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

County_	BRUNSWICK	Instrument Location	BAT MOBILE	- Uwi
Instrumer	nt Serial No. <u>008647</u>		SHALLOTTE,	DC
The preve	entive maintenance procedures for the ths are:	Intoximeters, Model Intox I	EC/IR II to be followed at least	st once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	r displays pressure, or the al egree centigrade;	coholic breath simulator therr	mometer show
2.	Verify instrument displays tim	ne and date;		
3.	Initiate breath test sequence;			
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		18.19
10.	Verify that the ethanol gas can simulator solution is being charwhichever occurs first.	nged every four months or a	fter 125 Alcoholic Breath Sim	nulator tests,
certify tha procedures Department	at on the // day of /A/F were performed on the instrument ind t of Health and Human Services, and t	icated above, in accordance he instrument is functioning	the forgoing preventive with current regulations of the properly.	maintenance e N.C.
OT THE STATE OF TH	AL CAROLL	9 13cms	<u>648</u>	
<b>%</b> .	Signa	ature of Certifying Official	Certificate N	

#### BRUNSWICK COUNTY BAT MOBILE UNIT 3 090

Serial Number: 008647 Test Date: 04/10/2015

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

Subject'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:
09/01/2013-09/01/2015

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

Lot Number: AG414801 Exp Date: 05/28/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	7:01pm 7:03pm 7:03pm 7:04pm
SUB TEST	.00	7:04pm
AIR BLK SUB TEST	.00 .00	7:05pm <b>7:07pm</b>
AIR BLK	.00	7:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### NEW HANOVER COUNTY BAT MOBILE UNIT 3 540

Serial Number: 008647

Test Record Number: 2082

Test Date: 04/11/2015

Test Time: 9:26pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	9:28pm

#### Printer Tests

Status

Time

9:28pm

Test

CAL

PRNT	Pass	9:28pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:28pm

Preventive Maintenance Status: Pass

Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

1	MICAIMETERS, MODEL INTOX EC/IR II
County	EW HANOVER Instrument Location BAT MOBILE UN
Instrument Ser	rial No OOS(016) Instrument Location BAT MOBILE UNITIAL NO OOS(016) WILMINGTON, 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.
I certify that on procedures were Department of I	the
STATE OF THE STATE	ORING AROUND
AND IS THE AND	<u>all 1/18-</u> 648
	Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 3
540

Serial Number: 008616 Test Date: 04/11/2015

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

Subject'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:
09/01/2013-09/01/2015

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

Lot Number: AG320602 Exp Date: 07/25/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	9:17pm 9:18pm 9:18pm 9:19pm 9:20pm 9:21pm 9:22pm
AIR BLK	.00	9:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### NEW HANOVER COUNTY BAT MOBILE UNIT 3 540

Serial Number: 008616 Test Date: 04/11/2015

Test Record Number: 2058
Test Time: 9:26pm FDT

: 04/11/2015 Test Time: 9:26pm EDT

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	9:28pm

#### Printer Tests

Ctatua

TI-1 mag

Toat

CAL

1656	Status	Time
PRNT	Pass	9:28pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:28pm

Preventive Maintenance Status: Pass

Pass

Analyst

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

		, 1	1 L100, 1/10D	TIAT.	OA EC/I	K II	
County_	NEW	HAMOVE	Instrument	Location	BAT	MOBILE	= () <sub>a</sub>
Instrume	nt Serial No.	0080	Instrument		WIL	MINGTO.	<u>م ,                                   </u>
<del></del>							
The preve four mont	entive mainte ths are:	nance procedures fo	or the Intoximeters, Mo	odel Intox E	C/IR II to be	followed at least o	nce every
1.	Verit 34 de	fy the ethanol gas car egrees, plus or minu	anister displays pressur s .2 degree centigrade;	e, or the alc	oholic breat	n simulator thermor	neter shov
2.	Verif	y instrument displa	ys time and date;				
3.	Initia	te breath test seque	nce;				
4.	Enter	information as pro	mpted;				
5.	Verif	y instrument accura	су;				
6.	When	"PLEASE BLOW	appears, collect brea	th sample;			
7.	When	"PLEASE BLOW	' appears, collect brea	th sample;			
8.	Print 1	test record;					
9.	Verify	Diagnostic Progra	m; and				
10.	Simula	that the ethanol ga ator solution is bein ever occurs first.	s canister is being char g changed every four n	nged before nonths or af	expiration deter 125 Alco	ate, or the alcoholic holic Breath Simula	breath ator tests,
certify tha rocedures Department	at on the were perform t of Health an	day of	A P121L nt indicated above, in a and the instrument is f	, 20 <u>/</u> eccordance v unctioning <sub>[</sub>	the forgowith current peroperly.	oing preventive mai regulations of the N	intenance
STA STA	HE SO NO AROUND						
APRIL 12,	VIDEN *	al	Signature of Certifying	T Official		648	
			Signature of Certifying	z Omeiai		Certificate Num	ber

NEW HANOVER COUNTY BAT MOBILE UNIT 3 540

Serial Number: 008647 Test Date: 04/11/2015

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
09/01/2013-09/01/2015

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

Lot Number: AG414801 Exp Date: 05/28/2016

Test	g/210L	Time
DIAG AIR BLK	Pass	9:16pm 9:17pm
ACCY CHK	.08	9:18pm
AIR BLK	.00	9:18pm
SUB TEST	.00	9:19pm
AIR BLK	.00	9:20pm
SUB TEST	.00	9:22pm
AIR BLK	.00	9:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Celu Ky B

#### NEW HANOVER COUNTY BAT MOBILE UNIT 3 540

Serial Number: 008647

Test Record Number: 2082 Test Date: 04/11/2015 Test Time: 9:26pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:27pm
SRC	Pass	9:27pm
$\mathtt{DET}$	Pass	9:27pm
BAR	Pass	9:27pm
BT	Pass	9:27pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:28pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:28pm
	CRC Tests	
Test	Status	Time

iest	Status	Time
COMP	Pass	9:28pm
CAL	Pass	9:28pm

Preventive Maintenance Status: Pass

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

<i>u</i> )	1 1	and, model in		
County /	EW HANOUER	_ Instrument Location_		
Instrument Se	rial No. <u>008707</u>		WILMI	NGTON, N
The preventive four months ar	e maintenance procedures for the lee:	Intoximeters, Model Intox	EC/IR II to be follo	wed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the agree centigrade;	lcoholic breath sim	ulator 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	<b>;</b>	
7.	When "PLEASE BLOW" appo	ears, collect breath sample		e B
8.	Print test record;			
9.	Verify Diagnostic Program; and	i	_ :	
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ster is being changed before ged every four months or	e expiration date, o after 125 Alcoholic	r the alcoholic breath Breath Simulator tests,
certify that on procedures were Department of I	the day of day of for performed on the instrument indicated that the day of day of for performed on the instrument indicated the day of for performed on the instrument indicated the day of for performed on the instrument indicated the day of for performed on the instrument indicated the day of for performed on the instrument indicated the day of for performed on the instrument indicated the day of for performed on the instrument indicated the day of for performed on the instrument indicated the day of for performed on the instrument indicated the day of for performed on the instrument indicated the day of for performed on the instrument indicated the day of for performed on the instrument indicated the day of for performed on the day of	cated above, in accordance instrument is functioning	With current regul	preventive maintenance ations of the N.C.
OF STATE OF	OSTIN CAROLINA		w. <sub>y</sub> .	
ARR. 12. 172 * ESTE QUAM VIDER! *	al R	1/5-	<u>,                                      </u>	648
	Signa	ture of Certifying Official		ertificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 3 540

> Serial Number: 008707 Test Date: 04/11/2015

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
09/01/2013-09/01/2015

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

Lot Number: AG414801 Exp Date: 05/28/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	9:19pm 9:21pm 9:21pm
AIR BLK	.00	9:22pm
SUB TEST	.00	9:23pm
AIR BLK	.00	9:23pm
SUB TEST	.00	9:25pm
AIR BLK	.00	9:26pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### NEW HANOVER COUNTY BAT MOBILE UNIT 3 540

Serial Number: 008707

Test Record Number: 2147 Test Date: 04/11/2015 Test Time: 9:27pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:28pm
FLO	Pass	9:28pm
FC	Pass	9:28pm

### Temperature Tests

Test	Status	Time
FC1	Pass	9:28pm
SRC	Pass	9:28pm
DET	Pass	9:28pm
BAR	Pass	9:28pm
BT	Pass	9:28pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:29pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:29pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:29pm 9:29pm

Preventive Maintenance Status: Pass

9:29pm

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

Instrument Serial No	County	CRAVEN	Instrument Location BAT	-MOBILE UNIT
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	Instrument S	erial No. <u>008616</u>	RIV	ER BEND, NO
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument displays time and date; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  1 certify that on the	The prevention four months a	ve maintenance procedures for the Inte	oximeters, 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 tests, whichever occurs first.  I certify that on the	1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr	splays pressure, or the alcoholic bree centigrade;	eath simulator thermometer shows
4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the	2.	Verify instrument displays time a	and date;	
5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the	3.	Initiate breath test sequence;		
6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the	4.	Enter information as prompted;		
7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the	5.	Verify instrument accuracy;		
8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the	6.	When "PLEASE BLOW" appear	rs, collect breath sample;	
9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the	7.	When "PLEASE BLOW" appear	rs, collect breath sample;	
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the	8.	Print test record;		
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the	9.	Verify Diagnostic Program; and	s de la companya de La companya de la companya del companya de la companya del companya de la co	
Department of Health and Human Services, and the instrument is functioning properly.	10.	simulator solution is being change	er is being changed before expirations of after 125 A	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
The county was the co	I certify that o procedures we Department of	n theday of re performed on the instrument indica Health and Human Services, and the	thed above, in accordance with currinstrument is functioning properly	orgoing preventive maintenance ent regulations of the N.C.
Wuly 1) = (648)		CAROLINA CAR	*	
	APRIL 12, 078  + ESTE QUAM VIDEO	- Clark	13	Secret 1

CRAVEN COUNTY BAT MOBILE UNIT 3 240

Serial Number: 008616 Test Date: 04/17/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:
09/01/2013-09/01/2015

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

Lot Number: AG320602 Exp Date: 07/25/2015

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### CRAVEN COUNTY BAT MOBILE UNIT 3 240

Serial Number: 008616 Test Date: 04/17/2015

Test Record Number: 2063 Test Time: 11:28pm EDT

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:30pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:30pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:30pm

Preventive Maintenance Status: Pass

Analyst

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

	INTOXIMET	eks, Mod	EL INTUA EC/	IK II
County	lash Co.	Instrument	Location Mashy	:11e P.D.
Instrument Seri	al No. <u>()() 863()</u>	501	S. BARH	25 51
· ·	·		MAS	hville, AC
The preventive four months are	maintenance procedures for the	Intoximeters, M	odel Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d			ath 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 bre	ath sample;	
7.	When "PLEASE BLOW" app	pears, collect bre	ath sample;	
8.	Print test record;			
9.	Verify Diagnostic Program; a	nd		
10.	Verify that the ethanol gas car simulator solution is being cha whichever occurs first.			date, or the alcoholic breath coholic Breath Simulator tests,
procedures were	the day of	dicated above, ir	accordance with curren	rgoing preventive maintenance nt regulations of the N.C.
TO THE STATE OF NO. 175 OF NO. 17	Sig	nature of Certify	ing Official	Certificate Number

NASH COUNTY NASHVILLE PD 630

Serial Number: 008630 Test Date: 04/29/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:
02/01/2014-02/01/2016

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	1:38pm 1:39pm 1:39pm 1:41pm 1:41pm 1:42pm 1:44pm
AIR BLK	.00	1:45pm

Reported AC: /00-g/210L

Signature of Chemical Analyst

Court CVR

Het He

Analyst

#### NASH COUNTY NASHVILLE PD 630

Serial Number: 008630 Test Record Number: 3309 Test Date: 04/29/2015 Test Time: 1:49pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:49pm 1:49pm
FC	Pass	1:49pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:49pm
SRC	Pass	1:49pm
DET	Pass	1:49pm
BAR	Pass	1:49pm
BT	Pass	1:49pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:50pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:50pm

#### CRC Tests

Test	Status	Time
COMP	Pass	1:50pm
CAL	Pass	1:50pm

Preventive Maintenance

Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD

****	INTOXIMETERS, MODEL INTOX EC/IR II
County	DURMAM Instrument Location DURMAM (S. TAI)
Instrument Se	erial No. 00 8878 217 5. Marguen ST Durcham, 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 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.
rocedures were	the day of, 20 the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
O'THE STATE OF NOTICE OF N	
WAN THE STATE OF T	(N.C.) 654
	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

#### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878 Test Date: 04/27/2015

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

02/01/2014-02/01/2016.

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:07pm
AIR BLK	.00	2:08pm
ACCY CHK	.08	2:08pm
AIR BLK	.00	2:10pm
SUB TEST	.00	2:10pm
AIR BLK	.00	2:11pm
SUB TEST	.00	2:13pm
AIR BLK	.00	2:14pm

Reported M: .08

\_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

#### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878

Test Record Number: 3239

Test Date: 04/27/2015

Test Time: 2:18pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:19pm
FLO	Pass	2:19pm
FC	Pass	2:19pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:19pm
SRÇ	Pass	2:19pm
DET	Pass	2:19pm
BAR	Pass	2:19pm
BT	Pass	2:19pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:19pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:20pm

#### CRC Tests

Test	Status	Time
COMP	Pass	2:20pm
CAL	Pass	2:20pm

Preventive Maintenance Status: Pass

Analyst

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

-	INTOXIMETERS, MODEL INTOX EC/IR II
County /	Instrument Location Durham Co. VAI
Instrument S	erial No. 10 3859 214 Mangum ST Durkham, NC
	· · · · · · · · · · · · · · · · · · ·
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that opposed we be procedures we be procedures we be partment o	on the
THE STATE	
S VI S D IV	CAROL
CAE CHAM AID	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
-	Signature of Certifying Official Certificate Number

#### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859 Test Date: 04/27/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

02/01/2014-02/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG405702 Exp Date: 02/26/2016

J,	Time
Pass .00 .07 .00	2:08pm 2:09pm 2:10pm 2:11pm 2:12pm
.00	2:13pm 2:14pm 2:15pm
	.00 .07 .00 .00

Reported AC: .00 g/210L

signature of Chemical Analyst

Court CVR

#### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859 Test Record Number: 1937
Test Date: 04/27/2015 Test Time: 2:18pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:18pm
FLO	Pass	2:18pm
FC	Pass	2:18pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:18pm
SRC	Pass	2:18pm
DET	Pass	2:18pm
BAR	Pass	2:18pm
BT	Pass	2:18pm

#### Blank Tests

Test	Status	TIME
AIR	Pass	2:19pm

m 4 ---- -

#### Printer Tests

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

Test	Status	Time
COMP	Pass	2:19pm
CAL	Pass	2:19pm

Preventive Maintenance

Status: Pass

Analyst

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

County D	URhani Instrument Location Durkham
Instrument Ser	ial No. DO8291 2175. MANgum ST Dukham, 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;
<b>2.</b>	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
<b>7.</b>	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the
OF THE STATE OF AN ANY 20, 1772	Signature of Certifying Official Certificate Number

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891 Test Date: 04/27/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

02/01/2014-02/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	2:14pm 2:14pm 2:15pm 2:16pm 2:17pm 2:18pm 2:20pm
AIR BLK	.00	2:21pm

Reported AC: .00

.00 g//2/10L

Signature of Chemical Analyst

Court CVR

Analyst

#### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891 Test Date: 04/27/2015

Test Record Number: 2901
Test Time: 2:22pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:22pm
FLO	Pass	2:22pm
FC	Pass	2:22pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:23pm
SRC	Pass	2:23pm
DET	Pass	2:23pm
BAR	Pass	2:23pm
BT	Pass	2:23pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:23pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:23pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:23pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

1.	INTOXIMETI	ERS, MODEL IN		
County 1	ndKiN	Instrument Location	Vad Kin	County JAil
Instrument S	erial No. <u>008865</u>	<del></del>	Yadkin vi.	County JAil 1/2 , N.C.
The prevention four months	we maintenance procedures for the are:	Intoximeters, Model Intox	EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canisted 34 degrees, plus or minus .2 d		alcoholic breath	n simulator thermometer shov
2.	Verify instrument displays tim	ne and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	i;		•
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" app	pears, collect breath sample	e;	
7.	When "PLEASE BLOW" app	pears, collect breath sample	e;	
8.	Print test record;			
9.	Verify Diagnostic Program; ar	nd		
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.			
I certify that of procedures we Department o	on the day of ere performed on the instrument in f Health and Human Services, and	dicated above, in accordanthe instrument is functioni	ce with current	oing preventive maintenance regulations of the N.C.
OT ME STATE OT MY 20, 177  SEE CHANNE	CAROLL	nature of Certifying Offici		657

#### YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008865 Test Date: 04/15/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

09/01/2014-09/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:56am 9:56am
ACCY CHK	.07	9:57am
AIR BLK	.00	9:58am
SUB TEST	٥00	9:58am
AIR BLK	.00	10:00am
SUB TEST	.00	10:01am
AIR BLK	<b>/.</b> 00	10:02am

Signature of Chemical Analyst

Court CVR

#### YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008865 Te

Test Record Number: 325

Test Date: 04/15/2015 Test Time: 9:51am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time	
AIR	Pass	9:53am	

#### Printer Tests

Test

Status

Time

1000	Deacab	2 2 1110
PRNT	Pass	9:53am
	CRC Tests	
Test	Status	Time

COMP	Pass	9:53am
CAL	Pass	9:53am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIM	ETERS, MODEL I	<i>/</i> ***	<i>(</i>
County (	MITERA	Instrument Locat	ion <u>ERCENS</u>	LORO Jeil
Instrument S	erial No. 008794			
The preventi four months	ve maintenance procedures fo are:	r the Intoximeters, Model Ir	ntox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas ca 34 degrees, plus or minu		the alcoholic breath	simulator thermometer show
2.	Verify instrument displa	ys time and date;		
3.	Initiate breath test seque	nce;	e :	
4.	Enter information as pro	mpted;		
5.	Verify instrument accura	icy;		
6.	When "PLEASE BLOW	" appears, collect breath sai	nple;	
7.	When "PLEASE BLOW	" appears, collect breath sai	nple;	
8.	Print test record;	•		
9.	Verify Diagnostic Progra	nm; and		
10.		as canister is being changed ag changed every four montl		ate, or the alcoholic breath sholic Breath Simulator tests,
	on theday of vere performed on the instrume of Health and Human Services	ent indicated above, in accor	rdance with current	oing preventive maintenance regulations of the N.C.
STATE OF STA	CAROLINI	Signature of Certifying O	fficial	Certificate Number

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794 Test Date: 04/21/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

09/01/2014-09/01/2016

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:39am 10:39am 10:40am
AIR BLK	.00	10:41am
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

#### GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794 Test Record Number: 4114 Test Date: 04/21/2015

Test Time: 10:45am EDT

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	10:46am
SRC	Pass	10:46am
DET	Pass	10:46am
BAR	Pass	10:46am
BT	Pass	10:46am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:46am

#### Printer Tests

IESU	Status	TIME
PRNT	Pass	10:46am

#### CRC Tests

Test	Status	Time
COMP	Pass	10:47am
CAL	Pass	10:47am

Preventive Maintenance Status: Pass

Analyst

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



Signature of Certifying Official

Certificate Number

GUILFORD COUNTY HIGH POINT PD 401

Serial Number: 008828 Test Date: 04/02/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

06/01/2013-06/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG411202 Exp Date: 04/22/2016

Test	g/210L	Time
DIAG	Pass	3:14pm
AIR BLK	.00	3:15pm
ACCY CHK	.08	3:15pm
AIR BLK	.00	3:16pm
SUB TEST	.00	3:16pm
AIR BLK	.00	3:17pm
SUB TEST	.00	3:19pm
AIR BLK	.00	3:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### GUILFORD COUNTY HIGH POINT PD 401

Serial Number: 008828

Test Record Number: 1746

Test Date: 04/02/2015

Test Time: 3:20pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
'.		
IR	Pass	3:21pm
FLO	Pass	3:21pm
FC	Pass	3:21pm

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	3:21pm 3:21pm
DET	Pass	3:21pm
BAR	Pass	3:21pm
BT	Pass	3:21pm

#### Blank Tests

Test	Status	Time
ATR	Pass	3 · 21 mm

#### Printer Tests

Test Status	
PRNT Pass	3:22pm

#### CRC Tests

Test	Status	Time
COMP	Pass	3:22pm
CAL	Pass	3:22pm

Preventive Maintenance Status: Pass

Analyst

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

County	ORANGE	Instrument Location BAT (	10 Bile Unit
Instrument !	Serial No. <u>808973</u>	CHAPEL	14,26
The prevent four months	ive maintenance procedures for the are:	e Intoximeters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 o	er displays pressure, or the alcoholic brea degree centigrade;	ath simulator thermometer show
<b>2.</b>	Verify instrument displays tir	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
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.	Verify that the ethanol gas can simulator solution is being cha 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,
noccounce w	ere berronnien on me wattiwant iv	, 20/5 the for dicated above, in accordance with curren the instrument is functioning properly.	going preventive maintenance t regulations of the N.C.
STATE STATE OF THE	NORTH CAROLING TO SEE T	nature of Certifying Official	Certificate Number

## ORANGE COUNTY BAT MOBILE UNIT 7 670

Serial Number: 008973 Test Date: 04/11/2015 Test Record Number: 39 Test Time: 10:36pm EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:38pm

## Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

ORANGE COUNTY BAT MOBILE UNIT 7 670

Serial Number: 008973 Test Date: 04/11/2015

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: MORGART, STEPHEN G
Permit Number: 9372E
Effective:
09/01/2013-09/01/2015

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:17pm 10:18pm 10:18pm
AIR BLK	.00	10:19pm
SUB TEST	.00	10:21pm
AIR BLK	.00	10:21pm
SUB TEST	.00	10:24pm
AIR BLK	.00	10:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

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

County	ORGANGE Instrument Location BAT MOBILE UNIT ST
Instrument Ser	rial No. 008969 CHAPEL H, 11
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 on procedures wer Department of	the
OF THE STATE OF THE OTHER PROPERTY OF THE STATE OF THE ST	SER 6:111 Spart 656
	Signature of Certifying Official Certificate Number

## ORANGE COUNTY BAT MOBILE UNIT 7 670

Serial Number: 008969 Test Record Number: 40 Test Date: 04/12/2015 Test Time: 1:11am EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	1:11am
FLO	Pass	1:11am
FC	Pass	1:11am

## Temperature Tests

Test	Status	Time
FC1	Pass	1:11am
SRC	Pass	1:11am
DET	Pass	1:11am
BAR	Pass	1:11am
BT	Pass	1:11am

## Blank Tests

Test	Status	Time
AIR	Pass	1:12am

## Printer Tests

Test	Status	Time
PRNT	Pass	1:12am
	CRC Tests	
Test	Status	Time
COMP	Pass	1:12am

Preventive Maintenance Status: Pass

Pass

1:12am

CAL

Analyst

ORANGE COUNTY BAT MOBILE UNIT 7 670

Serial Number: 008969 Test Date: 04/12/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

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

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Teat

TCBC	9/2101	TIME
DIAG	Pass	1:02am
AIR BLK	.00	1:03am
ACCY CHK	.08	1:03am
AIR BLK	.00	1:04am
SUB TEST	.00	1:05am
AIR BLK	.00	1:06am
SUB TEST	.00	1:07am
AIR BLK	.00	1:08am

a/210T.

Time

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County	ORANGE Instrument Location BAT MOBILE CONIT
Instrument Se	erial No. DOSG 68 CHAPE CHILL
The preventiv	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

## ORANGE COUNTY BAT MOBILE UNIT 7 670

Serial Number: 008968 Test Record Number: 32 Test Date: 04/12/2015 Test Time: 1:41am EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	1:41am
FLO	Pass	1:41am
FC	Pass	1:41am

## Temperature Tests

Test	Status	Time
FC1	Pass	1:41am
SRC	Pass	1:41am
DET	Pass	1:41am
BAR	Pass	1:41am
BT	Pass	1:41am

## Blank Tests

Test	Status	Time
AIR	Pass	1:42am

### Printer Tests

Test	Status	Time
PRNT	Pass	1:42am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:42am 1:42am

Preventive Maintenance Status: Pass

Analyst

ORANGE COUNTY BAT MOBILE UNIT 7 670

Serial Number: 008968 Test Date: 04/12/2015

Citation Number: M0000000-0 Subject's Name:

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

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

Analyst's Name: MORGART, STEPHEN G
Permit Number: 9372E
Effective:
09/01/2013-09/01/2015

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00 .00	1:33am 1:34am 1:35am 1:35am 1:36am 1:37am
AIR BLK	.00	1:37am
SUB TEST AIR BLK	.00	1:30am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County	OPANGE Instrument Location BAT MOBILE WITT  Serial No. 008970 CHANGE HILL
Instrument	Serial No. 008970 CHMEL HILL
The preven	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures Departmen	at on the
SED SES	Signature of Certificial Certificate Number

## ORANGE COUNTY BAT MOBILE UNIT 7 670

Serial Number: 008970 Test Record Number: 37 Test Date: 04/11/2015 Test Time: 10:18pm EDT Test Record Number: 37

## System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	10:18pm
FLO	Pass	10:19pm
FC	Pass	10:19pm

## Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	10:19pm

## Printer Tests

Test	Status	Time
PRNT	Pass	10:19pm

### CRC Tests

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

Preventive Maintenance Status: Pass

ORANGE COUNTY BAT MOBILE UNIT 7 670

Serial Number: 008970 Test Date: 04/11/2015

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

B 6.11/0/2

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

County	CRANGE Instrument Location BAT WOBILE Lai, T. #7
Instrument	Serial No. OO8572 CHAPLE Hill
The preven	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	t on the
STA	Signature of Certifying Official Certificate Number

## ORANGE COUNTY BAT MOBILE UNIT 7 670

Serial Number: 008972 Test Record Number: 60 

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:57am
FLO	Pass	1:57am
FC	Pass	1:57am

## Temperature Tests

Test	Status	Time
FC1	Pass	1:57am
SRC	Pass	1:57am
DET	Pass	1:57am
BAR	Pass	1:57am
$\mathtt{BT}$	Pass	1:57am

### Blank Tests

Test	Status	Time
AIR	Pass	1:58am

### Printer Tests

Test	Status	Time
PRNT	Pass	1:58am
	CRC Tests	
Test	Status	Timo

Status	TIME
Pass	1:58am
Pass	1:58am
	_

Preventive Maintenance Status: Pass

ORANGE COUNTY BAT MOBILE UNIT 7 670

Serial Number: 008972 Test Date: 04/12/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	1:49am 1:50am
ACCY CHK	.08	1:50am
AIR BLK	.00	1:51am
SUB TEST	.00	1:52am
AIR BLK	.00	1:53am
SUB TEST	.00	1:55am
AIR BLK	.00	1:55am

Reported AC:

 $.00 \, \text{g}/210 \text{L}$ 

Signature of Chemical Analyst

Court CVR

Analyst

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

County D	18ham Co. Instrument Location SHP Office C-1
Instrument Ser	ial No. 0088 3 101 S. Minni Blue, Durham NO
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
THE STATE OF MAN AND AND AND AND AND AND AND AND AND A	Signature of Certifying Official Certificate Number

DURHAM COUNTY SHP OFFICE C-7 310

Serial Number: 008873 Test Date: 04/24/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:
02/01/2014-02/01/2016

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	11:43am
AIR BLK	.00	11:44am
ACCY CHK	.08	11:45am
AIR BLK	.00	11:46am
SUB TEST	.00	11:47am
AIR BLK	.00	11:48am
SUB TEST	.00	11:49am
AIR BLK	.00	11:50am

Reported AC; .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## DURHAM COUNTY SHP OFFICE C-7 310

Serial Number: 008873 Test Record Number: 1191 Test Date: 04/24/2015 Test Time: 11:51am EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:52am 11:52am
FC		11:52am

## Temperature Tests

Test	Status	Time
FC1	Pass	11:52am
SRC	Pass	11:52am
DET	Pass	11:52am
BAR	Pass	11:52am
BT	Pass	11:52am

### Blank Tests

Test	Status	Time
AIR	Pass	11:53am

### Printer Tests

Test	Status	Time
PRNT	Pass	11:53am

### CRC Tests

Test	Status	Time
COMP	Pass	11:53am
CAL	Pass	11:53am

Preventive Maintenance

Status: Pass

Analyst

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

County	Durham Co. Instrument Location SHA ORFICE C-4
Instrument S	erial No. DOB924 1015 Minus. Blud, Durham No
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 or procedures we Department or	on theday 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.
STATE OF THE STATE OF THE OFFICE OFFI	

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

Signature of Certifying Official

Certificate Number

DURHAM CO SHP OFFICE C-7 310

Serial Number: 008924 Test Date: 04/24/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

02/01/2014-02/01/2016

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

Agency: DHHS

Test Type: Breath Test

Lot Number: AG411202 Exp Date: 04/22/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:40am 11:41am 11:42am
AIR BLK SUB TEST	.00 .00	11:43am 11:43am
AIR BLK	.00	11:44am
SUB TEST	.00	11:46am
AIR BLK	.00	11:47am

Reported AC: , 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## DURHAM CO SHP OFFICE C-7 310

Serial Number: 008924 Test Date: 04/24/2015

星 有经营收益 医水平

数据数钟电流

Test Record Number: 1080
Test Time: 11:48am EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	11:48am
FLO	Pass	11:48am
FC	Pass	11:48am

## Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass	11:48am 11:48am 11:48am 11:48am 11:48am

### Blank Tests

Test	Status	Time
AIR	Pass	11:49am

## Printer Tests

Test	Status	Time
PRNT	Pass	11:49am
	CRC Tests	
Test	Status	Time

COMP Pass 11:49am CAL Pass 11:49am

Preventive Maintenance Status: Pass

Analyst

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

	INTOXIMETERS, MODEL INTOX EC/IR II
County / RA	HVILLE Instrument Location Ox Fore RD.
Instrument Seria	INO. 008923 201 E McClarahan St. Oxford 1
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.
	he
THE STATE OF ALL	Signature of Certifying Official Certificate Number

GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008923 Test Date: 04/13/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:
02/01/2014-02/01/2016

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

Lot Number: AG405702 Exp Date: 02/26/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:26am 11:27am 11:28am
AIR BLK	.00	11:28am
SUB TEST	.00	11:29am
AIR BLK	.00	11:30am
SUB TEST	.00	11:32am
AIR BLK	.00	11:33am

Reported Ag: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008923 Test Record Number: 1215
Test Date: 04/13/2015 Test Time: 11:33am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:34am
FLO	Pass	11:34am
FC	Pass	11:34am

## Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:34am 11:34am 11:34am 11:34am 11:34am
		the state of the s

### Blank Tests

Test	Status	Time
		1
AIR	Pass	11:35am

### Printer Tests

Test	Status	Time
PRNT	Pass	11:35am
	CRC Tests	
Teat	Ctatus	Time

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

Preventive Maintenance Status: Pass

Analyst

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

County A	Instrument Location Benefing for 1.D.
Instrument Seria	INO. OOPINI 261 W. Front ST Burlington AV
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.
•	theday of, 20 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
THE QUANTITY OF A SECONDARY WITH THE PART OF	

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

Signature of Certifying Official

Certificate Númber

#### ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008907 Test Date: 04/16/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

02/01/2014-02/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	9:58am 9:59am 10:00am
AIR BLK	.00	10:01am
SUB TEST	.00	10:02am
AIR BLK	.00	10:03am
SUB TEST	.00	10:04am
AIR BLK	.00	10:05am

Reported AC: .00

00 = 1/210Tu

Signature of Chemical Analyst

Court CVR

Analyst

## ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008907 Te Test Date: 04/16/2015 T

Test Record Number: 690 Test Time: 10:08am EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:09am 10:09am
FC	Pass	10:09am

## Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	10:09am

## Printer Tests

Test	Status	Time
PRNT	Pass	í0:10am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:10am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Burkling tory 267 W. Front ST. Burlington, MC Instrument Serial No. \_\_\_\_\_\_\_\_\_ The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record; 9. Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the 13" day of April , 20/5 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008812 Test Date: 04/13/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

02/01/2014-02/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	1:23pm 1:24pm 1:25pm
AIR BLK	.00	1:26pm
SUB TEST	.00	1:26pm
AIR BLK	.00	1:27pm
SUB TEST	.00	1:29pm
AIR BLK	.00	1:30pm

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

## ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008812

Test Record Number: 2302

Test Date: 04/13/2015

Test Time: 1:31pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:31pm 1:31pm
FC	Pass	1:31pm

## Temperature Tests

Test	Status	Time
FC1	Pass	1:31pm
SRC	Pass	1:31pm
DET	Pass	1:31pm
BAR	Pass	1:31pm
BT	Pass	1:31pm

## Blank Tests

Test	Status	Time
AIR	Pass	1:32pm

## Printer Tests

Test	Status	Time
PRNT	Pass	1:32pm

## CRC Tests

Test	Status	Time
COMP	Pass	1:32pm
CAL	Pass	1:32pm

Preventive Maintenance Status: Pass

**A**nalyst

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

	INIUXIMETERS, MODEL INTOX 201111
County Wa	Tauga Instrument Location Watauga Co. Jail  Rocale WC
Instrument Se	erial No. <u>008715</u> <u>Spone, NC</u>
The prevention four months	$\cdot$
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	t on theday of
THE CREAT OF THE PARTY OF THE P	Signature of Certifying Official  Certificate Number

#### WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008715 Test Date: 04/22/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

06/01/2013-06/01/2015

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

Agency: DHHS

Test Type: Breath Test

Lot Number: AG405702 Exp Date: 02/26/2016

Test	g/210L	Time
DIAG	Pass	4:09pm
AIR BLK	.00	4:10pm
ACCY CHK	.08	4:11pm
AIR BLK	.00	4:12pm
SUB TEST	.00	4:12pm
AIR BLK	.00	4:13pm
SUB TEST	.00	4:15pm
ATR BLK	.00	4:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008715 Test Record Number: 1633 Test Date: 04/22/2015 Test Time: 4:16pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	4:17pm
FLO	Pass	4:17pm
FC	Pass	4:17pm

## Temperature Tests

Test	Status	Time
FC1	Pass	4:17pm
SRC	Pass	4:17pm
DET	Pass	4:17pm
BAR	Pass	4:17pm
BT	Pass	4:17pm

## Blank Tests

Test	Status	Time
AIR	Pass	4:18pm

## Printer Tests

Test	Status	Time
PRNT	Pass	4:18pm

## CRC Tests

Test	Status	Time
COMP	Pass	4:18pm
$\mathtt{CAL}$	Pass	4:18pm

Preventive Maintenance Status: Pass

Analyst

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

County Hen	
Instrument Ser	ial No. 008822- Hendersonville, NE
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer	the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

### HENDERSON COUNTY DETENTION 440

Serial Number: 008822 Test Date: 04/21/2015

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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:

06/01/2013-06/01/2015

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

Agency: DHHS

Test Type: Breath Test

Lot Number: AG326006 Exp Date: 09/17/2015

Test	g/210L	Time
DIAG AIR BLK	Pass	5:51pm 5:52pm
ACCY CHK AIR BLK	.08	5:53pm 5:54pm
SUB TEST	.00	5:54pm
AIR BLK	.00	5:55pm
SUB TEST	.00	5:57pm
AIR BLK	.00	5:58pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### HENDERSON COUNTY DETENTION 440

Serial Number: 008822 Test Record Number: 1803 Test Date: 04/21/2015 Test Time: 5:59pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	5:59pm
FLO	Pass	5:59pm
FC	Pass	5:59pm

## Temperature Tests

Test	Status	Time
FC1	Pass	5:59pm
SRC	Pass	5:59pm
DET	Pass	5:59pm
BAR	Pass	5:59pm
BT	Pass	5:59pm

## Blank Tests

Test	Status	Time
AIR	Pass	6:00pm

## Printer Tests

Test	Status	Time
PRNT	Pass	6:00pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	6:00pm 6:00pm

Preventive Maintenance Status: Pass

Analyst

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

,	INTUXIMETERS, MODEL INTUX EC/IR	
County Av	ery Instrument Location Avery	Co. Jail
Instrument Ser	ial No. 008664 Newlan	d, M
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be fo	llowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath s 34 degrees, plus or minus .2 degree centigrade;	imulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	٠.
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, 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,
procedures wer	the	ing preventive maintenance egulations of the N.C.
STATE OF THE STATE	Signature of Certifying Official	649 Certificate Number

#### AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664 Test Date: 04/20/2015

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

Subject'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:
06/01/2013-06/01/2015

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

Lot Number: AG326006 Exp Date: 09/27/2015

Test	g/210L	Time
DIAG AIR BLK	Pass .00	5:34pm 5:35pm
ACCY CHK	.08	5:36pm
AIR BLK	.00	5:36pm
SUB TEST	.00	5:37pm
AIR BLK	.00	5:38pm
SUB TEST	.00	5:39pm
AIR BLK	.00	5:40pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664 Test Record Number: 707 Test Date: 04/20/2015 Test Time: 5:41pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	5:41pm 5:41pm
FC FC	rass Pass	5:41pm

#### Temperature Tests

Status	Time
Pass Pass	5:42pm 5:42pm
Pass	5:42pm
Pass	5:42pm
Pass	5:42pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	5:42pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	5:42pm
	CRC Tests	

Status	Time
Pass Pass	5:42pm 5:42pm

Preventive Maintenance Status: Pass

Analyst

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

County_[	<u>Buncombe</u> Instrument Location <u>Buncombe</u> C	o. Juil
Instrument Se	Serial No. 008916 Asheville, NC	· · · · · · · · · · · · · · · · · · ·
	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least	once every
four months	s are:	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator therm 34 degrees, plus or minus .2 degree centigrade;	ometer 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;	N.
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Sin whichever occurs first.	olic breath nulator tests,
I certify that procedures w	t on the	maintenance le N.C.
THE STATE OF THE S	Signature of Certifying Official  Certificate	9 Number

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008916 Test Date: 04/02/2015

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

Subject'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:

06/01/2013-06/01/2015

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

Lot Number: AG414801 Exp Date: 05/28/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	12:42pm 12:42pm 12:43pm
AIR BLK	.00	12:44pm
SUB TEST	.00	12:45pm
AIR BLK SUB TEST	.00 .00	12:46pm 12:48pm
AIR BLK	.00	12:49pm

m - ---

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008916

Test Record Number: 845

Test Date: 04/02/2015

Test Time: 12:51pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:51pm
FLO	Pass	12:51pm
FC	Pass	12:51pm

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	12:51pm 12:51pm
DET	Pass	12:51pm
BAR	Pass	12:51pm
BT	Pass	12:51pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:52pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:52pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

,,,,,	INTOXIMETERS, MODEL INTOX EC/IR II
County 1	Uncombe Instrument Location Burcombe Co. Jail
Instrument S	erial No. 008631 Asheville, NC
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the day of, 20/5 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL
100

Serial Number: 008631 Test Date: 04/02/2015

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

Subject'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:
06/01/2013-06/01/2015

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	Pass .00 .08	12:53pm 12:53pm 12:54pm
AIR BLK	.00	12:55pm
SUB TEST	.00	12:56pm
AIR BLK	.00	12:57pm
SUB TEST	.00	12:58pm
AIR BLK	.00	12:59pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008631 Test Record Number: 3913 Test Date: 04/02/2015 Test Time: 1:00pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:00pm
FLO	Pass	1:00pm
FC	Pass	1:00pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time	
	•		
ΔTR	Pagg	1 · 01 mm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:01pm

#### CRC Tests

Test	Status	Time
COMP	Pass	1:01pm
CAL	Pass	1:01pm

Preventive Maintenance Status: Pass

Analyst

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

County 161	1684	Instrument Location Kancey	Co. Jail
Instrument Ser	ial No. <u>00 865 3</u>	Instrument Location Vancey  Boonsy	ille, NC
The preventive 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 de	r displays pressure, or the alcoholic breat egree centigrade;	th simulator thermometer show
2.	Verify instrument displays tim	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	1;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; ar	nd ·	
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	nister is being changed before expiration anged every four months or after 125 Alo	date, or the alcoholic breath coholic Breath Simulator tests,
I certify that on procedures wer Department of	the day of	dicated above, in accordance with current the instrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
THE STATE OF THE S	South Carolina Caroli	nature of Certifying Official	649 Certificate Number

#### YANCEY COUNTY YANCEY COUNTY JAIL 990

Serial Number: 008653 Test Date: 04/01/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

06/01/2013-06/01/2015

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

Agency: DHHS

Test Type: Breath Test

Lot Number: AG402703 Exp Date: 01/27/2016

Test	g/210L	Time
DIAG AIR BLK	Pass	2:41pm 2:42pm
ACCY CHK	.07	2:43pm
AIR BLK	.00	2:44pm
SUB TEST	.00	2:44pm
AIR BLK	.00	2:45pm
SUB TEST	.00	2:47pm
AIR BLK	.00	2:48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### YANCEY COUNTY YANCEY COUNTY JAIL 990

Serial Number: 008653

Test Record Number: 1071

Test Date: 04/01/2015

Test Time: 2:49pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:49pm 2:49pm
FC	Pass	2:50pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:50pm
SRC	Pass	2:50pm
DET	Pass	2:50pm
BAR	Pass	2:50pm
BT	Pass	2:50pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:50pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:50pm
	CRC Tests	

Test	Status	Time
COMP	Pass	2:51pm
CAL	Pass	2:51pm

Preventive Maintenance Status: Pass

Analyst

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

County /	Madison Instrument Location Mars Hill PO
Instrument S	Serial No. 008582 Mars Hill, NC
The preventi four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the day of, 20 /5 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 OF THE STATE	ON NOTIFICATION TO THE PARTY OF
* ASR QUAM V	Signature of Certifying Official Certificate Number

MADISON COUNTY MARS HILL PD 560

Serial Number: 008582 Test Date: 04/01/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

06/01/2013-06/01/2015

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

Lot Number: AG405702 Exp Date: 02/26/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	1:30pm 1:31pm 1:31pm 1:32pm 1:33pm
AIR BLK	.00	1:34pm
SUB TEST	.00	1:35pm
AIR BLK	.00	1:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MADISON COUNTY MARS HILL PD 560

Serial Number: 008582

Test Record Number: 1027

Test Date: 04/01/2015

Test Time: 1:38pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:38pm
SRC	Pass	1:38pm
DET	Pass	1:38pm
BAR	Pass	1:38pm
BT	Pass	1:38pm

#### Blank Tests

Test	Status	Time	
ATR	Pass	1:39pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:39pm

#### CRC Tests

Test	Status	Time
COMP	Pass	1:39pm
CAL	Pass	1:39pm

Preventive Maintenance Status: Pass

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

County <u>C</u>	1 ballus Instrument Location Kannapolis PD
Instrument Ser	MS 500 3H S M SI V 1001
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 day of And day of
A PRE 12, 1775	Signature of Certifying Official Certificate Number

#### CABARRUS COUNTY KANNAPOLIS PD 120

Serial Number: 008589

Test Record Number: 2265

Test Date: 04/02/2015

Test Time: 11:26am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
		44 05
IR	Pass	11:27am
FLO	Pass	11:27am
FC in	Pass	11:27am

# Temperature Tests

SRC       Pass       11:27am         DET       Pass       11:27am         BAR       Pass       11:27am	Test	Status	Time
DET Pass 11:27am BAR Pass 11:27am	4.473	一次,更好成功,一点一切得到这个人。 化转换电池 人名	11:27am 11:27am
그는 사람들은 취심하는 사람들은 사람들은 사람들은 그들을 받는 것이다.	1114	<ul><li>(1) は またり、 (2) はまりまた。ままりまた。</li></ul>	11:27am
BT Pass 11:27am	BAR	Pass	11:27am
	BT	Pass	11:27am

#### Blank Tests

	 Status	Time
Test		

AIR Pass 11:28am

#### Printer Tests

Test Status Time

PRNT Pass 11:28am

CRC Tests

Test Status Time

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

Preventive Maintenance Status: Pass

Analyst

#### CABARRUS COUNTY KANNAPOLIS PD 120

Serial Number: 008589 Test Date: 04/02/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

01/01/2014-01/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG320602 Exp Date: 07/25/2015

Test

1.	J.	rong d
DIAG	Pass	11:45am
AIR BLK	.00	11:46am
ACCY CHK	.08	11:47am
AIR BLK	.00	11:48am
SUB TEST	.00	11:49am
AIR BLK	.00	11:49am

q/210L

Time

11:51am

11:52am

.00 .00 g/210L Reported AC: \

SUB TEST .00

AIR BLK

of Chemic Signature Analyst

Court CVR

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

. 4	INTOXIMETERS, MODEL INTOX EC/IR II		
County	lecklenburg Instrument Location CMPD-LEC		
Instrument Se	erial No. 008594 GOI E. Trade St. Charlotte		
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
<b>7. 7.</b>	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
procedures we	on the <u>0)</u> day of <u>40(;)</u> , 20 15 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.		
OF CUAM NO	Signature of Certifying Official Certificate Number		

#### MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008594 Test Record Number: 2786

Test Date: 04/21/2015

Test Time: 11:45am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:46am
FLO	Pass	11:46am
FC	Pass	11:46am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:46am
SRC	Pass	11:46am
DET	Pass	11:46am
BAR	Pass	11:46am
BT	Pass	11:46am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:46am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:46am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:47am

Pass 11:47am

Preventive Maintenance Status: Pass

CAL

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008594 Test Date: 04/21/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

01/01/2014-01/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	11:50am
AIR BLK	.00	11:50am
ACCY CHK	.07	11:51am
AIR BLK	.00	11:52am
SUB TEST	.00	11:53am
AIR BLK	.00	11:54am
SUB TEST	.00	11:55am
ATR BLK	0.0	11.56am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County_	18ch Jenburg Instrument Location Meck Jenburg County SD
Instrument S	ONE HADEL CLIFF
The preventifour months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the 20 st day of 4000 , 20 15 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

#### MECKLENBURG COUNTY SHERIFFS DEPARTMENT 590

Serial Number: 008690 Test Date: 04/21/2015 Test Record Number: 4829

Test Time: 12:12pm EDT

System Check: Passed

#### Baseline Tests

Status	Time
Pass	12:13pm
	12:13pm 12:13pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:13pm
SRC	Pass	12:13pm
DET	Pass	12:13pm
BAR	Pass	12:13pm
BT	Pass	12:13pm

#### Blank Tests

Test	Status	Time
ATR	Pass	12:14pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:14pm
	CRC Tests	

Test	Status	Time
COMP	Pass	12:14pm
C'ΔT.	Dagg	12 · 14 mm

Preventive Maintenance Status: Pass

Analyst

### MECKLENBURG COUNTY SHERIFFS DEPARTMENT 590

Serial Number: 008690 Test Date: 04/21/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

01/01/2014-01/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	12:16pm 12:17pm 12:18pm 12:19pm 12:19pm
AIR BLK	.00	12:20pm
SUB TEST	.00	12:22pm
AIR BLK	.00	12:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County I	edell	Instrument Location States	ag slive
Instrument Seria	al No. 008619	330 S. Tradd S	t. Statesville
The preventive r		oximeters, Model Intox EC/IR II to be f	followed at least once every
<b>1.</b> 1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 degr	isplays pressure, or the alcoholic breath ree centigrade;	simulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	rs, collect breath sample;	
<b>7.</b>	When "PLEASE BLOW" appear	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.	ter is being changed before expiration de ged every four months or after 125 Alco	ate, or the alcoholic breath holic Breath Simulator tests,
procedures were	the <u>health and Human Services</u> , and the	20 15 the forgoated above, in accordance with current e instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
TOTAL MANUAL PROPERTY OF THE CORE AT THE C	CORTE CAROLINA A		
William Country	Signa	ture of Certifying Official	Certificate Number
	,	<i>y</i>	

#### IREDELL COUNTY STATESVILLE PD 480

Serial Number: 008619 Test Record Number: 1089
Test Date: 04/21/2015 Test Time: 2:36pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
1.1		
IR	Pass	2:36pm
FLO	Pass	2:36pm
FC	Pass	2:36pm

#### Temperature Tests

Status	Time
Pass	2:36pm
	Status Pass Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	2:37pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:37pm
	CRC Tests	er Northead
Test	Status	Time
COMP CAL	Pass Pass	2:37pm 2:37pm
Crau	Labb	2.3,5

Preventive Maintenance Status: Pass

Analyst

IREDELL COUNTY STATESVILLE PD 480

Serial Number: 008619 Test Date: 04/21/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

01/01/2014-01/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:44pm
AIR BLK	.00	2:44pm
ACCY CHK	.08	2:45pm
AIR BLK	.00	2:46pm
SUB TEST	.00	2:46pm
AIR BLK	.00	2:47pm
SUB TEST	.00	2:49pm
AIR BLK	.00	2:50pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

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

County_	Iredell Instrument Location I redell County SD
Instrumer	nt Serial No. 008809 201 E. Water St., Statesville
The preve four mont	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 theday of, 20, 20
COREAL STATES	Signature of Certifying Official  Certificate Number

#### IREDELL COUNTY IREDELL COUNTY SD 480

Serial Number: 008809 Test Test Date: 04/21/2015 Tes

Test Record Number: 2913

015 Test Time: 3:05pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:05pm
FLO	Pass	3:05pm
FC	Pass	3:06pm

#### Temperature Tests

Test Status		Time
FC1	Pass	3:06pm
SRC	Pass	3:06pm
DET	Pass	3:06pm
BAR	Pass	3:06pm
BT	Pass	3:06pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	3:07pm	

#### Printer Tests

Test	Status	Time	
PRNT	Pass	3:07pm	

#### CRC Tests

Test	Status	Time	
COMP	Pass	3:07pm	
CAL	Pass	3:07pm	

Preventive Maintenance Status: Pass

Analyst

IREDELL COUNTY IREDELL COUNTY SD 480

Serial Number: 008809 Test Date: 04/21/2015

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

Subject'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:
01/01/2014-01/01/2016

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

Lot Number: AG418903 Exp Date: 07/08/2016

Test	g/210L	Time
DIAG	Pass	3:09pm
AIR BLK	.00	3:10pm
ACCY CHK	.07	3:11pm
AIR BLK	.00	3:11pm
SUB TEST	.00	3:12pm
AIR BLK	.00	3:13pm
SUB TEST	.00	3:15pm
ATR BLK	. 00	3:16pm

Reported AC: .00 g/210L

Signature of Chemigal Analyst

Court CVR

Analyst

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

Signature of Certifying Official

Certificate Number

#### CLEVELAND COUNTY CLEVELAND COUNTY SD 220

Serial Number: 008893 Test Record Number: 1315 Test Date: 04/22/2015 Test Time: 10:23am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time	
<b>5</b>	<b>7</b>		
AIR	Pass	10:25am	

#### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

10:25am

CAL

Analyst

CLEVELAND COUNTY CLEVELAND COUNTY SD 220

> Serial Number: 008893 Test Date: 04/22/2015

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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:
01/01/2014-01/01/2016

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

Lot Number: AG320602 Exp Date: 07/25/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	10:31am 10:31am 10:32am 10:33am
AIR BLK	.00	10:34am
SUB TEST	.00	10:36am
AIR BLK	.00	10:37am

Remorted AC . .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

•	11/1/02/11/12/12	MS, MODEL IN 1 O2		Λ. Λ
County	EE	Instrument Location	ANTORD	Police De
Instrument Se	orial No. <u>00 8867</u>	_SANFORD	, N.C.	·
The preventive four months as	e maintenance procedures for the I	ntoximeters, Model Intox EC/I	R II to be followed	d at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcohogree centigrade;	olic breath simula	tor thermometer show
2.	Verify instrument displays time	e and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	,		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appe	ears, collect breath sample;		
7.	When "PLEASE BLOW" appe	ears, collect breath sample;		
8.	Print test record;			•
9.	Verify Diagnostic Program; and	d		
10.	Verify that the ethanol gas cani simulator solution is being char whichever occurs first.	ster is being changed before ex aged every four months or after	piration date, or the 125 Alcoholic Br	ne alcoholic breath reath Simulator tests,
procedures wer	the day of Aliker performed on the instrument ind Health and Human Services, and the	icated above, in accordance wit	th current regulation	ventive maintenance ons of the N.C.
OT THE STATE OF	NO SEE			
A STATE OF THE PARTY OF THE PAR	Sign.	OeAura ature of Certifying Official	)	tificate Number

LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: 008867 Test Date: 04/22/2015

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

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

Analyst's Name:
QUARANTELLO, NICHOLAS J
Permit Number: 21536E
Effective:
08/01/2013-08/01/2015

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

Lot Number: AG320602 Exp Date: 07/25/2015

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analy

#### LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: 008867 Test Date: 04/22/2015

Test Record Number: 864
Test Time: 1:04pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:04pm
FLO	Pass	1:04pm
FC	Pass	1:05pm

#### Temperature Tests

Status	Time
Pass Pass	1:05pm 1:05pm
Pass	1:05pm
Pass Pass	1:05pm 1:05pm
	Pass Pass Pass Pass

#### Blank Tests

Test Status Time

AIR Pass 1:05pm

#### Printer Tests

Test Status Time

PRNT Pass 1:05pm

CRC Tests

Test Status Time

COMP Pass 1:05pm Pass 1:05pm

Preventive Maintenance Status: Pass

Analyst

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

County	CIMAGRIAND Instrument Lo	cation Como ERAND Co. DETENTION C
Instrument	nent Serial No. 008614 Fayett	eville, NC
The prever	eventive maintenance procedures for the Intoximeters, Mode onths are:	Intox EC/IR II to be followed at least once every
1.	. Verify the ethanol gas canister displays pressure, 34 degrees, plus or minus .2 degree centigrade;	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 breath	sample;
7.	. When "PLEASE BLOW" appears, collect breath	sample;
8.	Print test record;	
9.	. Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being change simulator solution is being changed every four mo whichever occurs first.	ed before expiration date, or the alcoholic breath on this or after 125 Alcoholic Breath Simulator tests,
rocedures	that on theday ofPQ//	_, 20/< the forgoing preventive maintenance cordance with current regulations of the N.C. actioning properly.
STAR STAR STAR STAR STAR STAR STAR STAR		2 37/ Official Certificate Number

#### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008614 Test Date: 04/10/2015

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

Subject'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:
08/01/2013-08/01/2015

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

Lot Number: AG404101 Exp Date: 02/10/2016

Test	g/210L	Time
DIAG AIR BLK	Pass	1:17pm 1:18pm
ACCY CHK	.08	1:18pm
AIR BLK	.00	1:19pm
SUB TEST	.00	1:20pm
AIR BLK	.00	1:21pm
SUB TEST	.00	1:22pm
AIR BLK	.00	1:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

#### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008614 Test Date: 04/10/2015 Test Record Number: 2946
Test Time: 1:24pm EDT

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	1:25pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:25pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:25pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

1:25pm

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

County	WALL Instrument Location BAT WOS, Le Levi. T	Page C
Instrument Ser	rial No. 008972 RALEISH	_
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 should degree, plus or minus .2 degree centigrade;	ws
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	Sec.
8.	Print test record;	7
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before 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	<b>;</b>
STATE OF STA	Signature of Certifying Official Certificate Number	

### WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008972

Test Record Number: 62

Test Date: 04/17/2015 Test Time: 8:58pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time

AIR Pass 8:59pm

#### Printer Tests

Test	Status	Time

PRNT Pass 8:59pm

#### CRC Tests

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

COMP Pass 8:59pm CAL Pass 8:59pm

Preventive Maintenance Status: Pass

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008972 Test Date: 04/17/2015

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: MORGART, STEPHEN G
Permit Number: 9372E
Effective:
09/01/2013-09/01/2015

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

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

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

Reported AC: .00\_g/210L

Signature of Chemical Analyst

Court CVR

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

County	WALE	Instrument Location 1997	MOBILE Law, Tomathe
Instrument	Serial No	- Rol	MOBILE LLE, THE
The preven	ntive maintenance procedures for t s are:	he Intoximeters, Model Intox EC/IR II t	o be followed at least once every
1.	Verify the ethanol gas canic	ster displays pressure, or the alcoholic b 2 degree centigrade;	reath simulator thermometer shows
2.	Verify instrument displays	time and date;	
3.	Initiate breath test sequence	<del>2</del> ;	
4.	Enter information as promp	oted;	
5.	Verify instrument accuracy	•	•
6.	When "PLEASE BLOW" a	appears, collect breath sample;	
7.	When "PLEASE BLOW" a	appears, collect breath sample;	ÿ.
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.	Verify that the ethanol gas c simulator solution is being c whichever occurs first.	canister is being changed before expiration changed every four months or after 125 A	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
certify that rocedures v epartment	on theday of were performed on the instrument of Health and Human Services, an	indicated above, in accordance with current the instrument is functioning properly	forgoing preventive maintenance rent regulations of the N.C.
OTHE STATI	Secretary Constitution of the Constitution of	66.1115 pant	636
	Si	gnature of Certifying Official	Certificate Number

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008968 Test Date: 04/17/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00	8:51pm 8:52pm 8:53pm 8:54pm 8:55pm 8:56pm 8:57pm
AIR BLK	.00	8:58pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County	Wake	Instrument Location BAT WINGILE Line, T
Instrument	Serial No. Ot 969	Roleiton
The prevent	•	Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic breath simulator thermometer shows egree centigrade;
2.	Verify instrument displays tin	ne and date;
3.	Initiate breath test sequence;	
4.	Enter information as prompte	i;
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" app	pears, collect breath sample;
7.	When "PLEASE BLOW" app	pears, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; a	nd
10.		nister is being changed before expiration date, or the alcoholic breath anged every four months or after 125 Alcoholic Breath Simulator tests,
procedures '	were performed on the instrument in	the forgoing preventive maintenance dicated above, in accordance with current regulations of the N.C. the instrument is functioning properly.
PATE GREAT OF THE PATE OF THE	C Silver	nature of Certifying Official Certificate Number

#### WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008969 Test Record Number: 44 Test Date: 04/17/2015 Test Time: 9:03pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:03pm
FLO	Pass	9:03pm
FC	Pass	9:03pm

#### Temperature Tests

Status	Time
Pass	9:03pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	9:04pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:04pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:04pm

9:04pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

#### WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008969 Test Date: 04/17/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	8:55pm 8:55pm 8:56pm
AIR BLK	.00	8:57pm
SUB TEST	.00	8:57pm
AIR BLK	.00	8:58pm
SUB TEST	.00	9:00pm
AIR BLK	.00	9:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County	Water	Instrument Location_	BAT	MOBILE	logical to
Instrument	Serial No. COSS 70		The second	· , &	
The prever	ntive maintenance procedures for the Instarce:	ntoximeters, Model Intox	EC/IR II to b	e followed at leas	st once every
1,	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		ilcoholic brea	th simulator ther	mometer shows
2.	Verify instrument displays time	and date;			
3.	Initiate breath test sequence;				
4.	Enter information as prompted;				
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" appe	ears, collect breath sample	;		
7.	When "PLEASE BLOW" appe	ears, collect breath sample	;		a N
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.				
procedures	were performed on the instrument ind t of Health and Human Services, and t	icated above, in accordan	ce with curre	rgoing preventive nt regulations of t	maintenance the N.C.
STATE OF THE PROPERTY OF THE P	NE O VORTER CARDON	ature of Certifying Officia	En m	6=0	
	✓ Sign	ature of Certifying Officia	al ·	Certificate	Number

#### WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008970

Test Record Number: 40 

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:32pm
FLO	Pass	8:32pm
FC	Pass	8:32pm

### Temperature Tests

Test	Status	Time
FC1	Pass	8:32pm
SRC	Pass	8:32pm
DET	Pass	8:32pm
BAR	Pass	8:32pm
$\mathtt{BT}$	Pass	8:32pm

#### Blank Tests

Test	Status	Time
AIR	Pass	8:33pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:33pm

#### CRC Tests

Test	Status	Time
COMP	Pass	8:33pm
CAL	Pass	mq8:8

Preventive Maintenance Status: Pass

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008970 Test Date: 04/17/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	TTIIIE
DIAG	Pass	8:23pm
AIR BLK	.00	8:24pm
ACCY CHK	.08	8:25pm
AIR BLK	.00	8:25pm
SUB TEST	.00	8:26pm
AIR BLK	.00	8:27pm
SUB TEST	.00	8:28pm
AIR BLK	.00	8:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County /	Make Instrument Location BAT MOBILE CIVIT
Instrument Ser	ial No. 008971 Roller EH
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.
	the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

#### WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008971 Test Record Number: 36 Test Date: 04/17/2015 Test Time: 8:31pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:31pm
FLO	Pass	8:31pm
FC	Pass	8:31pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:31pm
SRC	Pass	8:31pm
DET	Pass	8:31pm
BAR	Pass	8:31pm
BT	Pass	8:31pm

#### Blank Tests

Test	Status	Time
AIR	Pass	8:32pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:32pm

#### CRC Tests

Test	Status	Time
COMP	Pass	8:32pm
CAL	Pass	8:32pm

Preventive Maintenance Status: Pass

Stople 6.11/0/av

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008971 Test Date: 04/17/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	8:21pm 8:22pm 8:22pm
AIR BLK	.00	8:23pm
SUB TEST	.00	8:24pm
AIR BLK	.00	8:25pm
SUB TEST	.00	8:27pm
AIR BLK	.00	8:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Start Start Analyst

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

County	LUAKE Instrument Location Bot Mobile Land
Instrument S	erial No 8973
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the
STATE STATE OF THE	Signature of Certifying Official Certificate Number

#### WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008973 Test Date: 04/17/2015 Test Time: 8:40pm EDT

Test Record Number: 43

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:41pm
FLO	Pass	8:41pm
FC	Pass	8:41pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:41pm
SRC	Pass	8:41pm
DET	Pass	8:41pm
BAR	Pass	8:41pm
$\mathtt{B}\mathbf{T}$	Pass	8:41pm

#### Blank Tests

Test	Status	Time
AIR	Pass	8:42pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:42pm

#### CRC Tests

Test	Status	Time
COMP	Pass	8:42pm
CAL	Pass	8:42pm

Preventive Maintenance Status: Pass

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008973 Test Date: 04/17/2015

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: MORGART, STEPHEN G
Permit Number: 9372E
Effective:
09/01/2013-09/01/2015

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	8:27pm
AIR BLK	.00	8:28pm
ACCY CHK	08	8:29pm
AIR BLK	.00	8:29pm
SUB TEST	.00	8:30pm
AIR BLK	.00	8:31pm
SUB TEST	.00	8:32pm
AIR BLK	.00	8:33pm

Reported AC: .00 g/210L-

Signature of Chemical Analyst

Court CVR

Analyst

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

County(	CAR freeze	Instrument Location_	CARteret County	
Instrument	Serial No. <u>00888</u>	5HeGA5	OFFICE	
The prevent	•	e 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		alcoholic breath 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;	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	ppears, collect breath sample	;	
7.	When "PLEASE BLOW" ap	ppears, collect breath sample	3;	
8.	Print test record;			
9.	Verify Diagnostic Program; a	and		
10.			ore expiration date, or the alcoholic breath r after 125 Alcoholic Breath Simulator tests,	
procedures v	t on the day of were performed on the instrument in of Health and Human Services, and	ndicated above, in accordar	the forgoing preventive maintenance ce with current regulations of the N.C. ing properly.	
·		ı		
STATE OF STA	E O A ROLL OF THE SAME OF THE		-	
SSE QUAM		COCHEL	<i>10354</i>	
	Si	gnature of Certifying Offici	al Certificate Number	

#### CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008882 Test Date: 04/02/2015

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

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

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

Analyst's Name: HALL, RANDY E
Permit Number: 3462E
Effective:
09/01/2013-09/01/2015

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

Lot Number: AG414801 Exp Date: 05/28/2016

Test	g/210L	Time
DIAG	Pass	9:54am
AIR BLK	00	9:55am
ACCY CHK	.08	9:56am
AIR BLK	0.0	9:57am
SUB TEST	.00	9:58am
AIR BLK	.00	9:59am
SUB TEST	.00	10:00am
ATR BLK	0.0	10:01am

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

#### CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008882 Test Record Number: 1255 Test Date: 04/02/2015 Test Time: 10:02am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:02am
FLO	Pass	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	11me
2.5		크림선범 김 화
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

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

County	necklen burg	Instrument Location_Bd n	noble Unit 5
Instrument S	erial No. 068788		
The prevention	ve maintenance procedures for the Inare:	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		breath simulator thermometer show
<b>2.</b>	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appo	ears, collect breath sample;	
7.	When "PLEASE BLOW" appo	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	d	
10.		ster is being changed before expirations after 12 steel every four months or after 12	ation date, or the alcoholic breath 5 Alcoholic Breath Simulator tests,
	on theday offere performed on the instrument ind If Health and Human Services, and t		ne forgoing preventive maintenance urrent regulations of the N.C. rly.
STATE STATE OF THE	Chi C	DV.	658
	Sign	ature of Certifying Official	Certificate Number

#### MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008788 Test Date: 04/02/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

10/18/2013-10/01/2015

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

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

Test	g/210L	Time
DIAG	Pass	6:31pm
AIR BLK	.00	6:32pm
ACCY CHK	.07	6:33pm
AIR BLK	.00	6:34pm
SUB TEST	.00	6:34pm
AIR BLK	.00	6:35pm
SUB TEST	.00	6:37pm
ATR BLK	. 0.0	6:38pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008788 Test Date: 04/02/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

10/18/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	6:31pm 6:32pm
ACCY CHK	.07	6:33pm
AIR BLK	.00	6:34pm
SUB TEST	.00	6:34pm
AIR BLK	.00	6:35pm
SUB TEST	.00	6:37pm
AIR BLK	.00	6:38pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County Cu	Instrument Location Bed mobile Unid 8
Instrument Seria	1No. 06 8600
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	he Z day of Dril , 20 17 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
THE GLAN WINDS AND THE STATE OF AN AND THE STA	CM VDW 658

CABARRUS BAT MOBILE UNIT 5 120

Serial Number: 008600 Test Date: 04/02/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE', MAINTENANCE

Subject'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:

10/18/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	5:20pm 5:21pm 5:21pm
AIR BLK	.00	5:22pm
SUB TEST	.00	5:23pm
AIR BLK	.00	5:24pm
SUB TEST	.00	5:26pm
AIR BLK	.00	5:27pm

Report#d Aq: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CABARRUS BAT MOBILE UNIT 5 120

Serial Number: 008600

Test Record Number: 1538

Test Date: 04/02/2015 Test Time: 5:30pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	5:30pm
FLO	Pass	5:30pm
FC	Pass	5:30pm

### Temperature Tests

Test	Status	Time
FC1	Pass	5:30pm
SRC	Pass	5:30pm
DET	Pass	5:30pm
BAR	Pass	5:30pm
BT	Pass	5:30pm

#### Blank Tests

Test	Status	Time
AIR	Pass	5:31pm

#### Printer Tests

Test	Stat <b>us</b>	Time
PRNT	Pass	5:31pm
	CRC Tests	
Test	Status	Time
COMP	Pass	5:31pm

5:31pm

Preventive Maintenance Status: Pass

Pass

CAL

**Analyst** 

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County M	ONE Instrument Location SUMSEN PINES P.D.
Instrument Ser	rial No. DO8700 SOUTHERN PINES. N.C.
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
<b>9.</b>	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that or procedures we Department of	n the, 20
STATE OF STA	WORLD CAROLING TO THE CAROLING
APRILIZAÇÃO	Signature of Certifying Official Certificate Number

MOORE COUNTY SOUTHERN PINES PD. 620

Serial Number: 008720 Test Date: 04/01/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name:

QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	3:09pm 3:10pm
ACCY CHK	.07	3:11pm
AIR BLK	.00	3:11pm
SUB TEST	.00	3:12pm
AIR BLK	.00	3:13pm
SUB TEST	.00	3:15pm
AIR BLK	.00	3:15pm

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

#### MOORE COUNTY SOUTHERN PINES PD. 620

Serial Number: 008720 Test Record Number: 814

Test Date: 04/01/2015

Test Time: 3:16pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

rest	Status	Time
AIR	Pass	3:17pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:17pm
	CRC Tests	
Toat	Ctatua	Time.

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

CountyM	OURE	Instrument Location_	PINETURST	4.0
Instrument Seria	No. 00 8710	PINETUR	ST, N.C.	
The preventive n four months are:	naintenance procedures for the In	toximeters, Model Intox E	C/IR II to be followed:	at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	lisplays pressure, or the ale	coholic breath simulato	r thermometer show
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			• .
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appe	ars, collect breath sample;		
7.	When "PLEASE BLOW" appe	ars, collect breath sample;		
8.	Print test record;	-		
9.	Verify Diagnostic Program; and	I		
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ster is being changed before ged every four months or	re expiration date, or the after 125 Alcoholic Bre	e alcoholic breath eath Simulator tests,
nrocedures were	the day of A performed on the instrument ind lealth and Human Services, and t	icated above, in accordance	e with current regulation	ventive maintenance ons of the N.C.
THE STATE OF A STATE O	Sign	ature of Certifying Officia		tificate Number

MOORE COUNTY PINEHURST PD. 620

Serial Number: 008710 Test Date: 04/01/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name:
QUARANTELLO, NICHOLAS J
Permit Number: 21536E
Effective:
08/01/2013-08/01/2015

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

Lot Number: AG320602 Exp Date: 07/25/2015

Test	g/210L	Time
DIAG	Pass	3:54pm
AIR BLK	.00	3:55pm
ACCY CHK	.07	3:56pm
AIR BLK	.00	3:57pm
SUB TEST	.00	3:57pm
AIR BLK	.00	3:58pm
SUB TEST	.00	4:00pm
AIR BLK	.00	4:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MOORE COUNTY PINEHURST PD. 620

Serial Number: 008710 Test Record Number: 1168 Test Date: 04/01/2015 Test Time: 4:01pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:01pm
FLO	Pass	4:01pm
FC	Pass	4:01pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:02pm
SRC	Pass	4:02pm
DET	Pass	4:02pm
BAR	Pass	4:02pm
BT	Pass	4:02pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:02pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:02pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:02pm 4:02pm

Preventive Maintenance Status: Pass

Analyst

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

County_	COTLAND Instrument Location SCOTLAND CO SO.	
Instrument Seria	al No. 008861 LAURINIBURG, N.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 should degree, plus or minus .2 degree centigrade;	)Vi
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.	s,
brocedures were	theday of	ce
THE STATE OF MENTAL PROPERTY OF THE STATE OF	Signature of Certifying Official Certificate Number	_

SCOTLAND COUNTY SHERIFF'S OFFICE 820

Serial Number: 008861 Test Date: 04/07/2015

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

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

Analyst's Name:
QUARANTELLO, NICHOLAS J
Permit Number: 21536E
Effective:
08/01/2013-08/01/2015

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

## SCOTLAND COUNTY SHERIFF'S OFFICE 820

Serial Number: 008861 Test Record Number: 1073
Test Date: 04/07/2015 Test Time: 11:10am EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	11:11am

## Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County SC	Instrument Location LAURIN BURG P.D.
Instrument Seria	No. CO8834 LAWRIN BURG, N.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.
procedures were	the
TO THE STATE OF A	Signature of Certifying Official Certificate Number

## SCOTLAND COUNTY LAURINBURG PD. 820

Serial Number: 008834 Test Date: 04/07/2015

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name:
QUARANTELLO, NICHOLAS J
Permit Number: 21536E
Effective:
08/01/2013-08/01/2015

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	11:43am 11:44am
ACCY CHK	.08	11:45am
AIR BLK	.00	11:46am
SUB TEST	.00	11:47am
AIR BLK	.00	11:47am
SUB TEST	.00	11:49am
AIR BLK	.00	11:50am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## SCOTLAND COUNTY LAURINBURG PD. 820

Serial Number: 008834

Test Record Number: 672

Test Date: 04/07/2015

Test Time: 11:50am EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:51am 11:51am
FC	Pass	11:51am

## Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:51am 11:51am 11:51am 11:51am 11:51am

## Blank Tests

Test	Status	Time

AIR Pass 11:51am

## Printer Tests

rest	Status	TTILLE	

PRNT Pass 11:51am

## CRC Tests

iest	Status	TIME
COMP	Pass	11:52am
CAL	Pass	11:52am

Preventive Maintenance Status: Pass

Analyst

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

County Mon	Instru	ment Locatio	n MONTEN	NERY Co. JAIL
Instrument Seria	no. <u>00865</u> 7	TROY	NC	
The preventive r four months are:	naintenance procedures for the Intoximete	rs, Model Into	ox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister displays p 34 degrees, plus or minus .2 degree cent		e alcoholic breath	simulator thermometer show
2.	Verify instrument displays time and date	;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			•
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears, colle	ct breath sam	ple;	
7.	When "PLEASE BLOW" appears, colle	ct breath sam	ple;	
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canister is bei simulator solution is being changed ever whichever occurs first.			
	ne <u>02</u> day of <u>APRII</u> performed on the instrument indicated above ealth and Human Services, and the instrur	ove, in accord	ance with current	oing preventive maintenance regulations of the N.C.
STATE ON A STATE ON A STATE OF A	CAROLLE CAROLL	Quisel	<u>l</u>	37/
	Signature of C	Certifying Off	icial	Certificaté Number

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008657 Test Date: 04/02/2015

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

Subject'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:
08/01/2013-08/01/2015

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

Lot Number: AG414801 Exp Date: 05/28/2016

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Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:44am 10:45am 10:46am
AIR BLK	.00	10:47am
SUB TEST	.00	10:47am
AIR BLK	.00	10:49am
SUB TEST	.00	10:50am
AIR BLK	.00	10:51am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008657

Test Record Number: 1038

Test Date: 04/02/2015

Test Time: 10:52am EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	10:52am
FLO	Pass	10:52am
FC	Pass	10:52am

## Temperature Tests

Status	Time
Pass	10:52am
	Pass Pass Pass Pass

## Blank Tests

Test	Status	Time
AIR	Pass	10:53am

## Printer Tests

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

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

10:53am

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

County /	TONTEDMANY Instrument Location MONTED MERY Co. JAIL
Instrument Seria	1 No. <u>008709</u> TROY, NC
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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.
	he <u>02</u> day of <u>7001</u> , 20 /5 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
STATE OF NO.	Signature of Certifying Official Certificate Number

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008709 Test Date: 04/02/2015

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

Subject'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:
08/01/2013-08/01/2015

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

Lot Number: AG409709 Exp Date: 04/07/2016

- /04 00

Test	g/210F -	Time
DIAG	Pass	10:46am
AIR BLK	.00.	10:46am
ACCY CHK	.07	10:47am
AIR BLK	.00	10:48am
SUB TEST	.00	10:49am
AIR BLK	.00	10:50am
SUB TEST	.00	10:51am
AIR BLK	.00	10:52am

Reported\_AC: .00 g/210L

Signatur of Chemical Analyst

Court CVR

## MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008709

Test Record Number: 897

Test Date: 04/02/2015

Test Time: 10:53am EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:53am 10:53am
FC	Pass	10:53am

## Temperature Tests

SRC Pass 10:54a DET Pass 10:54a	Test	Status	Time
BT Pass 10:546	SRC DET BAR	Pass Pass Pass	10:54am 10:54am 10:54am 10:54am
	D.T.	50.00	LO.Jacin

#### Blank Tests

Test	Status	Time	

AIR Pass 10:54am

#### Printer Tests

lest	status	 Time	
*			

PRNT Pass 10:54am

## CRC Tests

Test	Status	TIME
COMP	Pass	10:54am
CAL	Pass	10:54am

Preventive Maintenance Status: Pass

Analyst

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

County C	HATTHAM Instrument Location SUER C	my Police Depr.
Instrument Se	rial No. 608811 SLER CITY, NO	
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be re:	followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breat 34 degrees, plus or minus .2 degree centigrade;	n simulator thermometer show
2.	Verify instrument displays time and date;	•
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
<b>5.</b>	Verify instrument accuracy;	ranger de la companya de la company La companya de la co
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 of simulator solution is being changed every four months or after 125 Alc whichever occurs first.	date, or the alcoholic breath oholic Breath Simulator tests,
procedures we	n the <u>02</u> day of <u>HRU</u> , 20 <u>5</u> the for performed on the instrument indicated above, in accordance with current Health and Human Services, and the instrument is functioning properly.	going preventive maintenance t regulations of the N.C.
<u> </u>		
STATE STATE OF THE		
S S S S S S S S S S S S S S S S S S S		
ARIL 12, TT	Signature of Certifying Official	37/ Certificate Number
	O.B. main of Collins in Collins	~ ~ · · · · · · · · · · · · · · · · · ·

## CHATHAM COUNTY SILER CITY PD. 180

Serial Number: 008811 Test Date: 04/02/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:24pm
AIR BLK	.00	3:25pm
ACCY CHK	.08	3:26pm
AIR BLK	.00	3:27pm
SUB TEST	.00	3:28pm
AIR BLK	.00	3:29pm
SUB TEST	.00	3:31pm
AIR BLK	.00	3:31pm

Reported AC .00 g/210L

Signature of Chemical Analyst

Court CVR

## CHATHAM COUNTY SILER CITY PD. 180

Serial Number: 008811

Test Record Number: 1135

Test Date: 04/02/2015

Test Time: 3:35pm EDT

System Check: Passed

## Baseline Tests

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

## Printer Tests

Test	status	Time
PRNT	Pass	3:36pm
	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

	INTOAIMETERS, MODEL INTOA EC/IR II
County	Iscombe Instrument Location Edge combe (o. Majis
Instrument S	Instrument Location Edge Combe (o. Majis Gerial No. DO8603 Office, 360 S. Anaconda Rd., Tarbo.
The preventi four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the 30 <sup>th</sup> day of 100 <sup>th</sup> , 2015 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

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR
320

Serial Number: 008603 Test Date: 04/30/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG320602 Exp Date: 07/25/2015

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch Department of Health and Human Services

Rev. 12/2007

## EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008603

Test Record Number: 1451

Test Date: 04/30/2015

Test Time: 9:59am 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 SRC DET BAR	Pass Pass Pass Pass	10:00am 10:00am 10:00am 10:00am
BT	Pass	10:00am

## Blank Tests

Test	Status	Time
AIR	Pass	10:00am

## Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

7	INTOXIMETERS, MODEL INTOX EC/IR II
County (SC	The Strument Location Gates 6. S.O.
Instrument Ser	ial No. 008884 202 Court St., Gates ville, N.
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
	Verify that the ethanol gas canister is being changed before 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 20/1 the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

GATES COUNTY GATES CO SO 360

Serial Number: 008884 Test Date: 04/23/2015

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG320602 Exp Date: 07/25/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	10:21am 10:22am 10:22am 10:23am 10:24am 10:25am
SUB TEST	.00	10:26am
AIR BLK	.00	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: 639

Test Date: 04/23/2015

Test Time: 10:29am EDT

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	10:30am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:30am
	CRC Tests	
Test	Status	Time

CAL Pass 10:30am

Pass

10:30am

Preventive Maintenance Status: Pass

COMP

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

County 6	de combe Instrument Location Edge combe Co. Magistre
Instrument S	Serial No. 008663 Office, 300 S Anaconda Rd., Tarbon
	ive 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 v	on the 30 day of April , 20 15 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

## EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008663 Test Date: 04/30/2015

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG411202 Exp Date: 04/22/2016

Test	g/210L	Time
DIAG	Pass	9:51am
AIR BLK	.00	9:51am
ACCY CHK	.07	9:52am
AIR BLK	.00	9:53am
SUB TEST	.00	9:54am
AIR BLK	.00	9:54am
SUB TEST	.00	9:56am
ATR BLK	0.0	9 - 57am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008663

Test Record Number: 2335

Test Date: 04/30/2015

Test Time: 9:58am EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	9:59am
FLO .	Pass	9:59am
FC	Pass	9:59am

## Temperature Tests

Test	Status	Time
FC1	Pass	9:59am
SRC	Pass	9:59am
DET	Pass	9:59am
BAR	Pass	9:59am
BT	Pass	9:59am

## Blank Tests

Test	Status	Time
7 TD	Dagg	0 • E 0 a m

## Printer Tests

Test	Status	True
PRNT	Pass	9:59am

## CRC Tests

Test	Status	Time
COMP	Pass	10:00am
CAL	Pass	10:00am

Preventive Maintenance Status: Pass

Analyst

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

· · · · · · · · · · · · · · · · · · ·	INTOXIMETERS, MODEL INTOX EC/IR II		i .
County DC	Instrument Location Day (O. )	Detention (+	nter
Instrument Se	rial No. 008804 1044 Driffwood Dr.	, Monteo, No	<u>.</u>
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed 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;	r thermometer shows	
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		÷.
4.	Enter information as prompted;		٠.
5.	Verify instrument accuracy;		. •
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
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.	alcoholic breath ath Simulator tests,	
	n the	entive maintenance ns of the N.C.	
OTHE STATE OF THE			J
THE COMPANY OF THE PARTY OF THE	Ly M	<u> </u>	
	Signature of Certifying Official Cert	ificate Number	+ 4

## DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804 Test Date: 04/21/2015

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	12:22pm
AIR BLK	.00	12:23pm
ACCY CHK	.08	12:24pm
AIR BLK	.00	12:24pm
SUB TEST	.00	12:25pm
AIR BLK	.00	12:26pm
SUB TEST	.00	12:27pm
ATR BLK	.00	12:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804

Test Record Number: 1506

Test Date: 04/21/2015

Test Time: 12:30pm EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	12:30pm
SRC	Pass	12:30pm
DET	Pass	12:30pm
BAR	Pass	12:30pm
BT	Pass	12:30pm

## Blank Tests

Test	Status	Time
AIR	Pass	12:31pm

## Printer Tests

Test	Status	Time
PRNT	Pass	12:31pm

## CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

200	til Instrument Location Bertie (o. S.O.
County VY 1	
Instrument Seria	INO. 008897 104 Dunder St. Windsor, 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
I certify that on procedures were Department of H	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897 Test Date: 04/22/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG335201 Exp Date: 12/18/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	10:15am 10:15am 10:16am 10:17am
SUB TEST	.00	10:18am
AIR BLK	.00	10:19am
SUB TEST	.00	10:20am
AIR BLK	.00	10:21am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897

Test Record Number: 918

Test Date: 04/22/2015

Test Time: 10:22am EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	10:22am
FLO	Pass	10:22am
FC	Pass	10:22am

## Temperature Tests

Test	Status	Time
FC1	Pass	10:22am
SRC	Pass	10:22am
DET	Pass	10:22am
BAR	Pass	10:22am
BT	Pass	10:22am

## Blank Tests

Test	Status	Time
AIR	Pass	10:23am

## Printer Tests

Test	Status	Time
PRNT	Pass	10:23am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:23am

10:23am

Preventive Maintenance Status: Pass

Pass

CAL

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

******	INTOXIMETER	RS, MODE	L INTOX	EC/IR II	
County	Dave	Instrument L	ocation	Pare (o.	Detention
Instrument S	erial No. <u>() 088 5 /</u>	1044 D	viffuo	od Dr.	Monteo, 1
The preventi-	ve maintenance procedures for the In	toximeters, Mod	el Intox EC/I	R II to be follow	ed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg		, or the alcoho	olic breath simul	ator thermometer shows
2.	Verify instrument displays time	and date;			
3.	Initiate breath test sequence;				
4.	Enter information as prompted;				
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" appear	ars, collect breat	h sample;	•	
7.	When "PLEASE BLOW" appe	ars, collect breat	h sample;		
8.	Print test record;	•			
9.	Verify Diagnostic Program; and	I			
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	eter is being char ged every four n	nged before ex nonths or after	epiration date, or r 125 Alcoholic l	the alcoholic breath Breath Simulator tests,
I certify that procedures w Department of	on the day of day of day of day of for the instrument indicates the control of Health and Human Services, and the control of Health and Human Services and Human	icated above, in a	accordance wi	ith current regula	reventive maintenance tions of the N.C.
TO THE STATE OF TH	Zell Signa	ature of Certifyin	ng Official		€ 1/3 ertificate Number

## DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008851 Test Date: 04/07/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG434901

Exp Date: 12/15/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	9:47am 9:48am 9:48am 9:49am
SUB TEST	.00	9:50am
AIR BLK	.00	9:51am
SUB TEST	.00	9:52am
AIR BLK	.00	9:53am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008851

Test Record Number: 513

Test Date: 04/07/2015

Test Time: 9:55am EDT

## 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
BT	Pass	9:55am

## Blank Tests

Test	Status	Time
7 TD	Dagg	9.56am

#### Printer Tests

rest	Status	TIME
PRNT	Pass	9:56am

## CRC Tests

Test	Status	Time
COMP	Pass	9:56am
$\mathtt{CAL}$	Pass	9:56am

Preventive Maintenance Status: Pass

Analyst

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

garden .	111 OARMETERS, MODEL 111 OA EC/IR 11
County <	ANDOLPH Instrument Location RANDISMAN POLICE DADA
Instrument Seria	al No. 008737 AMOLEMAN, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
<b>1.</b>	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 <u>20</u> day of <u>APQIL</u> , 20 <u>15</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 N	Signature of Cartificing Official Configurations

#### RANDOLPH COUNTY RANDLEMAN PD 750

Serial Number: 008737 Test Date: 04/20/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:
08/01/2013-08/01/2015

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

Lot Number: AG411202 Exp Date: 04/22/2016

Test	g/210L	Time
DIAG AIR BLK	Pass	2:28pm 2:29pm
ACCY CHK	.07	2:29pm
AIR BLK SUB TEST	.00 .00	2:30pm 2:31pm
AIR BLK	.00	2:31pm 2:32pm
SUB TEST	.00	2:34pm
AIR BLK	.00	2:34pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## RANDOLPH COUNTY RANDLEMAN PD 750

Serial Number: 008737

Test Record Number: 798

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	2:36pm
FLO	Pass	2:36pm
FC	Pass	2:36pm

## Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	2:37pm

## Printer Tests

Test	Status	Time	
PRNT	Pass	2:37pm	

## CRC Tests

Test	Status	Time
COMP	Pass	2:37pm
CAL	Pass	2:37pm

Preventive Maintenance Status: Pass

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

County	ASUELL In	estrument Location (AS 11611	
County C.	Al.	isuament Location 27 3 we ce	S. Therefore
Instrument Se	erial No. <u>008593</u> <u>2</u>	31 COUNTY PARIC &	20 YANCEYVILL
·			· · · · · · · · · · · · · · · · · · ·
The preventive four months a	ve maintenance procedures for the Intoxin are:	neters, Model Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister displa 34 degrees, plus or minus .2 degree c		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;		• f
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is simulator solution is being changed e whichever occurs first.		
procedures we	on the O2 day of APRIL ere performed on the instrument indicated of Health and Human Services, and the ins	l above, in accordance with current r	ping preventive maintenance regulations of the N.C.
THE STATE OF THE S	2 de la	Anasl	6.77
	Signature	of Certifying Official	Certificate Number

CASWELL COUNTY DETENTION CENTER 160

Serial Number: 008593 Test Date: 04/02/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG335201 Exp Date: 12/18/2015

Test	g/210L	Time
DIAG	Pass	3:21pm
AIR BLK	.00	3:22pm
ACCY CHK	.07	3:22pm
AIR BLK	.00	3:23pm
SUB TEST	.00	3:24pm
AIR BLK	.00	3:25pm
SUB TEST	.00	3:26pm
ATR RIK	.00	$3 \cdot 27 \text{pm}$

Reported AC: 1.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CASWELL COUNTY DETENTION CENTER 160

Serial Number: 008593

Test Record Number: 1201

Test Date: 04/02/2015

Test Time: 4:03pm EDT

#### System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:04pm
FLO	Pass	4:04pm
FC	Pass	4:04pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:04pm
SRC	Pass	4:04pm
DET	Pass	4:04pm
BAR	Pass	4:04pm
BT	Pass	4:04pm

### Blank Tests

Test	Status	Time
ΔTR	Pagg	4 · 05pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:05pm

#### CRC Tests

Test	Status	Time
COMP	Pass	4:05pm
CAL	Pass	4:05pm

Preventive Maintenance Status: Pass

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

County VANC	Instrument Location VANCE Co. SINERIFF'S DEPT
Instrument Seri	al No. 008870 156 CHURCH ST. HENDERSON NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
procedures were	the 28 day of APRIL , 20 / 5 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Bignature of Certifying Official Certificate Number

#### VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870 Test Date: 04/28/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:
08/01/2013-08/01/2015

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:47pm 12:48pm
ACCY CHK	.07	12:48pm 12:49pm
SUB TEST	.00	12:50pm
AIR BLK	.00	12:51pm
SUB TEST	.00	12:53pm
AIR BLK	.00	12:54pm

Reported AC: .00 g/210L

Signature of Chémical Analyst

Court CVR

Analyst

#### VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870

Test Record Number: 1031

Test Date: 04/28/2015

Test Time: 12:57pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:58pm 12:58pm
FLO FC	Pass Pass	12:50pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:58pm
SRC	Pass	12:58pm
DET	Pass	12:58pm
BAR	Pass	12:58pm
BT	Pass	12:58pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:58pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:59pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:59pm

Pass

12:59pm

Preventive Maintenance Status: Pass

CAL

Analyst

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

	INTOXIMETERS, MODEL INTOX EC/IR II
County	ANKE Instrument Location VANCE CO. SHERIFF! DE
Instrument Ser	rial No. <u>008937</u> <u>156 CHURCH ST. FLENDERSON, NC</u>
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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 28 day of APP12, 20 /5 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.
TANKS OF THE STATE	
The state of the s	Signature of Certifying Official Certificate Number
	digitative of Certifying Official Certificate Number

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937 Test Date: 04/28/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG335201 Exp Date: 12/18/2015

Test	g/210L	Time
DIAG	Pass	12:42pm
AIR BLK	.00	
ACCY CHK	.08	12:44pm
AIR BLK	.00	12:45pm
SUB TEST	.00	12:45pm
AIR BLK	.00	12:46pm
SUB TEST	.00	12:48pm
AIR BLK	.00	12:49pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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### VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937

Test Record Number: 1807

Test Date: 04/28/2015

Test Time: 12:53pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Status	Time
Pass	- 12:53pm
Pass	12:53pm
Pass	12:53pm
Pass	12:53pm
Pass	12:53pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
ΔTP	Pagg	12:54pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:54pm
	CRC Tests	

Test	Status	Time

COMP Pass 12:54pm CAL Pass 12:54pm

Preventive Maintenance Status: Pass

Analyst

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

/		ERS, MODEL INTOX ECA	
		Instrument Location ALAM.	
Instrument S		109 S. MAPLE.	ST. GRAHAM, NO
The preventi	ive maintenance procedures for the	Intoximeters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic brea legree centigrade;	ath simulator thermometer shows
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 expiration anged every four months or after 125 Al	
procedures v	vere performed on the instrument in	dicated above, in accordance with curre the instrument is functioning properly.	orgoing preventive maintenance nt regulations of the N.C.
STATI STATI	Sio Sio	Sus D Smill	Certificate Number

#### ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008853 Test Date: 04/28/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	4:26pm
AIR BLK	.00	4:27pm
ACCY CHK	.08	4:28pm
AIR BLK	.00	4:29pm
SUB TEST	.00	4:30pm
AIR BLK	.00	4:30pm
SUB TEST	.00	4:32pm
AIR BLK	.00	4:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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#### ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008853

Test Record Number: 1672

Test Date: 04/28/2015

Test Time: 4:35pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:35pm
FLO	Pass	4:35pm
FC:	Pass	4:35pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:35pm
SRC	Pass	4:35pm
DET	Pass	4:35pm
BAR	Pass	4:35pm
BT.	Pass	4:35pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:36pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:36pm

### CRC Tests

Test	Status	Time
COMP	Pass	4:36pm
CAL	Pass	4:36pm

Preventive Maintenance Status: Pass

Analyst

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

A	INTUXIMETERS, MODEL INTUX EC/IR II
County ALAN	MANCE Instrument Location ALAMANCE CO. JAIL
Instrument Seri	Instrument Location ALAMANCE CO. JAIL al No. 008913 109 5 MAPLE ST. BRAHAM,
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 should degree, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
	the 28 day of APRIL , 20 / 5 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF LETTER AS A SEE QUAN VIEW AS A SEE QUAN VI	Bus D Anath 637

### ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913 Test Date: 04/28/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	4:25pm
AIR BLK	.00	4:26pm
ACCY CHK	.08	4:27pm
AIR BLK	.00	4:28pm
SUB TEST	.00	4:29pm
AIR BLK	.00	4:30pm
SUB TEST	.00	4:31pm
ATD BLK	0.0	4 - 32 rnm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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#### ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913

Test Record Number: 2167

Test Date: 04/28/2015

Test Time: 4:34pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	4:35pm
FLO	Pass	4:35pm
FC	Pass	4:35pm

#### Temperature Tests

Status	Time
Pass	4:35pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
ΔTP	Pagg	4 · 36pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:36pm

#### CRC Tests

Test	Status	Time
COMP	Pass	4:36pm
CAL	Pass	4:36pm

Preventive Maintenance Status: Pass

Analyst

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

County	PHOLPH	Instrument Location	PANDUIF	14 CO.	THIL
Instrumen	nt Serial No. <u>00 8860</u>	ASHEBO	PO, L	i. C.,	
The preve	ntive maintenance procedures for the In hs are:	toximeters, Model Intox	EC/IR II to be for	ollowed at leas	st once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg		alcoholic breath	simulator ther	mometer shov
2.	Verify instrument displays time	and date;			
3.	Initiate breath test sequence;				
4.	Enter information as prompted;				
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" appe	ars, collect breath sampl	le;		
7.	When "PLEASE BLOW" appe	ars, collect breath sampl	le;		
8.	Print test record;				
9,	Verify Diagnostic Program; and	ı			
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ster is being changed beinged every four months o	fore expiration da or after 125 Alcoh	te, or the alcol nolic Breath Si	nolic breath mulator tests,
procedures	nat on the day of Are swere performed on the instrument indicates and the structure of Health and Human Services, and the	icated above, in accorda	nce with current r	oing preventive regulations of	
STATE OF THE CAREATORY	ATE OF NO. 1775 AND THE CARD TO SERVICE AND THE CARD T	20017	) ial	652	Mumbar
		ature of Certifying Offic			; Number
A signed o	original of the preventive maintenance re	ecora snall be kept on fil	ie for at least thre	c years.	

## RANDOLPH COUNTY RANDOLPH COUNTY JAIL 750

Serial Number: 008860 Test Date: 04/21/2015

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name:
QUARANTELLO, NICHOLAS J
Permit Number: 21536E
Effective:
08/01/2013-08/01/2015

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

Test Type: Breath Test

Lot Number: AG326006 Exp Date: 09/17/2015

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### RANDOLPH COUNTY RANDOLPH COUNTY JAIL 750

Serial Number: 008860

Test Record Number: 2209

Test Date: 04/21/2015

Test Time: 10:15am EDT

System Check: Passed

### Baseline Tests

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

#### Temperature Tests

FC1 Pass 10:16a	m
SRC Pass 10:16a	m
DET Pass 10:16a	m
BAR Pass 10:16a	m
BT Pass 10:16a	m

#### Blank Tests

Test	Status	Time
AIR	Pass	10:16am

### Printer Tests

Test	Status	Time
PRNT	Pass	10:16am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:17am

10:17am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

	CARTERET Instrument Location B	
County &		
Instrument S	erial No. <u>008616</u> <u>EA</u>	MERALD ISLE, NO
The prevention four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR are:	II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcohol 34 degrees, plus or minus .2 degree centigrade;	ic breath simulator thermometer 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 exp simulator solution is being changed every four months or after whichever occurs first.	
I certify that oprocedures w Department o	on the	the forgoing preventive maintenance a current regulations of the N.C. perly.
STATE STATE OF THE	SONOR THE CARDINAL CA	
THE IZ THE	alle Ra Banes	648
# 10 L 10 L	Signature of Certifying Official	Certificate Number

CARTERET COUNTY BAT MOBILE UNIT 3 150

Serial Number: 008616 Test Date: 04/04/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG320602 Exp Date: 07/25/2015

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CARTERET COUNTY BAT MOBILE UNIT 3 150

Serial Number: 008616

Test Record Number: 2050

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:13pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:13pm
	CRC Tests	

Test	Status	Time
COMP	Pass	11:13pm
CAL	Pass	11:13pm

Preventive Maintenance Status: Pass

Analyst

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

	INTUATIVE LERS, MODEL INTO A EC/IR II	
County 5	RUNSWICK Instrument Location BAT MOBILE (	<u>)</u>
Instrument Se	Gerial No. 008616 5HALLOTTE, A	<u>J</u>
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever are:	у
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sh 34 degrees, plus or minus .2 degree centigrade;	ows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister 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.	its,
	on the	ıce
STATE STATE OF THE	Signature of Certifying Official Certificate Number	

#### BRUNSWICK COUNTY BAT MOBILE UNIT 3 090

Serial Number: 008616 Test Date: 04/10/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG320602 Exp Date: 07/25/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	7:01pm 7:02pm 7:02pm
AIR BLK SUB TEST	.00 .00	7:03pm <b>7:04pm</b>
AIR BLK	.00	7:05pm
SUB TEST AIR BLK	.00 .00	<b>7:06pm</b> 7:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BRUNSWICK COUNTY BAT MOBILE UNIT 3 090

Serial Number: 008616 Test Date: 04/10/2015 Test Record Number: 2054
Test Time: 7:09pm EDT

System Check: Passed

### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	7:09pm
SRC	Pass	7:09pm
DET	Pass	7:09pm
BAR	Pass	7:09pm
${ t BT}$	Pass	7:09pm

#### Blank Tests

Test	Status	Time
AIR	Pass	7:10pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:10pm
	CRC Tests	
Test	Status	Time

		•
COMP	Pass	7:10pm
CAL	Pass	7:10pm

Preventive Maintenance Status: Pass

Analyst

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

County	BRUNSWICK Instrument Location BAT	
Instrument S	Serial No. <u>008707</u> 5Hz	RLLOTTE, NC
The prevent four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to bare:	pe followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic bready 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 expiration simulator solution is being changed every four months or after 125 A whichever occurs first.	
	on the	orgoing preventive maintenance ent regulations of the N.C.
STAT OUR IN STATE		Certificate Number

#### BRUNSWICK COUNTY BAT MOBILE UNIT 3 090

Serial Number: 008707 Test Date: 04/10/2015

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

Subject'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:
09/01/2013-09/01/2015

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

Lot Number: AG414801 Exp Date: 05/28/2016

Test	g/210L	Time
DIAG AIR BLK	Pass	9:45pm 9:46pm
ACCY CHK	.08	9:47pm
AIR BLK	.00	9:48pm
SUB TEST	.00	9:49pm
AIR BLK	.00	9:49pm
SUB TEST	.00	9:51pm
AIR BLK	.00	9:52pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BRUNSWICK COUNTY BAT MOBILE UNIT 3 090

Serial Number: 008707 Test Date: 04/10/2015 Test Record Number: 2144

Test Time: 9:53pm EDT

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	
ΔΤΦ	Pagg	9 · 54 mm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:54pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:55pm 9:55pm

Preventive Maintenance Status: Pass

Analyst

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

County Cla		Instrument Location $\beta_{4}$	
Instrument Se	rial No. 008600		
The preventive four months as	e maintenance procedures for the I	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 alcoholicegree centigrade;	c breath simulator thermometer show
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	•	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ears, collect breath sample;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	d	
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ster is being changed before expir nged every four months or after 12	ration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
certify that on cocedures wer Department of	the Z day of Aprile performed on the instrument inditional Health and Human Services, and the	icated above, in accordance with the instrument is functioning proper	he forgoing preventive maintenance current regulations of the N.C. erly.
O'THE STATE OF THE	Chi	ature of Certifying Official	Certificate Number

CLEVELAND BAT MOBILE UNIT 5 220

Serial Number: 008600 Test Date: 04/25/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

10/18/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	8:02pm 8:03pm
ACCY CHK AIR BLK	.08	8:04pm 8:05pm
SUB TEST	.00	8:06pm
AIR BLK	.00	8:07pm
SUB TEST	.00	8:08pm
ATR BLK	.00	8:09pm

Reported AC: .09 \$\langle 210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CLEVELAND BAT MOBILE UNIT 5 220

Serial Number: 008600

Test Record Number: 1560

Test Date: 04/25/2015

Test Time: 8:14pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:15pm
FLO	Pass	8:15pm
FC	Pass	8:15pm

#### Temperature Tests

Status	Time
Pass	8:15pm
Pas <b>s</b>	8:15pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	8:16pm

### Printer Tests

Test	Status	Time
PRNT	Pass	8:16pm

#### CRC Tests

Test	Status	Time
COMP	Pass	8:16pm
CAL	Pass	8:16pm

Preventive Maintenance Status: Pass

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

County Bui	Com be	Instrument Location Ded Ma	bile Vaits
Instrument Ser	ial No. <u>008600</u>		
The preventive four months are		toximeters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	lisplays pressure, or the alcoholic brea ree 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" 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 Alc	
		20 15 the forcated above, in accordance with currer e instrument is functioning properly.	rgoing preventive maintenance at regulations of the N.C.
THE STATE OF THE S	Ch V	ture of Certifying Official	658
	Signa	ture of Certifying Official	Certificate Number

BUNCOMBE BAT MOBILE UNIT 5 100

Serial Number: 008600 Test Date: 04/30/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

10/18/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

rest	g/210L	Time
DIAG AIR BLK	Pass .00	7:10pm
ACCY CHK	.00	7:11pm 7:11pm
AIR BLK	.00	7:12pm
SUB TEST	.00	7:13pm
AIR BLK	.00	7:14pm
SUB TEST	.00	7:15pm
AIR BLK	.00	7:16pm

Reported, AC: .00 g/210L

Signature of Chemical Asalyst

Court CVR

Analys

## BUNCOMBE BAT MOBILE UNIT 5 100

Serial Number: 008600 Test Date: 04/30/2015

Test Record Number: 1563 Test Time: 7:18pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	7:18pm
FLO	Pass	7:18pm
FC	Pass	7:18pm

### Temperature Tests

Test	Status	Time
FC1	Pass	7:18pm
SRC	Pass	7:18pm
DET	Pass	7:18pm
BAR	Pass	7:18pm
$\mathtt{BT}$	Pass	7:18pm

#### Blank Tests

Test	Status	Time
AIR	Pass	7-19nm

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:19pm
	CRC Tests	
Test	Status	Time
COMP	Pass	7:19pm

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 four months are:  1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermome 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic being changed every four months or after 125 Alcoholic Breath Simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.  1 certify that on the 30 day of 34 proc 1	County_	Bunconse	Instrument Location_	But mobil	e Unit	<u> </u>
1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermome 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic brimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.  I certify that on the	Instrumer	nt Serial No. <u>008788</u>		· · · · · · · · · · · · · · · · · · ·		
1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermome 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic brimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.  I certify that on the						
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic being simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.  I certify that on the 30 day of 1990 1, 2015 the forgoing preventive main procedures were performed on the instrument indicated above, in accordance with current regulations of the No Department of Health and Human Services, and the instrument is functioning properly.	-	•	ntoximeters, Model Intox	EC/IR II to be	followed at I	east 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 brimulator solution is being changed every four months or after 125 Alcoholic Breath Simulate whichever occurs first.  1 certify that on the 30 day of 30 yrvi 1 you the forgoing preventive main procedures were performed on the instrument indicated above, in accordance with current regulations of the Note Department of Health and Human Services, and the instrument is functioning properly.	1.			alcoholic breath	simulator th	nermometer show
4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic being simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.  1 certify that on the 30 day of 37 profile 1 20 15 the forgoing preventive main procedures were performed on the instrument indicated above, in accordance with current regulations of the Not Department of Health and Human Services, and the instrument is functioning properly.	2.	Verify instrument displays time	e and date;			
5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic be simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.  I certify that on the	3.	Initiate breath test sequence;	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 be simulator solution is being changed every four months or after 125 Alcoholic Breath Simulated whichever occurs first.  I certify that on the 30 day of 30 procedures were performed on the instrument indicated above, in accordance with current regulations of the Not Department of Health and Human Services, and the instrument is functioning properly.	4.	Enter information as prompted;	Enter information as prompted;			
7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic being simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.  1 certify that on the 30 day of 1992 1 , 20 15 the forgoing preventive main procedures were performed on the instrument indicated above, in accordance with current regulations of the N. Department of Health and Human Services, and the instrument is functioning properly.	5.	Verify instrument accuracy;	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 be simulator solution is being changed every four months or after 125 Alcoholic Breath Simulat whichever occurs first.  1 certify that on the	6.	When "PLEASE BLOW" appe	ears, collect breath sample	<b>)</b> ;		
9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic being simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.  I certify that on the	7.	When "PLEASE BLOW" appe	ears, collect breath sample	»;		
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic being simulator solution is being changed every four months or after 125 Alcoholic Breath Simulate 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 Simulate whichever occurs first.  I certify that on the	9.	Verify Diagnostic Program; and	d			
Department of Health and Human Services, and the instrument is functioning properly.	10.	simulator solution is being char				
					oing prevent regulations (	ive maintenance of the N.C.
Signature of Certifying Official Certificate Number		TATE OF NORTH	Vocy	<del></del>	65	

BUNCOMBE BAT MOBILE UNIT 5 100

Serial Number: 008788 Test Date: 04/30/2015

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

Subject'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:
10/18/2013-10/01/2015

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

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

lest	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .	7:12pm 7:13pm 7:13pm
AIR BLK	.00	7:14pm
SUB TEST	.00	7:15pm
AIR BLK	.00	7:16pm
SUB TEST	.00	7:17pm
AIR BLK	.00	7:18pm

Reported AC: .00 g/210L

Signature of Chemical Ahalyst

Court CVR

**Analyst** 

#### BUNCOMBE BAT MOBILE UNIT 5 100

Serial Number: 008788

Test Record Number: 1189

Test Date: 04/30/2015

Test Time: 7:22pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	7:23pm
FLO	Pass	7:23pm
FC	Pass	7:23pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	7:23pm
SRC	Pass	7:23pm
DET	Pass	7:23pm
BAR	Pass	7:23pm
BT	Pass	7:23pm

#### Blank Tests

Test	Status	Time
AIR	Pass	7:24pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:24pm
	CRC Tests	

Test	Status	Time
COMP	Pass	7:24pm
CAL	Pass	7:24pm

Preventive Maintenance Status: Pass

Analyst

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

County_	Instrument Location 1	avelocie
Instrument S	Serial No. 008800 Police	Ce Deplan
The preventi	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II are:	to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic 34 degrees, plus or minus .2 degree centigrade;	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	
procedures w	Verify that the ethanol gas canister is being changed before expirasimulator solution is being changed every four months or after 12 whichever occurs first.  on the	5 Alcoholic Breath Simulator tests, ne forgoing preventive maintenance urrent regulations of the N.C.
THE STATE OF THE S	CAROLLE CAROLLE	60/
	Signature of Certifying Official	Certificate Number

CRAVEN COUNTY HAVELOCK PD 240

Serial Number: 008800 Test Date: 04/29/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG414801 Exp Date: 05/28/2016

rest	9/2101	Time
DIAG AIR BLK	Pass .00	1:31pm 1:31pm
ACCY CHK	.08	1:32pm
AIR BLK	.00	1:33pm
SUB TEST	.00	1:33pm
AIR BLK	.00	1:34pm
SUB TEST	.00	1:35pm
ATR RIK	00	1 • 3 6 m

Reported AC: .00 a/2

Signature of Chemical Analyst

Court CVR

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#### CRAVEN COUNTY HAVELOCK PD 240

Serial Number: 008800

Test Record Number: 935

Test Date: 04/29/2015 Test Time: 1:37pm EDT

System Check: Passed

# Baseline Tests

Test Sta	tus Time
IR Pas FLO Pas FC Pas	s 1:37pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:37pm
SRC	Pass	1:37pm
DET	Pass	1:37pm
BAR	Pass	1:37pm
BT	Pass	1:37pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:38pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:38pm
	CRC Tests	

Test	Status	rime
COMP	Pass	1:38pm
CAL	Pass	1:38pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	INTOXIMETERS, MODEL INTOX EC/IR	
County	Instrument Location GROWS	SPOROUALL
Instrument Ser	ial No. <u>008638</u>	
The preventive four months ar	maintenance 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 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration da simulator solution is being changed every four months or after 125 Alcohwhichever occurs first.	te, or the alcoholic breath solic Breath Simulator tests,
I certify that or procedures wer Department of	theday of, 20/ the forgoing the performed on the instrument indicated above, in accordance with current relation and Human Services, and the instrument is functioning properly.	oing preventive maintenance egulations of the N.C.
THE STATE OF THE S	Signature of Certifying Official	Certificate Number

#### GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008638 Test Date: 04/02/2015

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: DEAN, L K
Permit Number: 11598E
Effective:
06/01/2013-06/01/2015

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	12:28pm 12:29pm 12:29pm 12:30pm
SUB TEST	.00	12:31pm
AIR BLK	.00	12:32pm
SUB TEST	.00	12:34pm
AIR BLK	.00	12:34pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

- Xeein flax
Analyst

#### GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008638 Test Record Number: 2086 Test Date: 04/02/2015 Test Time: 12:35pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:35pm
FLO	Pass	12:35pm
FC	Pass	12:35pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:36pm
SRC	Pass	12:36pm
DET	Pass	12:36pm
BAR	Pass	12:36pm
$\mathtt{BT}$	Pass	12:36pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:36pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:36pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:36pm 12:36pm

Preventive Maintenance Status: Pass

Z. Kuin Dear

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

County	Wake Instrument Location BAT WIBILE USIT # 7
Instrument Ser	ial No. 008973 Water Forcest
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 on procedures wer Department of	the 24 day of 4,20,1 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	Styl 5.711 og 1 636
	Signature of Certifying Official Certificate Number

#### WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008973 Test Record Number: 46 Test Date: 04/24/2015 Test Time: 11:18pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:18pm
FLO	Pass	11:18pm
FC	Pass	11:18pm

# Temperature Tests

Test	Status	Time
FC1	Pass	11:18pm
SRC	Pass	11:18pm
DET	Pass	11:18pm
BAR	Pass	11:18pm
BT	Pass	11:18pm

#### Blank Tests

Test	Status	Time
AIR	Pass	11:19pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:19pm

#### CRC Tests

Test	Status	Time
COMP	Pass	11:19pm
CAL	Pass	11:19pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008973 Test Date: 04/24/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .0

.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008973 Test Date: 04/24/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: MORGART, STEPHEN G
Permit Number: 9372E
Effective:
09/01/2013-09/01/2015

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

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County	WALL Instrument Location BATWOBILE (GIT)
Instrument S	Serial No. 008972 Wake Forest
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.
	on the
ON STATE	Signature of Certifying Official Certificate Number

## WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008972

Test Record Number: 69
Test Time: 12:05am EDT

Test Date: 04/25/2015

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:05am 12:05am
FC	Pass	12:05a

#### Temperature Tests

Status	Time
Pass	12:05am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
ΔTR	Pass	12:06am

#### Printer Tests

Test

CAL

Status

PRNT	Pass	12:06am
	CRC Tests	
Test	Status	Time
COMP	Pass	12:06am

Time

12:06am

Preventive Maintenance Status: Pass

Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008972 Test Date: 04/24/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County	Water	Instrument Location South	Mobile wing #7
Instrument !	Serial No. <u>80 8970</u>	wake	i forest
The prevent four months	tive maintenance procedures for the s are:	Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic bre legree centigrade;	ath simulator thermometer show
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	nd	
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	nister is being changed before expiration unged every four months or after 125 Al	date, or the alcoholic breath coholic Breath Simulator tests,
I certify that procedures w Department of		pril 3, 20 /5 the fo dicated above, in accordance with curre the instrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
STATE STATE OF THE	Sold State of the	nature of Certifying Official	636
	Sign	nature of Certifying Official	Certificate Number

## WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008970 Test Record Number: 44 Test Date: 04/24/2015 Test Time: 11:16pm EDT

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:17pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:17pm

## CRC Tests

Test	Status	Time
COMP	Pass	11:18pm
CAL	Pass	11:18pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008970 Test Date: 04/24/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County C	ottand Instrument Location Bat Mobile Unit 8
Instrument Seri	al No. 208736 Laurinburg PD
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the day of \( \) \( \) \( \) \( \) \( \) \( \) the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF STA	Signature of Certifying Official Certificate Number

#### SCOTLAND COUNTY BAT MOBILE UNIT 2 820

Serial Number: 008736 Test Date: 04/04/2015

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

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:
10/01/2013-10/01/2015

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

Lot Number: AG409709 Exp Date: 04/07/2016

Test	g/210L	Time
DIAG AIR BLK	Pass	9:35pm 9:36pm
ACCY CHK	.08	
AIR BLK SUB TEST	.00 .00	9:37pm 9:38pm
AIR BLK	.00	9:39pm
SUB TEST	.00	9:40pm
AIR BLK	.00	9:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Donya B Skynn

## SCOTLAND COUNTY BAT MOBILE UNIT 2 820

Serial Number: 008736

Test Record Number: 727

Test Date: 04/04/2015

Test Time: 9:48pm EDT

System Check: Passed

## Baseline Tests

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

# Temperature Tests

Test	Status	Time
FC1	Pass	9:49pm
SRC	Pass	9:49pm
DET	Pass	9:49pm
BAR	Pass	9:49pm
BT	Pass	9:49pm

#### Blank Tests

Test	Status	Time	
	V		

AIR Pass 9:50pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9 · 5 በ ກ m

#### CRC Tests

Test	Status	Time
COMP	Pass	9:50pm
CAL	Pass	9:50pm

Preventive Maintenance Status: Pass

Donya B 5 Km

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

	INTOXIMETERS, MODEL INTOX EC/IR II
County	Scotland Instrument Location Bat Mobile. Unit
Instrumen	t Serial No. OS 600 Laurinhurg Ph
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	at on theday of, 20 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. at of Health and Human Services, and the instrument is functioning properly.
GREAT CASE	ATE ON TO THE CARD OF THE CARD
ASSE OF	Signature of Certifying Official Certificate Number

#### SCOTLAND COUNTY BATMOBILE UNIT 2 820

Serial Number: 008601 Test Date: 04/04/2015

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

Analyst's Name: SKINNER, TONYA B
Permit Number: 13651E
Effective:

Driver's License Number: NONE

10/01/2013-10/01/2015

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

Lot Number: AG402703 Exp Date: 01/27/2016

Test	g/210L	Time
DIAG	Pass	9:29pm
AIR BLK	.00	9:30pm
ACCY CHK	.07	9:31pm
AIR BLK	.00	9:32pm
SUB TEST	.00	9:34pm
AIR BLK	.00	9:35pm
SUB TEST	.00	9:37pm
AIR BLK	.00	9:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Donya B Stunes
Analyst

#### SCOTLAND COUNTY BATMOBILE UNIT 2 820

Serial Number: 008601

Test Record Number: 1010

Test Date: 04/04/2015

Test Time: 9:41pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:41pm
FLO	Pass	9:41pm
FC	Pass	9:41pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:41pm
SRC	Pass	9:41pm
DET	Pass	9:41pm
BAR	Pass	9:41pm
BT	Pass	9:41pm

#### Blank Tests

Test	Status	Time

AIR Pass 9:42pm

#### Printer Tests

Test Status Time

PRNT Pass 9:42pm

CRC Tests

Test Status Time

COMP Pass 9:42pm CAL Pass 9:42pm

Preventive Maintenance Status: Pass

Analyst

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

County	uilford Instrument Location Bat Mobile Unit
Instrument Seri	al No(08(00) SHP. GRENSHORD
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.
	theday of, 20 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

GREENSBORO BATMOBILE UNIT 2 400

Serial Number: 008601 Test Date: 04/11/2015

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:
10/01/2013-10/01/2015

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

Lot Number: AG402703 Exp Date: 01/27/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	9:57pm 9:58pm 9:58pm
AIR BLK SUB TEST	.00	9:59pm
	.00	9:59pm
AIR BLK	.00	10:00pm
SUB TEST	.00	10:02pm
AIR BLK	.00	10:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Jonya B Skynn Analyst

#### GREENSBORO BATMOBILE UNIT 2 400

Serial Number: 008601

Test Record Number: 1013 Test Time: 10:05pm EDT

Test Date: 04/11/2015

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:05pm
FLO	Pass	10:05pm
FC	Pass	10:05pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:06pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:06pm
	CRC Tests	
Test	Status	Time

10:06pm

10:06pm

Preventive Maintenance Status: Pass'

Pass

Pass

COMP

CAL

Analyst

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

County (5)	wilford Instrument Location Exat Mobile Mit
County ()	
Instrument Seria	11 No. 008736 SHP-Guilford
The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
<b>7.</b>	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the day of
THE STATE OF N. ST	On B Skyra U4 V Signature of Certifying Official Certificate Number

#### GREENSBORO BAT MOBILE UNIT 2 400

Serial Number: 008736 Test Date: 04/11/2015

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:
10/01/2013-10/01/2015

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

Lot Number: AG409709 Exp Date: 04/07/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:22pm 10:24pm 10:24pm
AIR BLK	.00	10:25pm
SUB TEST	.00	10:25pm
AIR BLK	.00	10:26pm
SUB TEST	.00	10:28pm
AIR BLK	.00	10:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Onya Bokunn Analyst

# GREENSBORO BAT MOBILE UNIT 2 400

Serial Number: 008736

Test Record Number: 729

Test Date: 04/11/2015

Test Time: 10:37pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:38pm
FLO	Pass	10:38pm
FC	Pass	10:38pm

#### Temperature Tests

Status	Time
Pass	10:38pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time	
AIR	Pass	10:39pm	

### Printer Tests

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

Preventive Maintenance Status: Pass

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

County Gui	1 ford Instrument Location Bot Mobile Unit 2
Instrument Seria	INDO8929 SHP-Guilford
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t procedures were Department of H	he day of
STATE ON NAME OF THE PARTY OF T	CAROLINA CAR
FOE QUAM VIOLEN	Signature of Certifying Official Certificate Number

#### GREENSBORO BAT MOBILE UNIT 2 400

Serial Number: 008929 Test Date: 04/11/2015

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:
10/01/2013-10/01/2015

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

Lot Number: AG414801 Exp Date: 05/28/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:35pm 10:36pm 10:37pm
AIR BLK	.00	10:38pm
SUB TEST	.00	10:38pm
AIR BLK	.00	10:39pm
SUB TEST	.00	10:41pm
AIR BLK	.00	10:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Dony a B. S. Kunn

## GREENSBORO BAT MOBILE UNIT 2 400

Serial Number: 008929 Test Date: 04/11/2015 Test Record Number: 821
Test Time: 10:45pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	10:46pm
FLO	Pass	10:46pm
FC	Pass	10:46pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:46pm 10:46pm 10:46pm 10:46pm 10:46pm
		_

#### Blank Tests

Test	Status	Time
AIR	Pass	10:47pm

## Printer Tests

Test	Status	Time
PRNT	Pass	10:47pm
	CRC Tests	·
Test	Status	Time

COMP	Pass	10:47pm
CAL	Pass	10:47pm

Preventive Maintenance Status: Pass

Donya B 3 Km

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

County MO	stagement Instrument Location Bot Mobile Unit 2
Instrument Seria	NOOR929 Candor PD
The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	theday of, 20, 20
OF THE STATE OF A PART OF	Signature of Certifying Official Certificate Number

MONTGOMERY COUNTY BAT MOBILE UNII 2 610

Serial Number: 008929 Test Date: 04/17/2015

Citation Number: M0000000-0
Subject's Name:
FREVENTIVE, MAINTENACE
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: 10/01/2013-10/01/2015

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

Lot Number: AG414801 Exp Date: 05/28/2016

Test	g/210L	Time
75.75 % CI	75	0 40
DIAG	Pass	8:48pm
AIR BLK	.00	8:49pm
ACCY CHK	. 07	8:50pm
AIR BLK	.00	8:51pm
SUB TEST	. 0 0	8:51pm
AIR BLK	.00	8:52pm
SUB TEST	.00	8:54pm
AIR BLK	. 00	8:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Jonya B Skinger
Analyst

#### MONTGOMERY COUNTY BAT MOBILE UNIT 2 610

Serial Number: 008929

Test Record Number: 826

Test Date: 04/17/2015

Test Time: 8:57pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	8:57pm
F'LO	Pass	8:57pm
FC	Pass	8:57pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:57pm
SRC	Pass	8:57pm
DET'	Pass	8:57pm
BAR	Pass	8:57pm
BT	Pass	8:57pm

#### Blank Tests

Test	Status	Time
AIR	Pass	8:58pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:58pm
	CRC Tests	
Test	Status	Time
COMP	Pass	8:58pm

Preventive Maintenance Status: Pass

Pass

8:58pm

CAL

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

County   (	arnett	Instrument Location From	Nobite Unit 2
Instrument S	Serial No OR939	Coats PD	
The preventi		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 de	r displays pressure, or the alcoholic brea egree centigrade;	th simulator thermometer shows
2.	Verify instrument displays tim	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	1;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; ar	nd	
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	nister is being changed before expiration anged every four months or after 125 Ale	date, or the alcoholic breath coholic Breath Simulator tests,
procedures w		dicated above, in accordance with current the instrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
STATION STATION OF THE STATION OF TH	SUNUA	B Tune	Certificate Number

#### HARNETT COUNTY BAT MOBILE UNIT 2 420

Serial Number: 008929 Test Date: 04/24/2015

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:

10/01/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG414801 Exp Date: 05/28/2016

Test	g/210L	Time
DIAG AIR BLK	Pass	9:57pm 9:58pm
ACCY CHK	.07	9:58pm
AIR BLK	.00	9:59pm
SUB TEST	.00	10:00pm
AIR BLK	, 00	10:01pm
SUB TEST	.00	10:02pm
AIR BLK	,00	10:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

John Bothmen Analyst

#### HARNETT COUNTY BAT MOBILE UNIT 2 420

Serial Number: 008929

Test Record Number: 830

Test Date: 04/24/2015

Test Time: 10:05pm EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	10:05pm
FLO	Pass	10:05pm
FC	Pass	10:05pm

#### Temperature Tests

Test	Status	Time
FCI	Pass	10:05pm
SRC	Pass	1.0:05pm
DET	Pass	10:05pm
BAR	Pass	10:05pm
BT	Pass	10:05pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:06pm

### Printer Tests

Test	Status	Time
PRNT	Pass	10:06pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:06pm

Preventive Maintenance Status: Pass

Pass

CAL

10:06pm

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

County /	rrett	_ Instrument Location <u>Pat N</u>	Jobik Unit
Instrument Seri	at No. 860)	Coats PD	
The preventive four months are		Intoximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	or displays pressure, or the alcoholic breath degree centigrade;	simulator thermometer shows
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	d;	•
5.	Verify instrument accuracy;	en e	
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		1
9.	Verify Diagnostic Program; an	nd	
10.		nister is being changed before expiration d anged every four months or after 125 Alco	
	performed on the instrument in	the forg dicated above, in accordance with current the instrument is functioning properly.	
STATE OF A	Sig	nature of Certifying Official	Certificate Number

#### HARNETT COUNTY BATMOBILE UNIT 2 420

Serial Number: 008601 Test Date: 04/24/2015

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:
10/01/2013-10/01/2015

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

Lot Number: AG402703 Exp Date: 01/27/2016

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Ong B Skynin Analyst

#### HARNETT COUNTY BATMOBILE UNIT 2 420

Serial Number: 008601 Test Date: 04/24/2015

Test Record Number: 1018
Test Time: 10:12pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:13pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:13pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:14pm

Preventive Maintenance Status: Pass

Pass

10:14pm

CAL

John B. Skynn Analyst

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

County	PANDED HISTORIES, MODEL INTOX EC/II  PANDED HISTORIES (Instrument Location PANDE)	
	Serial No. OOS899 ASHEBORD , 1	U.C.
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be as are:	followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	:
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration d simulator solution is being changed every four months or after 125 Alco whichever occurs first.	
procedures	at on the	oing preventive maintenance regulations of the N.C.
COREAT SE	WE o' NOOTH CAROL	
A COSE OTHER	Signature of Certifying Official	Certificate Number

RANDOLPH COUNTY RANDOLPH CO. JAIL 750

Serial Number: 008899 Test Date: 04/21/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name:

QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG335201 Exp Date: 12/18/2015

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

Reported AC: .00 g/210L

Signature (of Chemical Analyst

Court CVR

Analyst

#### RANDOLPH COUNTY RANDOLPH CO. JAIL 750

Serial Number: 008899

Test Record Number: 2076

Test Date: 04/21/2015

Test Time: 10:09am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Status	Time
Pass	10:10am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	10:10am

#### Printer Tests

Test

2000	Doddab	110
PRNT	Pass	10:10am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:11am 10:11am

Status Time

Preventive Maintenance Status: Pass

Analyst

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

County /		Instrument Location 455	Court JAN
Instrument Ser	rial No. <u>008645</u>	Instrument Location LEE	N.C.
The preventive four months ar	•	ntoximeters, Model Intox EC/IR II to b	pe followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breagree centigrade;	ath simulator thermometer show
2.	Verify instrument displays time	e and date;	e t
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.		ster is being changed before expiration aged every four months or after 125 A	
procedures wer	e performed on the instrument ind	, 20 / 5 the formation the formation in accordance with current he instrument is functioning properly.	orgoing preventive maintenance ent regulations of the N.C.
THE STATE OF THE S	Le La	2 minas	652
	Sign	ature of Certifying Official	Certificate Number

LEE COUNTY LEE CO. LEC. 520

Serial Number: 008645 Test Date: 04/22/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name:

QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG414801 Exp Date: 05/28/2016

210L	Time
	210L

DIAG	Pass	12:10pm
AIR BLK	.00	12:11pm
ACCY CHK	.08	12:12pm
AIR BLK	.00	12:13pm
SUB TEST	.00	12:14pm
AIR BLK	.00	12:14pm
SUB TEST	.00	12:16pm
AIR BLK	.00	12:17pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

LEE COUNTY LEE CO. LEC. 520

Serial Number: 008645

Test Record Number: 1482

Test Date: 04/22/2015

Test Time: 12:19pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:20pm
FLO	Pass	12:20pm
FC	Pass	12:20pm

#### Temperature Tests

rime
L2:20pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:21pm

#### Printer Tests

Test

COMP

PRNT	Pass	12:21pm
	CRC Tests	
Test	Status	Time

Status

Time

12:21pm

12:21pm

Preventive Maintenance Status: Pass

Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Jac	Lson Instrument Location Tackson Co. Tail
Instrument Seria	Instrument Location Tackson Co. Jail  1No. 008722 Sylva, NC
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1. •	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
. <b>10.</b>	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t procedures were Department of H	the
OF THE STATE OF N. VATA 20. 175 A. V. VATA 20. 175	Signature of Certifying Official  Certificate Number

#### JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008722 Test Date: 04/28/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

10/01/2013-10/01/2015

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG335201 Exp Date: 12/18/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:33am 10:34am 10:34am
AIR BLK	.00	10:36am
SUB TEST	.00	10:36am
AIR BLK	.00	10:37am
SUB TEST	.00	10:39am
AIR BLK	.00	10:39am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008722 Test Record Number: 666
Test Date: 04/28/2015 Test Time: 10:40am EDT

System Check: Passed

#### Baseline Tests

Test	. Status	Time
- M. P. B		
IR	Pass	10:41am
FLO	Pass	10:41am
FC	Pass	10:41am

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass	10:41am 10:41am 10:41am 10:41am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:41am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:42am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:42am

Preventive Maintenance Status: Pass

Analyst

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

	INTUAIMETE				
County Jac	kson	Instrument Loca	ition Inck	son Co. Jail	
Instrument Serie	al No. 008708	,			
The preventive four months are	maintenance procedures for the In	toximeters, Model	Intox EC/IR II to I	pe followed at least once every	r .
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 degrees.	displays pressure, or gree centigrade;	r the alcoholic bre	ath simulator thermometer sho	r <b>W</b> :
2.	Verify instrument displays time	and date;			
3.	Initiate breath test sequence;				
4.	Enter information as prompted;				
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" appe	ars, collect breath s	ample;	\$	
7.	When "PLEASE BLOW" appe	ars, collect breath s	ample;		
8.	Print test record;				
9.	Verify Diagnostic Program; and	I			
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ster is being change ged every four mon	d before expiration ths or after 125 A	n date, or the alcoholic breath lcoholic Breath Simulator test	s,
		)			
procedures were	the 2 day of 1 performed on the instrument indicates the day of 1	icated above, in acc	ordance with curre	orgoing preventive maintenand ent regulations of the N.C.	зе
ATHE STATE OF A				7.	
				•	
	A CONTRACTOR OF THE CONTRACTOR				
Tank View			1989 <b>Za</b>		
TO QUAM VIOL	- Cail	R. Cut	<u> </u>	635	_
e .	Sign	ature of Certifying (	Official	Certificate Number	

IACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008708 Test Date: 04/28/2015

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE Subject'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: 10/01/2013-10/01/2015

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

Lot Number: AG409709 Exp Date: 04/07/2016

<b>-</b>	(01 OT	Time
Test	g/210L	
_		10:32am
DIAG	Pass	10:33am
AIR BLK	.00	10:33am
ACCY CH	K .08	10:34am
AIR BLK	.00	10:35am
SUB TES	T .00	10:36am
SUB IND	.00	10:37am
AIR BLK	.00 TE	10:38am
SUB TES	- ^^	10:300
AIR BL	κ	
-		/ ኅ 1 በ ፲ ፡

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008708 Test Record Number: 1059
Test Date: 04/28/2015 Test Time: 10:39am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:39am
FLO	Pass	10:39am
FC	Pass	10:39am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:40am
SRC	Pass	10:40am
DET	Pass	10:40am
BAR	Pass	10:40am
BT	Pass	10:40am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:40am

#### Printer Tests

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

Pass

10:40am

Preventive Maintenance Status: Pass

CAL

Orif Cath

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

> Serial Number: 008820 Test Date: 04/27/2015

Citation Number: M000000-0
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: CUTLER, DANIEL R
Permit Number: 8457E
Effective:
10/01/2013-10/01/2015

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

Lot Number: AG411202 Exp Date: 04/22/2016

Test	g/210L	Time
DIAG	Pass	2:01pm
AIR BLK	.00	2:02pm
ACCY CHK	. 07	2:03pm
AIR BLK	.00	2:04pm
SUB TEST	.00	2:04pm
AIR BLK	.00	2:05pm
SUB TEST	.00	2:07pm
AIR BLK	.00	2:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County_	as for Instrument Location But Mossik Unit 5
Instrument Se	rial No. 00 8600
The preventive four months a	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 the
THE STATE OF THE PART OF THE P	Signature of Certifying Official  Certificate Number

GASTON BAT MOBILE UNIT 5 350

Serial Number: 008600 Test Date: 04/18/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

10/18/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

lest	G/210L	Time
DIAG	Pass	7:25pm
AIR BLK	.00	7:26pm
ACCY CHK	.08	7:26pm
AIR BLK	.00	7:27pm
SUB TEST	.00	7:28pm
AIR BLK	.00	7:29pm
SUB TEST	.00	7:30pm
AIR BLK	.00	7:31pm

Reported/AC: \_\_00 g/210L

Signature of Chemical Ahalyst

Court CVR

Analyst

#### GASTON BAT MOBILE UNIT 5 350

Serial Number: 008600

Test Record Number: 1553

Test Date: 04/18/2015

Test Time: 7:34pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	7:35pm
FLO	Pass	7:35pm
FC	Pass	7:35pm

#### Temperature Tests

Test Status Time	
FC1 Pass 7:35p	m
SRC Pass 7:35p	m
DET Pass 7:35p	m
BAR Pass 7:35p	m
BT Pass 7:35p	m

#### Blank Tests

Test	Status	Time
AIR	Pass	7:35pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:36pm
	CRC Tests	•

Test	Status	Time
COMP	Pass	7:36pm
CAL	Pass	7:36pm

Preventive Maintenance Status: Pass

Analyst

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

County C	Instrument Location But Mobile Van 4 5	
Instrument S	Serial No. OOGTBB	
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 sho 34 degrees, plus or minus .2 degree centigrade;	w
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.	3,
procedures w	on theday of	e
THE STATION OF THE PROPERTY OF		
	Signature of Certifying Official Certificate Number	

GASTON BAT MOBILE UNIT 5 350

Serial Number: 008788 Test Date: 04/18/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

10/18/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	7:24pm 7:25pm
ACCY CHK	.00 .07	7:25pm
AIR BLK	.00	7:26pm
SUB TEST	.00	7:27pm
AIR BLK	.00	7:28pm
SUB TEST	.00	7:29pm
ATR RIK	<b>ሰ</b> ሰ	$7 \cdot 30 \text{nm}$

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### GASTON BAT MOBILE UNIT 5 350

Serial Number: 008788

Test Record Number: 1181

Test Date: 04/18/2015

Test Time: 7:34pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Status	Time
Pass	7:34pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	7:35pm

#### Printer Tests

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

1000	00000	
COMP	Pass	7:35pm
CAL	Pass	7:35pm

Preventive Maintenance Status: Pass

Analyst

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

County_	y McKlenberg Instrument Location Bat M	obile Unit 5
Instrume	ment Serial No. <u>008698</u>	
		i Programme
	reventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be onths are:	e followed at least once every
1.	<ol> <li>Verify the ethanol gas canister displays pressure, or the alcoholic breat 34 degrees, plus or minus .2 degree centigrade;</li> </ol>	th simulator thermometer show
2.	<ol> <li>Verify instrument displays time and date;</li> </ol>	
3.	3. Initiate breath test sequence;	
4.	4. Enter information as prompted;	
5.	5. Verify instrument accuracy;	
6.	6. When "PLEASE BLOW" appears, collect breath sample;	
7.	7. When "PLEASE BLOW" appears, collect breath sample;	
8.	8. Print test record;	
9.	9. Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Alc whichever occurs first.	
I certify to procedure Departme	the for ures were performed on the instrument indicated above, in accordance with current ment of Health and Human Services, and the instrument is functioning properly.	going preventive maintenance t regulations of the N.C.
S S S S S S S S S S S S S S S S S S S	ASTATE OF NOTES AND THE STATE OF NOTES AND TH	658
	Signature of Certifying Official	Certificate Number

MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008698 Test Date: 04/16/2015

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
10/18/2013-10/01/2015

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

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

Test	g/210L	Time
DIAG	Pass	6:52pm
AIR BLK	.00	6:53pm
ACCY CHK	.07	6:54 <u>p</u> m
AIR BLK	.00	6:55pm
SUB TEST	. 00	6:55pm
AIR BLK	.00	6:56pm
SUB TEST	.00	6:58pm
AIR BLK	.00	6:59pm

Reported AC: .80 g/210G

Signature of Chemical Analyst

Court CVR

Analyst

#### MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008698

Test Record Number: 1247

Test Date: 04/16/2015 Test Time: 7:02pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	7:03pm
FLO	Pass	7:03pm
FC	Pass	7:03pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	7:03pm
SRC	Pass	7:03pm
DET	Pass	7:03pm
BAR	Pass	7:03pm
BT	Pass	7:03pm

#### Blank Tests

Test	Status	Time

AIR Pass 7:03pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:03pm

#### CRC Tests

Test	Status	Time
COMP CAL	Pass Pass	7:04pm

Preventive Maintenance Status: Pass

**Analyst** 

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

County W	Decklenburg Instrument Location But Mobile Unit 5
Instrument Se	erial No. <u>OU8788</u>
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ure:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o procedures we Department of	n the day of April, 20 1 the forgoing preventive maintenance are 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

#### MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008788 Test Date: 04/16/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

10/18/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

rest	9/2101	True
DIAG	Pass	6:50pm
AIR BLK	.00	6:51pm
ACCY CHK	.07	6:52pm
AIR BLK	.00	6:53pm
SUB TEST	.00	6:53pm
AIR BLK	.00	6:54pm
SUB TEST	.00	6:56pm
AIR BLK	.00	6:57pm

Signature of Chemical Analyst

Court CVR

#### MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008788

Test Record Number: 1173.

Test Date: 04/16/2015

Test Time: 7:01pm 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
лтр	Dagg	7.03mm

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:03pm

#### CRC Tests

Test	Status	Time
COMP	Pass	7:03pm
CAL	Pass	7:03pm

Preventive Maintenance Status: Pass

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

County_	mckles burg Instrument Location Bet mobile Unit 5  nt Serial No. DO Ble DO
The prev four mon	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify the procedure Departme	hat on the 14 day of 1901, 2011 the forgoing preventive maintenance as were performed on the instrument indicated above, in accordance with current regulations of the N.C. and of Health and Human Services, and the instrument is functioning properly.
COREATE GREAT ST.	

#### MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008600 Test Date: 04/16/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

10/18/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	6:51pm 6:52pm 6:53pm 6:54pm
SUB TEST	.00	6:54pm
AIR BLK	.00	6:55pm
SUB TEST	.00	6:57pm
ATR BLK	0.0	6:58pm

Reported AC: ...00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008600

Test Record Number: 1543

Test Date: 04/16/2015

Test Time: 7:01pm 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	Time
PRNT	Pass	7:03pm
	CPC Tests	÷

Test	Status	Time
COMP	Pass	7:03pm
CAL	Pass	7:03pm

Preventive Maintenance Status: Pass

Analyst

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

County Cab	urrus Instrument Location But Mobile Unit 5
Instrument Seri	al No. ()08400
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
THE STATE OF N. VICTOR OF N. VI	Clubbay 658

CABARRUS BAT MOBILE UNIT 5 120

Serial Number: 008600 Test Date: 04/24/2015

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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:

10/18/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:38pm
AIR BLK	.00	10:39pm
ACCY CHK	.08	10:40pm
AIR BLK	.00	10:41pm
SUB TEST	.00	10:42pm
AIR BLK	.00	10:43pm
SUB TEST	.00	10:44pm

10:45pm

Reported ACA 1.00/g(210L

.00

AIR BLK

Signature of Chemical Analyst

Court CVR

Analyst

#### CABARRUS BAT MOBILE UNIT 5 120

Serial Number: 008600

Test Record Number: 1557

Test Date: 04/24/2015

Test Time: 10:46pm EDT

#### System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:46pm
FLO	Pass	10:46pm
FC	Pass	10:46pm

#### Temperature Tests

SRC Pass 10:46pm DET Pass 10:46pm BAR Pass 10:46pm	Test	Status	Time
	SRC DET	Pass Pass	10:46pm 10:46pm 10:46pm 10:46pm
			10:46pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:47pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:47pm

#### CRC Tests

Test	Status	Time
COMP CAL	Pass Pass	10:47pm 10:47pm

Preventive Maintenance Status: Pass

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

County Ca	Burrus Instrument Location But mosek Unot 5
Instrument Ser	ial No
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 Z day of Ppe 1, 20 1 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	Club Odory 658
	Signature of Certiffying Official Certificate Number

CABARRUS BAT MOBILE UNIT 5 120

Serial Number: 008788 Test Date: 04/24/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

10/18/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:37pm 10:38pm 10:38pm
ACCI CHR	.00	10:36pm
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 Analys#

Court CVR

Analyst

#### CABARRUS BAT MOBILE UNIT 5 120

Serial Number: 008783

Test Record Number: 1185

Test Date: 04/24/2015

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	Pass	10:46pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:46pm 10:46pm

Preventive Maintenance Status: Pass

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

Instrument Serie	1 No. 008692 21440 Catawba Ave Corneliu 704-892-1363
The preventive i	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on the procedures were Department of He	he
THE STATE OF NO.	Signature of Certifying Official Certificate Number

#### MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: 008692 Test Date: 04/08/2015

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
10/01/2013-10/01/2015

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

Lot Number: AG315701 Exp Date: 06/06/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	12:22pm 12:23pm 12:23pm
AIR BLK	.00	12:24pm
SUB TEST	.00	12:25pm
AIR BLK	.00	12:26pm
SUB TEST	.00	12:27pm
AIR BLK	.00	12:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: 008692

Test Record Number: 2332

Test Date: 04/08/2015

Test Time: 12:29pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:29pm
FLO	Pass	12:29pm
FC	Pass	12:30pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:30pm
SRC	Pass	12:30pm
DET	Pass	12:30pm
BAR	Pass	12:30pm
BT	Pass	12:30pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:30pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:30pm
	CRC Tests	

Test	Status	Time
COMP	Pass	12:30pm
CAL	Pass	12:30pm

Preventive Maintenance Status: Pass

Analyst

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

County Cal	Darrus Instrument Location Cabaccus Country SD		
Instrument Serie	al No. 008590 30 Corban Avenue, Concord		
	704-920-3000		
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.	5. Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10. Verify that the ethanol gas canister is being changed before 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 844 day of April , 20 5 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.			
THE STATE OF N. P. ST	CAROLLA LA		
DE QUAM VIDE	Signature of Certifying Official Certificate Number		

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008590 Test Date: 04/08/2015

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male siver's License State: N

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

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG414801 Exp Date: 05/28/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	11:24am 11:25am 11:25am 11:26am 11:27am 11:28am
SUB TEST	.00	11:29am
AIR BLK	.00	11:30am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008590

Test Record Number: 2437

Test Date: 04/08/2015

Test Time: 11:19am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:20am
FLO	Pass	11:20am
FC	Pass	11:20am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:20am
SRC	Pass	11:20am
DET	Pass	11:20am
BAR	Pass	11:20am
BT	Pass	11:20am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:20am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:20am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:21am 11:21am

Preventive Maintenance Status: Pass

Analyst