
Instrument S	erial No. <u>008891</u> 219 5. Mangem 57  Duliam NC
	ve maintenance procedures for the Intoximeters. Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the
OSTATE OF THE STATE OF THE OSTATE OSTATE OF THE OSTATE OST	Stokes Farres 662
	Signature of Certifying Official Certificate Number

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891 Test Date: 11/04/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BARNES, SIMON S

Permit Number: 11434E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	2:47pm 2:49pm 2:49pm
AIR BLK	.00	2:50pm
SUB TEST	.00	2:50pm
AIR BLK	.00	2:51pm
SUB TEST	.00	2:53pm
AIR BLK	.00	2:54pm

Reported AC: .00 g-/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

# DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891

Test Record Number: 3409
Test Time: 2:55pm FDT

System Check: Passed

## Baseline Tests

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

# Temperature Tests

Test	Status	Time
FC1	Pass	2:55pm
SRC	Pass	2:55pm
DET	Pass	2:55pm
BAR	Pass	2:55pm
BT	Pass	2:55pm

# Blank Tests

Test	Status	Time
AIR	Pass	2:56pm

# Printer Tests

Test	Status	Time
PRNT	Pass	2:56pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:56pm 2:56pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Instrument Serial No	ssure, or the alcoholic breath simulator thermometer shows
The preventive maintenance procedures for the Intoximeters four months are:  1. Verify the ethanol gas canister displays pro 34 degrees, plus or minus .2 degree centigrouter 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect to the sequence; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being completed in the sequence in the sequence; 9. Verify that the ethanol gas canister is being completed in the sequence in the s	Model Intox EC/IR II to be followed at least once every ssure, or the alcoholic breath simulator thermometer show ide;
1. Verify the ethanol gas canister displays pro 34 degrees, plus or minus .2 degree centigrous degrees, plus or minus .2 degree centigrous 2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect to the sequence;  7. When "PLEASE BLOW" appears, collect to the sequence;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being of simulator solution is being changed every for whichever occurs first.  I certify that on the day of November of the procedures were performed on the interprocedures were performed on the procedures were performed on the interprocedures were performed on the interprocedure interprocedures were performed on the interprocedure.	ssure, or the alcoholic breath simulator thermometer show de;
1. Verify the ethanol gas canister displays pro 34 degrees, plus or minus .2 degree centigrous degrees, plus or minus .2 degree centigrous 2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect to the sequence;  7. When "PLEASE BLOW" appears, collect to the sequence;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being of simulator solution is being changed every for whichever occurs first.  I certify that on the day of November of the procedures were performed on the interprocedures were performed on the procedures were performed on the interprocedures were performed on the interprocedure interprocedures were performed on the interprocedure.	ssure, or the alcoholic breath simulator thermometer shows
2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect to the sequence;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being of simulator solution is being changed every for 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 to the test record; 8. Print test record; 9. Verify Diagnostic Program; and to the test record is being changed every for whichever occurs first.  I certify that on the day of November procedures were performed on the interest test sequence;  4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect to the test record; 7. Verify Diagnostic Program; and to the test record; 9. Verify Diagnostic Program; and the test record is being changed every for whichever occurs first.	
<ol> <li>Initiate breath test sequence;</li> <li>Enter information as prompted;</li> <li>Verify instrument accuracy;</li> <li>When "PLEASE BLOW" appears, collect to the sequence;</li> <li>When "PLEASE BLOW" appears, collect to the sequence;</li> <li>When "PLEASE BLOW" appears, collect to the sequence;</li> <li>Verify Diagnostic Program; and</li> <li>Verify Diagnostic Program; and</li> <li>Verify that the ethanol gas canister is being of simulator solution is being changed every for whichever occurs first.</li> </ol>	
5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect to 7. When "PLEASE BLOW" appears, collect to 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being a simulator solution is being changed every for whichever occurs first.  I certify that on the	
6. When "PLEASE BLOW" appears, collect to 7. When "PLEASE BLOW" appears, collect to 8. Print test record;  9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being a simulator solution is being changed every for whichever occurs first.  I certify that on the	
7. When "PLEASE BLOW" appears, collect to  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being of simulator solution is being changed every for whichever occurs first.  I certify that on the	
7. When "PLEASE BLOW" appears, collect to  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being of simulator solution is being changed every for whichever occurs first.  I certify that on the	reath sample
8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being of simulator solution is being changed every for whichever occurs first.  I certify that on the	
10. Verify that the ethanol gas canister is being of simulator solution is being changed every for whichever occurs first.  I certify that on the	sample,
10. Verify that the ethanol gas canister is being of simulator solution is being changed every for whichever occurs first.  I certify that on the	
I certify that on the day of	nanged before expiration date, or the alcoholic breath r months or after 125 Alcoholic Breath Simulator tests,
	20 6 the forgoing preventive maintanance
Signature of Certify	

# DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905 Test Date: 11/09/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

07/01/2016-07/01/2018

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:26am 11:27am 11:28am
AIR BLK	.00	11:29am
SUB TEST	.00	11:29am
AIR BLK	.00	11:30am
SUB TEST	.00	11:32am
AIR BLK	7.00	11:33am

Reported AC: 1007g

11/1/2/11/11

Signature of Chemical Analyst

Court CVR

Analyst

# DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905 Test Record Number: 1934
Test Date: 11/09/2016 Test Time: 11:34am EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	11:34am
${ t FLO}$	Pass	11:34am
FC	Pass	11:34am

# Temperature Tests

Test	Status	Time
FC1	Pass	11:34am
SRC	Pass	11:34am
$\operatorname{DET}$	Pass	11:34am
BAR	Pass	11:34am
BT	Pass	11:34am

### Blank Tests

Test	Status	Time
AIR	Pass	11:35am

### Printer Tests

Test	Status	Time
PRNT	Pass	11:35am

# CRC Tests

Test	Status	Time
COMP	Pass	11:35am
CAL	Pass	11:35am

Preventive Maintenance Status: Pass

Analvet /

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

and the state of the state of	INTOXIMETERS, MODEL INTOX EC/IR II
County D	unham Instrument Location Bat Mobile Unit
Instrument Seri	ial No. DOS JRG Durham CO SO
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of H	the day of day of 20 C 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.
OF THE STATE OF A CONTROL OF THE STATE OF A CONTROL OF THE STATE OF A CONTROL OF THE STATE OF TH	Signature of Certifying Official Certificate Number

DURHAM COUNTY BAT MOBILE UNIT 8 310

Serial Number: 008736 Test Date: 11/12/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:47pm 9:49pm
ACCY CHK	•	9:49pm
AIR BLK SUB TEST	.00	9:50pm
AIR BLK	.00	9:51pm 9:52pm
SUB TEST	.00	9:52pm
AIR BLK	.00	9:54pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Mya B Skinner

# DURHAM COUNTY BAT MOBILE UNIT 8 310

Serial Number: 008736 Test Date: 11/12/2016

Test Record Number: 858
Test Time: 9:56pm EST

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	9:57pm
FLO	Pass	9:57pm
FC	Pass	9:57pm

# Temperature Tests

Test	Status	Time
FC1	Pass	9:57pm
SRC	Pass	9:57pm
DET	Pass	9:57pm
BAR	Pass	9:57pm
BT	Pass	9:57pm

## Blank Tests

Test	Status	Time
AIR	Pass	9.5800

## Printer Tests

1000	blatus	TIME
PRNT	Pass	9:58pm

## CRC Tests

Test	Status	Time
COMP	Pass	9:58pm
CAL	Pass	9:58pm

Preventive Maintenance Status: Pass

Analyst

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

·		ERO, MODEL INTOX EC/	
County ()	UR HAM	Instrument Location Dwh qua	· Co JAIL
Instrument S	erial No. <i>008</i> 924	Instrument Location Developed  219 5. Mangan	, 57
The preventi	ve maintenance procedures for the	e Intoximeters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	er displays pressure, or the alcoholic brea degree centigrade;	th simulator thermometer show
2.	Verify instrument displays ti	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
7.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	and	. હું
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nister is being changed before expiration anged every four months or after 125 Alc	date, or the alcoholic breath coholic Breath Simulator tests,
I certify that of procedures we Department o	on the <u>2</u> day of <u>A</u> ere performed on the instrument in f Health and Human Services, and	, 20 <u>/ 6</u> the for ndicated above, in accordance with current the instrument is functioning properly.	going preventive maintenance it regulations of the N.C.
To the same of the	an-		4
OKEAT STATE	NORTH CAROLIN		\$
APRIL 12, 1776  * ESE QUAM VIDI	Stokes	Man	662
	Sig	gnature of Certifying Official	Certificate Number

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008924 Test Date: 11/02/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, SIMON S

Permit Number: 11434E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG621403

Exp Date: 08/01/2018

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	10:34am 10:35am 10:36am 10:37am
AIR BLK SUB TEST	.00	10:38am 10:40am
AIR BLK	.00	10:40am

Reported AC, .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

The money on the grant of the	INTOXIMETERS, MODEL INTOX EC/IR II
County	AVIDSON Instrument Location PAVIDSON COVAI
Instrument Seri	al No. 008845 Lexingrow, N.C.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the 2 day of November 20 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF VIN 20. 1775	Signature of Certifying Official Certificate Number

### DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845 Test Date: 11/22/2016

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG607601 Exp Date: 03/16/2018

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

L. Lein Dean
Analyst

# DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845

Test Record Number: 2400

Test Date: 11/22/2016

Test Time: 3:31pm EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	3:31pm
FLO	Pass	3:31pm
FC	Pass	3:32pm

# Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	3:32pm

## Printer Tests

Test	Status	Time
PRNT	Pass	3:32pm

# CRC Tests

Test	Status	Time
COMP CAL	Pass Pass	3:33pm 3:33pm
~	Labb .	2,225

Preventive Maintenance Status: Pass

X. Kun Dun Analyst

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

	intoximeters, model intox ec/ir ii
County	AVIOSON Instrument Location L-CXINGTON
Instrument S	erial No. 008718 Police Department
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that opposed ures we Department of	on the day of
THE STATE OF THE S	STORE CARD

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

Signature of Certifying Official

### DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008718 Test Date: 11/22/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

05/01/2015-05/01/2017

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	2:37pm 2:38pm
ACCY CHK	.08	2:39pm
AIR BLK	.00	2:40pm
SUB TEST	.00	2:40pm
AIR BLK	.00	2:41pm
SUB TEST	.00	2:43pm
AIR BLK	.00	2:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

L. Kuin Quan
Analyst

# DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008718

Test Record Number: 1494 

System Check: Passed

### Baseline Tests

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

# Temperature Tests

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

# Blank Tests

Test	Status	Time
AIR	Pass	2:47pm

# Printer Tests

rest	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	AVIDSON Instrument Location Thomas VI/ E
Instrument S	erial No.008872 Police Department
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the 22 day of Normal Albert , 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.
TARIS OF THE STATE OF THE CORE AT THE CORE	Signature of Certifying Official  Certificate Number

### DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008872 Test Date: 11/22/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:58am 11:59am 12:00pm
AIR BLK	.00	12:00pm
SUB TEST AIR BLK	.00 .00	12:01pm 12:02pm
SUB TEST	.00	12:04pm
AIR BLK	.00	12:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

# DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008872 Test Record Number: 1289
Test Date: 11/22/2016 Test Time: 12:06pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:06pm
FLO FC	Pass Pass	12:06pm 12:06pm

## Temperature Tests

Status	Time
Pass	12:06pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	.Time
AIR	Pass	12:07pm

# Printer Tests

Test	St	atus	Tin	ne
PRNT	Ρē	នេន	12	0.7pm
	CPC	Tecto		

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

Preventive Maintenance Status: Pass

Analyst Star

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

, 1		
County	Dare Instrument Location Kill Devil Hill	s P. L
Instrument Seri	erial No. 008844 102 Town Hall Dr., Kill D	evil H
The preventive four months are	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least or are:	nce every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermor 34 degrees, plus or minus .2 degree centigrade;	neter shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholi simulator solution is being changed every four months or after 125 Alcoholic Breath Simu whichever occurs first.	
procedures wer	on the 30 day of 1000, 20 the forgoing preventive m vere performed on the instrument indicated above, in accordance with current regulations of the of Health and Human Services, and the instrument is functioning properly.	aintenance N.C.
THE GUAMMEN	Signature of Certifying Official  Certificate N	

DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844 Test Date: 11/30/2016

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst
s form is used when performing Preventive Maintenance pro

### DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844 Test Record Number: 1867

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:28am
FLO	Pass	11:28am
FC	Pass	11:28am

# Temperature Tests

Test	Status	Time
FC1	Pass	11:28am
SRC	Pass	11:28am
DET	Pass	11:28am
BAR	Pass	11:28am
$\mathtt{BT}$	Pass	11:28am

### Blank Tests

Test	Status	Time	
AIR	Pass	11:29am	

# Printer Tests

Test	Status	Time
PRNT	Pass	11:29am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:29am 11:29am

Preventive Maintenance Status: Pass

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

County Edg	erombe	_ Instrument Location	Edelorabe	6 Magistra	fes :	
Instrument Ser	ecombe rial No. <u>208603</u>	Office, 30	05. Ana 100	rda Rd., Tarba	ro, M.	
The preventive four months ar	e maintenance procedures for the	Intoximeters, Model Into:	x EC/IR II to be follo	owed at least once every		
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d		alcoholic breath sim	nulator thermometer shows		
2.	Verify instrument displays time and date;					
3.	Initiate breath test sequence;					
4.	Enter information as prompted;					
5.	Verify instrument accuracy;					
6.	When "PLEASE BLOW" appears, collect breath sample;					
7.	When "PLEASE BLOW" ap	pears, collect breath samp	le;			
8.	Print test record;					
9.	Verify Diagnostic Program; a	nd				
10.	Verify that the ethanol gas car simulator solution is being ch whichever occurs first.					
	n theday ofday of	idicated above, in accorda	nce with current reg	g preventive maintenance ulations of the N.C.		
STATE OF THE STATE	CAROLINI CAROLINI					
ASSE QUAM VIDES	Vu	UNP		643		
	Sig	mature of Certifying Office	cial	Certificate Number		

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008603 Test Date: 11/14/2016

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

) Analyst

#### EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008603

Test Record Number: 1552 Test Date: 11/14/2016 Test Time: 10:12am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:14am

#### Printer Tests

rest	Status	Time
PRNT	Pass	10:14am
•	CRC Tests	

Test	Status	Time
COMP	Pass	10:14am
CAL	Pass	10:14am

Preventive Maintenance Status: Pass

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

County Edge		Instrument Location	combe Co. Magistrai
Instrument Seria	1 No. 10 10 8663	Office, 300 S. A.	naconda Rd., Tarbor
The preventive n four months are:	naintenance procedures for the	Intoximeters, Model Intox EC/IR	II to be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2		lic breath simulator thermometer shows
2.	Verify instrument displays tin	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
7.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
8	Print test record;		
9.	Verify Diagnostic Program; a	and	
10.			piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
I certify that on t procedures were Department of H	he <u>M</u> day of <u>Max</u> performed on the instrument in ealth and Human Services, and	ndicated above, in accordance wit d the instrument is functioning pro	the forgoing preventive maintenance h current regulations of the N.C. operly.
THE STATE OF NO.	Zella Sin	gnature of Certifying Official	Certificate Number

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR
320

Serial Number: 008663 Test Date: 11/14/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA
Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:37am
AIR BLK	.00	9:38am
ACCY CHK	.08	9:39am
AIR BLK	.00	9:40am
SUB TEST	.00	9:40am
AIR BLK	.00	9:41am
SUB TEST	. 00	9:43am
ATR BIK	0.0	9 · 44am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008663

Test Record Number: 2611
Test Time: 9:45am EST

Test Date: 11/14/2016 Test Time: 9:4

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	9:46am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:46am
	CRC Tests	
Test	Status	Time

COMP Pass 9:46am Pass 9:46am

Preventive Maintenance Status: Pass

Analyst

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

County	Instrument Location Bpt mobile Unit 11		
Instrument S	Serial No. <u>008973</u>		
The preventi	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
I certify that oprocedures we Department of	on the		
STATE OF STA			
	Signature of Certifying Official Certificate Number		

FORSYTH BAT MOBILE UNIT 11 330

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

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

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

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

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

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

Test	g/210 <b>L</b>	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	7:11pm 7:12pm 7:13pm 7:14pm <b>7:14pm</b> 7:15pm
SUB TEST	.00	7:16pm
AIR BLK	.00	7:13pm
	· -	[~

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Chi V Dav Analyst

#### FORSYTH BAT MOBILE UNIT 11 330

Serial Number: 008973 Test Record Number: 222

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FIO	Pass Pass	7:19pm 7:19pm
FC	Pass	7:19pm

### Temperature Tests

Test	Status	Time
FC1	Pass	7:19pm
SRC	Pass	7:19pm
DET	Pass	7:19pm
BAR	Pass	7:19pm
BT	Pass	7:19pm

#### Blank Tests

Test	Status	Time
AIR	Pass	7:20pm

#### Printer Tests

Test Status Time

		1 21110
PRNT	Pass	7:20pm
	CDC Tests	

Test	Status	Time
COMP	Pass	7:20pm
CAL	Pass	7:20pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 7	orsyth	_ Instrument Location FORSY	th County Deports
Instrument S	erial No. <u>008975</u>	Winst	n-Salen, N.C.
The preventi four months		Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic be legree centigrade;	reath simulator thermometer show
2.	Verify instrument displays tin	ne and date;	·
3.	Initiate breath test sequence;		
4.	Enter information as prompted	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	nd	
10.		nister is being changed before expirati anged every four months or after 125	
	ere performed on the instrument in	the dicated above, in accordance with cur the instrument is functioning properly	
STATION OF THE STATIO	CAROLINA		han ring
	Sig	nature of Certifying Official	Certificate Number

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008925 Test Date: 11/08/2016

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

07/01/2016-07/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	3:29pm 3:29pm
ACCY CHK AIR BLK	.08	3:30pm 3:31pm
SUB TEST	.00	3:32pm
AIR BLK SUB TEST	.00 .00	3:33pm 3:34pm
AIR BLK	.00	3:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008925

Test Record Number: 1512 

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:36pm
FLO	Pass	3:36pm
FC	Pass	3:36pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:36pm
SRC	Pass	3:36pm
DET	Pass	3:36pm
BAR	Pass	3:36pm
BT	Pass	3:36pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:37pm

#### Printer Tests

iest	Status	Time
PRNT	Pass	3:37pm

#### CRC Tests

Test	Status	Time
COMP	Pass	3:37pm
CAL	Pass	3:37pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	orsyth	Instrument Location FOR	vth County Deten
Instrument S	erial No. <i>DN 8583</i>	hlins	ton-Solem, N.C.
The preventi four months	ve maintenance procedures for th	e Intoximeters, Model Intox EC/IR II t	o be followed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	ter displays pressure, or the alcoholic b degree centigrade;	reath simulator thermometer show
2.	Verify instrument displays t	ime and date;	
3.	Initiate breath test sequence;	;	
4.	Enter information as prompt	red;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" a	ppears, collect breath sample;	
7.	When "PLEASE BLOW" a	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.	Verify that the ethanol gas can simulator solution is being clumber whichever occurs first.	anister is being changed before expirati hanged every four months or after 125	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify that oprocedures w Department of	ere performed on the instrument i	the indicated above, in accordance with curd the instrument is functioning properly	forgoing preventive maintenance rent regulations of the N.C.
THE STATE OF WAR 12, 07	Si	gnature of Certifying Official	Certificate Number

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583 Test Date: 11/08/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

07/01/2016-07/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

g/210L	Time
Pass .00	3:26pm 3:27pm 3:28pm
.00	3:29pm
.00	3:30pm
.00	3:31pm
.00	3:33pm
.00	3:34pm
	Pass .00 .08 .00 .00 .00 .00 .00

Reported AC: .00 g/210T

Signature of Chemical Analyst

Court CVR

### FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583

Test Record Number: 6444

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	3:36pm

#### Printer Tests

rest	Status	Time
PRNT	Pass	3:36pm

#### CRC Tests

Test	Status	Time
COMP	Pass	3:36pm
CAL	Pass	3:36pm

Preventive Maintenance Status: Pass

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

,	MITOAIMETERS, MODEL INTOX EC/IR II
County FOR	Instrument Location FORSYTH County Detention
Instrument Seri	ial No. 208659 Instrument Location Forsyth County Detention  Winston Salem, N.C.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the
TANK STATE OF A	Signature of Certifying Official  Certificate Number

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659 Test Date: 11/08/2016

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

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

Analyst's Name: BENFIELD II, KENNETH R
Permit Number: 22067E
Effective:
07/01/2016-07/01/2018

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	3:15pm 3:15pm
ACCY CHK	.08	3:16pm
AIR BLK SUB TEST	.00 .00	3:17pm 3:17pm
AIR BLK	.00	3:18pm
SUB TEST	.00	3:20pm
AIR BLK	.00	3:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659 Test Date: 11/08/2016

Test Record Number: 4178
Test Time: 3:22pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:22pm 3:22pm
FC	Pass	3:22pm

### Temperature Tests

Test	Status	Time
FC1	Pass	3:22pm
SRC	Pass	3:22pm
DET	Pass	3:22pm
BAR	Pass	3:22pm
BT	Pass	3:22pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:23pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:23pm
	CRC Tests	

rest	Status	Time
COMP	Pass	3:23pm
CAL	Pass	3:23pm

Preventive Maintenance Status: Pass

Analys#

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Fo	Rsyth	Instrument Location_	Kernersville	Police
Instrument Ser	rial No. <u>008650</u>		Department	
The preventive four months are	maintenance procedures for the	Intoximeters, Model Intox	EC/IR II to be followed at 1	least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 c	er displays pressure, or the a degree centigrade;	lcoholic breath simulator th	nermometer show
2.	Verify instrument displays tir	ne and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompte	d;		
, <b>5.</b>	Verify instrument accuracy;			
6.	When "PLEASE BLOW" app	pears, collect breath sample:	:	
7.	When "PLEASE BLOW" app	-		
8.	Print test record;	,,,,,,,,,,,,,,	1	·
9.	Verify Diagnostic Program; as	nd		
10.	Verify that the ethanol gas can simulator solution is being chawhichever occurs first.	nister is being changed befor anged every four months or	re expiration date, or the alc after 125 Alcoholic Breath	coholic breath Simulator tests,
certify that on procedures were Department of H	the day of e performed on the instrument ind Health and Human Services, and	dicated above, in accordance the instrument is functioning	the forgoing preventi e with current regulations o g properly.	ive maintenance of the N.C.
OT THE STATE OF A STAT	Control and Sign	nature of Certifying Official	65	ta Number

FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650 Test Date: 11/08/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG621403 Exp Date: 08/01/2018

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	2:23pm 2:24pm 2:25pm 2:26pm 2:26pm
AIR BLK SUB TEST	.00	2:27pm 2:29pm
AIR BLK	.00	2:30pm

Reported AC: .00 q/210L

Signature of Chemical Analyst

Court CVR

Analyst Analyst

#### FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650

Test Record Number: 1277

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:32pm
FLO	Pass	2:32pm
FC	Pass	2:32pm

### Temperature Tests

Test	Status	Time
FC1	Pass	2:32pm
SRC	Pass	2:32pm
DET	Pass	2:32pm
BAR	Pass	2:32pm
BT	Pass	2:32pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:33pm

#### Printer Tests

rest	Status	Time
PRNT	Pass	2:33pm
	CRC Tests	

rest	Status	Time
COMP	Pass	2:33pm
CAL	Pass	2:33pm

Preventive Maintenance Status: Pass

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

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ev four months are:  1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer s 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first.  I certify that on the	County 6		Instrument Location	LEED MOOR PD
four months are:  1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer's 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first.  1 certify that on the	Instrument S	erial No. <u>008641</u>	111 MASONIC	ST CREEDMOOR,
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first.  I certify that on the	The prevention four months	ve maintenance procedures for the are:	e Intoximeters, Model Intox EC/IR	. II to be followed at least 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 to whichever occurs first.  I certify that on the	1.			lic breath simulator thermometer shows
<ol> <li>Enter information as prompted;</li> <li>Verify instrument accuracy;</li> <li>When "PLEASE BLOW" appears, collect breath sample;</li> <li>When "PLEASE BLOW" appears, collect breath sample;</li> <li>Print test record;</li> <li>Verify Diagnostic Program; and</li> <li>Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first.</li> <li>I certify that on the</li></ol>	2.	Verify instrument displays ti	me 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 to whichever occurs first.  1 certify that on the	3.	Initiate breath test sequence;		
6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first.  I certify that on the	4.	Enter information as prompt	ed;	
7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to 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 breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first.  1 certify that on the	6.	When "PLEASE BLOW" ap	opears, collect breath sample;	
9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first.  I certify that on the	7.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to 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 to whichever occurs first.  I certify that on the	9.	Verify Diagnostic Program;	and	
Department of Health and Human Services, and the instrument is functioning properly.	10.	simulator solution is being cl	nnister is being changed before exp nanged every four months or after	piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
STATE OF NORTH	I certify that of procedures we Department of	on the	ndicated above, in accordance with the instrument is functioning pro	the forgoing preventive maintenance h current regulations of the N.C. perly.
Signature of Certifying Official Certificate Number	THE STATE OF THE S		les BALLOS	

GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641 Test Date: 11/07/2016

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: BARNES, SIMON S

Permit Number: 11434E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported/AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

## GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641

Test Record Number: 914

Test Date: 11/07/2016 Test Time: 10:11am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:11am
FLO	Pass	10:11am
FC	Pass	10:12am

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:12am

#### Printer Tests

Test

Test	Status	Time
PRNT	Pass	10:12am
	CRC Tests	

Test	Status	Time
COMP	Pass	10:12am
CAL	Pass	10:12am

Preventive Maintenance Status: Pass

Analyst

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

County <u>C</u>	DRANNILLE Instrument Location OX FORD PD
Instrumen	t Serial No. 008923 204 E. MCCLANAHAN ST. OKFORD, NO
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
<b>5.</b>	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures Departmen	at on the
COREATE GREAT SECTION OF SECTION	ME O TO A ROUTE AND THE STATE OF THE STATE O
William .	Signature of Certifying Official Certificate Number
	Countrate Millioti

GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008923 Test Date: 11/02/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	3:31pm 3:32pm 3:33pm 3:33pm 3:34pm 3:35pm 3:37pm
VIII DIII	.00	3:38pm

Reported AC: .

.po g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008923

Test Record Number: 1440
Test Time: 3:38pm EDT

Test Date: 11/02/2016

System Check: Passed

### Baseline Tests

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

## Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	3:40pm

### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

Contraction of the Contraction o	INTOXINE LERS, MODEL HATOX EC/IK II
County	11 HORD Instrument Location GREENS DOVO A
Instrument Serie	al No. <u>008638</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.
	the
THE STATE OF A STATE O	Sighting of Cartifying Official Cartifying Official

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008638 Test Date: 11/02/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG607501 Exp Date: 03/15/2018

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	2:52pm 2:53pm 2:53pm
AIR BLK SUB TEST	.00 .00	2:54pm 2:55pm
AIR BLK	.00	2:56pm
SUB TEST	.00	2:58pm
AIR BLK	.00	2:58pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008638

Test Record Number: 2581 

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:59pm
FLO	Pass	2:59pm
FC	Pass	2:59pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	mq00:E

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:00pm
	CRC Tests	
Test	Status	Time

1000	Scacas	111110
COMP	Pass	3:00pm
CAL	Pass	3:00pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	IntoxIMETERS, MODEL INTOX ECTRIFICATION OF A I
County <u>S</u>	UITORD Instrument Location STEENS DOFO UK. 1
Instrument Se	erial No. <u>008794-</u>
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer should degree, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.
procedures w	on the day of day of, 20/6 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
OF THE STATE OF TH	

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794 Test Date: 11/02/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	3:36pm 3:36pm 3:37pm 3:38pm
SUB TEST AIR BLK	.00	3:38pm 3:39pm
SUB TEST AIR BLK	.00	3:41pm 3:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analysi

### GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794

Test Record Number: 5266

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	3:44pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:44pm

#### CRC Tests

Test	Status	Time
COMP	Pass	3:45pm
CAL	Pass	3:45pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County <u></u>	Instrument Location GREENSBOYD JAI
Instrument Se	erial No. <u>008790</u>
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
	on theday of
THE STATE OF THE S	CAROLINA DE LA CAROLI

#### GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790 Test Date: 11/02/2016

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

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

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

Analyst's Name: DEAN, L K
Permit Number: 11598E
Effective:
05/01/2015-05/01/2017

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	4:05pm 4:05pm 4:06pm
AIR BLK	.00	4:07pm
SUB TEST	.00	4:08pm
AIR BLK	.00	4:09pm
SUB TEST	.00	4:10pm
AIR BLK	.00	4:11pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

L. Luncellan
Analyst

#### GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790 Test Record Number: 5716
Test Date: 11/02/2016 Test Time: 4:12pm EDT

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	4:13pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County	iltord	Instrument Location Both	Nobile Unit
Instrument Seri	ial No (1878 73 L	High Point	PD
The preventive four months are		ntoximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 degrees.	displays pressure, or the alcoholic breat gree centigrade;	h simulator thermometer shows
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ears, collect breath sample;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	i	
10.		ster is being changed before expiration on aged every four months or after 125 Alc	
	e performed on the instrument ind	the for icated above, in accordance with curren he instrument is functioning properly.	going preventive maintenance t regulations of the N.C.
THE STATE OF THE S		ature of Certifying Official	Certificate Number

### GUILFORD CO BAT MOBILE UNIT 8 410

Serial Number: 008736 Test Date: 11/04/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:19pm
AIR BLK	.00	10:20pm
ACCY CHK	.07	10:21pm
AIR BLK	.00	10:21pm
SUB TEST	.00	10:22pm
AIR BLK	.00	10:23pm
SUB TEST	.00	10:24pm
AIR BLK	.00	10:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### GUILFORD CO BAT MOBILE UNIT 8 410

Serial Number: 008736

Test Record Number: 852

Test Date: 11/04/2016

Test Time: 10:27pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	10:27pm
FLO	Pass	10:27pm
FC	Pass	10:27pm

### Temperature Tests

Test	Status	Time
FC1	Pass	10:27pm
SRC	Pass	10:27pm
DET	Pass	10:27pm
BAR	Pass	10:27pm
$\mathtt{BT}$	Pass	10:27pm

### Blank Tests

Test	Status	Time

AIR Pass 10:28pm

### Printer Tests

Test	Status	Time
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PRNT Pass 10:28pm

CRC Tests

Test Time Status

COMP Pass 10:28pm CAL Pass 10:28pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

^	INTUXIMETERS, MODEL INTUX EC/IR II
County 5 ()	ilford Instrument Location Bat Mobile Unit
Instrument Seria	INO.008775 High Point PD
	· · · · · · · · · · · · · · · · · · ·
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
•	the
O'ME STATE OF AND 1752 AND 175	Signature of Certifying Official Certificate Number

HIGH POINT BAT MOBILE UNIT 8 401

Serial Number: 008775 Test Date: 11/04/2016

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:59pm 10:00pm
ACCY CHK	.08	10:01pm
AIR BLK SUB TEST	.00 .00	10:02pm 10:02pm
AIR BLK	.00	10:03pm
SUB TEST	.00	10:05pm
AIR BLK	.00	10:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### HIGH POINT BAT MOBILE UNIT 8 401

Serial Number: 008775 Test Record Number: 1682 Test Date: 11/04/2016 Test Time: 10:09pm EDT

System Check: Passed

## Baseline Tests

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

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	10:11pm

### Printer Tests

Test	Status	Time
PRNT	Pass	10:11pm
	CRC Tests	

Test	Status	Time
COMP	Pass	10:11pm
CAL	Pass	10:11pm

Preventive Maintenance Status: Pass

Donya B. Stmne

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

$\cap$	INTOXIMETERS, MODEL INTOX EC/IR II
County J	Nil Ford Instrument Location Bot Mobile Mit 8
Instrument Seria	No. 6.8816 High Point PD
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the day of day of, 20 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
OF THE STATE OF A	Star Carolina (Carolina Carolina Caroli
CASE QUAM VIDEN	Signature of Certifying Official Certificate Number

GUILFORD CO BAT MOBILE UNIT 8 410

Serial Number: 008816 Test Date: 11/04/2016

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	10:37pm 10:38pm 10:38pm
AIR BLK	.00	10:39pm
SUB TEST	.00	10:40pm
AIR BLK	.00	10:41pm
SUB TEST	.00	10:42pm
AIR BLK	.00	10:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Donya B Skyry Analyst

### GUILFORD CO BAT MOBILE UNIT 8 410

Serial Number: 008816

Test Record Number: 7270

Test Date: 11/04/2016

Test Time: 10:44pm EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	10:45pm
SRC	Pass	10:45pm
DET	Pass	10:45pm
BAR	Pass	10:45pm
BT	Pass	10:45pm

#### Blank Tests

Test	Status	Time

AIR Pass 10:46pm

## Printer Tests

		_
Test	Status	Time

PRNT 10:46pm Pass

### CRC Tests

Test	Status	Time
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COMP 10:46pm Pass CALPass 10:46pm

Preventive Maintenance Status: Pass

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

April 19	INTOXIMETERS, MODEL INTOX EC/IR II
County (*)	aston Instrument Location Gaston County SD
Instrument Seria	INO. 008910 425 N. Marietta St., Gastonia
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 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 opposedures were Department of H	the $\frac{11}{12}$ day of $\frac{1}{12}$ the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
OT THE STATE OF A STAT	Signature of Certifying Official Certificate Number

### GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008910 Test Record Number: 541
Test Date: 11/04/2016 Test Time: 9:26am EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:27am 9:27am
FC	Pass	9:27am

### Temperature Tests

Test	Status	Time
FC1	Pass	9:27am
SRC	Pass	9:27am
DET	Pass	9:27am
BAR	Pass	9:27am
BT	Pass	9:27am

### Blank Tests

Test	Status	Time
AIR	Pass	9:28am

## Printer Tests

Test

PRNT	Pass	9:28am
	CRC Tests	

Status

Time

Test	Status	Time
COMP	Pass	9:28am
CAL	Pass	9:28am

Preventive Maintenance Status: Pass

Analyst

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008910 Test Date: 11/04/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	9:31am
AIR BLK	00	9:32am
ACCY CHK	.08	9:32am
AIR BLK	.00	9:33am
SUB TEST	.00	9:34am
AIR BLK	.00	9:35am
SUB TEST	.00	9:36am
ATR BIK	O O	9 • 37am

Reported AC: 00 g/210L

Signature of Chemical Amalyst

Court CVR

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

Analyst

Rev. 12/2007

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

County	Greene	Instrument Location_	Greene	Co. s. o.
Instrumen	Greene t Serial No. <u>008670</u>	301 W.	Greene	ST., Swon
The prevent	ntive maintenance procedures for the	e Intoximeters, Model Intox	EC/IR II to be follow	ved at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2		lcoholic breath simu	lator thermometer show
2.	Verify instrument displays ti	me and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompt	ed;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" a	ppears, collect breath sample	;	
7.	When "PLEASE BLOW" a	ppears, collect breath sample	3	
8.	Print test record;			
9.	Verify Diagnostic Program;	and		
10.	Verify that the ethanol gas consimulator solution is being considered whichever occurs first.			
procedures			ce with current regul	preventive maintenance lations of the N.C.
COREATOR STATES	ATE OF NOTE OF		0	
	S	ignature of Certifying Official	al	Certificate Number

GREENE COUNTY GREENE CO SO 390

Serial Number: 008670 Test Date: 11/16/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	2:04pm 2:06pm
ACCY CHK	.07	2:06pm
AIR BLK	.00	2:07pm
SUB TEST	.00	2:09pm
AIR BLK	.00	2:09pm
SUB TEST	.00	2:11pm
AIR BLK	.00	2:12pm

Signature of Chemical Analyst

Court CVR

Analyst

### GREENE COUNTY GREENE CO SO 390

Serial Number: 008670 Test Record Number: 1617
Test Date: 11/16/2016 Test Time: 2:13pm EST

System Check: Passed

### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1	Pass	2:13pm
SRC	Pass	2:13pm
DET	Pass	2:13pm
BAR	Pass	2:13pm
$\mathtt{BT}$	Pass	2:13pm

### Blank Tests

Test	Status	Time
AIR	Pass	2:14pr

### Printer Tests

Test	Status	Time
PRNT	Pass	2:14pm
	CRC Tests	

Test	Status	Time
COMP	Pass	2:14pm
CAL	Pass	2:14pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR I

25401174 ₃ 1	INTOXIMETERS, MODEL INTOX EC/IR II
County C	UI TORC Instrument Location HIGH FOINT AI
Instrument Ser	rial No. <u>(208655</u>
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	theday of
STATE OF THE STATE	Signature of Certificial Certificate Number

#### GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008655 Test Date: 11/22/2016

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

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

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

Analyst's Name: DEAN, L K
Permit Number: 11598E
Effective:
05/01/2015-05/01/2017

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Analyst

### GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008655 Test Reco Test Date: 11/22/2016 Test Tim

Test Record Number: 3067
Test Time: 11:16am EST

System Check: Passed

### Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass	11:16am 11:16am 11:16am 11:16am
P.T.	Pass	11:16am

#### Blank Tests

Test	Status	Time
AIR	Pass	<b>11:</b> 17am

### Printer Tests

Test	Status	Time
PRNT	Pass	11:17am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:17am

11:17am

Preventive Maintenance Status: Pass

Pass

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR I

County	i Hord	Instrument Location // 160H	Point
Instrument Se	erial No. <u>008828</u>	Police Depr	whent
			***
The preventive four months a		ntoximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breatlegree centigrade;	h simulator thermometer show
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted		æ
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample;	·
7.	When "PLEASE BLOW" app	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	d	
10.		ister is being changed before expiration on a second every four months or after 125 Alc	
	ere performed on the instrument inc	veilber, 20 6 the for dicated above, in accordance with current the instrument is functioning properly.	going preventive maintenance t regulations of the N.C.
THE STATE OF THE S		nature of Certifying Official	Certificate Number

### GUILFORD COUNTY HIGH POINT PD 401

Serial Number: 008828 Test Date: 11/22/2016

Citation Number: M0000000-0 Subject's Name:

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

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

Analyst's Name: DEAN, L K
Permit Number: 11598E
Effective:
05/01/2015-05/01/2017

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:19am 10:19am 10:20am
AIR BLK	.00	10:21am
SUB TEST	.00	10:21am
AIR BLK	.00	10:22am
SUB TEST	.00	10:24am
AIR BLK	.00	10:25am

-- /O1OT MIL...

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Dean

### GUILFORD COUNTY HIGH POINT PD 401

Serial Number: 008828 Test Record Number: 2260 Test Date: 11/22/2016 Test Time: 10:25am EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	10:25am
FLO	Pass	10:25am
FC	Pass	10:26am

### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:26am

#### Printer Tests

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

Test	Status	TIME
COMP	Pass	10:27am
CAL	Pass	10:27am

Preventive Maintenance Status: Pass

Analyst

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

County C	instrument Location Gates Co. S.O.
Instrument Seria	al No. 100 8884 202 Court St., Gatesuille
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;
, <b>9.</b>	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the 21 day of November, 20/6 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
TO THE STATE OF TH	Signature of Certifying Official Certificate Number

GATES COUNTY GATES CO SO 360

Serial Number: 008884 Test Date: 11/21/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	10:20am 10:21am 10:22am 10:23am
SUB TEST	.00	10:23am
AIR BLK	.00	10:24am
SUB TEST	.00	10:26am
ATR BIK	0.0	10.27am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### GATES COUNTY GATES CO SO 360

Serial Number: 008884 Test Record Number: 761 Test Date: 11/21/2016 Test Time: 10:29am EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	10:30am
FLO	Pass	10:30am
FC	Pass	-10:30am

### Temperature Tests

Test	Status	Time
FC1	Pass	10:30am
SRC	Pass	10:30am
DET	Pass	10:30am
BAR	Pass	10:30am
BT	Pass	10:30am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:31am

### Printer Tests

Test	Status	Time
PRNT	Pass	10:31am
	CRC Tests	

Test	Status	Time
COMP	Pass	10:31am
CAL	Pass	10:31am

Preventive Maintenance Status: Pass

Analyst

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

County	HARNETT	Instrument Location // ARNE	T CO DET. CONTER
Instrument S	Gerial No. <u>0087</u>	30 LILLINGTON, N	
The preventi		r the Intoximeters, Model Intox EC/IR II to be	e followed at least once every
1.	Verify the ethanol gas ca 34 degrees, plus or minu	nister displays pressure, or the alcoholic breat s .2 degree centigrade;	h simulator thermometer shows
2.	Verify instrument displa	ys time and date;	
3.	Initiate breath test seque	nce;	
4.	Enter information as pro-	mpted;	
5.	Verify instrument accura	cy;	,
6.	When "PLEASE BLOW	" appears, collect breath sample;	
7.	When "PLEASE BLOW	" appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Progra	nm; and	
10.		as canister is being changed before expiration ag changed every four months or after 125 Alc	
	vere performed on the instrume	Novembee, 20 16 the for ent indicated above, in accordance with currer s, and the instrument is functioning properly.	going preventive maintenance at regulations of the N.C.
TATE STATE OF THE CONTROL OF THE CON	E O AO CAROLINA CAROLINA DE LA CAROL		371
		Signature of Certifying Official	Certificate Number

### HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730 Test Date: 11/30/2016

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	7:47am
ACCY CHK	.00	7:47am 7:48am
AIR BLK	.00	7:49am
SUB TEST	.00	7:50am
AIR BLK	.00	7:50am
SUB TEST	.00	7:52am
AIR BLK	.00	7:53am

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

### HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730

Test Record Number: 2642

Test Date: 11/30/2016

Test Time: 7:53am EST

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	7:55am

### Printer Tests

Test	Status	Time
PRNT	Pass	7:55am
	CRC Tests	
Test	Status	Time
COMP	Pass	7:55am

Preventive Maintenance Status: Pass

CAL

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

County	1-larmert	Instrument Location 1-1-12NETI	-Co. Der. Cre
Instrument S	Serial No. <u>00 872</u> 9	LILLINGTON, A	ic
The prevent four months		Intoximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	er displays pressure, or the alcoholic breath degree centigrade;	n simulator 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 of anged every four months or after 125 Alcoholes	
	were performed on the instrument ir	the formula to the formula the instrument is functioning properly.	going preventive maintenance t regulations of the N.C.
OREAL STATES	E O TO THE CAROLINE		
APRIL 12. T	TO NOTE A	Let Common all	371
	Si	grature of Certifying Official	Certificate Number

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729 Test Date: 11/30/2016

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: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	7:51am
AIR BLK	.00	7:51am
ACCY CHK	.07	7:52am
AIR BLK	.00	7:53am
SUB TEST	.00	7:54am
AIR BLK	.00	7:55am
SUB TEST	.00	7:56am
ATR BLK	00	7 · 57am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

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## HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729

Test Record Number: 2088

Test Date: 11/30/2016

Test Time: 7:59am EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	7:59am
FLO	Pass	7:59am
FC	Pass	7:59am

### Temperature Tests

SRC Pass 7:59am DET Pass 7:59am	Test	Status	Time
D1 1033 7.33am	SRC DET BAR	Pass Pass Pass	7:59am 7:59am 7:59am 7:59am
	_ =	1000	, . J J Call

### Blank Tests

Test	Status	Time

AIR Pass 8:00am

### Printer Tests

Test	Status	Time
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PRNT Pass 8:00am

## CRC Tests

Test	Status	Time
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COMP Pass 8:00am CAL Pass 8:00am

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

Cou	nty <u> </u>	OKE Instrument Location HOKE Co. DETENTION CT
Insti	ument Seria	11 No. 008852 RAFFORD, NC
	preventive r 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;
*1.	8.	Print test record;
	9.	Verify Diagnostic Program; and
	10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
proc		the
AANE GREAT SE	OT THE STATE OF TH	Signature of Certifying Official Certificate Number

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852 Test Date: 11/10/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:55pm
AIR BLK	.00	2:56pm
ACCY CHK	.08	2:57pm
AIR BLK	.00	2:58pm
SUB TEST	.00	2:58pm
AIR BLK	.00	2:59pm
SUB TEST	.00	3:01pm
ATR BLK	.00	3:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852

Test Record Number: 819

Test Date: 11/10/2016

Test Time: 3:02pm EST

## System Check: Passed

### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1	Pass	3:03pm
SRC	Pass	3:03pm
DET	Pass	3:03pm
BAR	Pass	3:03pm
BT	Pass	3:03pm

### Blank Tests

Test	Status	Time
AIR	Pass	3:03pm

### Printer Tests

Test	Status	Time
PRNT	Pass	3:04pm

### CRC Tests

Test	Status	Time
COMP	Pass	3:04pm
CAL	Pass	3:04pm

Preventive Maintenance Status: Pass

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

County	HOKE Instrument Location HOKE G. DETENTION CTR
Instrument Ser	rial No. <u>208855</u> REFORD, NC
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on theday of
THE STATE OF THE S	Signature of Certifying Official  Certificate Number

### HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855 Test Date: 11/10/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	3:00pm 3:01pm 3:01pm
AIR BLK SUB TEST	.00	3:02pm 3:03pm
AIR BLK	.00	3:03pm
SUB TEST AIR BLK	<b>.00</b> .00	<b>3:05pm</b> 3:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855 Test Record Number: 1190 Test Date: 11/10/2016 Test Time: 3:17pm EST

System Check: Passed

## Baseline Tests

Test	Štatus	Time
IR	Pass	3:18pm
FLO	Pass	3:18pm
FC	Pass	3:18pm

### Temperature Tests

Test	Status	Time
FC1	Pass	3:18pm
SRC	Pass	3:18pm
DET	Pass	3:18pm
BAR	Pass	3:18pm
BT	Pass	3:18pm
		om na oktinati

## Blank Tests

Test Status	Time
AIR Pass	3:19pm
Printer Tes	ts

Test	Status	Time
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
PRNT	Pass	3:19pm

#### CRC Tests

Test	Status	Time
COMP	Pass	3:19pm
CAL	Pass	3:19pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EÇ/IR II

County_	INTOXIMETERS, MODEL INTOX ECTR II  (4) (1) Instrument Location Wyrfrees (5050, P.P.
Instrument Se	orial No. DO 8906 115 E. Broad St., Murticesper, N.
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 shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the day of day of 20 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	

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

Signature of Certifying Official

Certificate Number

#### HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906 Test Date: 11/02/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG513103

Exp Date: 05/11/2017

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

12:15pm

Reported AC: .00 g/210L

AIR BLK .00

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

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#### HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906 Test Record Number: 571 Test Date: 11/02/2016 Test Time: 12:17pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time ·
IR	Pass	12:17pm
FLO	Pass	12:17pm
FC	Pass	12:17pm

#### Temperature Tests

Status	Time
Pass	12:17pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	12:18pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:18pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12.18nm

Preventive Maintenance Status: Pass

Pass

12:18pm

CAL

Finier Reese

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

County V	(16020 Instrument Location MNOSKIL P.O.
Instrument Seria	1No. 004644 705 U. main St., Ahoskie, N.
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.
	the day of <u>Alovennee</u> , 20 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
OT NE STATE OF N. WE 20, 175 OF N. WE 20	Signature of Certificial Certificate Number

HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848 Test Date: 11/02/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

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

--, --, ---<u>-</u>

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:19am 11:20am
ACCY CHK	.07	11:21am
AIR BLK	.00	11:22am
SUB TEST	.00	11:22am
AIR BLK	.00	11:23am
SUB TEST	.00	11:25am
ATR BLK	.00	11:26am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848 Test Record Number: 1224
Test Date: 11/02/2016 Test Time: 11:26am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:27am
FLO	Pass	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
$\mathtt{BT}$	Pass	11:27am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:28am

#### Printer Tests

Status

Time

11:28am

11:28am

Test

COMP

CAL

PRNT	Pass	11:28am
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

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

County_	Harnett	Instrument Location	+ mobile Unit 8	
Instrume	nt Serial No.	5 Hornett Co	50	
· .	· · · · · · · · · · · · · · · · · · ·			
The prev		es for the Intoximeters, Model Intox EC/IR	II to be followed at least once every	
1.		as canister displays pressure, or the alcohol ninus .2 degree centigrade;	lic breath simulator thermometer shows	
2.	Verify instrument di	splays time and date;		
3.	Initiate breath test se	equence;		
4.	Enter information as	prompted;	N. Committee	
5.	Verify instrument ac	Verify instrument accuracy;		
6.	When "PLEASE BL	OW" appears, collect breath sample;		
7.	When "PLEASE BL	OW" appears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Pr	ogram; and		
10.		ol gas canister is being changed before exp being changed every four months or after st.		
procedur		rument indicated above, in accordance with vices, and the instrument is functioning pro		
AND CREATED TO SEE SEE SEE SEE SEE SEE SEE SEE SEE SE	TATE OF VORTER CARD	Signature of Certifying Official	Certificate Number	

HARNETT CO BAT MOBILE UNIT 8 420

Serial Number: 008775 Test Date: 11/11/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:54pm 10:55pm 10:55pm
AIR BLK	.00	10:56pm
SUB TEST	.00	10:57pm
AIR BLK	.00	10:58pm
SUB TEST	.00	10:59pm
AIR BLK	.00	11:00pm

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

#### HARNETT CO BAT MOBILE UNIT 8 420

Serial Number: 008775 Test Record Number: 1686 Test Date: 11/11/2016 Test Time: 11:01pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:03pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:03pm
	CRC Tests	
Test	Status	Time
COMP	Pass	11:03pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

11:03pm

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

County	arnett	Instrument Location Part Mobile Unit 2
Instrument S	erial No( <u>CO8736</u>	Harnett Co 50
The prevention four months	ve maintenance procedures for the are:	Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 c	er displays pressure, or the alcoholic breath simulator thermometer show degree centigrade;
2.	Verify instrument displays tir	ne and date;
3.	Initiate breath test sequence;	
4.	Enter information as prompte	d;
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" ap	pears, collect breath sample;
. <b>7.</b>	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 date, or the alcoholic breath anged every four months or after 125 Alcoholic Breath Simulator tests,
	ere performed on the instrument in	the forgoing preventive maintenance adicated above, in accordance with current regulations of the N.C. I the instrument is functioning properly.
STATE STATE OF ANY 20. 177 OF ANY 20	CAROLLO	gnature of Certifying Official Certificate Number

#### HARNETT CO BAT MOBILE UNIT 8 420

Serial Number: 008736 Test Date: 11/11/2016

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

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

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

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

Test	g/210L	Time
DIAG	Pass	8:26pm
AIR BLK	.00	8:27pm
ACCY CHK	.07	8:27pm
AIR BLK	.00	8:28pm
SUB TEST	.00	8:29pm
AIR BLK	.00	8:30pm
SUB TEST	.00	8:31pm
AIR BLK	.00	8:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Donya B Sturman

#### HARNETT CO BAT MOBILE UNIT 8 420

Serial Number: 008736 Test Record Number: 855 Test Date: 11/11/2016 Test Time: 8:34pm EST Test Record Number: 855

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:34pm
FLO	Pass	8:34pm
FC	Pass	8:34pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:34pm
SRC	Pass	8:34pm
DET	Pass	8:34pm
BAR	Pass	8:34pm
$\mathtt{BT}$	Pass	8:34pm

#### Blank Tests

Test	Status	Time
AIR	Pass	8:35pm

Test	Status	Time
PRNT	Pass	8:35pm

Printer Tests

#### CRC Tests

Test	Status	Time
COMP	Pass Pass	8:35pm 8:35pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	INTOXIMETERS, MODEL INTOX EC/IR	u b, 5.0 - Ocraci
Instrument Se		icoke, N.C.
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be follower:	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;	mulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	·
. · · <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 simulator solution is being changed every four months or after 125 Alcoho whichever occurs first.	
	on the	ng preventive maintenance gulations of the N.C.
TO THE STATE OF THE CORE AT TH	Signature of Certifying Official	Certificate Number

HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797 Test Date: 11/21/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: 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: AG607501

Exp Date: 03/15/2018

Test

DIAG	Pass	3:41pm
ATD DITE	^^	2 4 2

g/210L

Time

AIR BLK	.00	3:42pm
ACCY CHK	.07	3:43pm
AIR BLK	.00	3:44pm

SUB TEST .00 3:45pm

AIR BLK .00 3:46pm SUB TEST .00 3:47pm

**SUB TEST .00 3:47pm**AIR BLK .00 3:48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797

Test Record Number: 467

Test Date: 11/21/2016

Test Time: 3:49pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time

AIR Pass 3:50pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:50pm

#### CRC Tests

Test	Status	Time
COMP	Pass	3:51pm
CAL	Pass	3:51pm

Preventive Maintenance Status: Pass

Analyst

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

County		Instrument Location 14 0	
Instrument Se	erial No. <u>() () &amp; &amp; O                                  </u>	1233 Main St.,	Swan Quarter
The preventive four months a		ntoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breegree centigrade;	eath simulator thermometer shows
2.	Verify instrument displays tim	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	• <b>,</b>	
5.	Verify instrument accuracy;		·
6.	When "PLEASE BLOW" app	ears, collect breath sample;	
7.	When "PLEASE BLOW" app	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	d	
10.		ister is being changed before expiration nged every four months or after 125 A	
		the dicated above, in accordance with current the instrument is functioning properly	
THE STATE OF THE S	Zec S	A constant of the second of th	643
	\ Sig	nature of Certifying Official	Certificate Number

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801 Test Date: 11/17/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

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

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

#### HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801 Test Date: 11/17/2016

Test Record Number: 408
Test Time: 10:07am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:07am
FLO	Pass	10:07am
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
BT	Pass	10:08am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:08am

#### Printer Tests

Status

Time

10:09am

Test

CAL

PRNT	Pass	10:08am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:09am

Preventive Maintenance Status: Pass

Pass

Analyst

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

County /	enderson	Instrument Location He	nclerson Co Detantio
	Serial No. <u>100 8822</u>		Ender son Ville, NC
The prevent four months	ive maintenance procedures for the I are:	ntoximeters, Model Intox EC/IR	II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoho egree centigrade;	lic breath simulator thermometer show
2.	Verify instrument displays tim	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	• •	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appo	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 cani simulator solution is being char whichever occurs first.	ster is being changed before expanded every four months or after l	iration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
	on the <u>30</u> day of <u>Nov</u> ere performed on the instrument ind f Health and Human Services, and the		the forgoing preventive maintenance current regulations of the N.C. perly.
THE STATE OR STATE OF THE STATE	NO CHILL CAROLINA	·	
Minimi		Secretary and a secretary and	649
	Signa	ture of Certifying Official	Certificate Number

#### HENDERSON COUNTY DETENTION 440

Serial Number: 008822 Test Date: 11/30/2016

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

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

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

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

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

the same of

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### HENDERSON COUNTY DETENTION 440

Serial Number: 008822 Test Record Number: 2026
Test Date: 11/30/2016 Test Time: 2:10pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:11pm
FLO	Pass	2:11pm
FC	Pass	2:11pm

#### Temperature Tests

Test	Status	Time
1000	17.	
FC1	Pass	2:11pm
SRC	Pass	2:11pm
DET	Pass	2:11pm
BAR	Pass	2:11pm
BT	Pass Pass	2:11pm

#### Blank Tests

Test	Status	Time
AIR	$\mathbb{R}^{n}$ . Pass $\mathbb{R}_{n,n}$	2:11pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:12pm
4.4	CRC Tests	

Test	Status	Time
1 h		
COMP	Pass Pass	2:12pm
CAL	Pass	2:12pm

Preventive Maintenance Status: Pass

Analyst

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

County He	ender 50n	Instrument Location Henders	
Instrument S	Gerial No. <u>008806</u>	Henclers	sonville, ne
The preventi	ve maintenance procedures for the Intare:	toximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	lisplays pressure, or the alcoholic brearee centigrade;	eath simulator thermometer show
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	ars, collect breath sample;	
7.	When "PLEASE BLOW" appear	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		ter is being changed before expiration ged every four months or after 125 A	
procedures v	on the <u>30</u> day of <u>Nove</u> were performed on the instrument indic of Health and Human Services, and th	cated above, in accordance with curr	ent regulations of the N.C.
TOTAL STATE OF THE	CAROLINA CAR		6 ua
	Signa	uture of Certifying Official	Certificate Number

#### HENDERSON COUNTY DENTENTION 440

Serial Number: 008806 Test Date: 11/30/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:58pm
AIR BLK ACCY CHK	.00 .07	1:59pm 2:00pm
AIR BLK	.00	2:01pm
SUB TEST	.00	2:01pm
AIR BLK	.00	2:02pm
SUB TEST	.00	2:04pm
AIR BLK	.00	2:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### HENDERSON COUNTY DENTENTION 440

Serial Number: 008806

Test Record Number: 2071

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:12pm
FLO	Pass	2:12pm
FC	Pass	2:12pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:12pm
SRC	Pass	2:12pm
DET	Pass	2:12pm
BAR	Pass	2:12pm
$\mathtt{BT}$	Pass	2:12pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:12pm

#### Printer Tests

rest	Status	Time
PRNT	Pass	2:12pm

#### CRC Tests

Test	Status	Time
COMP	Pass	2:13pm
CAL	Pass	2:13pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	redel Instrument Location States Ville PD
Instrument Ser	ial No. 008619 300 S. Tradd St. States ville
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the Cotto day of Notice , 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 S	Signature of Certifying Official Certificate Number
	Signature of Certifying Official Certificate Number
A signed origin	nal of the preventive maintenance record shall be kept on file for at least three years.

#### IREDELL COUNTY STATESVILLE PD 480

Serial Number: 008619 Test Record Number: 1274 Test Date: 11/30/2016 Test Time: 10:01am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:03am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:03am
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

#### IREDELL COUNTY STATESVILLE PD 480

Serial Number: 008619 Test Date: 11/30/2016

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

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

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

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

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Certificate Number

#### IREDELL COUNTY IREDELL COUNTY SD 480

Serial Number: 008809 Test Record Number: 3511 Test Date: 11/29/2016 Test Time: 10:45am EST

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

Test	Status	Time
PRNT	Pass	10:46am
	CRC Tests	
Test	Status	Time

Pass

10:46am

10:46am

Preventive Maintenance Status: Pass

Pass

COMP

CAL

Analyst

IREDELL COUNTY IREDELL COUNTY SD 480

Serial Number: 008809 Test Date: 11/29/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

01/01/2016-01/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	10:49am 10:49am 10:50am 10:51am <b>10:52am</b> 10:53am
SUB TEST	.00	10:54am
AIR BLK	.00	10:55am

Reported AC: \ .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County Jac	· · · · · · · · · · · · · · · · · · ·	Instrument Location <u>Jacks</u>	
Instrument Seria	l No. 008722	Sylva, NC	
The preventive r four months are:	•	Intoximeters, Model Intox EC/IR II to be	e followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic brea egree centigrade;	th simulator thermometer show
2.	Verify instrument displays tim	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; as	nd	
10.		nister is being changed before expiration anged every four months or after 125 Ale	
I certify that on procedures were Department of H	the 2 day of 1/2 performed on the instrument in lealth and Human Services, and	dicated above, in accordance with current the instrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
THE STATE OF A	CAROLLI CAROLL	R. Cuth	Certificate Number

#### JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008722 Test Date: 11/02/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R

Permit Number: 8457E

Effective:

09/01/2015-09/01/2017

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG534802

Exp Date: 12/14/2017

Test

	J,	
DIAG	Pass	9:53am
AIR BLK	.00	9:54am
ACCY CHK	.07	9:54am
AIR BLK	.00	9:56am
SUB TEST	.00	9:56am
AIR BLK	.00	9:57am

g/210L

Time

SUB TEST .00 9:59am

AIR BLK .00 9:59am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008722

Test Record Number: 891 

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:02am

#### Printer Tests

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

Preventive Maintenance Status: Pass

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

County Jac	Instrument Location $\frac{\mathcal{I}_{ack}}{\mathcal{I}_{ack}}$
Instrument Seria	1 No. 008708 Sylva, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t procedures were Department of H	he day of
THE STATE OF NOTICE AND A STATE OF NOTICE AN	Signature of Certifying Official Certificate Number

#### JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008708 Test Date: 11/02/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Permit Number: 8457E Effective:

09/01/2015-09/01/2017

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	9:52am 9:53am 9:54am
AIR BLK	.00	9:55am
SUB TEST AIR BLK	.00 .00	<b>9:55am</b> 9:56am
SUB TEST	.00	9:57am
AIR BLK	.00	9:58am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008708 Test Date: 11/02/2016

Test Record Number: 1128 Test Time: 10:00am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:00am
FLO	Pass	10:00am
FC	Pass	10:00am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:00am
SRC	Pass	10:00am
DET	Pass	10:00am
BAR	Pass	10:00am
BT	Pass	10:00am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:01am

#### Printer Tests

Status

Time

10:01am

Test

CAL

PRNT	Pass	10:01am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:01am

Preventive Maintenance Status: Pass

Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	DONES	Instrument Location BATM	OBILE UNIT		
Instrument Seria	al No. <u>008707</u>	KINSTO	N, NC		
The preventive four months are	•	ximeters, Model Intox EC/IR II to be for	llowed at least once every		
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degrees	plays pressure, or the alcoholic breath si ee centigrade;	imulator thermometer shows		
2.	Verify instrument displays time and date;				
3.	Initiate breath test sequence;				
4.	Enter information as prompted;				
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" appears, collect breath sample;				
7.	7. When "PLEASE BLOW" appears, collect breath sample;				
8.	Print test record;				
9.	Verify Diagnostic Program; and				
10.	10. Verify that the ethanol gas canister is being changed before 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					
STATE OF STA	A CAROLINA				
OLIAM VIDE	Celu R. C.	ure of Certifying Official	648		
	Signat	ure of Certifying Official	Certificate Number		

JONES COUNTY BAT MOBILE UNIT 9 510

Serial Number: 008707 Test Date: 11/19/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	9:46pm 9:47pm 9:48pm 9:49pm
SUB TEST	.00	9:49pm
AIR BLK	.00	9:50pm
SUB TEST	.00	9:52pm
AIR BLK	.00	9:52pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

l Analyst

## JONES COUNTY BAT MOBILE UNIT 9 510

Serial Number: 008707

Test Record Number: 2362

Test Date: 11/19/2016 Test Time:  $9:53pm\ EST$ 

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:54pm
FLO	Pass	9:54pm
FC	Pass	9:54pm

## Temperature Tests

Test	Status	Time
FC1	Pass	9:54pm
SRC	Pass	9:54pm
DET	Pass	9:54pm
BAR	Pass	9:54pm
BT	Pass	9:54pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:55pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:55pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:55pm 9:55pm

Preventive Maintenance Status: Pass

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

County	Jackson Instrument Location But Mubile Unit11
Instrument	Serial No. 008970
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify tha procedures Department	t on the
SECTION SECTIO	
	Signature of Certifying Official Certificate Number

JACKSON BAT MOBILE UNIT 11 490

Serial Number: 008970 Test Date: 11/03/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: TOWERY, CHAD V Permit Number: 26632E Effective:

08/01/2015-08/01/2017

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

Agency: DHHS
Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CM VJoly Analyst

## JACKSON BAT MOBILE UNIT 11 490

Serial Number: 008970

Test Record Number: 246 

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:05pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:05pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:05pm

10:05pm

Preventive Maintenance Status: Pass

The Voc

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

County \sqrt{0}	huston Co.	Instrument Location $ \mathcal{A} $	
Instrument Seria	ul No. <u>008658</u>	(	•
The preventive four months are	naintenance procedures for the Into	eximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degre	splays pressure, or the alcoholic broee centigrade;	eath simulator thermometer show
2.	Verify instrument displays time a	nd date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	s, collect breath sample;	
7.	When "PLEASE BLOW" appear	s, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas caniste simulator solution is being change whichever occurs first.	er is being changed before expirations of after 125 A	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
procedures were	he <u>3</u> day of <u>/</u> performed on the instrument indicate alth and Human Services, and the	ited above, in accordance with curr	ent regulations of the N.C.
THE STATE OF A PARE IS. IT'S A	Signati	are of Certifying Official	Certificate Number

JOHNSTON COUNTY CLAYTON PD. 500

Serial Number: 008658 Test Date: 11/23/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, GRAYHAM C Permit Number: 7682E Effective:

02/01/2016-02/01/2018

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	3:30pm 3:31pm
ACCY CHK	.08	3:32pm
AIR BLK	.00	3:33pm
SUB TEST	.00	3:34pm
AIR BLK	.00	3:34pm
SUB TEST	.00	3:36pm
AIR BLĶ	.00	3:37pm

Reported AC; .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### JOHNSTON COUNTY CLAYTON PD. 500

Serial Number: 008658

Test Record Number: 1267
Test Time: 3:41pm EST

Test Date: 11/23/2016 Te

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:42pm 3:42pm
FC	Pass	3:42pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:42pm
SRC	Pass	3:42pm
DET	Pass	3:42pm
BAR	Pass	3:42pm
BT	Pass	3:42pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:43pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:43pm

#### CRC Tests

Test	Status	Time
COMP	Pass	3:43pm
CAL	Pass	3:43pm

Preventive Maintenance

Status: Pass

\nalvst

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

County   P	Moir Instrument Location Lenoir (o. 5.0.
Instrument Ser	ial No. DO8851 130 Queen St., Kinston, NC.
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures wer Department of	the
THE STATE OF THE S	Signature of Certifying Official  Certificate Number

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008851 Test Date: 11/01/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	10:13am 10:14am 10:15am 10:16am 10:16am
AIR BLK	.00	10:17am
SUB TEST	.00	10:19am

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

#### LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008851

Test Record Number: 570

Test Date: 11/01/2016

Test Time: 10:21am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:21am
FLO	Pass	10:21am
FC	Pass	10:21am

## Temperature Tests

Test	Status	Time
FC1	Pass	10:21am
SRC	Pass	10:21am
DET	Pass	10:21am
BAR	Pass	10:21am
BT	Pass	10:21am

## Blank Tests

Test	Status	Time
AIR	Pass	10:22am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:22am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:22am

Preventive Maintenance Status: Pass

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

County Leri	Instrument Location Kinston P.D.		
Instrument Seria	INO. DOBLOOK DOSE. King St., Kinston, MC.		
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 to procedures were Department of H	he		
THE STATE OF N. TOTAL STATE OT	Signature of Certifying Official  Certificate Number		

LENOIR COUNTY KINSTON PD 530

Serial Number: 008624 Test Date: 11/01/2016

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	9:22am
AIR BLK	.00	9:23am
ACCY CHK	.07	9:24am
AIR BLK	.00	9:25am
SUB TEST	.00	9:25am
AIR BLK	.00	9:26am
SUB TEST	.00	9:28am
AIR BLK	.00	9:29am

Reported AC: .00 g/210L

Signature of Chemidal Analyst

Court CVR

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

Analyst

#### LENOIR COUNTY KINSTON PD 530

Serial Number: 008624 Test Date: 11/01/2016 Test Record Number: 1568
Test Time: 9:30am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:31am
FLO	Pass	9:31am
FC	Pass	9:31am

#### Temperature Tests

Test	Status	Time
EC1	Daga	0.21
FC1	Pass	9:31am
SRC	Pass	9:31am
DET	Pass	9:31am
BAR	Pass	9:31am
$\mathtt{BT}$	Pass	9:31am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:32am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:32am
	CRC Tests	
Test	Status	Time

CAL Pass 9:32am

Pass

9:32am

Preventive Maintenance Status: Pass

COMP

Analyst

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

County Lev	loir	Instrument Location Leno:	ir (o. S.O.
Instrument Seria	11No. 008639	130 Queira St.	Kinston N.C
The preventive to		e Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	er displays pressure, or the alcoholic bridgeree centigrade;	eath simulator thermometer show
2.	Verify instrument displays ti	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompt	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.		anister is being changed before expiration hanged every four months or after 125 A	
I certify that on opposedures were Department of H	the	indicated above, in accordance with current the instrument is functioning properly	forgoing preventive maintenance rent regulations of the N.C.
OT THE STATE OF A	ORINI CAROLLINA J. C. S.	Ignature of Certifying Official	

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639 Test Date: 11/18/2016

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: GUARD, KELLY G

Permit Number: 12955E

Effective: 07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:19am
AIR BLK		9:19am
ACCY CHK	.07	9:20am
AIR BLK	.00	9:21am
SUB TEST	.00	9:21am
AIR BLK	.00	9:22am
SUB TEST	.00	9:24am
AIR BLK	.00	9:25am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639

Test Record Number: 2905

Test Date: 11/18/2016

Test Time: 9:26am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:26am 9:26am
E TIO	rass	
FC	Pass	9:26am

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:27am
SRC	Pass	9:27am
DET	Pass	9:27am
BAR	Pass	9:27am
BT	Pass	9:27am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:27am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:27am
	CRC Tests	
Test	Status	Time

COMP Pass 9:27am CALPass 9:27am

Preventive Maintenance Status: Pass

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

County Ma	con	Instrument Location Macon	Co. Magistoate
Instrument Ser	rial No. <u>008795</u>	Highlands, NC	
The preventive four months as		ne Intoximeters, Model Intox EC/IR II to	o be followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ster displays pressure, or the alcoholic b 2 degree centigrade;	reath simulator thermometer show
2.	Verify instrument displays	time and date;	
<b>3.</b>	Initiate breath test sequence	<b>;</b>	
4.	Enter information as promp	eted;	
5.	Verify instrument accuracy	,	
6.	When "PLEASE BLOW" a	appears, collect breath sample;	
7.	When "PLEASE BLOW"	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program	; and	
10.		canister is being changed before expirat changed every four months or after 125	
		lovem ber , 20 16 the indicated above, in accordance with cund the instrument is functioning proper	
STATE OF USE 20, 1775	A CONTROL OF THE PARTY OF THE P	P.R. Calle	635
		Signature of Certifying Official	Certificate Number

### MACON COUNTY MACON CO MAGISTRATE 550

Serial Number: 008795 Test Date: 11/21/2016

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R

Permit Number: 8457E

Effective: 09/01/2015-09/01/2017

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	3:20pm 3:21pm
ACCY CHK	.07	3:22pm
AIR BLK	.00	3:23pm
SUB TEST		3:23pm
AIR BLK	.00	3:24pm
SUB TEST	.00	3:26pm
AIR BLK	.00	3:27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## MACON COUNTY MACON CO MAGISTRATE 550

Serial Number: 008795

Test Record Number: 412

Test Date: 11/21/2016

Test Time: 3:27pm EST

## System Check: Passed

## Baseline Tests

Test	 Status	Time
IR	 Pass	3:28pm
FLO FC	Pass Pass	3:28pm 3:28pm
		~ . ~ <u>~ ~</u>

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:28pm
SRC	Pass	3:28pm
DET	Pass	3:28pm
BAR	Pass	3:28pm
BT	Pass	3:28pm

#### Blank Tests

Test	Štatus	Time
AIR	Pass	3:29pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

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

	INTOAIMETE	NS, MODEL INTOX, EC	/IR II
County	MOORE	Instrument Location // NE	JURST ALICE D
Instrument Se	rial No. <u>0087/0</u>	PINEHURST A	VC
The preventive four months as	e maintenance procedures for the I re:	intoximeters, Model Intox EC/IR II to	be followed at least once every
1	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic bregree centigrade;	eath simulator thermometer show
2.	Verify instrument displays tim	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	·,	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample;	
7.	When "PLEASE BLOW" app	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	d	•
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	ister is being changed before expiration is sterned and the series of th	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify that or procedures we Department of	n the day of	icated above, in accordance with current is functioning properly	forgoing preventive maintenance ent regulations of the N.C.
STATE OF THE STATE	ACOUNT CAROLINA CAROL		
TOTAL QUAM VIDE		Te / Il Suna 10	371
	" Sigr	nature of Certifying Official	Certificate Number

MOORE COUNTY PINEHURST PD. 620

Serial Number: 008710 Test Date: 11/18/2016

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: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00 .00	1:35pm 1:35pm 1:36pm 1:37pm 1:37pm 1:38pm 1:40pm
AIR BLK	.00	1:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## MOORE COUNTY PINEHURST PD. 620

Serial Number: 008710

Test Record Number: 1350

Test Date: 11/18/2016

Test Time: 1:41pm EST

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

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

## Blank Tests

Test	Status	Time

AIR Pass 1:43pm

## Printer Tests

st Status Time
st Status Time

PRNT Pass 1:43pm

#### CRC Tests

-		
Test	Status	Time

COMP Pass 1:43pm CAL Pass 1:43pm

Preventive Maintenance Status: Pass

Analyst

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

County M	tchell	Instrument Location	Spruc	Dine	DO
Instrument Se	rial No. <u>00 8 72 6</u>		Sprue	Dine	, NC
The preventiv	re maintenance procedures for the	Intoximeters, Model Into	x EC/IR II to be	followed at	least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	r displays pressure, or the legree centigrade;	e alcoholic breat	h simulator	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 sam	ple;		
7.	When "PLEASE BLOW" ap	pears, collect breath sam	ple;		
8.	Print test record;				
9.	Verify Diagnostic Program; a	nd			
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nister is being changed b anged every four months	efore expiration or after 125 Al	date, or the coholic Brea	alcoholic breath ath Simulator tests,
I certify that procedures w Department o	on the day of	ndicated above, in accord the instrument is function	the fo lance with curre oning properly.	rgoing prev nt regulation	entive maintenance as of the N.C.
ON STATE STATE OF THE STATE OF	O NO.		August recovers 187 and 28 Metricum	//	549
	S	gnature of Certifying Of	ficial		ificaté Number

#### MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008726 Test Date: 11/02/2016

Citation Number: M0000000-0

Subject's Name:
PREVENTIVE, MAINTENANCE

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

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

Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E Effective:

05/01/2015-05/01/2017

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	2:44pm 2:45pm 2:45pm
AIR BLK	.00	2:46pm
SUB TEST	.00	2:47pm
AIR BLK	.00	2:48pm
SUB TEST	.00	2:49pm
AIR BLK	.00	2:50pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008726 Test Record Number: 841

Test Date: 11/02/2016 Test Time: 2:52pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	2:52pm
FLO	Pass	2:52pm
F'C	Pass	2:52pm

#### Temperature Tests

Status	Time
Pass	2:52pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	2:53pm

#### Printer Tests

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

COMP	Pass	2:53pm
CAL	Pass	2:53pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	MECKLENBURG Instrument Location BAT MOBILE	e 7
Instrument Seria	rial No. 008972	
The preventive four months are	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at lease:	st once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator ther 34 degrees, plus or minus .2 degree centigrade;	mometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alco simulator solution is being changed every four months or after 125 Alcoholic Breath S whichever occurs first.	
	n the day of November, 20/6 the forgoing preventive performed on the instrument indicated above, in accordance with current regulations of Health and Human Services, and the instrument is functioning properly.	e maintenance the N.C.
THE STATE OF THE S		Number

#### MECKLENBURG BAT MOBILE UNIT 7 590

Serial Number: 008972 Test Date: 11/10/2016

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: 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

1030	9/21011	TIMC
DIAG	Pass	7:31pm
AIR BLK	.00	7:32pm
ACCY CHK	.07	7:33pm
AIR BLK	.00	7:34pm
SUB TEST	.00	7:35pm
AIR BLK	.00	7:36pm
SUB TEST	.00	7:38pm
AIR BLK	.00	/7:39 ₂ pm

a/210L

Time

Reported AC:

Test

ed AC: 700 g/2101

Signature of Chemical Analyst

Court CVR

Analyst

#### MECKLENBURG BAT MOBILE UNIT 7 590

Serial Number: 008972 Test Record Number: 243 Test Date: 11/10/2016 Test Time: 7:40pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	7:40pm
FLO	Pass	7:40pm
FC	Pass	7:40pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	7:41pm
SRC	Pass	7:41pm
DET	Pass	7:41pm
BAR	Pass	7:41pm
BT	Pass	7:41pm

#### Blank Tests

Test	Status	Time
AIR	Pass	7:41pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:41pm

#### CRC Tests

Test	Status	Time
COMP	Pass	7:41pm
CAL	Pass	7:41pm

Preventive Maintenance

Status: Pass

Analyst/

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County MECKLENBUL Ginstrument Location BAT MOBILE 7

Instrument Serial No. 008971	

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

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



Signature of Certifying Official

Certificate Number

#### MECKLENBURG BAT MOBILE UNIT 7 590

Serial Number: 008971 Test Date: 11/10/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Driver's License 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 Pass 7:16pm AIR BLK .00 7:17pm ACCY CHK .08 7:17pm AIR BLK .00 7:18pm SUB TEST .00 7:19pm AIR BLK .00 7:20pmSUB TEST .00 : 2 1/pm AIR BLK .00 :2/2pm

Reported AC:

0 g/2<u>101</u>

Signature of Chemical Analyst

Court CV

Analyst

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

Department of Health and Human Services

Rev. 12/2007

## MECKLENBURG BAT MOBILE UNIT 7 590

Serial Number: 008971 Test Record Number: 145 Test Date: 11/10/2016 Test Time: 7:24pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	7:25pm 7:25pm
FC	Pass	7:25pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	7:25pm
SRC	Pass	7:25pm
DET	Pass	7:25pm
BAR	Pass	7:25pm
${ t BT}$	Pass	7:25pm

#### Blank Tests

Test	Status	Time
AIR	Pass	7:25pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:26pm
	CRC Tests	

Test	Status	Time
COMP	Pass	7:26pm
CAL	Pass	7:26pm

Preventive Maintenance Status: Pass

Analyst

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

	INTO A INTO A EC/IR II
County Mc	Instrument Location Martin Co. S.O.
Instrument Seria	al No. 008912 305 6. Main St. Williamston
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
O THE STATE OF ANY TO THE	Signature of Certifying Official Certificate Number

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Date: 11/16/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: 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: AG621403

Exp Date: 08/01/2018

Test

1000	9/2101	T TINC
DIAG	Pass	11:07am
AIR BLK	.00	11:07am
ACCY CHK	.08	11:08am
AIR BLK	.00	11:09am
SUB TEST	.00	11:10am

 $\sigma/210T_{\rm c}$ 

Time

AIR BLK .00 11:11am

SUB TEST .00 11:13am

AIR BLK .00 11:13am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

#### MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Date: 11/16/2016

Test Record Number: 1190 Test Time: 11:15am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:15am
FLO	Pass	11:15am
FC	Pass	11:15am

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	11:16am 11:16am 11:16am 11:16am
${f BT}$	Pass	11:16am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:16am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:16am
	CRC Tests	

Test	Status	Time
COMP	Pass	11:16am
CAL	Pass	11:16am

Preventive Maintenance Status: Pass

Analyst

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

	MIOAMIETERS, MODEL INTOX EC/IR II
County	Mecklenburg Instrument Location Cornelius PD
Instrument	$A \cap Cor(co)$ (1) $A \cap A \cap A$
The prevent	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	at on the Alexandration the instrument indicated above, in accordance with current regulations of the N.C. to f Health and Human Services, and the instrument is functioning properly.
SE S	

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

DHHS 4080 (11/07)

#### MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: 008692 Test Date: 11/21/2016 Test Record Number: 2559
Test Time: 9:54am EST

System Check: Passed

Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:55am
SRC	Pass	9:55am
DET	Pass	9:55am
BAR	Pass	9:55am
$\mathtt{BT}$	Pass	9:55am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:55am

### Printer Tests

		- '
Test	Status	Time
PRNT	Pass	9:56am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:56am 9:56am

Preventive Maintenance Status: Pass

Analyst

#### MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: 008692 Test Date: 11/21/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: 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
7.		
DIAG	Pass	9:58am
AIR BLK	.00	9:59am
ACCY CHK	.08	9:59am
AIR BLK	.00	10:00am
SUB TEST	.00	10:01am
AIR BLK	.00	10:02am
SUB TEST	.00	10:03am
ATP BIK	0.0	10 · 04 am

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

1	INTOXIMETERS, MODEL INTOX EC/IR II
County	Mecklenburg Instrument Location Hundresylle PD
Instrument S	Serial No. 008747 9630 Julian Clarke Ave., Hundresmill
The preventi	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 OVENDER, 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

#### MECKLENBURG HUNTERSVILLE PD 590

Serial Number: 008747 Test Record Number: 2552

Test Date: 11/21/2016 Test Time: 10:36am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:37am 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
$_{ m BT}$	Pass	10:37am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:38am

#### Printer Tests

Test

CAL

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

Pass

Status

Time

10:38am

Preventive Maintenance Status: Pass

#### MECKLENBURG HUNTERSVILLE PD 590

Serial Number: 008747 Test Date: 11/21/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

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

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
AIR BLK		10:40am 10:41am
ACCY CHK	.08	10:41am
AIR BLK	.00	10:42am
SUB TEST	.00	10:43am
AIR BLK	.00	10:44am
SUB TEST	.00	10:45am
ATR BLK	.00	10:46am

ReporMed AC: √.00 g/210L

Signature of Chemical Analys

Court CVR

Analyst

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

County Mc	Dowell	Instrument Location Mc Do We	ell Co Jail
Instrument Seria	al No. <u>008892</u>	Marion	, NC
The preventive four months are	<u>=</u>	ntoximeters, Model Intox EC/IR II to be 1	followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath gree centigrade;	simulator thermometer show
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	,	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ears, collect breath sample;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	d	
10.		ister is being changed before expiration d nged every four months or after 125 Alco	
procedures were	e performed on the instrument ind	icated above, in accordance with current the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
OHE STATE OF THE	LORDING CAROUND		
White State of the	- Cin	nature of Certifying Official	649 Certificate Number
	Sign	lature of Certifying Official	Certificate Number

MCDOWELL COUNTY JAIL 580

Serial Number: 008892 Test Date: 11/03/2016

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

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

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

Test	g/210L	Time
DIAG	Pass	2:56pm
AIR BLK	.00	2:57pm
ACCY CHK	.07	2:58pm
AIR BLK	.00	2:58pm
SUB TEST	.00	2:59pm
AIR BLK	.00	3:00pm
SUB TEST	.00	3:01pm
AIR BLK	.00	3:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MCDOWELL COUNTY JAIL 580

Serial Number: 008892

Test Record Number: 445

Test Date: 11/03/2016

Test Time: 3:03pm EDT

System Check: Passed

# Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	3:04pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:04pm
	CRC Tests	
Test	Status	Time

COMP	Pass	3:04pm
CAL	Pass	3:04pm

Preventive Maintenance Status: Pass

**Analyst** 

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

County $M_c$	Dowell Co. Jail
Instrument Ser	ial No. 100 8888 Marion, NC
The preventive four months are	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that or procedures we Department of	n the
OTH STATE OF THE COMMANDER OF THE COMMAN	Signature of Certifying Official  Certificate Number

MCDOWELL COUNTY JAIL 580

Serial Number: 008888 Test Date: 11/03/2016

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: BURNETTE, ANTHONY J Permit Number: 11304E

Effective:

05/01/2015-05/01/2017

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	2:55pm 2:56pm 2:57pm 2:58pm
SUB TEST	.00	2:58pm
AIR BLK	.00	2:59pm
SUB TEST	.00	3:01pm
AIR BLK	.00	3:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## MCDOWELL COUNTY JAIL 580

Serial Number: 008888

Test Record Number: 1408

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	3:03pm 3:03pm 3:03pm 3:03pm
$\mathtt{BT}$	Pass	3:03pm

#### Blank Tests

Test	Status	Time
ATR	Pass	3:04pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:04pm
C	RC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:04pm 3:04pm

Preventive Maintenance Status: Pass

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

County	1434 Instrument Location Racky Mount PD
Instrument Seria	ROCKY MONT, NC
-	ROCKY Plant, NC
The preventive refour months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
- 3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the 3 day of NOVEMBER, 20 16 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
THE STATE OF A	Hokes Barres 662
	Signature of Certifying Official Certificate Number

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740 Test Date: 11/03/2016

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: 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 ACCY CHK AIR BLK	Pass .00 .07	8:29am 8:30am 8:30am 8:31am
SUB TEST	.00	8:31am
AIR BLK SUB TEST	.00 .00	8:32am <b>8:34a</b> m
AIR BLK	.00	8:35am

Reported AC .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services Rev. 12/2007

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740

Test Record Number: 598

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	8:43am 8:43am
FC	Pass	8:43am

### Temperature Tests

Status	Time
Pass	8:43am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
ATR	Pass	8:44am

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:44am
	CRC Tests	
Test	Status	Time

COMP Pass 8:44am CAL Pass 8:44am

Preventive Maintenance Status: Pass

### Analyst

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

County A/#	95H	Instrument Location 13AT /	NOBILE UNITED
Instrument Seri	al No. <u>(205869</u>	Alasthuile	
The preventive four months are	•	e Intoximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	ter displays pressure, or the alcoholic degree centigrade;	breath simulator thermometer show
2.	Verify instrument displays ti	ime and date;	
3.	Initiate breath test sequence;	;	
4.	Enter information as prompt	ted;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" a	ppears, collect breath sample;	
7.	When "PLEASE BLOW" a	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.		canister is being changed before expiral changed every four months or after 12.	
	e performed on the instrument	indicated above, in accordance with cond the instrument is functioning prope	
O'THE STATE OF THE	Nog. CAROUN CARO	Signature of Certifying Official	Certificate Number

## NASH COUNTY BAT MOBILE UNIT 6 630

Serial Number: 008869 Test Date: 11/11/2016 Test Record Number: 929
Test Time: 8:55pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:55pm
FLO	Pass	8:55pm
FC	Pass	8:55pm

#### Temperature Tests

Test	Status	Time
FÇ1 SRC	Pass Pass	8:56pm 8:56pm
DET	Pass Pass	8:56pm
BAR	Pass	8:56pm
$\mathtt{BT}$	Pass	8:56pm

#### Blank Tests

Test	Status	Time
ATR	Pass	8:56pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:56pm
	CRC Tests	
Test	Status	Time

COMP Pass 8:56pm CAL Pass 8:56pm

Preventive Maintenance

Status: Pass

Analyst

NASH COUNTY BAT MOBILE UNIT 6 630

Serial Number: 008869 Test Date: 11/11/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	8:47pm 8:48pm 8:49pm 8:50pm 8:50pm 8:51pm
SUB TEST	.00	8:53pm
AIR BLK	.00-	8:54pm

Reported Az: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

al No.	,				
	828 MART Chapel 1	in Luther	King	Ja_	BLUD
maintenance procedures for the Int					
		he alcoholic breatl	n simulator t	thermome	ter shows
Verify instrument displays time	and date;				
Initiate breath test sequence;					
Enter information as prompted;					
Verify instrument accuracy;					
When "PLEASE BLOW" appear	rs, collect breath sa	mple;			
When "PLEASE BLOW" appear	rs, collect breath sai	nple;			
Print test record;					
Verify Diagnostic Program; and					
n the day of creeperformed on the instrument indi Health and Human Services, and the	cated above, in acco e instrument is func	20 <u>/6</u> the for rdance with current tioning properly.	going preve t regulation	ntive mains of the N	ntenance .C.
Stokes Sign:	MILNOS uture of Certifying O	- fficial			<u> </u>
-(	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degrees, enter information as prompted;  Verify instrument accuracy;  When "PLEASE BLOW" appear when "PLEASE BLOW" appear  Print test record;  Verify Diagnostic Program; and  Verify that the ethanol gas canists simulator solution is being change whichever occurs first.  In the	verify the ethanol gas canister displays pressure, or to 34 degrees, plus or minus .2 degree centigrade;  Verify instrument displays time and date;  Initiate breath test sequence;  Enter information as prompted;  Verify instrument accuracy;  When "PLEASE BLOW" appears, collect breath san When "PLEASE BLOW" appears, collect breath san Print test record;  Verify Diagnostic Program; and  Verify that the ethanol gas canister is being changed simulator solution is being changed every four month whichever occurs first.  In the	verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;  Verify instrument displays time and date;  Initiate breath test sequence;  Enter information as prompted;  Verify instrument accuracy;  When "PLEASE BLOW" appears, collect breath sample;  When "PLEASE BLOW" appears, collect breath sample;  Print test record;  Verify Diagnostic Program; and  Verify that the ethanol gas canister is being changed before expiration of simulator solution is being changed every four months or after 125 Alcohichever occurs first.	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at re:  Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator 34 degrees, plus or minus .2 degree centigrade;  Verify instrument displays time and date;  Initiate breath test sequence;  Enter information as prompted;  Verify instrument accuracy;  When "PLEASE BLOW" appears, collect breath sample;  When "PLEASE BLOW" appears, collect breath sample;  Print test record;  Verify Diagnostic Program; and  Verify that the ethanol gas canister is being changed before expiration date, or the simulator solution is being changed every four months or after 125 Alcoholic Breath whichever occurs first.  In the	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once the:  Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermome 34 degrees, plus or minus .2 degree centigrade;  Verify instrument displays time and date; Initiate breath test sequence; Enter information as prompted;  Verify instrument accuracy;  When "PLEASE BLOW" appears, collect breath sample;  When "PLEASE BLOW" appears, collect breath sample;  Print test record;  Verify Diagnostic Program; and  Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.  In the

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008873 Test Date: 11/04/2016

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

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

Analyst's Name: 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: AG507902 Exp Date: 03/20/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	9:00am 9:01am
ACCY CHK	.08	9:01am
SUB TEST	.00	9:03am 9:04am
AIR BLK	.00	9:05am
SUB TEST	.00	9:06am
AIR BLK	.00	9:07am

Reported Ac. .00 g/210L

Signature of Chemical Analyst

Court CVR

## ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008873 Test Date: 11/04/2016

Test Record Number: 1345

ate: 11/04/2016 Test Time: 9:10am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
		÷
ATR	Pass	9 11 am

### Printer Tests

Test	Status	Time
PRNT	Pass	9:11am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:11am

Preventive Maintenance Status: Pass

Pass

9:11am

CAL

Analyst

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

Instrument Serial No. 20883 9  828 MARTIN LOTHER Kins  Chapel Hill, NC  The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at leafour months are:  1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator the	
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at leafour months are:  1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator the	
four months are:  1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator the	east once every
34 degrees, plus or minus .2 degree centigrade;	ermometer 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
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 8 whichever occurs first.	
I certify that on the	ive maintenance of the N.C.
	ate Number

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008839 Test Date: 11/10/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BARNES, 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: AG507902 Exp Date: 03/20/2017

Test	g/210L	Time
DIAG	Pass	12:51pm
AIR BLK	.00	12:52pm
ACCY CHK	.08	12:52pm
AIR BLK	.00	12:53pm
SUB TEST	.00	12:54pm
AIR BLK	.00	12:55pm
SUB TEST	.00	12:56pm
AIR BLK	00	12:57pm

Reported AC: .09-g/210L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services

Analyst

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## ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008839 Test Record Number: 1498
Test Date: 11/10/2016 Test Time: 1:03pm EST

System Check: Passed

Baseline Tests

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

### Temperature Tests

Test	Status	Time
ПО1	D = ===	- 01
FC1	Pass	1:04pm
SRC	Pass	1:04pm
DET	Pass	1:04pm
BAR	Pass	1:04pm
BT	Pass	1:04pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:04pm

#### Printer Tests

Time

168C	Status	rime
PRNT	Pass	1:04pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	1:05pm

Preventive Maintenance Status: Pass

Analyst

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



Signature of Certifying Official

Certificate Number

#### POLK COUNTY POLK COUNTY SD 740

Serial Number: 008893 Test Record Number: 1438

Test Date: 11/14/2016 Test Time: 10:47am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:47am
FLO	Pass	10:47am
FC	Pass	10:48am

## Temperature Tests

Test	Status	Time
FC1	Pass	10:48am
SRC	Pass	10:48am
DET	Pass	10:48am
BAR	Pass	10:48am
BT	Pass	10:48am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:48am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:48am
	CRC Tests	

Test	Status	Time
COMP	Pass	10:49am
CAL	Pass	10:49am

Preventive Maintenance Status: Pass

Analyst

POLK COUNTY POLK COUNTY SD 740

Serial Number: 008893 Test Date: 11/14/2016

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: HAYS, MARK D Permit Number: 15924E

Effective: 15924

01/01/2016-01/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG434201 Exp Date: 12/18/2016

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

Reported AC: .00 g/210L

Signature of Chemical

a∦ Analyst

Court CVR

Analyst

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

0	INTOXIMETERS, MODEL INTOX EC/IR II
County Ca	Syvotank Instrument Location BAT Mobile Unit 19
Instrument Seri	al No. 008686 Elizabeth City P.O.
	/
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 25 day of November 20 16 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

PASQUOTANK COUNTY BAT MOBILE UNIT 10 690

Serial Number: 008686 Test Date: 11/23/2016

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	Pass	10:07pm 10:08pm
ACCY CHK	.07	10:08pm
AIR BLK	.00	10:09pm
SUB TEST	.00	10:10pm
AIR BLK	.00	10:11pm
SUB TEST	.00	10:12pm
ATR BLK	. 0.0	10 · 13 m

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services

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#### PASQUOTANK COUNTY BAT MOBILE UNIT 10 690

Serial Number: 008686 Test Record Number: 6455 Test Date: 11/23/2016 Test Time: 10:17pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:18pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:18pm
	an a .	

### CRC Tests

 Test	Status	Time
 	Pass Pass	10:18pm 10:18pm

Preventive Maintenance Status: Pass

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

Analyst

Rev. 12/2007

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

County Pi		nstrument Location PH	Co. Dotention Ce
Instrument Se	erial No. <u>(1) 08668</u> 6	14 Detention	Dr., Greenville, M
The preventive four months as	ve maintenance procedures for the Intoxir are:	neters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas canister displaced and degrees, plus or minus .2 degree of	ys pressure, or the alcoholic centigrade;	breath simulator thermometer shows
2.	Verify instrument displays time and	date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, c	ollect breath sample;	
7.	When "PLEASE BLOW" appears, c	ollect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is simulator solution is being changed e whichever occurs first.	being changed before expira- very four months or after 12:	tion date, or the alcoholic breath  5 Alcoholic Breath Simulator tests,
procedures wer	on the 33 day of 1000 mere performed on the instrument indicated f Health and Human Services, and the ins	above, ili accordance with c	urrent regulations of the N ()
STATE OF STA	ORDING CAROLING TO THE PARTY OF		
* EUE QUAM VIDER	Tul. W.		643
	Signature &	of Certifying Official	Certificate Number

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668 Test Date: 11/23/2016

Citation Number: M0000000-0 Subject's Name:

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	9:50am 9:51am 9:52am
AIR BLK	.00	9:53am
SUB TEST	.00	9:53am
AIR BLK	.00	9:54am
SUB TEST	.00	9:56am
AIR BLK	.00	9:57am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

#### PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668 Test Date: 11/23/2016

Test Record Number: 2788
Test Time: 9:58am EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	9:58am
FLO	Pass	9:58am
FC	Pass	9:58am

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:58am
SRC	Pass	9:58am
DET	Pass	9:58am
BAR	Pass	9:58am
BT	Pass	9:58am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:59am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:59am
	CRC Tests	
Test	Status	Time

COMP Pass 9:59am CAL Pass 9:59am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Pitt I	(Instrument Location PH)	s. Detention Cent
Instrument	Serial No. 008646 1	24 Detention	Dr., Green ville,
The prevent	ntive maintenance procedures for the Intoxinal sare:	meters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister displ 34 degrees, plus or minus .2 degree		eath simulator thermometer shows
2.	Verify instrument displays time and	date;	•
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears,	collect breath sample;	
7.	When "PLEASE BLOW" appears,	collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister i simulator solution is being changed whichever occurs first.		
I certify that procedures of Department	at on the A3rd day of Noverwere performed on the instrument indicated to f Health and Human Services, and the in	d above, in accordance with curristrument is functioning properly	forgoing preventive maintenance rent regulations of the N.C.
STAIA	NE or NO NA CAROLINA		
* ESSE QUAM	Tu M		643
	Signature	of Certifying Official	Certificate Number

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646 Test Date: 11/23/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective: 07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:33am
AIR BLK	.00	9:33am
ACCY CHK	.08	9:34am
AIR BLK	.00	9:35am
SUB TEST	.00	9:36am
AIR BLK	.00	9:36am
SUB TEST	.00	9:38am
ATR BLK	. 0.0	9.39am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646 Test Record Number: 3334

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:40am 9:40am
FC	Pass	9:40am

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:41am
SRC	Pass	9:41am
DET	Pass	9:41am
BAR	Pass	9:41am
BT	Pass	9:41am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:41am

#### Printer Tests

iest	Status	Time
PRNT	Pass	9:41am

Ctatus Time

#### CRC Tests

Status	Time
Pass	9:41am
Pass	9:41am
	Pass

Preventive Maintenance Status: Pass

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

County !	Instrument Location Acade	n PD	
Instrument So	erial No. 008666 4144 West A	Ve, Ander,	
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to bare:	e followed at least once every	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic brea 34 degrees, plus or minus .2 degree centigrade;	th simulator thermometer show	
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Al whichever occurs first.		
	and it	orgoing preventive maintenance ent regulations of the N.C.	
THE STATE OF THE S	Reh DA	_6/3	
	Signature of Certifying Official	Certificate Number	

PITT AYDEN PD 730

Serial Number: 008666 Test Date: 11/22/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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### PITT AYDEN PD 730

Serial Number: 008666 Test Date: 11/22/2016 Test Record Number: 909
Test Time: 10:34am EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	10:35am
FLO	Pass	10:35am
FC	Pass	10:35am

### Temperature Tests

Status	Time
Pass	10:35am
	Pass Pass Pass Pass

### Blank Tests

Test	Status	Time
AIR	Pass	10:35am

### Printer Tests

Test	Status	Time
PRNT	Pass	10:35am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:36am

10:36am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

County Fas	quotank Instrument Location Rose Lutank Co. Public Shely
Instrument Seri	al No. 008941 Bldg., 2006. Colonial St., Elizabeth City,
	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;
<b>4.</b>	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the
O'THE STATE OF ME	Leave College
<i>:</i>	Signature of Certifying Official Certificate Number

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

> Serial Number: 008941 Test Date: 11/15/2016

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

Analyst's Name: 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: AG621404 Exp Date: 08/01/2018

Test	g/210L	Time
DIAG AIR BLK	Pass	11:52am 11:52am
ACCY CHK	.08	11:53am
AIR BLK	.00	11:54am
SUB TEST	.00	11:54am
AIR BLK	.00	11:55am
SUB TEST	.00	11:57am
AIR BLK	.00	11:58am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

) Anaiys

### PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008941

Test Record Number: 1176
Test Time: 11:59am EST

Test Date: 11/15/2016 Test Time: 11:59am EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	11:59am
FLO	Pass	11:59am
FC	Pass	11:59am

### Temperature Tests

Test	Status	Time
FC1	Pass	12:00pm
SRC	Pass	12:00pm
DET	Pass	12:00pm
BAR	Pass	12:00pm
BT	Pass	12:00pm

### Blank Tests

Test	Status	Time
AIR	Pass	12:00pm

### Printer Tests

Test	Status	Time
PRNT	Pass	12:00pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:01pm

12:01pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

County P	Secretarik Instrument Location Reservation le Co. Public Schale
Instrument Se	rial No. 008950 Bldg. 200 E. Colonial St. Elizabeth City
	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 shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
<b>7.</b>	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures were Department of	the
THE STATE OF THE S	
	Signature of Certifying Official Certificate Number

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

> Serial Number: 008950 Test Date: 11/15/2016

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

Analyst's Name: 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: AG621404 Exp Date: 08/01/2018

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services

Rev. 12/2007

### PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008950 Test Record Number: 1472 Test Date: 11/15/2016 Test Time: 11:22am EST

System Check: Passed

### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	11:23am 11:23am
DET	Pass	11:23am
BAR	Pass	11:23am
BT	Pass	11:23am

### Blank Tests

Test	Status	Time
AIR	Pass	11:24am

### Printer Tests

Test	Status	Time
PRNT	Pass	11:24am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:24am 11:24am

Preventive Maintenance Status: Pass

**Analyst** 

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

D.	Desire The State of the State o
County 10	Instrument Location Perquipmans (0. 5.0
Instrument Ser	rial No. 008921 110 N. Church St., Hartford, N
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.
÷	ter
I certify that or	theday of
Department of	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.
4.	
OF THE STATE OF	
APRIL 12, 1778	
The state of the s	Kell DA 643
	Signature of Certifying Official Certificate Number

PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921 Test Date: 11/07/2016

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass	10:52am 10:52am
AIR BLK SUB TEST	.00 .00	10:53am 10:54am
AIR BLK	.00	10:55am
SUB TEST	.00	10:56am
AIR BLK	.00	10.57am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921 Test Recor Test Date: 11/07/2016 Test Time

Test Record Number: 656 Test Time: 10:59am EST

System Check: Passed

### Baseline Tests

IR Pass 11:00am FLO Pass 11:00am FC Pass 11:00am	Test	Status	Time
	FLO	Pass	

## Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass	11:00am 11:00am 11:00am 11:00am
BT	Pass	11:00am

### Blank Tests

Test	Status	Time
AIR	Pass	11:01am

### Printer Tests

Test	Status	Time
PRNT	Pass	11:01am
	CRC Tests	
Test	Status	Time

		•
COMP	Pass	11:01am
CAL	Pass	11:01am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County	MOBESON Instrument Location ST. Payes Pouce Dept.
Instrument Se	erial No. 008814 5T. Pauls 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 show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o procedures we Department of	n the 30 day of November , 20 16 the forgoing preventive maintenance per performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

ROBESON COUNTY ST. PAULS PD. 770

Serial Number: 008814 Test Date: 11/30/2016

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	3:50pm 3:50pm
ACCY CHK	.07	3:51pm
AIR BLK	.00	3:52pm
SUB TEST	.00	3:52pm
AIR BLK	.00	3:53pm
SUB TEST	.00	3:55pm
AIR BLK	.00	3:56pm

Reported AC, .00 g/210L

Signature of Chemical Analyst

Court CVR

### ROBESON COUNTY ST. PAULS PD. 770

Serial Number: 008814 Test Record Number: 588 Test Date: 11/30/2016

Test Time: 3:57pm EST

System Check: Passed

Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	3:58pm 3:58pm
DET	Pass	3:58pm
BAR	Pass	3:58pm
$\mathtt{BT}$	Pass	3:58pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:58pm

### Printer Tests

Test	Status	Time
PRNT	Pass	3:58pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:59pm 3:59pm

Preventive Maintenance Status: Pass

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

,	in Toxime Leks, Model In Tox EC/IR II
County /	SOBESON Instrument Location Sobeson Co. JAIL
Instrument Se	rial No. <u>008805</u> <u>LUMBERTON, NC</u>
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures we Department of	n the <u>SO</u> day of <u>November 2016</u> 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 COLUMN VIDE	Signature of Certifying Official Certificate Number

ROBESON COUNTY LUMBERTON, LEC 770

Serial Number: 008805 Test Date: 11/30/2016

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: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	5:00pm 5:00pm
ACCY CHK	.07	5:01pm
AIR BLK	.00	5:02pm
SUB TEST	.00	5:03pm
AIR BLK	.00	5:04pm
SUB TEST	.00	5:05pm
AIR BLK	.00	5:06pm

Reported_AC: .00 c

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

### ROBESON COUNTY LUMBERTON, LEC 770

Serial Number: 008805 Test Record Number: 3702 

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	5:07pm
FLO	Pass	5:07pm
FC	Pass	5:07pm

## Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	5:08pm 5:08pm 5:08pm 5:08pm 5:08pm
		_

### Blank Tests

Test	Status	Time
ATR	Pass	5 · 08pm

### Printer Tests

Test	Status	Time
PRNT	Pass	5:08pm
	CRC Tests	
Test	Status	Time
COMP	Pass	5:08pm

Pass

5:08pm

Preventive Maintenance Status: Pass

CAL

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

County/	SOBESON Instrument Location ROBSON Co. JAIL
Instrument Se	erial No. OO 8836 LUMBERTON, NC
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
TO THE STATE OF TH	Signature of Certifying Official Certificate Number

ROBESON COUNTY LUMBERTON, LEC. 770

Serial Number: 008836 Test Date: 11/30/2016

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: RUSSELL, LARRY H
Permit Number: 6108E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00 .00 .00	5:19pm 5:20pm 5:21pm 5:22pm 5:22pm 5:23pm 5:25pm 5:26pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## ROBESON COUNTY LUMBERTON, LEC. 770

Serial Number: 008836

Test Record Number: 4257 

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:27pm
FLO	Pass	5:27pm
FC	Pass	5:27pm

## Temperature Tests

Test	Status	Time
FC1	Pass	5:27pm
SRC	Pass	5:27pm
DET	Pass	5:27pm
BAR	Pass	5:27pm
BT	Pass	5:27pm

### Blank Tests

Test	Status	Time
AIR	Pass	5:27pm

### Printer Tests

Test	Status	Time
PRNT	Pass	5:27pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	5:28pm

Preventive Maintenance Status: Pass

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

_	INTOXIMETERS, MODEL INTOX EC/IR II
County_	PANDOLPH Instrument Location RANGLEMAN BUCE DEPT
Instrument Ser	A. D. D. J.
g 	
The preventive four months are	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sh 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.
	n the
THE STATE OF THE S	Signature of Certificial Certificate Number

RANDOLPH COUNTY RANDLEMAN PD 750

Serial Number: 008737 Test Date: 11/29/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	3:15pm 3:15pm 3:16pm
AIR BLK	.00	3:17pm
SUB TEST AIR BLK	.00 .00	<b>3:17pm</b> 3:18pm
SUB TEST AIR BLK	.00 .00	3:20pm 3:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

### RANDOLPH COUNTY RANDLEMAN PD 750

Serial Number: 008737 Test Record Number: 943

Test Date: 11/29/2016

Test Time: 3:24pm EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:24pm 3:24pm
FC	Pass	3:24pm

### Temperature Tests

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

### Blank Tests

Test	Status	Time
ATR	Pass	3:25pm

### Printer Tests

Test	Status	Time
PRNT	Pass	3:25pm
	CRC Tests	
Test	Status	Time

Test	Status	Time
COMP	Pass	3:25pm
CAL	Pass	3:25pm

Preventive Maintenance Status: Pass

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

County/	LICHMOUD	Instrument Location /	RICHMOND Co.	MAG, OFFIC
Instrument S	erial No <i>OO 8 70 1</i>	ROCKINGHA	un NC ;	
			COMP II to be Cillered	
our months	ve maintenance procedures for the are:	intoximeters, Model intox E	SC/IR II to be followed	at least once every
1.	Verify the ethanol gas canisto 34 degrees, plus or minus .2		coholic breath simulat	or thermometer shows
2.	Verify instrument displays ti	me and date;		
3.	Initiate breath test sequence;	2 (96.3)	•••	
4.	Enter information as prompte	ed;	*	
5.	Verify instrument accuracy;	\$700 m		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;		
7.	When "PLEASE BLOW" ap	pears, collect breath sample;		
8.	Print test record;		$\sim \frac{\pi_0}{r}$	
9.	Verify Diagnostic Program; a	and		·
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.			
	on the <u>24</u> day of <u>Na</u> vere performed on the instrument is of Health and Human Services, and	ndicated above, in accordanc		eventive maintenance ons of the N.C.
The same	200			
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AME 12, TO		200		74.
		gnature of Certifying Officia		tificate Number

RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008701 Test Date: 11/29/2016

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:39am 10:39am 10:40am
AIR BLK	.00	10:41am
SUB TEST AIR BLK	.00 .00	10:42am 10:43am
SUB TEST	.00	10:44am 10:45am

Reported AC: .00_g/210L

Signature of Chemical Analyst

Court CVR

### RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008701 Test Record Number: 1114

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	10:46am
FLO	Pass	10:46am
FC	Pass	10:46am

### Temperature Tests

Test	Status	Time
FC1	Pass	10:47am
SRC	Pass	10:47am
DET	Pass	10:47am
BAR	Pass	10:47am
$\mathtt{BT}$	Pass	10:47am

### Blank Tests

Test	Status	Time
AIR	Pass	10:47am

### Printer Tests

Test	Status	Time
PRNT	Pass	10:47am
	CRC Tests	
Test	Status	Time

COMP	Pass	10:47am
CAL	Pass	10:47am

Preventive Maintenance Status: Pass

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

County	Instrument Location RICI-MOND Co. MAG. DEFICE
Instrument Seri	al No. 008840 ROCKINGHAM, NC.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
· 8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the 29 day of 1000 day of 20 16 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008840 Test Date: 11/29/2016

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: *RUSSELL, LARRY H*Permit Number: *6108E*Effective:

08/01/2015-08/01/2017

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	10:13am 10:14am 10:14am 10:16am 10:16am
SUB TEST	.00	10:19am
AIR BLK	.00	10:20am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008840

Test Record Number: 1860

Test Date: 11/29/2016 Test Time: 10:26am EST

System Check: Passed

### Baseline Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	10:27am

### Printer Tests

Test	Status	Time
PRNT	Pass	10:28am
	CRC Tests	
Test	Status	Time

10:28am

10:28am

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

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

	/ INTOXIMETERS, MODEL INTOX EC/IR II
County/	SOBESON Instrument Location LUMBERTON POLICE DEPT;
Instrument Se	erial No. <u>DO8629</u> <u>LUMBERTON</u> NC
The preventive four months a	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the <u>//6</u> day of <u>//6/16/16/16/16</u> , 20 <u>//6</u> the forgoing preventive maintenance vere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATE	
THE COREATOR OF THE COREATOR O	CAROUS STATES OF THE STATES OF
APRIL 12. THE	Signature of Certifying Official Certificate Number
**************************************	Signature of Certifying Official Certificate Number

ROBESON COUNTY LUMBERTON PD 770

Serial Number: 008629 Test Date: 11/10/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RUSSELL, LARRY H
Permit Number: 6108E

Effective:

08/01/2015-08/01/2017

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

pe of Agency: FIF Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	5:41pm
AIR BLK	.00	5:42pm
ACCY CHK	.07	5:42pm
AIR BLK	.00	5:43pm
SUB TEST	.00	5:44pm
AIR BLK	.00	5:45pm
SUB TEST	.00	5:47pm
ATP BIK	ሰሰ	5 · 48 mm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

### ROBESON COUNTY LUMBERTON PD 770

Serial Number: 008629 Test Record Number: 395

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	5:49pm
FLO	Pass	5:49pm
FC	Pass	5:49pm

### Temperature Tests

Test	Status	Time
FC1	Pass	5:49pm
SRC	Pass	5:49pm
DET	Pass	5:49pm
BAR	Pass	5:49pm
BT	Pass	5:49pm

### Blank Tests

Test	Status	Time
AIR	Pass	5:50pm

### Printer Tests

Test	Status	Time
PRNT	Pass	5:50pm

### CRC Tests

Test	Status	Time
COMP	Pass	5:50pm
CAL	Pass	5:50pm

Preventive Maintenance Status: Pass

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

County	Kocking kam	Instrument Location Mag	Ison Police
Instrument :	Serial No. <u>00 880 2</u>	Instrument Location Nag	rtment
The prevent four months		or the Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.		canister displays pressure, or the alcoholic but us .2 degree centigrade;	eath simulator thermometer shows
2.	Verify instrument displ	ays time and date;	
3.	Initiate breath test sequ	ence;	
4.	Enter information as pr	ompted;	
5.	Verify instrument accur	гасу;	
6.	When "PLEASE BLOV	N" appears, collect breath sample;	
7.	When "PLEASE BLOV	N" appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Prog	ram; and	
10.		gas canister is being changed before expirati- ing changed every four months or after 125	
	were performed on the instrur	Movember, 20 /6 the ment indicated above, in accordance with cures, and the instrument is functioning properly	rrent regulations of the N.C.
STA	TE ON OCHU CAROLINIA CAROL	Signature of Certifying Official	Certificate Number

### ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802 Test Date: 11/08/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: 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: AG526401 Exp Date: 09/21/2017

Test	g/210L	Time
DIAG	Pass	1:15pm
AIR BLK	.00	1:16pm
ACCY CHK	.08	1:16pm
AIR BLK	.00	1:18pm
SUB TEST	.00	1:18pm
AIR BLK	.00	1:19pm
SUB TEST	.00	1:21pm
AIR BLK	00ر.	1:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

### ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802 Test Record Number: 720 Test Date: 11/08/2016 Test Time: 1:22pm EST

System Check: Passed

### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1	Pass	1:23pm
SRC	Pass	1:23pm
DET	Pass	1:23pm
BAR	Pass	1:23pm
$\mathtt{BT}$	Pass	1:23pm

### Blank Tests

Test	Status	Time
AIR	Pass	1:23pm

### Printer Tests

Test	Status	Time
PRNT	Pass	1:23pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

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

Rev. 12/2007

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

County Pri	intoximeters, model intox ec/IR II  chanal Instrument Location BAT Mobile Unit 16
Instrument Ser	ial No. 008686 Rockingham PD
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 or procedures wer Department of	the
O'ME STATE O' O'	CANOL LACO
	Signature of Certifying Official Certificate Number

### RICHMOND COUNTY BAT MOBILE UNIT 10 760

Serial Number: 008686 Test Date: 11/11/2016

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	8:13pm
AIR BLK	.00	8:14pm
ACCY CHK	.07	8:15pm
AIR BLK	.00	8:16pm
SUB TEST	.00	8:16pm
AIR BLK	.00	8:17pm
SUB TEST	.00	8:19pm
AIR BĻK	.00	8:20pm

Reported AC: .00 g/210L

ignature 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

# RICHMOND COUNTY BAT MOBILE UNIT 10 760

Serial Number: 008686

Test Record Number: 6452 Test Date: 11/11/2016 Test Time: 8:20pm EST

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	8:21pm
FLO	Pass	8:21pm
FC	Pass	8:21pm

# Temperature Tests

Test	Status	Time
FC1	Pass	8:21pm
SRC	Pass	8:21pm
DET	Pass	8:21pm
BAR	Pass	8:21pm
BT	Pass	8:21pm

# Blank Tests

Test	Status	Time
AIR	Pass	8:22pm

## Printer Tests

rest	Status	Time
PRNT	Pass	8:22pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	8:22pm 8:22pm

Preventive Maintenance Status: Pass

Analyst

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

`V.	, in to a mile texts, in order in to a early and in
County K	Instrument Location & den
Instrument Ser	ial No. 008636 Police Department
	•
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the 23 day of 100000000000000000000000000000000000
STATE OF THE STATE	

ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636 Test Date: 11/23/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective: 05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517501

• Exp Date: 06/24/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	12:27pm 12:27pm 12:28pm 12:29pm 12:30pm 12:31pm
SUB TEST ATR BLK	.00	12:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

# ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636 Test Date: 11/23/2016 Test Record Number: 1675 Test Time: 12:34pm EST

System Check: Passed

### Baseline Tests

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

# Temperature Tests

Status	Time
Pass	12:35pm
	Pass Pass Pass Pass

### Blank Tests

Test	Status	Time
AIR	Pass	12:35pm

# Printer Tests

Test	Status	Time
PRNT	Pass	12:35pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:35pm 12:35pm

Preventive Maintenance Status: Pass

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

County Ro	atherford Instrument Location Forest City PD
Instrument Se	orial No. 008889 187 S. Church Street, Forest C
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
. 3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	on the
THE STATE OF THE S	CAROLL CA

#### RUTHERFORD COUNTY FOREST CITY PD 800

Serial Number: 008889 Test Date: 11/07/2016

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: 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: AG513102

Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK	Pass .00	11:25am 11:25am
ACCY CHK	.08	11:26am
AIR BLK	.00	11:27am
SUB TEST	.00	11:27am
AIR BLK	.00	11:28am
SUB TEST	.00	11:30am
AIR BLK	.00	11:31am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# RUTHERFORD COUNTY FOREST CITY PD 800

Serial Number: 008889

Test Record Number: 729 Test Date: 11/07/2016 Test Time: 11:20am EST

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	11:21am
FLO	Pass	11:21am
FC	Pass	11:21am

# Temperature Tests

Test	Status	Time
FC1	Pass	11:21am
SRC	Pass	11:21am
DET	Pass	11:21am
BAR	Pass	11:21am
${ t BT}$	Pass	11:21am

### Blank Tests

Test	Status	Time
AIR	Pass	11:22am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:22am
	CRC Tests	

Test	Status	Time
COMP	Pass	11:22am
CAL	Pass	11:22am

Preventive Maintenance Status: Pass

Analyst

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

County	Stokes Instrument Location King Police
Instrument S	Serial No. <u>DO8610</u> <u>Department</u>
The prevent	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
<b>7.</b>	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
certify that procedures w Department o	on the
O'H STATE O'T WAS 20, 77	
	Signature of Certifying Official Certificate Number

STOKES COUNTY KING PD 840

Serial Number: 008610 Test Date: 11/14/2016

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: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

07/01/2016-07/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:04am
AIR BLK	.00	10:04am
ACCY CHK	.07	10:05am
AIR BLK	.00	10:06am
SUB TEST	.00	10:07am
AIR BLK	.00	10:08am
SUB TEST	.00	10:11am
ATR BLK	<b>200</b>	10.12am

Chemical Analyst

Court CVR

# STOKES COUNTY KING PD 840

Serial Number: 008610

Test Record Number: 1799

Test Date: 11/14/2016 Test Time: 10:13am EST

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	10:14am
FLO	Pass	10:14am
FC	Pass	10:14am

# Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	10:14am 10:14am
DET	Pass	10:14am
BAR	Pass	10:14am
$\mathtt{BT}$	Pass	10:14am

### Blank Tests

Test	Status	Time
AIR	Pass	10.14an

# Printer Tests

CAL

Test	Status	Time
PRNT	Pass	10:14am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:15am

10:15am

10:15am

Preventive Maintenance Status: Pass

Pass

Analyst

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

County 5	tokes .	Instrument Location_	Stokes (	County Jail
Instrument Ser	ial No. <u>DD 8596</u>		Danbury	County Jail 1, N.C.
The preventive four months ar	e maintenance procedures for the Interection	oximeters, Model Intox	EC/IR II to be foll	owed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg		ilcoholic breath sir	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" appear	ars, collect breath sample	· ;;	
7.	When "PLEASE BLOW" appear	ırs, collect breath sample	<b>)</b> ;	
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canis simulator solution is being chang whichever occurs first.			
	n theday ofov re performed on the instrument indic Health and Human Services, and th	cated above, in accordan	ice with current reg	ng preventive maintenance gulations of the N.C.
THE STATE OF THE OFFICE OF THE	See Links	ture of Certifying Offici		Certificate Number

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596 Test Date: 11/08/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

07/01/2016-07/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

Rev. 12/2007

### STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596 Test Record Number: 882 Test Date: 11/08/2016 Test Time: 12:24pm EST

System Check: Passed

### Baseline Tests

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

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:26pm

# Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County <u>Su</u>	(ry Instrument Location Elkin Police
Instrument Serial	INO. 008926 Depirtment
The preventive m four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on the procedures were properties to the procedures were procedured to the procedure of the p	neday of
THE STATE O'NO O'NE STATE O'NO O'NO TO 1572 O'NO O'NO TO 1572 O'NO O'NO TO 1572 O'NO O'NO O'NO O'NO O'NO O'NO O'NO O'N	Signature of Certificing Official Certificate Number

SURRY COUNTY ELKIN PD 850

Serial Number: 008926 Test Date: 11/09/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: 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	Pass	2:53pm
AIR BLK	.00	2:53pm
ACCY CHK	.08	2:54pm
AIR BLK	.00	2:55pm
SUB TEST	.00	2:56pm
AIR BLK	.00	2:57pm

SUB TEST .00
AIR BLK /.00

2:59pm

2:58pm

In the fill of the

ignature of Chemical Analyst

Court CVR

# SURRY COUNTY ELKIN PD 850

Serial Number: 008926

Test Record Number: 726
Test Time: 3:01pm EST

System Check: Passed

### Baseline Tests

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

# Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	3:02pm

# Printer Tests

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

Preventive Maintenance Szatus: Pass

Analyst

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

County	Stanly	Instrument Location State	Ty County SD
Instrumen	t Serial No. <u>008834</u>	126 S. 30 S	treet, Albamac
The preve		e Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	er displays pressure, or the alcoholic bre degree centigrade;	ath simulator thermometer show
2.	Verify instrument displays ti	me and date;	
3.	Initiate breath test sequence;		e e e e e e e e e e e e e e e e e e e
4.	Enter information as prompt	ed;	
5.	Verify instrument accuracy;		•
6.	When "PLEASE BLOW" ap	opears, collect breath sample;	
7.	When "PLEASE BLOW" ap	opears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
procedure	simulator solution is being clean whichever occurs first.  That on the Albert day of Albert were performed on the instrument in the second sec	anister is being changed before expiration hanged every four months or after 125 A	orgoing preventive maintenance
Departme	nt of Health and Human Services, an	d the instrument is functioning properly.	
CONTROL OF THE CAREAT SERVICE OF THE CAREAT	JOME JOME		<u>65\$</u>
		gnature of Certifying Official	Certificate Number

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008824 Test Date: 11/21/2016

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

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

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

Analyst's Name: HUTCHINSON, JOSEPH E
Permit Number: 19951E
Effective:
08/01/2015-08/01/2017

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:42am 10:43am
ACCY CHK	.08	10:44am
AIR BLK SUB TEST	.00 .00	10:45am
		10:46am
AIR BLK	.00	10:47am
SUB TEST	.00	10:48am
AIR BLK	.00	10:49am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

#### STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008824

Test Record Number: 1143

Test Date: 11/21/2016

Test Time: 10:50am EST

System Check: Passed

### Baseline Tests

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

# Temperature Tests

FC1 Pass 10:51am SRC Pass 10:51am DET Pass 10:51am BAR Pass 10:51am BT Pass 10:51am	Test	Status	Time
DI Edab IV.JIdiii	SRC DET BAR	Pass Pass Pass	10:51am 10:51am 10:51am

#### Blank Tests

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

AIR Pass 10:52am

### Printer Tests

Test	Status	Time

PRNT Pass 10:52am

# CRC Tests

Test	Status	Time
		1 1111

COMP Pass 10:52am CAL Pass 10:52am

Preventive Maintenance Status: Pass

Analyst

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

<b>a</b> .		Instrument Location Stav	de Courte Sh
County	į.	1	ily County SD
Instrument	Serial No. 008842	126 5. 39	Street, Albeman
The preven	tive maintenance procedures fo s are:	r the Intoximeters, Model Intox EC/IR II t	to be followed at least once every
1.	Verify the ethanol gas ca 34 degrees, plus or minu	nister displays pressure, or the alcoholic best. 2 degree centigrade;	reath simulator thermometer shows
2.	Verify instrument display	ys time and date;	:
3.	Initiate breath test sequen	nce;	
4.	Enter information as pro	mpted;	
5.	Verify instrument accura	су;	
6.	When "PLEASE BLOW	" appears, collect breath sample;	
7.	When "PLEASE BLOW	" appears, collect breath sample;	
8.	Print test record;		\$ Q
9.	Verify Diagnostic Progra	m; and	
	simulator solution is bein whichever occurs first.  t on the 2/5/ day of	s canister is being changed before expirate granged every four months or after 125  November 20 / 6 the cent indicated above, in accordance with cu	Alcoholic Breath Simulator tests;
Department	of Health and Human Services	, and the instrument is functioning proper	ly.
THE STATE OF THE S	TE CO A CONTROL OF THE CONTROL OF TH	Le Litt	154
	- Joseph	Signature of Certifying Official	Certificate Number

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008842 Test Date: 11/21/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HUTCHINSON, JOSEPH E
Permit Number: 19951E
Effective:
08/01/2015-08/01/2017

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:37am 10:38am
ACCY CHK	.07	10:39am
AIR BLK	.00	10:40am
SUB TEST	.00	10:41am
AIR BLK	.00	10:42am
SUB TEST	.00	10:44am
AIR BLK	.00	10:45am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008842

Test Record Number: 1887

Test Date: 11/21/2016

Test Time: 10:46am EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:46am 10:46am
FC	Pass	10:47am

# Temperature Tests

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

### Blank Tests

Test	Status	Time

AIR Pass 10:47am

## Printer Tests

Test	Status	Time

PRNT Pass 10:47am

CRC Tests

Test Status Time

COMP Pass 10:48am CALPass 10:48am

Preventive Maintenance Status: Pass

Analyst

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

County Ty/	Instrument Location Tuvell (0.50.
Instrument Seria	Instrument Location Tyvell (v. 50.  al No. D08902 402 Main St., Columbia, M.C.
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 show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of H	the 3 day of November, 20/6 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
THE STATE OF A PART OF A P	Signature of Certifying Official Certificate Number

TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902 Test Date: 11/03/2016

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: GUARD, KELLY G

Permit Number: 12955E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG507902

Exp Date: 03/20/2017

Test	g/210L	Time
DIAG	Pass	10:13am
AIR BLK	.00	10: <b>1</b> 3am
ACCY CHK	.07	10:14am
AIR BLK	.00	10:15am
SUB TEST	.00	10:15am
AIR BLK	.00	10:17am
SUB TEST	.00	10:18am

10:19am

Reported AC: .00 g/210L

AIR BLK .00

Signature of Chemical Analyst

Court CVR

# TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902

Test Record Number: 629

Test Date: 11/03/2016

Test Time: 10:21am EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	10:21am
FLO	Pass	10:21am
FC	Pass	10:21am

# Temperature Tests

Test	Status	Time
•		
FC1	Pass	10:21am
SRC	Pass	10:21am
DET	Pass	10:21am
BAR	Pass	10:21am
BT	Pass	10:21am

### Blank Tests

Test	Status	Time
AIR	Pass	10:22am

# Printer Tests

Test	Status	Time
PRNT	Pass	10:22am
	CRC Tests	
Test	Status	Time

CAL 10:22am Pass

Pass

10:22am

Preventive Maintenance Status: Pass

COMP

Analyst

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

County Transylvania	Instrument Location 1/4	nsylvania Co. Jail
Instrument Serial No. 00 8609	Brevard, N	
The preventive maintenance procedures for months are:	or the Intoximeters, Model Intox EC/I	R II to be followed at least once every
1. Verify the ethanol gas of 34 degrees, plus or min		olic breath simulator thermometer show
2. Verify instrument displa	ays time and date;	
3. Initiate breath test seque	ence;	
4. Enter information as pro	ompted;	
5. Verify instrument accur	racy;	
6. When "PLEASE BLOW	V" appears, collect breath sample;	
7. When "PLEASE BLOW	V" appears, collect breath sample;	
8. Print test record;		
9. Verify Diagnostic Progr	ram; and	
		xpiration date, or the alcoholic breath or 125 Alcoholic Breath Simulator tests,
I certify that on the day of procedures were performed on the instrum Department of Health and Human Service	Movem ser, 20/6 nent indicated above, in accordance wees, and the instrument is functioning p	the forgoing preventive maintenance rith current regulations of the N.C. roperly.
THE STATE OF NO BOLLY CARROLL TO THE STATE OF THE		p ~
( ) or	Signature of Certifying Official	Certificate Number

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

> Serial Number: 008609 Test Date: 11/15/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: CUTLER, DANIEL R

Permit Number: 8457E

Effective:

09/01/2015-09/01/2017

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:37pm
AIR BLK	.00	2:38pm
ACCY CHK	.08	2:39pm
AIR BLK	.00	2:40pm
SUB TEST	.00	2:40pm
AIR BLK	.00	2:41pm
SUB TEST	.00	2:42pm
ATR BLK	.00	2:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

Serial Number: 008609 Test Record Number: 710 Test Date: 11/15/2016 Test Time: 2:44pm EST

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	
AIR	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

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

	INTOAIMETERS, MODEL INTOA EC/IR II
County 7	anslugnia Instrument Location Transylvania Co. Jail
Instrument Se	erial No. 008820 Brevard, No
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 oprocedures we Department o	on the
STATE STATE OF THE	Cail Rath. 135
	Signature of Certifying Official Certificate Number

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

> Serial Number: 008820 Test Date: 11/15/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: CUTLER, DANIEL R

Permit Number: 8457E

Effective:

09/01/2015-09/01/2017

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

Test Type: Breath Test

Lot Number: AG534802 Exp Date: 12/14/2016

Test	g/210L	Time
DIAG	Pass	2:36pm
AIR BLK	.00	2:37pm
ACCY CHK	.07	2:38pm
AIR BLK	.00	2:39pm
SUB TEST	.00	2:39pm
AIR BLK	.00	2:40pm
SUB TEST	.00	2:42pm
ATR BLK	. 0.0	2 · 4 3 mm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

Serial Number: 008820 Test Record Number: 1011 Test Date: 11/15/2016 Test Time: 2:44pm EST

System Check: Passed

# Baseline Tests

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

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	2:45pm

### Printer Tests

Test

PRNT	Pass	2:45pm
	CRC Tests	
Test	Status	Time

Status

Time

1000	Deacas	2 20
COMP CAL	Pass Pass	2:45pm
CAL	rass	2:45pm

Preventive Maintenance Status: Pass

Out Routh

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County /	Instrument Location Wayne Co. Detention
Instrument Se	erial No. 00 8879 207 F. Chesinis St., Goldsgun
• • •	
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sho 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.
procedures v	on the
THE CALL OF THE PARTY OF THE PA	Signature of Certifying Official Certificate Number

#### WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008879 Test Date: 11/10/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:12am 9:13am
ACCY CHK	.08	9:13am
AIR BLK	.00	9:14am
SUB TEST	.00	9:15am
AIR BLK	.00	9:16am
SUB TEST	.00	9:17am
ATR BLK	. 0.0	9:18am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008879 Test Record Number: 526

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	9:21am

### Printer Tests

Test	Status	Time
PRNT	Pass	9:21am
	CRC Tests	

rest	Status	TIME
COMP	Pass	9:21am
CAL	Pass	9:21am

Preventive Maintenance Status: Pass

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

County 🔥	INTOXIMETERS, WODEL INTOX EC/IR II  Instrument Location Wayne, Co. Delegation Cd.	ž.
nstrument Ser	10081118 000 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
he preventive our months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.	
rocedures we	on the // day of // O COMPAN , 20 // the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.	
OTHE STATE OF THE	NORTH CARD	. 13
Water Committee	Signature of Certifying Official Certificate Number	

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008649 Test Date: 11/10/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:02am 9:03am
ACCY CHK AIR BLK	.07	9:04am 9:04am
SUB TEST AIR BLK	.00 .00	<b>9:05am</b> 9:06am
SUB TEST AIR BLK	.00 .00	<b>9:09am</b> 9:10am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Fines Keel
Analyst

## WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008649

Test Record Number: 3067

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	9:12am

## Printer Tests

Status

Test

Time

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

. ,	, INTOXIMET	TERS, MODEL INTOX EC	XIR II
County	Nagne	Instrument Location Waya	e Co. Petentin Ctr.
Instrument	Serial No. DD & L71	2016. Chesin	A St., andsom N.C.
The prever	•	ne Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ster displays pressure, or the alcoholic br 2 degree centigrade;	eath simulator thermometer shows
2.	Verify instrument displays	time and date;	
3.	Initiate breath test sequence	;	
4.	Enter information as promp	eted;	
5.	Verify instrument accuracy	;	
6.	When "PLEASE BLOW"	appears, collect breath sample;	
7.	When "PLEASE BLOW"	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program	; and	
	simulator solution is being whichever occurs first.  at on theday ofday of	canister is being changed before expiration changed every four months or after 125 and the indicated above, in accordance with curnof the instrument is functioning properly	Alcoholic Breath Simulator tests,  forgoing preventive maintenance rent regulations of the N.C.
OTHER CHEAT	ATE OF NORTH AND	Signature of Certifying Official	Certificate Number

## WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008671 Test Date: 11/10/2016

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:01am
AIR BLK	.00	9:02am
ACCY CHK	.07	9:03am
AIR BLK	.00	9:04am
SUB TEST	.00	9:04am
AIR BLK	.00	9:05am
SUB TEST	.00	9:07am
AIR BLK	.00	9:08am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008671 Test Record Number: 4450 Test Date: 11/10/2016 Test Time: 9:10am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:10am
FLQ	Pass	9:10am
FC	Pass	9:10am

## Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	9:11am

## Printer Tests

Test	Status	Time
PRNT	Pass	9:11am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:11am 9:11am

Preventive Maintenance Status: Pass

Analyst

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

County 1	TINSTRUMENT LOCATION BAT NOBILE UNITE TO
Instrument Serie	al No. OD8869 RACEUTH
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the // day of // day of // the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
STATE OF N. STATE	CARDON (66)
	Signature of Certifying Official Certificate Number

WAYNE COUNTY BAT MOBILE UNIT 6 910

Serial Number: 008869 Test Date: 11/18/2016

Citation Number: M0000000-0 Subject's Name:

PREVNTIVE, MAINTENANCE

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

Driver's License Number: NNE

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00 .00	8:59pm 9:00pm 9:01pm 9:02pm 9:02pm 9:03pm 9:05pm 9:06pm
_ /		

.00 g/210L Reported

Signature of Chemical Analyst

Court CVR

Analyst

## WAYNE COUNTY BAT MOBILE UNIT 6 910

Serial Number: 008869 Test Record Number: 932
Test Date: 11/18/2016 Test Time: 9:07pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:08pm
FLO	Pass	9:08pm
FC	Pass	9:08pm

## Temperature Tests

Test	Status	Time
FC1	Pass	9:08pm
SRC	Pass	9:08pm
DET	Pass	9:08pm
BAR	Pass	9:08pm
BT	Pass	9:08pm

## Blank Tests

Test	Status	Time
AIR	Pass.	9:08pm

## Printer Tests

Test	Status	Time
PRNT	Pass	9:09pm

#### CRC Tests

Test	Status	Time
COMP	Pass	9:09pm
CAL	Pass	9:09pm

Preventive Maintenance Status: Pass

**Analyst** 

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

County	WAKE	Instrument Location Provided	CRILE CALIT #6
Instrument	Serial No. <u>೧೧동৪८</u> ዓ	HORY SPRINGS	)
The prevent	ive maintenance procedures for the	e Intoximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	ter displays pressure, or the alcoholic degree centigrade;	breath simulator thermometer show
2.	Verify instrument displays ti	ime and date;	
3.	Initiate breath test sequence;	<b>S</b>	
4.	Enter information as prompt	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
7.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	and	ı
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	anister is being changed before expiration anged every four months or after 125	tion date, or the alcoholic breath Alcoholic Breath Simulator tests,
vioceantes a	ere periormed on the instrument in	, 20 / 6 the ndicated above, in accordance with cut the instrument is functioning proper	rrent regulations of the N.C.
TO THE STATE OF TH	CAROLINA CAR		661
•	Sig	gnature of Certifying Official	Certificate Number

WAKE COUNTY BAT MOBILE UNIT 6 910

Serial Number: 008869 Test Date: 11/04/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

Lot Number: AG621403 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	10:04pm 10:05pm 10:05pm 10:06pm 10:07pm 10:08pm 10:09pm
AIR BLK	<b>7</b> 00	10: <b>1</b> 0pm

Reported AC .00 g/210L

Signature of Chemical Analyst

Court CVR

**Analyst** 

## WAKE COUNTY BAT MOBILE UNIT 6 910

Serial Number: 008869 Test Record Number: 925
Test Date: 11/04/2016 Test Time: 10:26pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:27pm
FLO	Pass	10:27pm
FC	Pass	10:27pm

## Temperature Tests

FC1 Pass 10:27p SRC Pass 10:27p DET Pass 10:27p BAR Pass 10:27p BT Pass 10:27p	m m m

#### Blank Tests

Test	Status	Time
AIR	Pass	10:28pm

## Printer Tests

Test

COMP

CAL

PRNT	Pass	10:28pm
	CRC Tests	
Test	Status	Time

Status

Time

10:28pm

10:28pm

Preventive Maintenance Status: Pass

Pass

Pass

Analyst

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

County	WAKE Instrument Location WAKE FOREST PD
Instrument :	Serial No. 008700 225 5. TAYLOR ST WAKE FOREST A
The prevent	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v	on theday of/ou, 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.
TOSE COLLAND SOLLAND S	Signature of Certifying Official  Certificate Number

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700 Test Date: 11/02/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, SIMON S

Permit Number: 11434E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	1:33pm 1:34pm 1:35pm 1:36pm 1:36pm 1:37pm
AIR BLK	.00	1:40pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures

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

## WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700

Test Record Number: 1165 

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	1:41pm
FLO	Pass	1:41pm
FC	Pass	1:41pm

## Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	1:41pm 1:41pm 1:41pm 1:41pm
$\mathtt{BT}$	Pass	1:41pm

## Blank Tests

Test	Status	Time
AIR	Pass	1:42pm

## Printer Tests

## CRC Tests

Test	Status	Time
COMP	Pass	1:42pm
CAL	Pass	1:42pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	INTOXIMETERS, MODEL INTOX EC	s County Detenti
Instrument Seri	ial No. 008865 Milke	sboro, N.C.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to e:	be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic bre 34 degrees, plus or minus .2 degree centigrade;	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" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiratio simulator solution is being changed every four months or after 125 A whichever occurs first.	
•	theday of, 20, 20	ent regulations of the N.C.
THE STATE OF THE S	Signature of Certifying Official	Certificate Number

WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008865 Test Date: 11/09/2016

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	1:33pm 1:34pm 1:35pm 1:35pm 1:36pm 1:37pm
SUB TEST	.00	1:38pm
AIR BLK	.00	1:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008865 Test Date: 11/09/2016

Test Record Number: 464
Test Time: 1:40pm EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	1:41pm
FLO	Pass	1:41pm
FC	Pass	1:41pm

## Temperature Tests

Status	Time
Pass	1:41pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time

AIR Pass 1:42pm

## Printer Tests

ıe
ıe

PRNT Pass 1:42pm

## CRC Tests

Test	Status	Time

COMP Pass 1:42pm CAL Pass 1:42pm

Preventive Maintenance Status: Pass

Analyst/

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	Instrument Location Wilkes	
Instrument Seria	11 No. 008843 Wilkes	Soro, N.C.
The preventive if four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be	e followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breat 34 degrees, plus or minus .2 degree centigrade;	th simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration a simulator solution is being changed every four months or after 125 Alc whichever occurs first.	date, or the alcoholic breath oholic Breath Simulator tests,
I certify that on t procedures were Department of H	heday of	going preventive maintenance t regulations of the N.C.
THE STATE OF ME ST	Signature of Certifying Official	Certificate Number

#### WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008843 Test Date: 11/09/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Test	g/210L	Time
DIAG	Pass	1:31pm
AIR BLK	.00	1:31pm
ACCY CHK	.07	1:32pm
AIR BLK	.00	1:33pm
SUB TEST	.00	1:34pm
AIR BLK	.00	1:35pm
SUB TEST	.00	1:36pm
ATR BLK	. 00	1:37pm

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

## WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008843 Test Date: 11/09/2016 Test Time: 1:38pm EST

Test Record Number: 1987

System Check: Passed

## Baseline Tests

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

## Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	1:39pm

## Printer Tests

Test	Status	Time
PRNT	Pass	1:39pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:39pm

1:39pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

	INTOXIMETE	rs, model in for ech	IN 11
County(	NAKE	Instrument Location ARCX Pr	D STATION 4
Instrument S	erial No. <u>008621</u>	1615 E. Willia	ms ST
		Apox, NC	
The preventi four months	•	Intoximeters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic brea egree centigrade;	ath simulator thermometer show
2.	Verify instrument displays tim	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	<b>i</b> ;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; at	nd	
10.		nister is being changed before expiration anged every four months or after 125 A	
I certify that procedures v Department	on the 2 / day of	10 Vennson, 20 1 6 the followed above, in accordance with curre the instrument is functioning properly.	orgoing preventive maintenance ent regulations of the N.C.
		. •	
THE STAT	E of NOR		
	S E		
		· · · · · · · · · · · · · · · · · · ·	
APAR IZ. TO	Stal	es bacus	662
	Sig	gnature of Certifying Official	Certificate Number

WAKE COUNTY APEX PD Serial Number: 008621 Test Date: 11/21/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, 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: AG607502 Exp Date: 03/15/2018

Test	g/210L	Time
DIAG	Pass	10:12am
AIR BLK	.00	10:13am
ACCY CHK	.08	10:14am
AIR BLK	.00	10:15am
SUB TEST	.00	10:15am
AIR BLK	.00	10:16am
SUB TEST	.00	10:18am
AIR BLK	.00	10:19am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## WAKE COUNTY APEX PD

Serial Number: 008621 Test Record Number: 2164
Test Date: 11/21/2016 Test Time: 10:20am EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	10:20am
FLO	Pass	10:20am
FC	Pass	10:20am

## Temperature Tests

Test	Status	Time
FC1	Pass	10:20am
SRC	Pass	10:20am
DET	Pass	10:20am
BAR	Pass	10:20am
BT	Pass	10:20am

## Blank Tests

Test	Status	Time
AIR	Pass	10:21am

## Printer Tests

Test	Status	Time
PRNT	Pass	10:21am

## CRC Tests

Test	Status	Time
COMP	Pass	10:21am
CAL	Pass	10:21am

Preventive Maintenance Status: Pass

Analyst

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

County U	14KE 1	Instrument Location	PD
Instrument Seri	ial No. <u>008587</u>	120 Wilkerson	Ave
The preventive four months are	maintenance procedures for the Intoxie:		
1.	Verify the ethanol gas canister disp 34 degrees, plus or minus .2 degree	lays pressure, or the alcoholic breath secentigrade;	simulator thermometer shows
2.	Verify instrument displays time and	l date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		is being changed before expiration da l every four months or after 125 Alcoh	
I certify that on procedures wer Department of	n the 21 day of Norway re performed on the instrument indicate Health and Human Services, and the in		oing preventive maintenance regulations of the N.C.
OF ME STATE OF THE	Thokes (	SANS re of Certifying Official	Certificate Number

WAKE COUNTY CARY PD 910

Serial Number: 008587 Test Date: 11/21/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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: AG607502 Exp Date: 03/15/2018

rest	g/210L	Time
DIAG	Pass	11:04am
AIR BLK	.00	11:06am
ACCY CHK	.08	11:06am
AIR BLK	.00	11:07am
SUB TEST	.00	11:08am
AIR BLK	.00	11:09am
SUB TEST	.00	11:10am
AIR BLK	.00	11:11am

Reported AC: /.00 g/210

Signature of Chemical Analyst

Court CVR

Analyst

## WAKE COUNTY CARY PD 910

Serial Number: 008587 Test Record Number: 3367 Test Date: 11/21/2016 Test Time: 11:12am EST

System Check: Passed

## Baseline Tests

Test	Status Time
IR	Pass 11:13am
FLO	Pass 11:13am
FC	Pass 11:13am

## Temperature Tests

Test	Status Time
$\mathbf{v} = \left( \begin{array}{cc} \mathbf{v} & \mathbf{v}^{-1} \\ \mathbf{v} & \mathbf{v} \end{array} \right)$	
FC1	Pass 11:13am
SRC	Pass 11:13am
DET	Pass 11:13am
BAR	Pass 11:13am
BT	Pass 11:13am

#### Blank Tests

Test		Status	ļ.,	Time
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AIR Pass 11:13am

Printer Tests

Test Status Time

PRNT Pass 11:14am

CRC Tests

Test Status Time

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

Preventive Maintenance Status: Pass

Analyst

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

County /	JAKE Instrument Location LAKE CO. DETENTION C
Instrument S	erial No. 608778 3301 HAMMOND RD RALFIGH, NC
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 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
STATE STATE OF THE	Signature of Certifying Official Certificate Number

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008778 Test Date: 11/21/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SMITH, 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: AG607601 Exp Date: 03/16/2018

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:53am 11:54am 11:54am
AIR BLK	.00	11:55am
SUB TEST AIR BLK	.00 .00	11:56am 11:57am
SUB TEST	.00	11:58am
AIR BLK	.00	11:59am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## WAKE COUNTY DETENTION CENTER 910

Test Record Number: 2356 Serial Number: 008778 

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	12:01pm
FLO	Pass	12:01pm
FC	Pass	12:01pm

## Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass	12:01pm 12:01pm 12:01pm 12:01pm
$\mathtt{BT}$	Pass	12:01pm

## Blank Tests

Test	Status	Time
AIR	Pass	12:01pm

## Printer Tests

Test	Status	Time
PRNT	Pass	12:01pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	12:02pm 12:02pm

Preventive Maintenance Status: Pass

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

1.10	INTOXIMETERS, MODEL INTOX EC/IR II
County UJ/-	KR Instrument Location WAKE CO. DETENTION CTR
Instrument Ser	ial No. 008760 3301 HAMMOND RD RALEIGH, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer	the 2 day of HOVENBED, 20 16 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OME STATE OF THE S	Signature of Certifying Official Certificate Number

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008760 Test Date: 11/21/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SMITH, 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: AG621403 Exp Date: 08/01/2018

Test	g/210L	Time
DIAG	Pass	11:34am
AIR BLK	.00	11:35am
ACCY CHK	.08	11:36am
AIR BLK	.00	11:37am
SUB TEST	.00	11:39am
AIR BLK	.00	11:39am
SUB TEST	.00	11:41am
ATD DIK	በበ	11.42am

Signature of Chemical Analyst

Court CVR

## WAKE COUNTY DETENTION CENTER 910

Serial Number: 008760

Test Record Number: 1868

Test Date: 11/21/2016

Test Time: 11:43am EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	11:44am
FLO	Pass	11:44am
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 BT	Pass	11:44am

## Blank Tests

Test	Status	Time
лто	Dacc	11·44am

## Printer Tests

Test	Status	Time
PRNT	Pass	11:45am
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

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

County ()	AKE Instrument Location NAKE Co. DETENTION CTR		
Instrument Seri	ial No. <u>008577</u> 3301 HAMMUND RD. RALEIGH, NC		
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
I certify that on procedures were Department of I	the		
CORPATION OF THE CONTROL OF THE CONT	Signature of Certifying Official Certificate Number		

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008577 Test Date: 11/21/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:59am 11:00am 11:00am
AIR BLK SUB TEST	.00 . <b>00</b>	11:02am 11:02am
AIR BLK	.00	11:02 <b>a</b> m
SUB TEST	.00	11:05am
AIR BLK	.00	11:06am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## WAKE COUNTY DETENTION CENTER 910

Serial Number: 008577 Test Record Number: 2630 Test Date: 11/21/2016 Test Time: 11:24am EST

System Check: Passed

## Baseline Tests

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

## Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	11:25am

## Printer Tests

Test	Status	Time
PRNŢ	Pass	11:25am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:25am 11:25am

Preventive Maintenance Status: Pass

Analyst

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

County WA	Instrument Location KNIGHTDALE P. S.
Instrument Seri	al No. 008838 979 STEEPLE SQUARE, CT. KNISHTDALE,
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;
<b>3.</b>	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the day of
STATE OF STA	Signature of Cértifying Official  Certificate Number



# WAKE COUNTY KNIGHTDALE PS 910

Serial Number: 008838

Test Record Number: 1421

Test Date: 11/21/2016

Test Time: 9:42am EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	9:42am
FLO	Pass	9:42am
FC	Pass	9:42am

### Temperature Tests

Test	Status	Time
FC1	Pass	9:42am
SRC	Pass	9:42am
DET	Pass	9:42am
BAR	Pass	9:42am
BT	Pass	9:42am

### Blank Tests

Test	Status	Time
AIR	Pass	9:43am

### Printer Tests

Test	Status	Time
PRNT	Pass	9:43am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:43am 9:43am

Preventive Maintenance Status: Pass

# WAKE COUNTY KNIGHTDALE PS 910

Serial Number: 008838

Test Record Number: 1421

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	9:42am
FLO	Pass	9:42am
FC	Pass	9:42am

# Temperature Tests

Test	Status	Time
FC1	Pass	9:42am
SRC	Pass	9:42am
DET	Pass	9:42am
BAR	Pass	9:42am
BT	Pass	9:42am

### Blank Tests

Test	Status	Time
AIR	Pass	9:43am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:43am
	CRC Tests	
Teat	Status	Time

1000	Deacab	4 4 1110
	•	
COMP	Pass	9:43am
CAL	Pass	9:43am

Preventive Maintenance Status: Pass

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

County WA	Instrument Location WAKE CO. DETENTION CTR
Instrument Ser	ial No. DO 8612 3301 HAMMOND RD RALEIGH, NC
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
<b>3.</b>	Initiate breath test sequence;
4.	Enter information as prompted;
<b>5.</b> ,	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer	the 2/ day of NOVEMEN, 20 6 the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
CHESTATE OF THE STATE OF THE ST	Signature of Certifying Official Certificate Number

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008612 Test Date: 11/21/2016

Citation Number: M0000000-0

Subject's Name:

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

Subject'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: AG621404 Exp Date: 08/01/2018

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	10:35am 10:36am 10:37am 10:38am 10:38am
SUB TEST	.00	10:41am
AIR BLK	.00	10:42am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WAKE COUNTY DETENTION CENTER 910

Serial Number: 008612 Test Record Number: 3288
Test Date: 11/21/2016 Test Time: 10:49am EST

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

FC1 Pass 10:5 SRC Pass 10:5 DET Pass 10:5 BAR Pass 10:5 BT Pass 10:5	0am 0am 0am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:51am

### Printer Tests

Status

Time

10:51am

Test

CAL

PRNT	Pass	10:51am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:51am

Pass

Preventive Maintenance Status: Pass

Analyst

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

County () A		LOCUNA PD
Instrument Seria	INO. 008945 JUL MAIN ST.	NORLINA, NC
The preventive r	naintenance procedures for the Intoximeters, Model Intox E	C/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alc 34 degrees, plus or minus .2 degree centigrade;	coholic breath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program, and	
10.	Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or a whichever occurs first.	
procedures were	heday of	with current regulations of the N.C.
STATE ON AUTOMOTIVE STATE OF AUTOMOTIVE STATE	CARD CONTRACTOR OF THE	
ARE QUAM VIDEO +	Rignature of Certifying Official	Certificate Number

WARREN COUNTY NORLINA POLICE DEPT 920

Serial Number: 008945 Test Date: 11/22/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:02pm
AIR BLK	.00	1:03pm
ACCY CHK	.08	1:04pm
AIR BLK	.00	1:05pm
SUB TEST	.00	1:06pm
AIR BLK	.00	1:07pm
SUB TEST	.00	1:08pm
ATR BLK	. 00	$1 \cdot 0.9 \text{pm}$

Reported AC:

,00 g/210L

Signature of Chemical Analyst

Court CVR .

Analyst

# WARREN COUNTY NORLINA POLICE DEPT 920

Serial Number: 008945 Test Date: 11/22/2016 Test Record Number: 325
Test Time: 1:10pm EST

System Check: Passed

# Baseline Tests

Test Stati	us Time
IR Pass	1:11pm
FLO Pass	1:11pm
FC Pass	1:11pm

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	1:11pm

# Printer Tests

Test	Status	Time
PRNT	Pass	1:11pm
	CRC Tests	i i
Test	Status	Time
COMP	Pass	1:12pm

Preventive Maintenance Status: Pass

Pass

1:12pm

CAL

Analyst

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

County GA	1 Instrument Location Vancey Co. Juil
Instrument Ser	ial No. 008653 Instrument Location Vancey Co. Juil
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>S</u> day of <u>November</u> , 20 <u>/ 6</u> the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	ON CAROLINA
* GOT QUANTURE!	Signature of Certifying Official Certificate/Number

YANCEY COUNTY YANCEY COUNTY JAIL 990

Serial Number: 008653 Test Date: 11/08/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	2:46pm 2:47pm
ACCY CHK	.08	2:48pm
AIR BLK	.00	2:49pm
SUB TEST	.00	2:50pm
AIR BLK	.00	2:51pm
SUB TEST	.00	2:52pm
AIR BLK	.00	2:53pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### YANCEY COUNTY YANCEY COUNTY JAIL 990

Serial Number: 008653

Test Record Number: 1215

Test Date: 11/08/2016

Test Time: 2:54pm EST

System Check: Passed

# Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:54pm 2:54pm
FC	Pass	2:55pm

# Temperature Tests

Test	Status	Time
FC1	Pass	2:55pm
SRC	Pass	2:55pm
DET	Pass	2:55pm
BAR	Pass	2:55pm
BT	Pass	2:55pm

### Blank Tests

Test	Status	Time
AIR	Pass	2:55pm

### Printer Tests

Test	Status	Time
PRNT	Pass	2:55pm

### CRC Tests

Test	Status	Time
COMP	Pass	2:55pm
CAL	Pass	2:55pm

Preventive Maintenance Status: Pass

Analyst

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

County Vac/	INTOXIMETERS, MODEL INTOX EC/IR  Vin Instrument Location Vacility Co	ounty Jail
Instrument Seria	Instrument Location Vackin Collins Vackin Valkin Va	lle, N.C.
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath s 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer 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 data simulator solution is being changed every four months or after 125 Alcoh whichever occurs first.	te, or the alcoholic breath olic Breath Simulator tests,
I certify that on t procedures were Department of H	theday of, 20	ing preventive maintenance egulations of the N.C.
THE STATE OF NOTICE OF NOT	Signature of Certifying Official	Certificate Number

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008854 Test Date: 11/09/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Driver's License Number: NONE

Analyst's Name: 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: AG507902 Exp Date: 03/20/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00 .00	10:25am 10:26am 10:27am 10:28am
AIR BLK	.00	10:29am
SUB TEST	.00	10:31am
AIR BLK,	.00	10:32am

Signature of Chemical Analyst

Court CVR

### YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008854 Test Date: 11/09/2016 Test Record Number: 421 Test Time: 10:33am EST

System Check: Passed

Baseline Tests

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

### Temperature Tests

Test Status Time	
FC1 Pass 10:34	am
SRC Pass 10:34	am
DET Pass 10:34	am
BAR Pass 10:34	am
BT Pass 10:34	am

# Blank Tests

Test	Status	Time
AIR	Pass	10:34am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:35am
	CRC Tests	

rest	Status	Time .
COMP	Pass	10:35am
CAL	Pass	10:35am

Preventive Maintenance Status: Pass

Analyst

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

County 0	dKin	_ Instrument Location Vadkin	,
Instrument Se	rial No. <u>00</u> 8944	Yadkin	ille, N.C.
:			
four months a		Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canisto 34 degrees, plus or minus .2	er displays pressure, or the alcoholic brodegree centigrade;	eath simulator thermometer show
2.	Verify instrument displays ti	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.		nister is being changed before expiration anged every four months or after 125 A	
	ere performed on the instrument i	Svember, 20 6 the indicated above, in accordance with current different the instrument is functioning properly	
OF THE STATE OF THE PROPERTY O	Jan 1	gnature of Certifying Official	Certificate Number

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944 Test Date: 11/09/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: 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: AG507902 Exp Date: 03/20/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:22am 10:23am 10:24am
AIR BLK	.00	10:25am
SUB TEST	.00	10:26am
AIR BLK	.00	10:26am
SUB TEST	.00	10:28am
AIR BLK	.00	10:29am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

### YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944 Test

Test Record Number: 1332
Test Time: 10:30am EST

Test Date: 11/09/2016 Test Time: 10:30am EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:30am 10:30am
FC	Pass	10:30am

# Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	10:30am 10:30am
DET	Pass	10:30am
BAR	Pass	10:30am
BT	Pass	10:30am

#### Blank Tests

Test	Status	Time
лтъ	Dagg	10.31

### Printer Tests

1656	Scatus	TIME
PRNT	Pass	10:31am
	CRC Tests	
Test	Status	Time

COMP	Pass	10:31am
CAL	Pass	10:31am

Preventive Maintenance Status: Pass

Analyst