PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County_	Hokes Instrument Location 5 tokes County Jail
Instrument S	Serial No. 008596 Danbury, N. C.
The preventi	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10. I certify that oprocedures we Department o	Verify that the ethanol gas canister is being changed before 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

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596 Test Date: 02/10/2015

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 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: AG326006 Exp Date: 09/17/2015

iest	9/210L	Time
DIAG	Pass	1:31pm
AIR BLK	.00	1:31pm
ACCY CHK	.07	1:32pm
AIR BLK	.00	1:33pm
SUB TEST	.00	1:33pm
AIR BLK	.00	1:34pm
SUB TEST	.00	1:36pm
AIR BLK	.00	1:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Analyst

#### STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596

Test Record Number: 720

Test Date: 02/10/2015

Test Time: 1:38pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

s Time
1:38pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:39pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:39pm
:	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:39pm 1:39pm

Preventive Maintenance Status: Pass

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

Co	unty	to Kes Instrument Location King Police
Ins	trument Se	rial No. 208610 Department
The fou	e preventive r 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;
1	6.	When "PLEASE BLOW" appears, collect breath sample;
	7.	When "PLEASE BLOW" appears, collect breath sample;
	8.	Print test record;
	9.	Verify Diagnostic Program; and
	10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
proc	tify that on edures were artment of I	the
THE GREAT SEA	THE STATE OF ANY 10 ANY	Signature of Certifying Official Certificate Number

STOKES COUNTY KING PD 840

Serial Number: 008610 Test Date: 02/10/2015

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: 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: AG326006 Exp Date: 09/17/2015

rest	g/210L	Time
DIAG	Pass	3:37pm
AIR BLK	.00	3:38pm
ACCY CHK	.07	3:39pm
AIR BLK	.00	3:40pm
SUB TEST	.00	3:40pm
AIR BLK	.00	3:41pm
SUB TEST	.00	3:43pm
AIR BLK	<b>/</b> 00	3:44pm

Reported AC

ر**يا 21,0**1 /1**9**ر 0,0

Signature of Chemical Analyst

Court CVR

#### STOKES COUNTY KING PD 840

Serial Number: 008610

Test Record Number: 1559

Test Date: 02/10/2015

Test Time: 3:44pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:45pm 3:45pm
FC	Pass	3:45pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:45pm
SRC	Pass	3:45pm
DET	Pass	3:45pm
BAR	Pass	3:45pm
$\mathtt{BT}$	Pass	3:45pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:46pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:46pm
	CRC Tests	
Test	Status	Time

Test	Status	Time
COMP	Pass	3:46pm
CAL	Pass	3:46pm

Preventive Maintenance Status: Pass

Analvst

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

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

Signature of Certifying Official

Certificate Number

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008925 Test Date: 02/13/2015

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: 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: AG409709 Exp Date: 04/07/2016

Test	g/210L	Time
DIAG AIR BLK	Pass	11:12am 11:12am
ACCY CHK	.08	11:13am
AIR BLK	.00	11:14am
SUB TEST	.00	11:15am
AIR BLK	.00	11:15am
SUB TEST	.00	11:17am
AIR BLĶ	.00	11:18am

Reported AC: ... 00 g/210L

Signature of Chemical Analyst

Court CVR

#### FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008925 Test Record Number: 839
Test Date: 02/13/2015 Test Time: 11:19am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:20am 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	11:21am

#### Printer Tests

ICDL	status	TIME .
PRNT	Pass	11:21am

#### CRC Tests

COMP Pac	 :21am :21am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

gazaan	/ INTOXIMETERS, MODEL INTOX EC/IR II
County / O	Instrument Location FORSYth County Detention
Instrument Ser	ial No. 008583 Winston-Salem, N.C.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every 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.
certify that on to procedures were Department of H	the
THE STATE OF N	Signature of Certifying Official Certificate Number

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583 Test Date: 02/13/2015

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: 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: AG409709 Exp Date: 04/07/2016

Test	g/210L	Time
DIAG AIR BLK	Pass	11:27am 11:28am
ACCY CHK AIR BLK	.08	11:29am 11:30am
SUB TEST		11:31am
AIR BLK	.00	11:31am
SUB TEST	.00	11:33am
AIR BLK	.00	11:34am

Reported AC: \_\_00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

#### FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583

Test Record Number: 5427

Test Date: 02/13/2015

Test Time: 11:35am EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	11:35am
FLO	Pass	11:35am
FC	Pass	11:35am

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
•	1 1	
AIR	Pass	11:36am

#### Printer Tests

TESC	Status	TIME
PRNT	Pass	11:36am

#### CRC Tests

Test	Status	Time
COMP	Pass	11:36am
CAL	Pass	11:36am

Preventive Maintenance Status: Pass

Analyst/

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County FORSY H County Defantion

Instrument Serial No. DOBOS To the Intoximeters, Model Intox EC/IR II to be followed at least once every

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

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



Signature of Certifying Official

Certificate Number

FORSYTH COUNTY FORSYTH CO DETENTION

Serial Number: 008659 Test Date: 02/13/2015

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: 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: AG409709 Exp Date: 04/07/2016

q/210L Time Test DIAG Pass 11:37am AIR BLK .00 11:38am ACCY CHK .07 11:38am AIR BLK .00 11:39am SUB TEST .00 11:40am AIR BLK .00 11:41am SUB TEST .00 11:42am AIR BLK .00 11:43am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

### FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659 Test Record Number: 3274
Test Date: 02/13/2015 Test Time: 11:44am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status Time
	The contracting with a second of the contraction of
FC1	Pass 11:44am
SRC	Pass 11:44am
DET	Pass 11:44am
BAR	Pass 11:44am
BT	Pass 11:44am

#### Blank Tests

Test	Status Time
AIR	Pass 11:45am
records to the	The state of the s

## Printer Tests

lest	Status	Time
om transporture of plan programs of the contract		processor and an experience of
PRNT	Pass .	11:45am
Property of the Section of the Secti	GDC Mosts	The first first first for the second
San Britan Carlos	CRC Tests	The state of the s
Test	Status	Time
		ing the former dense in the large parties on the large transport of the parties and the large parties and the parties of the large parties and the large parties and the large parties of the large parties of the large parties and the transport of the large parties of the large parties of the large parties of the transport of the large parties o
COMP	Pass	LL:45am
CAL	Pass	11:45am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

2	INTOXIMETE	RS, MODEL INTOX EC/I	RII <sub>1</sub>
County	ONSLOW	Instrument Location 13AT	MOBILE UN
Instrument S	erial No. <u>0086/6</u>	Instrument Location BAT	ICANDS, NO
			·
The prevention four months a		ntoximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breat gree centigrade;	h-simulator thermometer show
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ars, collect breath sample;	
7.	When "PLEASE BLOW" appe	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		ster is being changed before expiration of ged every four months or after 125 Alco	
I certify that o procedures we Department of	on the <u>25</u> day of <u>FE</u> ere performed on the instrument indi f Health and Human Services, and th	the forgoated above, in accordance with current is functioning properly.	going preventive maintenance regulations of the N.C.
STATE OF THE STATE	A CAROLINA C		
* ESE QUAM VIDE		496	648
	Signa	ture of Certifying Official	Certificate Number

ONSLOW COUNTY BAT MOBILE UNIT 3 660

Serial Number: 008616 Test Date: 02/28/2015

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: 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/21017	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	11:00pm 11:01pm 11:02pm 11:02pm
SUB TEST	.00	11:03pm
AIR BLK	.00	11:04pm
SUB TEST	.00	11:05pm
AIR BLK	.00	11:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ONSLOW COUNTY BAT MOBILE UNIT 3 660

Serial Number: 008616

Test Record Number: 2032

Test Date: 02/28/2015

Test Time: 11:08pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:08pm
${ t FLO}$	Pass	11:08pm
FC	Pass	11:08pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:08pm
SRC	Pass	11:08pm
DET	Pass	11:08pm
BAR	Pass	11:08pm
BT	Pass	11:08pm

#### Blank Tests

Test	Status	Time
AIR	Pass	11:09pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:09pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:09pm 11:09pm

Preventive Maintenance Status: Pass

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

County	ONSLOW	Instrument Location_	BAT MOBILE UNIT
Instrument	Serial No. <u>008647</u>		HOLLY RIDGE, N
The prevent	tive maintenance procedures for the Irs are:	toximeters, Model Intox	EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 degrees.		slcoholic 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" appe	ars, collect breath sample	<b>.</b>
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.			re expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
I certify that procedures v Department	on the <u>27</u> day of <u>FE</u> 3 were performed on the instrument indic of Health and Human Services, and th	cated above, in accordance instrument is functioning	the forgoing preventive maintenance e with current regulations of the N.C. ag properly.
THE STATE OF THE S	CD-G	13	Lo 48
	Signat	ure of Certifying Official	Certificate Number

#### ONSLOW COUNTY BAT MOBILE UNIT 3 660

Serial Number: 008647 Test Date: 02/27/2015

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 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	9:59pm 10:00pm 10:01pm 10:02pm
SUB TEST	.00	10:02pm
AIR BLK SUB TEST	.00 .00	10:03pm 10:04pm
AIR BLK	.00	10:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ONSLOW COUNTY BAT MOBILE UNIT 3 660

Serial Number: 008647 Test Date: 02/27/2015

Test Record Number: 2056

Test Time: 10:09pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:11pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:11pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:11pm 10:11pm

Preventive Maintenance Status: Pass

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

	INTOXIMETERS, MODEL INTOXICAL INTOXI
County	DNSLOW Instrument Location BAT MUBICE UNIT
Instrument S	erial No. 008614 Instrument Location BAT MOBILE UNIT
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures we Department of	n the
TO THE STATE OF TH	

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

Signature of Certifying Official

Certificate Number

ONSLOW COUNTY BAT MOBILE UNIT 3 660

Serial Number: 008616 Test Date: 02/27/2015

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: 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	Pass	10:00pm 10:01pm
ACCY CHK	.08	10:02pm
AIR BLK	.00	10:03pm
SUB TEST	.00	10:03pm
AIR BLK	.00	10:04pm
SUB TEST	,00	10:06pm
AIR BLK	.00	10:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### ONSLOW COUNTY BAT MOBILE UNIT 3 660

Serial Number: 008616

Test Record Number: 2028

Test Date: 02/27/2015

Test Time: 10:07pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:07pm 10:07pm
FC	Pass	10:08pm

#### Temperature Tests

Status	Time
Pass	10:08pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	10:08pm

#### Printer Tests

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

10:09pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

County /	NARE Instrument Location BAL MOBILE LINIT
Instrument Se	rial No. <u>26897</u>
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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: 008970 Test Record Number: 27 Test Date: 02/13/2015 Test Time: 11:14pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:14pm 11:14pm
FC	Pass	11:14pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:14pm
SRC	Pass	11:14pm
DET	Pass	11:14pm
BAR	Pass	11:14pm
BT	Pass	11:14pm

#### Blank Tests

Test	Status	Time
AIR	Pass	11:15pm

#### Printer Tests

IESL	Status	TIME
PRNT	Pass	11:15pm
	CRC Tests	

lest	Status	Time
COMP	Pass	11:15pm
CAL	Pass	11:15pm

Preventive Maintenance Status: Pass

Analyst

#### WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008970 Test Date: 02/13/2015

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: 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	11:07pm 11:07pm
ACCY CHK AIR BLK	.08 .00	11:08pm 11:09pm
SUB TEST	.00	11:09pm
AIR BLK	.00	11:10pm
SUB TEST	.00	11:12pm
AIR BLK	.00	11:12pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

County	Wantendo	Instrument Location 5	of mobile her it
Instrument Se	erial No. Oos 971	Conserved	Joney.
			;
The preventive four months a		toximeters, Model Intox EC/IR	II to be followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 degrees.		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" appe	ars, collect breath sample;	
7.	When "PLEASE BLOW" appe	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.			iration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
I certify that o procedures we Department of	n theday of re performed on the instrument indi Health and Human Services, and th	cated above, in accordance with e instrument is functioning prop	the forgoing preventive maintenance current regulations of the N.C. perly.
THE STATE OF THE S	Signa	ture of Certifying Official	Certificate Number

#### WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008971

Test Record Number: 27

Test Date: 02/13/2015

Test Time: 11:20pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:21pm
FLO	Pass	11:21pm
FC	Pass	11:21pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:21pm
SRC	Pass	11:21pm
DET	Pass	11:21pm
BAR	Pass	11:21pm
BT	Pass	11:21pm

#### Blank Tests

Test	Status	Time

AIR Pass 11:21pm

#### Printer Tests

Test	Status	Time

PRNT Pass 11:21pm

CRC Tests

Test Status Time

COMP Pass 11:21pm CAL Pass 11:21pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008971 Test Date: 02/13/2015

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: 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	11:09pm 11:10pm 11:10pm
AIR BLK SUB TEST	.00	11:10pm 11:11pm 11:11pm
AIR BLK SUB TEST	.00	11:12pm 11:14pm
AIR BLK	.00	11:15pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedu

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

County	Wake Instrument Location FAT MIDBLE (LET # 7
Instrument	t Serial No. OOS972 Com
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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	t on the
STA STAR COLETA	Signature of Certifying Official Certificate Number

### WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008972 Test Record Number: 44 Test Date: 02/14/2015 Test Time: 1:14am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	1:15am

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:15am
	CRC Tests	
Test	Status	Time
COMP	Pass	1:15am

Preventive Maintenance Status: Pass

Pass

1:15am

CAL

Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008972 Test Date: 02/14/2015

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	1:05am
AIR BLK	.00	1:06am
ACCY CHK	.08	1:06am
AIR BLK	.00	1:07am
SUB TEST	.00	1:08am
AIR BLK	.00	1:09am
SUB TEST	.00	1:10am
AIR BLK	.00	1:11am

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

#### WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008973

Test Record Number: 25

Test Date: 02/13/2015

Test Time: 11:13pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:13pm 11:13pm
FC	Pass	11:13pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:14pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:14pm
	CRC Tests	
Test	Status	Time

Tesc	Status	111116
COMP	Pass	11:14pm
CAL	Pass	11:14pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008973 Test Date: 02/13/2015

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: 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	11:04pm 11:05pm
ACCY CHK AIR BLK	.08	11:06pm 11:06pm
SUB TEST	.00	11:08pm
AIR BLK	.00	11:08pm
SUB TEST	.00	11:10pm
ATR BLK	. 00	11:11pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

County	Wake	Instrument Location	Bot mos	bile line ?
Instrument 5	Serial No. <u>008769</u>		C. A. Plany	
				_
The prevent four months	tive maintenance procedures for the In	ntoximeters, Model Intox EC	/IR II to be follow	ved at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		holic breath simu	lator thermometer shows
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appe	ars, collect breath sample;		
7.	When "PLEASE BLOW" appe	ars, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and	ı		
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.			
procedures w	on the	cated above, in accordance v	vith current regula	preventive maintenance ations of the N.C.
THE STATE OF THE S	Sept Sept	6.1110/2	<del></del>	636
	Signa	ture of Certifying Official		ertificate Number

#### WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008969

Test Record Number: 28

Test Date: 02/14/2015

Test Time: 1:21am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:22am
FLO	Pass	1:22am
FC	Pass	1:22am

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	1:23am

### Printer Tests

Test	Status	Time
PRNT	Pass	1:23am
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	1:23am

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008969 Test Date: 02/14/2015

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: 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	1:12am 1:13am 1:13am 1:14am
SUB TEST	.00	1:17am
AIR BLK SUB TEST	.00 .00	1:18am 1:19am
AIR BLK	.00	1:20am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

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

Signature of Cer

### STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008824

Test Record Number: 984

Test Date: 02/10/2015

Test Time: 10:27am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:28am
FLO	Pass	10:28am
FC	Pass	10:28am

## Temperature Tests

Test	Status	Time
FC1	Pass	10:28am
SRC	Pass	10:28am
DET	Pass	10:28am
BAR	Pass	10:28am
BT	Pass	10:28am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:28am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:28am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:29am 10:29am

Preventive Maintenance Status: Pass

Analyst /

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008824 Test Date: 02/10/2015

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: 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: AG308002 Exp Date: 03/21/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00 .00	10:32am 10:33am 10:34am 10:35am 10:36am
AIR BLK	.00	10:37am
SUB TEST	.00	10:38am
AIR BLK	.00	10:39am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

## ALEXANDER COUNTY ALEXANDER COUNTY SD 010

Serial Number: 008813

Test Record Number: 1305

Test Date: 02/18/2015

Test Time: 11:46am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:47am 11:47am
FC	Pass	11:47am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:47am
SRC	Pass	11:47am
DET	Pass	11:47am
BAR	Pass	11:47am
BT	Pass	11:47am

#### Blank Tests

Test	Status	Time

AIR Pass 11:48am

#### Printer Tests

Test	Status	Time

PRNT 11:48am Pass

CRC Tests

Test Status Time

11:48am COMP Pass CAL Pass 11:48am

Preventive Maintenance Status: Pass

Analyst

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

Rev. 12/2007

ALEXANDER COUNTY ALEXANDER COUNTY SD 010

Serial Number: 008813 Test Date: 02/18/2015

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: 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: AG326006 Exp Date: 09/17/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07 .00	11:51am 11:52am 11:52am 11:53am
SUB TEST	.00	11:54am
AIR BLK	.00	11:55am
SUB TEST	.00	11:57am
AIR BLK	.00	11:57am

Reported AC:\ .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County U	rion Instrument Location Union County SD
Instrument Ser	rial No. 008866 3344 Presson Rd. Monroe
	704-283-3770
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.
procedures were	the 18th day of telegraphy, 20 15 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.
A STATE OF	OS. III. CAROLINA CAR
A CUAM ADER	Joseph E Hult 650
•	Signature of Certifying Official Certificate Number

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008866 Test Date: 02/18/2015

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: 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: AG434201 Exp Date: 12/08/2016

Test	g/210L	Time
DIAG AIR BLK	Pass	1:11pm 1:11pm
ACCY CHK	.07	1:11pm 1:12pm
AIR BLK	.00	1:12pm
SUB TEST	.00	1:14pm
AIR BLK	.00	1:15pm
SUB TEST	.00	1:16pm
ATR BLK	. 0.0	1 • 1 7 m

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## UNION COUNTY UNION COUNTY SD 890

Serial Number: 008866 Test Record Number: 1908 Test Date: 02/18/2015 Test Time: 1:18pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:18pm
FLO	Pass	1:18pm
FC	Pass	1:18pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:18pm
SRC	Pass	1:18pm
DET	Pass	1:18pm
BAR	Pass	1:18pm
ВТ	Pass	1:18pm

#### Blank Tests

Test		Status	Time
		The second second second	

AIR Pass 1:19pm

#### Printer Tests

Test Status	Time
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PRNT Pass 1:19pm

CRC Tests

Test Status Time

COMP Pass 1:19pm CAL Pass 1:19pm

Preventive Maintenance Status: Pass

Analyst

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

County_	Union	Instrumen	t Location_	Wax	law	PO
Instrumer	nt Serial No. <u>808598</u>	3620	Provid	dence	Rd	South . Warh
2		hand	04-84	3-05	33	•
The preve	entive maintenance procedures for the I ths are:	ntoximeters, M	fodel Intox l	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 press gree centigrad	ure, or the a	lcoholic bre	ath simu	lator thermometer shows
2.	Verify instrument displays time	and date;				
3.	Initiate breath test sequence;					
4.	Enter information as prompted;					:
5.	Verify instrument accuracy;	•				
6.	When "PLEASE BLOW" appe	ars, collect bre	eath sample;			
7.	When "PLEASE BLOW" appe	ars, collect bre	eath sample;			
8.	Print test record;					
9.	Verify Diagnostic Program; and	t				
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ster is being ch ged every four	anged befor months or	e expiration after 125 A	n date, or Icoholic	the alcoholic breath Breath Simulator tests,
I certify that procedures Departmen	at on the <u>law</u> day of <u>law</u> were performed on the instrument indi at of Health and Human Services, and the	cated above, ir	20, 20 n accordance s functioning	with curre	orgoing p nt regula	preventive maintenance ations of the N.C.
VICE OREATE AND	ATE O'NO GRANDEN CAROLINA CARO	Handel	Oliving of the Wallscott of the con-			s mak
	Signa	ture of Certify	ing Official	Dis. Marili	C	ertificate Number

UNION COUNTY WAXHAW PD 890

Serial Number: 008598 Test Date: 02/16/2015

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: 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: AG404101 Exp Date: 02/16/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	12:21pm 12:22pm 12:23pm
AIR BLK SUB TEST	.00 .00	12:24pm 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

## UNION COUNTY WAXHAW PD 890

Serial Number: 008598 Test Date: 02/16/2015 Test Record Number: 560

5 Test Time: 12:29pm EDT

System Check: Passed

## Baseline Tests

Test		Status	Time
IR		Pass	12:29pm
FLO		Pass	12:29pm
FC	•	Pass	12:29pm

#### 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
СОМЪ	Pass	12:30pm
CAL	Pass	12:30pm

Preventive Maintenance Status: Pass

Analyst

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

County (a)		Instrument Location (Jak.	- Co. Detention Conton	
Instrument Seri	al No. <u>00 865/</u>	3301 Hannon	d Red Raleigh. MC	
The preventive four months are		ntoximeters, Model Intox EC/IR II	to be followed at least once every	
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		breath simulator thermometer shows	
2.	Verify instrument displays time	e and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;	;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appe	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;			
8.	Print test record;			
9.	Verify Diagnostic Program; and	d		
10.		ster is being changed before expira nged every four months or after 12	ation date, or the alcoholic breath 5 Alcoholic Breath Simulator tests,	
I certify that on procedures were Department of I	performed on the instrument ind	icated above, in accordance with che instrument is functioning prope	ne forgoing preventive maintenance current regulations of the N.C.	
STATE OF THE STATE	Sign	ature of Certifying Official	Certificate Number	

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008651 Test Date: 02/05/2015

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: AG425303 Exp Date: 09/10/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00 .00	10:41am 10:41am 10:42am 10:43am 10:44am
AIR BLK	.00	10:44am
SUB TEST	.00	10:46am
AIR BLK	.00	10:47am

Reported AC: .00 g/210L Signature of Chemical Analyst

Court CVR

Analyst

#### WAKE COUNTY DETENTION CENTER 910

Serial Number: 008651 Test Record Number: 1086
Test Date: 02/05/2015 Test Time: 10:48am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:48am
FLO	Pass	10:48am
FC	Pass	10:48am

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:49am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:49am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:49am 10:49am

Preventive Maintenance Status: Pass

Analyst

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

	INTOANVETERS, MODEL INTOX EC/IR II
County W	
Instrument Seri	al No. 008686 3301 Hammond Rd. Raleigh NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
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
OF ME STATE ON A STATE ON A STATE OF A STATE	Signature of Certifying Official Certificate Number

#### WAKE COUNTY DETENTION CENTER 910

Serial Number: 008686 Test Date: 02/05/2015

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: AG425303 Exp Date: 09/10/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	10:46am 10:47am 10:47am 10:48am
SUB TEST	.00	10:48am
AIR BLK	.00	10:50am
SUB TEST	.00	10:52am
ATR BLK	. 0.0	10:53am

Reported AC: ,00

Signature of Chemical Analyst

Court CVR

Analyst

#### WAKE COUNTY DETENTION CENTER 910

Serial Number: 008686

Test Record Number: 6203 

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:55am
FLO	Pass	10:55am
FC	Pass	10:55am

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	10:55am 10:55am
$\mathtt{DET}$	Pass	10:55am
BAR	Pass	10:55am
$\mathtt{BT}$	Pass	10:55am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:56am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:56am
	CRC Tests	
Test	Status	Time

rest	Status	TTIIIE
COMP	Pass	10:56am
CAL	Pass	10:56am

Preventive Maintenance Status: Pass

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

County 🕖	1 Ake Co. Instrument Location Wake Co. Detention Cente
Instrument Ser	rial No. 0086/5 3301 Hamment Rel. Roleigh N
The preventive	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
four months ar	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the
CHE STATE OF THE S	Signature of Certifying Official Certificate Number

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008615 Test Date: 02/05/2015

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 .08	10:38am 10:39am 10:40am
AIR BLK	.00	10:41am
SUB TEST	.00	10:43am
AIR BLK	.00	10:44am
SUB TEST	.00	10:46am
AIR BLK	.00	10:47am

Reported AC: / 90 g/21

signature of Chemical Analyst

Court CVR

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#### WAKE COUNTY DETENTION CENTER 910

Serial Number: 008615 Test Date: 02/05/2015

Test Record Number: 5313 Test Time: 10:48am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:48am
FLO	Pass	10:48am
FC	Pass	10:48am

#### Temperature Tests

Status	Time
Pass	10:48am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	10:49am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:49am

#### CRC Tests

Test	Status	Time
COMP	Pass	10:49am
CAL	Pass	10:49am

Preventive Maintenance

Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County ///	Ke Co. Instrument Location (UAKe (o. Defert), or Ver
Instrument Seria	al No. 00 865/ 2301 Hammond Rel, Raleight C
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
OF THE STATE OF A VICENTY TO A	Signature of Certifying Official Certificate Number

#### WAKE COUNTY DETENTION CENTER 910

Serial Number: 008651 Test Date: 02/09/2015

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: AG425303 Exp Date: 09/10/2016

Test	g/210L	Time
DIAG	Pass	11:17am
AIR BLK	.00	11:18am
ACCY CHK	.08	11:19am
AIR BLK	.00	11:20am
SUB TEST	.00	11:21am
AIR BLK	.00	11:22am
SUB TEST	.00	11:23am
ATR RIK	በበ	11.24am

Reported AC;

.00, q/210L

Signature of Chemical Analyst

Court CVR

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

Anályst

#### WAKE COUNTY DETENTION CENTER 910

Serial Number: 008651 Test Record Number: 1097
Test Date: 02/09/2015 Test Time: 11:25am EST

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	11:25am
SRC	Pass	11:25am
DET	Pass	11:25am
BAR	Pass	11:25am
BT	Pass	11:25am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:26am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:26am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:26am 11:26am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County /	Le Co. Instrument Location WAKE Co. Dotest his Center
Instrument Seria	INO. 00851/2 3301 Hammond Rd, Raleigh NC
The preventive i	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of H	the
THE STATE OF A STATE O	Signature of Certifying Official Certificate Number

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008577 Test Date: 02/09/2015

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	Pass	2:27pm 2:28pm
ACCY CHK	.07	2:29pm
AIR BLK	.00	2:30pm
SUB TEST	.00	2:31pm
AIR BLK	.00	2:32pm
SUB TEST	.00	2:33pm
ATR BLK	.00	2:34pm

Reported AC: 100 g/

Signature of Chemical Analyst

Court CVR

#### WAKE COUNTY DETENTION CENTER 910

Serial Number: 008577

Test Record Number: 1123

Test Date: 02/09/2015 Test Time: 2:35pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:35pm
FLO	Pass	2:35pm
FC	Pass	2:36pm

### Temperature Tests

Status	Time
Pass	2:36pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	2:36pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:36pm
	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 (	Ake Co. Instrument Location ( ) Ake Co. Delaytion (extra
Instrument S	erial No. DO 8/10 3301 Hammond Rd Paleigh 140
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v	on theday ofday of, 20
OTHE STATE OF THE	CAROLINI CAR

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

Signature of Certifying Official

Certificate Number

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008760 Test Date: 02/09/2015

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	Pass	2:26pm 2:27pm
ACCY CHK	.08	2:28pm
AIR BLK	.00	2:29pm
SUB TEST	.00	2:30pm
AIR BLK	.00	2:30pm
SUB TEST	.00	2:32pm
AIR BLK	.00	2:33pm

Reported AC:

£210 <del>/ بع</del>ر00

Signature of Chemical Analyst

Court CVR

#### WAKE COUNTY DETENTION CENTER 910

Serial Number: 008760 Test Record Number: 695 Test Date: 02/09/2015 Test Time: 2:34pm EST

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	2:35pm

#### Printer Tests

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

<u>-</u>	Test	Status	Time
			2:35pm 2:35pm

Preventive Maintenance Status: Pass

Analyst

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

County /	Ake Co. Instrument Location WAKE Co. Detention Center
Instrument So	erial No. 008612 3301 Hammored Rd Raleigh MC
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	n the
O'UM STATE OF THE WAY TO THE WAY	

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

Signature of Certifying Official

Certificate Number

#### WAKE COUNTY DETENTION CENTER 910

Serial Number: 008612 Test Date: 02/09/2015

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: AG425303 Exp Date: 09/10/2016

Test	g/210L	Time
DIAG AIR BLK	Pass	3:37pm 3:38pm
ACCY CHK	.07	3:39pm
AIR BLK	.00	3:40pm
SUB TEST	.00	3:40pm
AIR BLK	.00	3:41pm
SUB TEST	.00	3:43pm
AIR BLK	.00	3:44pm

Reported AC:

.00 g√210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WAKE COUNTY DETENTION CENTER 910

Serial Number: 008612

Test Record Number: 1603

Test Date: 02/09/2015

Test Time: 3:49pm EST

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	3:50pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:50pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

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

County FR	ANKLIN Co. Instrument Location FRANK linkow P.D.
Instrument Ser	rial No. 008815 # 7 W. MASON St. FRANKLIN EN,
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 on procedures were Department of I	the
THE COUNTY PROPERTY OF THE PRO	Signature of Cortificing Occidents

#### FRANKLIN COUNTY FRANKLINTON PD 340

Serial Number: 008815 Test Date: 02/10/2015

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: 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: AG326006 Exp Date: 09/17/2015

Test	g/210L	Time
DIAG	Pass	1:34pm
AIR BLK	.00	1:35pm
ACCY CHK	.08	1:36pm
AIR BLK	.00	1:37pm
SUB TEST	.00	1:37pm
AIR BLK	.00	1:38pm
SUB TEST	.00	1:40pm
ATR RIK	ሰብ	$1 \cdot 41 \text{ pm}$

Reported AC: / 00 g/210L

Signature of Chemical Analyst

Court CVR

# FRANKLIN COUNTY FRANKLINTON PD 340

Serial Number: 008815 Test Record Number: 935 Test Date: 02/10/2015 Test Time: 1:42pm EST

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	1:42pm
FLO	Pass	1:42pm
FC	Pass	1:42pm

# Temperature Tests

Test	Status	Time
FC1	Pass	1:42pm
SRC	Pass	1:42pm
$\mathtt{DET}$	Pass	1:42pm
BAR	Pass	1:42pm
$\mathtt{BT}$	Pass	1:42pm

# Blank Tests

Test	Status	Time
AIR	Pass	1:43pm

### Printer Tests

Status	Time
Pass	1:43pm
CRC Tests	
	Status Pass CRC Tests

Test	Status	Time
COMP	Pass	1:43pm
CAL	Pass	1:43pm

Preventive Maintenance Status: Pass

Analyst

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

County F	Epicklin Co.	Instrument Location FRANK	Klin Co. FAil
Instrument S	erial No. <u>008942</u>	285 T. Kenip R.J.	Louisburg MC
<u> </u>			
The prevention four months		the Intoximeters, Model Intox EC/IR II t	to be followed at least once every
1.	Verify the ethanol gas can 34 degrees, plus or minus	ister displays pressure, or the alcoholic b .2 degree centigrade;	reath simulator thermometer show
2.	Verify instrument displays	time and date;	
<sup>3</sup> .	Initiate breath test sequenc	e;	
4.	Enter information as prom	pted;	
5.	Verify instrument accuracy	<i>7</i> ;	
6.	When "PLEASE BLOW"	appears, collect breath sample;	
7.	When "PLEASE BLOW"	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program	; and	
10.		canister is being changed before expirati changed every four months or after 125	
I certify that o procedures we Department of	on the day of ere performed on the instrument f Health and Human Services, a	believed, 20/5 the indicated above, in accordance with cure and the instrument is functioning properly	forgoing preventive maintenance rent regulations of the N.C.
TARE CITY OF THE STATE OF THE S	A CONTRACTOR OF THE PARTY OF TH	Signature of Certifying Official	Certificate Number

### FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008942 Test Date: 02/10/2015

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: 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: AG326006 Exp Date: 09/17/2015

Test	g/210L	Time
DIAG	Pass	2:10pm
AIR BLK	.00	2:11pm
ACCY CHK	.08	2:12pm
AIR BLK	.00	2:13pm
SUB TEST	.00	2:13pm
AIR BLK	.00	2:14pm
SUB TEST	.00	2:16pm
ATR RIK	0.0	2 · 17pm

Reported AC:

 $\frac{6}{210L}$ 

Signature of Chemical Analyst

Court CVR

Analyst
is form is used when performing Preventive Maintenance n

# FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008942 Test Record Number: 828
Test Date: 02/10/2015 Test Time: 2:18pm EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:18pm 2:18pm
1.110		_
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
$\mathtt{BT}$	Pass	2:18pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:19pm

# Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

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

County £	RANKLIN CO. Instrument Location FRANKLING. VAIL
Instrument S	derial No. 008933 285 T. Kemp Rd Louis burg, M
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;
<b>7.</b>	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the day of feliques, 20/5 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	C54
A Section 1	Signature of Certifying Official Certificate Number

### FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008933 Test Date: 02/10/2015

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: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2014-02/01/2016

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

pe of Agency: F Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:12pm
AIR BLK	.00	2:13pm
ACCY CHK	.07	2:13pm
AIR BLK	.00	2:14pm
SUB TEST	.00	2:15pm
AIR BLK	.00	2:16pm
SUB TEST	.00	2:18pm
ATR BLK	. 0.0	2:19pm

Signature of Chemical Analyst

Court CVR

Analyst

### FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008933

Test Record Number: 666

Test Date: 02/10/2015

Test Time: 2:21pm EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	2:21pm
FLO	Pass	2:21pm
FC	Pass	2:21pm

# Temperature Tests

Test	Status	Time
FC1	Pass	2:22pm
SRC	Pass	2:22pm
DET	Pass	2:22pm
BAR	Pass	2:22pm
BT	Pass	2:22pm

### Blank Tests

Test	Status	Time

AIR Pass 2:22pm

### Printer Tests

Test Status Time

PRNT Pass 2:22pm

### CRC Tests

Test Status Time

COMP Pass 2:22pm CAL Pass 2:22pm

Preventive Maintenance Status: Pass

Aňalyst '

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

1120

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

-	INTOXIIVIE.	LERO, MODEL INTOX E	
County /	Jake Co.	Instrument Location WAKE	· Foresi P.D.
Instrument S	erial No. 🚫 🛪 🦰	225 S. TAYLOR.	ST WAKE FOREST, M
The preventi-		ne Intoximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ster displays pressure, or the alcoholic l 2 degree centigrade;	preath simulator thermometer shows
2.	Verify instrument displays	time and date;	
3.	Initiate breath test sequence	;	
4.	Enter information as promp	ted;	
5.	Verify instrument accuracy	;	
6.	When "PLEASE BLOW" a	appears, collect breath sample;	
7.	When "PLEASE BLOW" a	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.		anister is being changed before expirate hanged every four months or after 125	
broceantes we	ere periorineu on me mstrument	indicated above, in accordance with cured the instrument is functioning proper	irrent regulations of the N.C.
STATE OF STA	Vando		654
	S	ignature of Certifying Official	Certificate Number

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700 Test Date: 02/10/2015

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: 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	Pass	3:14pm 3:15pm
ACCY CHK	.07	3:15pm
AIR BLK	.00	3:17pm
SUB TEST	.00	3:17pm
AIR BLK	.00	3:19pm
SUB TEST	.00	3:20pm
AIR BLK	.00	3:21pm

Reported AC: .00 g/210L

Signature of Ckemical Analyst

Court CVR

Analyst

### WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700

Test Record Number: 864

Test Date: 02/10/2015

Test Time: 3:21pm EST

System Check: Passed

### Baseline Tests

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

# Temperature Tests

Test	Status	Time
FC1	Pass	3:23pm
SRC	Pass	3:23pm
DET	Pass	3:23pm
BAR	Pass	3:23pm
BT	Pass	3:23pm

### Blank Tests

Test	Status	Time
AIR	Pass	3:23pm

### Printer Tests

PRNT Pass 3:23pm	Test	Status	Time
	PRNT	Pass	3:23pm

# CRC Tests

Test	Status	Time
COMP	Pass	3:24pm
CAL	Pass	3:24pm

Preventive Maintenance Status: Pass

Analyst

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

24/2

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

<i></i>	/		
County E/A	15 how	Instrument Location On 3/02	o County
Instrument Seria	ul No. <u>008932</u>	SHOWIFF OFFICE	
The preventive i	•	Intoximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath egree centigrade;	simulator thermometer show
2.	Verify instrument displays tim	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	·	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample;	
7.	When "PLEASE BLOW" app	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	d	·
10.		ister is being changed before expiration de nged every four months or after 125 Alco	
I certify that on to procedures were Department of H	he <u>//</u> day of <u>///////////////////////////////////</u>	CRARY, 20/5 the forgulicated above, in accordance with current the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
OF THE STATE OF NO.	A CAROLINA		
* LOR CRAM VIDEN	Sign	pature of Certifying Official	354 Certificate Number

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008932 Test Date: 02/10/2015

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: 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	12:53pm
AIR BLK	.00	12:53pm
ACCY CHK	.08	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

Karl E Holf
Analyst

# ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008932 Test Date: 02/10/2015

Test Record Number: 2838
Test Time: 12:59pm EST

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
	•	•
ATR	Pass	1 • 0.1 mm

# Printer Tests

Test	Status	Time
PRNT	Pass	1:01pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:01pm

Preventive Maintenance Status: Pass

Pass

CAL

ul E Half

1:01pm

*A*malyst

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

County (	MBERLAND	Instrument Locati	7/	1A66
Instrument Ser	rial No. <u>00</u> 8903	P. 1	4.0	
The preventive four months are	e maintenance procedures for the Into:	kimeters, Model In	tox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degre	plays pressure, or t e centigrade;	the alcoholic breath	simulator thermometer show
2.	Verify instrument displays time an	ıd date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears	, collect breath sar	nple;	
7.	When "PLEASE BLOW" appears	, collect breath sar	nple;	
8.	Print test record;			•
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canister simulator solution is being change whichever occurs first.	is being changed devery four month	before expiration da is or after 125 Alcoh	te, or the alcoholic breath nolic Breath Simulator tests,
procedures wer	the day of teven re performed on the instrument indicat Health and Human Services, and the i	ted above, in accor	dance with current r	ing preventive maintenance egulations of the N.C.
STATE OF	ACAROLINA CAROLINA			
FEITE QUAM VIDER	NILLA	ANZ		652
	Signatur	re of Certifying Of	ficial	Certificate Number

#### CUMBERLAND COUNTY FORT BRAGG LEC. 250

Serial Number: 008903 Test Date: 02/06/2015

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	Pass	11:35am
AIR BLK	.00	11:35am
ACCY CHK	.08	11:36am
AIR BLK	.00	11:38am
SUB TEST	.00	11:38am
AIR BLK	.00	11:39am
SUB TEST	.00	11:41am
AIR BLK	.00	11:42am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

### CUMBERLAND COUNTY FORT BRAGG LEC. 250

Serial Number: 008903 Test Record Number: 1426 Test Date: 02/06/2015 Test Time: 11:44am EST

System Check: Passed

# Baseline Tests

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

# Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	11:45am

# Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County	HOKE Instrument Location HOKE CO. DETENTION
Instrumer	nt Serial No. 008855 PAEFURD V.C.
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	nat on the
See See A See See See See See See See Se	Signature of Certifying Official  Certificate Number

#### HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855 Test Date: 02/05/2015

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENACE

Subject'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	Pass	12:47pm
AIR BLK	.00	12:48pm
ACCY CHK	.08	12:49pm
AIR BLK	.00	12:50pm
SUB TEST	00	12:50pm
AIR BLK	.00	12:51pm
SUB TEST	.00	12:53pm
AIR BLK	.00	12:53pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855

Test Record Number: 1024

Test Date: 02/05/2015

Test Time: 12:56pm EST

System Check: Passed

# Baseline Tests

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

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:57pm

AIR Pass

### Printer Tests

Test	Status	Time
PRNT	Pass	12:57pm

CRC Tests

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

Preventive Maintenance. Status: Pass

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

County	HOKE	Instrument Location	RECO DETENTION C
Instrumen	nt Serial No. <u>008852</u>	RAE FORD	N.C.
The preve		e Intoximeters, Model Intox EC/I	R II to be followed at least once every
1.	Verify the ethanol gas canistom 34 degrees, plus or minus .2		olic 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;		
6.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
7.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	and	
10.			piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
	at on the day ofs were performed on the instrument in at of Health and Human Services, and	ndicated above, in accordance wi	
O'THE STA	ATE OF ACTION		
CONE AT LESS AND A STATE OF THE			
O QUA	MSA	gnature of Certifying Official	Certificate Number
		, , , , , , , , , , , , , , , , , , , ,	

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852 Test Date: 02/05/2015

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: AG309101

Exp Date: 04/01/2015

Test	g/210L	Time
DIAG AIR BLK	Pass	12:43pm 12:44pm
ACCY CHK	.08	12:44pm
AIR BLK	.00	12:46pm
SUB TEST	.00	12:46pm
AIR BLK	.00	12:47pm
SUB TEST	.00	12:49pm
AIR BLK	.00	12:50pm

Reported AC: .00 g/210L

Signature (of Chemical Analyst

Court CVR

# HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852 Test Date: 02/05/2015

Test Record Number: 663 Test Time: 12:51pm EST

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	Pass	12:51pm
SRC	Pass	12:51pm
DET	Pass	12:51pm
BAR	Pass	12:51pm
BT	Pass	12:51pm

#### Blank Tests

Test	Status	TIME
AIR	Pass	12:52pm

# Printer Tests

Test	Status	Time
PRNT	Pass	12:52pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	12:52pm

Preventive Maintenance Status: Pass

Analyst

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

County PA	NOWPH	Instrument Location	LIBERTY	P.N
Instrument Seria	al No. <u>008830</u>	Instrument Location_	N.C	
The preventive four months are	maintenance procedures for the Int	oximeters, Model Intox EC	/IR II to be followed	at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg		holic breath simulate	or thermometer show
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			•
6.	When "PLEASE BLOW" appea	rs, collect breath sample;		
7.	When "PLEASE BLOW" appear	rs, 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.	er is being changed before e ed every four months or aft	expiration date, or the er 125 Alcoholic Bre	e alcoholic breath eath Simulator tests,
procedures were	the \( \begin{aligned} \lambda & \day \text{of } \overline{\text{FEB}} \end{aligned} \]  performed on the instrument indicate the lambda of th	ated above, in accordance v	with current regulation	ventive maintenance ins of the N.C.
THE STATE OF A PART OF THE PAR	Signat	ure of Certifying Official		ificate Number

### RANDOLPH LIBERTY POLICE DEPT 750

Serial Number: 008830 Test Date: 02/12/2015

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:
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 ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	9:54am 9:54am 9:55am 9:56am <b>9:56am</b> 9:57am
SUB TEST	.00	9:59am
AIR BLK	.00	10:00am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# RANDOLPH LIBERTY POLICE DEPT 750

Serial Number: 008830 Te Test Date: 02/12/2015 T

Test Record Number: 480 Test Time: 10:01am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:01am
FLO	Pass	10:01am
FC	Pass	10:02am

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
	÷	
AIR	Pass	10:02am

### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX E	1 1 1 1 1 1
County	SUI + ORA Instrument Location GV	eenshow UAII
Instrument Seri	ial No. <u>0087/8</u>	
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic last degrees, plus or minus .2 degree centigrade;	oreath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expirate simulator solution is being changed every four months or after 125 whichever occurs first.	
	theday of	
THE STATE OF A STATE O	OR IN A DOWN	(4-7

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

Signature of Certifying Official

Certificate Number

# GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008718 Test Date: 02/09/2015

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 AIR BLK	Pass	12:23pm 12:23pm
ACCY CHK	.08	12:24pm
AIR BLK	.00	12:25pm
SUB TEST	.00	12:26pm
AIR BLK	.00	12:26pm
SUB TEST	.00	12:28pm
AIR BLK	.00	12:29pm

Reported AC; .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Caw

# GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008718 Test Record Number: 1147
Test Date: 02/09/2015 Test Time: 12:29pm EST

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 SRC	Pass Pass	12:30pm 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

Tesc	blacus	TIME
COMP	Pass	12:31pm
CAL	Pass	12:31pm

Preventive Maintenance Status: Pass

Analyst

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

c	OCK MANA Instrument Location Rev	devalle
Instrument S	DONO!	ept.
		•
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be fare:	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 Alcoh whichever occurs first.	te, or the alcoholic breath solic Breath Simulator tests,
I certify that or procedures we Department o	on the	ing preventive maintenance egulations of the N.C.
OF THE STATE		
THE STATE OF THE S		131-5
Tradition of the	Signature of Certifying Official	Certificate Number

#### ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784 Test Date: 02/05/2015

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	3:24pm
AIR BLK	.00	3:25pm
ACCY CHK	.07	3:25pm
AIR BLK	.00	3:26pm
SUB TEST	.00	3:27pm
AIR BLK	.00	3:28pm
SUB TEST	.00	3:30pm
AIR BLK	.00	3:31pm

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

Department of Health and Human Service Rev. 12/2007

# ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784 Test Record Number: 827 Test Date: 02/05/2015 Test Time: 3:32pm EST

System Check: Passed

# Baseline Tests

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

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	3:33pm

### Printer Tests

Test	Status	Time
PRNT	Pass	3:33pm
	CRC Tests	

Test	Status	Time
COMP	Pass	3:33pm
CAL	Pass	3:33pm

Preventive Maintenance Status: Pass

L. Keinhean

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

$\sim$ $\sim$	INTOXIMETERS, MODEL INTOX EC/IR	<b>11</b>
County KOC	KINGA AM Instrument Location & de	N
Instrument Serie	al No. 008636 Police De	partment
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;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration dat simulator solution is being changed every four months or after 125 Alcohowhichever occurs first.	e, or the alcoholic breath olic Breath Simulator tests,
÷		
I certify that on a procedures were Department of H	the	ing preventive maintenance egulations of the N.C.
OF THE STATE OF A		* · · · · · · · · · · · · · · · · · · ·
ARE 12. 078 ARE QUAM VIDEN Y	By Burlean.	642
	Signature of Certifying Official	Certificate Number

ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636 Test Date: 02/05/2015

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: AG322601 Exp Date: 08/14/2015

Test	g/210L	Time
DIAG AIR BLK	Pass .00	2:22pm 2:22pm
ACCY CHK	07	2:23pm
AIR BLK	.00	2:24pm
SUB TEST	.00	2:25pm
AIR BLK	.00	2:26pm
SUB TEST	.00	2:27pm
AIR BLK	.00	2:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

# ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636

Test Record Number: 1492

Test Date: 02/05/2015

Test Time: 2.29pm EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	2:29pm
FLO	Pass	2:29pm
FC	Pass	2:29pm

# Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	2:30pm

### Printer Tests

Test	Status	Time
PRNT	Pass	2:30pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:30pm

2:30pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

$\mathcal{O}$	INTOXIMET	ERS, MODEL INTOX EC	/IR II
County Ke	KINGLAM	Instrument Location Kockiele	HAN CO. JAIL
Instrument So	orial No. <u>008796</u>	Wentwest	h, W.C
	·		
The preventive four months a		e Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2	er displays pressure, or the alcoholic bre degree centigrade;	ath simulator thermometer show
2.	Verify instrument displays til	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	:. :.
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
7.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
8.	Print test record;		
<b>9.</b>	Verify Diagnostic Program; a	and	unite Burth
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nister is being changed before expiration anged every four months or after 125 A	n date, or the alcoholic breath lcoholic Breath Simulator tests,
I certify that or procedures we Department o	ere performed on the instrument in	bruny, 20/5 the found in accordance with curred the instrument is functioning properly.	orgoing preventive maintenance ent regulations of the N.C.
		•	
Of the STATE WAY 20, 1775		Ps.	
	CARO		
ARE IZ TIV		Eva Doan	Certificate Number
	Sig	gnature of Certifying Official	Certificate Number

ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

Serial Number: 008796 Test Date: 02/05/2015

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 AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	1:33pm 1:33pm 1:34pm 1:35pm 1:36pm 1:37pm
SUB TEST	.00	1:37pm
ATR BLK	.00	1:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

Serial Number: 008796 Test F

Test Record Number: 1826

Test Date: 02/05/2015 Test Time: 1:39pm EST

System Check: Passed

## Baseline Tests

Test ,	Status	Time
IR FLO	Pass Pass	1:40pm 1:40pm
FC	Pass	1:40pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:40pm
SRC	Pass	1:40pm
DET	Pass	1:40pm
BAR	Pass	1:40pm
BT	Pass	1:40pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:41pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:41pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:41pm

1:41pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

County R	OWA N	Instrument Location ChiNO	~~
Instrument S	erial No. <u>008862</u>	Police De	partment
The preventi four months		toximeters, Model Intox EC/IR II to be fo	ollowed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	lisplays pressure, or the alcoholic breath s ree centigrade;	simulator thermometer show
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;	egit an Agilia Agilia Agilia	
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 dat ged every four months or after 125 Alcohol	
I certify that of procedures we Department of	on theday ofere performed on the instrument indicing the desired from the desi	the forgoing the forgoing properly.	ing preventive maintenance egulations of the N.C.
THE STATE OF THE S	SAN		647
	Signa	ture of Certifying Official	Certificate Number

ROWAN COUNTY CHINA GROVE PD 790

Serial Number: 008862 Test Date: 02/04/2015

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: 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: AG323402 Exp Date: 08/22/2015

est	g/210L T	ime
IAG IR BLK		:09pm :10pm
CCY CHK	.07 2	:11pm
IR BLK	.00 2	:12pm
UB TEST	.00 2	:13pm
IR BLK	.00 2	:14pm
UB TEST	.00 2	:16pm
IR BLK	.00 2	:16pm
IR BLK UB TEST IR BLK UB TEST	.00 2 .00 2 .00 2 .00 2	:12p :13p :14p :16p

Reported AC: .00 g/21%L

Signature of Chemical Analyst

Court CVR

## ROWAN COUNTY CHINA GROVE PD 790

Serial Number: 008862

Test Record Number: 495

Test Date: 02/04/2015 Test Time: 2:18pm EST

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

#### 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

Ànalyst

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

County	OUAN Instrument Location SAISORY
Instrument S	Serial No. 008835 Police Department
The prevent	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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;
<sup>7</sup> .	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on theday ofCDRCHIC_, 20 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008835 Test Date: 02/04/2015

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: 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: AG434201 Exp Date: 12/08/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	12:06pm 12:07pm 12:08pm
AIR BLK	.00	12:09pm
SUB TEST	.00	12:10pm
AIR BLK	.00	12:11pm
SUB TEST	.00	12:12pm
AIR BLK	.00	12:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ROWAN COUNTY SALISBURY PD 790

Serial Number: 008835 Test Record Number: 1516
Test Date: 02/04/2015 Test Time: 12:14pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass	12:14pm
F LO	Pass	12:14pm
FC	Pass	12:14pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:14pm
SRC	Pass	12:14pm
DET	Pass	12:14pm
BAR	Pass	12:14pm
$\mathtt{BT}$	Pass	12:14pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:15pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:15pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:15pm 12:15pm

Preventive Maintenance Status: Pass

Analyst

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

- las	INTUXINETERS, WODEL INTUX ECTR II  OWAN  Instrument Location SALS bury
County ( )  Instrument S	annin Di'illian
The preventi	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that opposedures we Department of	on theday of
ASTE QUANTING	L. Leen Dan 642
	Signature of Certifying Official Certificate Number

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868 Test Date: 02/04/2015

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: 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: AG434201 Exp Date: 12/08/2016

Test	g/210L	Time
DIAG AIR BLK	Pass	11:31am 11:32am
ACCY CHK	.08	11:32am
AIR BLK	.00	11:33am
SUB TEST	.00	11:34am
AIR BLK	.00	11:35am
SUB TEST	.00	11:36am
ATR BLK	.00	11:37am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868 T

Test Record Number: 2292

Test Date: 02/04/2015

Test Time: 11:38am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:38am
SRC	Pass	11:38am
DET	Pass	11:38am
BAR	Pass	11:38am
$\mathtt{BT}$	Pass	11:38am

#### Blank Tests

Test	Status	Time

AIR Pass 11:39am

#### Printer Tests

PRNT Pass 11:39am

## CRC Tests

Test	Status	Time
COMP	Pass	11:39am

CAL Pass 11:39am

Preventive Maintenance Status: Pass

L'Hern Dean

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County W	sho	Instrument Location Wake Co	Datanting Contra
Instrument Seri	al No. <u>00865</u> /	3301 Hammond Rd	Roleigh, NC
· · · · · · · · · · · · · · · · · · ·			
The preventive four months are	•	Intoximeters, 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 d	displays pressure, or the alcoholic breedegree centigrade;	ath simulator thermometer show
2.	Verify instrument displays time	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	<b>l</b> ;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	nd	
10.		ister is being changed before expiration nged every four months or after 125 A	
procedures were	performed on the instrument inc	the following the following properly.	orgoing preventive maintenance ent regulations of the N.C.
OF THE STATE OF TH	Sign	nature of Certifying Official	Certificate Number

#### WAKE COUNTY DETENTION CENTER 910

Serial Number: 008651 Test Date: 02/02/2015

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: 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: AG425303 Exp Date: 09/10/2016

Test	g/210L	Time
DIAG	Pass	2:41pm
AIR BLK	.00	2:42pm
ACCY CHK	.07	2:43pm
AIR BLK	.00	2:44pm
SUB TEST	.00	2:45pm
AIR BLK	.00	2:46pm
SUB TEST	.00	2:48pm
ATR BLK	.00	2:48pm

Reported AC:

00/g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## WAKE COUNTY DETENTION CENTER 910

Serial Number: 008651 Test Record Number: 1081 Test Date: 02/02/2015 Test Time: 2:49pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:50pm
FLO	Pass	2:50pm
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 /	JAKE Instrument Location WAKE Co Defention Centres
Instrument Ser	rial No. 008738 3301 Hammand Rel Raleigh, NC
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every 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;
<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
OF STATE OF THE ST	# CAROLINA AND AND AND AND AND AND AND AND AND A
-wanness	Signeston of Cariforing Official Carifornia Number

#### WAKE COUNTY DETANTION CENTER 910

Serial Number: 008738 Test Date: 02/02/2015

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: 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	2:48pm
AIR BLK	.00	2:49pm
ACCY CHK	08	2:50pm
AIR BLK	.00	2:51pm
SUB TEST	.00	2:52pm
AIR BLK	.00	2:53pm
SUB TEST	.00	2:54pm
ATR BIK	0.0	2.55pm

Reported AC:

.00 G/210L

Signature of Chemical Analyst

Court CVR

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Anályst

#### WAKE COUNTY DETANTION CENTER 910

Serial Number: 008738

Test Record Number: 532

Test Date: 02/02/2015

Test Time: 2:57pm EST

## System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:57pm 2:57pm
FC	Pass	2:57pm

## Temperature Tests

Test	Status	Time
FC1	Pass	2:57pm
SRC	Pass	2:57pm
DET	Pass	2:57pm
BAR	Pass	2:57pm
BT	Pass	2:57pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:58pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:58pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:58pm

Preventive Maintenance Status: Pass

Pass

CAL

2:58pm

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County C	PRANGE Co. Instrument Location H. 16 barough 1.D.
Instrument Seri	al No. 008499 127 M. Churton ST. Hills boxon
. *	
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
·· · 5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the day of FE DRUARL   , 20 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OF ME STATE OF A STATE	Signature of Certifying Official Certificate Number

ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799 Test Date: 02/02/2015

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: 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: AG322601 Exp Date: 08/14/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:54am 10:55am 10:56am
AIR BLK	.00	10:57am
SUB TEST	.00	10:59am
AIR BLK	.00	11:00am
SUB TEST	.00	11:01am
AIR BLK/	.00	11:02am

Signature of Chemical Analyst

Court CVR

#### ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799 Test Record Number: 1765
Test Date: 02/02/2015 Test Time: 11:04am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass Pass	11:04am
FLO		11:04am
FC	Pass	11:05am

## Temperature Tests

Test	Status	Time
FC1	Pass	11:05am
SRC	Pass	11:05am
DET	Pass	11:05am
BAR	Pass	11:05am
BT	Pass	11:05am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:05am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:05am

#### CRC Tests

Test	Status	Time
COMP	Pass	11:05am
CAL	Pass	11:05am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, M	ODEL INTOX EC/II	KII
County_	SUI HORD Instru	ument Location 6	nsboro PD
Instrument S	erial No. <u>008)725</u>	00 Police Pla	ZA Erreenstare, N
The preventi	ve maintenance procedures for the Intoximeter are:	rs, Model Intox 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 centi		simulator thermometer shows
2.	Verify instrument displays time and date	•	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;	1000 M	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collection	ct breath sample;	
7.	When "PLEASE BLOW" appears, collect	ct breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being simulator solution is being changed every whichever occurs first.		
	on theday ofebecomes consistency of the day ofday of		oing preventive maintenance regulations of the N.C.
THE STATE OF THE S	Signature of Co	ertifying Official	Certificate Number

#### GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725 Test Date: 02/02/2015

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: AG326006 Exp Date: 09/17/2015

Test	g/210L	Time
DIAG	Pass	4:36pm
AIR BLK	.00	4:37pm
ACCY CHK	.08	4:38pm
AIR BLK	.00	4:39pm
SUB TEST	.00	4:40pm
AIR BLK	.00	4:41pm
SUB TEST	.00	4:42pm
AIR BLK	.00	4:43pm

Reported AC: .00 g/210L

Signature of Chémical Analyst

Court CVR

Analyst

## GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725

Test Record Number: 3315 Test Time: 4:44pm EST

Test Date: 02/02/2015 Test

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:45pm
FLO	Pass	4:45pm
FC	Pass	4:45pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:45pm
SRC	Pass	4:45pm
DET	Pass	4:45pm
BAR	Pass	4:45pm
BT	Pass	4:45pm

#### Blank Tests

|--|

AIR Pass 4:46pm

#### Printer Tests

Test	Status	Time
11831	うしみしはら	T T III (

PRNT Pass 4:46pm

CRC Tests

Test Status Time

COMP Pass 4:46pm CAL Pass 4:46pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	// INTOXIMETERS, MODEL INTOX EÇ/IR II
County_	TANGOLOM Instrument Location ARChidale
Instrument S	Serial No. 008791 Police Department
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;
<b>7.</b>	When "PLEASE BLOW" appears, collect breath sample;
<b>8.</b>	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on theday of
THE STATE OF THE S	Signature of Certifying Official Certificate Number

#### RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791 Test Date: 02/02/2015

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: AG312802 Exp Date: 05/08/2015

Test	g/210L	Time
DIAG	Pass	3:28pm
AIR BLK	.00	3:29pm
ACCY CHK	.08	3:29pm
AIR BLK	.00	3:31pm
SUB TEST	.00	3:32pm
AIR BLK	.00	3:32pm
SUB TEST	.00	3:34pm
ATR BLK	. 00	3:35pm

Reported, AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791

Test Record Number: 1015

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:36pm
FLO	Pass	3:36pm
FC	Pass	3:37pm

## Temperature Tests

Test	Status	Time
FC1	Pass	3:37pm
SRC	Pass	3:37pm
DET	Pass	3:37pm
BAR	Pass	3:37pm
BT	Pass	3:37pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:37pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:37pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:38pm 3:38pm

Preventive Maintenance Status: Pass

Analyst

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

County (S	INTOXIMETERS, MODEL INTOX EC/IR II  Instrument Location High Point JAII
Instrument Ser	060001
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.
	theday of
STATE OF THE STATE	Signature of Certifying Official Certificate Number

#### GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008896 Test Date: 02/02/2015

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: AG323402 Exp Date: 08/22/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	2:17pm 2:18pm 2:19pm
AIR BLK	.00	2:20pm
SUB TEST	.00	2:20pm
AIR BLK	.00	2:21pm
SUB TEST	.00	2:23pm
AIR BLK	.00	2:24pm

Reported AC:, .00 g/210L

Signature of Chemical Analyst

Court CVR

## GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008896

Test Record Number: 648

Test Date: 02/02/2015

Test Time: 2:06pm EST

System Check: Passed

## Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:07pm
SRC	Pass	2:07pm
DET	Pass	2:07pm
BAR	Pass	2:07pm
$\mathtt{BT}$	Pass	2:07pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:08pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:08pm

#### CRC Tests

Test	Status	Time
COMP	Pass	2:08pm
CAL	Pass	2:08pm

Preventive Maintenance Status: Pass

L. Lews Clary

PREVENTIVE MAINTENANCE RECORD

and providence of	INTOXIMETERS, MODEL INTOX EC/IR II
County S	UI TORA Instrument Location High Point
Instrument Seria	ai No. OC8828 Police Repartment
The preventive if four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	he day of
STATE OF NO. 1775	Signature of Certifying Official Certificate Number

GUILFORD COUNTY HIGH POINT PD 401

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

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	1:13pm
AIR BLK	.00	1:14pm
ACCY CHK	.07	1:15pm
AIR BLK	.00	1:16pm
SUB TEST	.00	1:17pm
AIR BLK	.00	1:18pm
SUB TEST	.00	1:19pm
ATR BLK	.00	1:20pm

.00 g/210L Reported AC:

Signature of Chemical Analyst

Court CVR

## GUILFORD COUNTY HIGH POINT PD 401

Serial Number: 008828

Test Record Number: 1715

Test Date: 02/02/2015

Test Time: 1:21pm EST

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	1:21pm
SRC	Pass	1:21pm
DET	Pass	1:21pm
BAR	Pass	1:21pm
$\operatorname{BT}$	Pass	1:21pm

#### Blank Tests

Test	Status	Time
2\ T D	Dagg	1 • 22rom

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:22pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:22pm

Preventive Maintenance Status: Pass

Pass

1:22pm

CAL

L. Lunden

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

<i></i>	\(\frac{1}{\cappa}\) INTOXIMETER	S, MODEL INTOX EC/IR	Ш
County 5	uiltord	Instrument Location \( \sum \mathbb{N} \subset -	Greensbord
Instrument Ser	rial No. <u>008604</u>	Police Day	PArtMent
	*		
The preventive four months ar	•	ximeters, Model Intox EC/IR II to be for	llowed at least once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degrees	eplays pressure, or the alcoholic breath si see centigrade;	mulator thermometer show
2.	Verify instrument displays time ar	nd date;	
3.	Initiate breath test sequence;		·
4.	Enter information as prompted;	100 cm	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears	s, collect breath sample;	
7.	When "PLEASE BLOW" appears	s, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program, and		
10.		r is being changed before expiration date d every four months or after 125 Alcoho	
		ted above, in accordance with current rep	ng preventive maintenance gulations of the N.C.
THE STATE OF THE S	CAROLINIA THE CAROLI	Lew Loss Variety of Certifying Official	Certificate Number

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

Serial Number: 008604 Test Date: 02/02/2015

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: AG320602 Exp Date: 07/25/2015

Test	g/210L	Time
DIAG AIR BLK	Pass	11:17am 11:18am
ACCY CHK	.08	11:18am
AIR BLK	.00	11:20am
SUB TEST	.00	11:20am
AIR BLK	.00	11:21am
SUB TEST	.00	11:23am
AIR BLK	.00	11:24am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Ånalyst

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

Serial Number: 008604

Test Record Number: 1304

Test Date: 02/02/2015

Test Time: 11:24am EST

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

Status	Time
Pass	11:25am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	11:26am

#### Printer Tests

Test

CAL

Status

Time

11:26am

•		
PRNT	Pass	11:26am
	CRC Tests	
Test	Status	Time
COMP	Pass	11.26am

Preventive Maintenance Status: Pass

Pass

Keen See

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

County De A	VCE	Instrument Location CHAPEL HILL PD	
Instrument Seri	ial No. <u>008856</u>	828 MARTIN LUTHER KING, JR BLUD CHAPEL HILL, NC	
The preventive four months 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	r displays pressure, or the alcoholic breath simulator thermometer shows egree centigrade;	
2.	Verify instrument displays tim	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	<b>i</b> ;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; ar	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	e 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.	
THE STATE OF THE S	Zu z	and the second s	

# ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856 Test Record Number: 1602

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	12:15pm
FLO	Pass	12:15pm
FC	Pass	12:15pm

### Temperature Tests

Test	Status	Time
FC1	Pass	12:15pm
SRC	Pass	12:15pm
DET	Pass	12:15pm
BAR	Pass	12:15pm
BT	Pass	12:15pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:16pm

# Printer Tests

Test	Status	Time
PRNT	Pass	12:16pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:16pm

12:16pm

Preventive Maintenance Status: Pass

Pass

CAL

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856 Test Date: 02/09/2015

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: AG414801 Exp Date: 05/28/2016

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

<i>!'a</i> ~		ERS, MODEL IN LOX ECH	IIX II
County O	PANGE	_ Instrument Location CHAPEL	HILL PD
Instrument Se	erial No. <u>608839</u>	828 MARTIN LUTHE CHAPEL HILL, N	R KING JR BLUL
The preventiv		Intoximeters, Model Intox EC/IR II to be	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 breat legree centigrade;	th 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;	ŕ	
9.	Verify Diagnostic Program; a	nd	
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	nister is being changed before expiration anged every four months or after 125 Alc	date, or the alcoholic breath cholic Breath Simulator tests,
procedures we	ere performed on the instrument in	32UA14, 2015 the for dicated above, in accordance with current the instrument is functioning properly.	going preventive maintenance it regulations of the N.C.
.: ·			
THE STATE OF WAY 20, 1775	NO PARTIES		
ARR 12, TO	Bus	D Smith	637
	Sig	nature of Certifying Official	Certificate Number

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008839 Test Date: 02/09/2015

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: AG322601 Exp Date: 08/14/2015

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

Reperted AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008839 Test Record Number: 1325
Test Date: 02/09/2015 Test Time: 12:15pm EST

System Check: Passed

Baseline Tests

Test Status Time

IR Pass 12:15pm
FLO Pass 12:15pm
FC Pass 12:15pm

Temperature Tests

Status Time Test FC1 Pass: 12:15pm 12:15pm SRC Pass 12:15pm DET Pass 12:15pm BAR Pass BT Pass 12:15pm

Blank Tests

Test Status Time

AIR Pass 12:16pm

Printer Tests

Test Status Time

PRNT Pass 12:16pm

CRC Tests

Test Status Time

COMP Pass 12:16pm CAL Pass 12:16pm

Preventive Maintenance Status: Pass

Analyst

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

		ERS, MODEL INTOX EC/	
County	URHAM	Instrument Location DUDHA	M CO. JAIL
Instrument Ser	rial No. <u>1008873</u>	2175,MANGUMS	ST. DURNAM,
The preventive four months ar		Intoximeters, Model Intox EC/IR II to be	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 breadlegree centigrade;	th 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; as	nd	
10.	Verify that the ethanol gas car simulator solution is being cha whichever occurs first.	nister is being changed before expiration anged every four months or after 125 Alc	coholic Breath Simulator tests,
procedures wer	e performed on the instrument in	dicated above, in accordance with currer the instrument is functioning properly.	going preventive maintenance at regulations of the N.C.
OF THE STATE OF TH	Jui Disign	Amit L nature of Certifying Official	Certificate Number

### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008873 Test Date: 02/02/2015

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: AG405702 Exp Date: 02/26/2016

Test	g/210L	Time
DIAG	Pass	4:15pm
AIR BLK	.00	4:16pm
ACCY CHK	.07	4:17pm
AIR BLK	.00	4:17pm
SUB TEST	.00	4:18pm
AIR BLK	.00	4:19pm
SUB TEST	.00	4:22pm
AIR BLK	.00	4:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008873

Test Record Number: 1111

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	4:28pm 4:28pm
FC	Pass	4:28pm

# Temperature Tests

Test	Status	Time
FC1	Pass	4:28pm
SRC	Pass	4:28pm
DET	Pass	4:28pm
BAR	Pass	4:28pm
BŢ	Pass	4:28pm

### Blank Tests

Test	Status	Time

4:29pm AIR Pass

### Printer Tests

4:29pmPRNT Pass

CRC Tests

Time Test Status

COMP Pass 4:29pm

CAL Pass 4:29pm

Preventive Maintenance Status: Pass

Analyst

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

inde towa.		eks, Model in				
County PE	250~	Instrument Location	PER	80N Co.	havitan (2 Cm	····
Instrument Seri	al No. <u>008693</u>	120 COURT	<u>ςτ.</u>	ROXBO	RO NC	> - -
The preventive four months are	maintenance procedures for the :	Intoximeters, Model Into	x EC/IR II	l to be followe	ed at least once	every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d		e alcoholic	breath simula	ator thermomet	er shows
2.	Verify instrument displays tir	ne and date;				
3.	Initiate breath test sequence;					
4.	Enter information as prompte	d;				
5.	Verify instrument accuracy;					
6.	When "PLEASE BLOW" appears, collect breath sample;					
7.	When "PLEASE BLOW" appears, collect breath sample;					
8.	Print test record;					
9.	Verify Diagnostic Program; a	nd				
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nister is being changed be anged every four months	efore expir or after 12	ation date, or 25 Alcoholic F	the alcoholic b	reath r tests,
I certify that on procedures were Department of I	the <u>10</u> day of <u>Fs</u> e performed on the instrument in Health and Human Services, and	REAL ARY, 20 adicated above, in accordant the instrument is function	o / t ance with o ning prope	he forgoing procure regulaterly.	reventive maint tions of the N.C	enance
THE STATE OF THE S	ORTH CAROLLING	) A=1			6 <i>3</i> 7	
	Sig	gnature of Certifying Office	cial	C	ertificate Numb	er

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693 Test Date: 02/10/2015

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: 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/21CL	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	1:34pm 1:35pm 1:35pm
AIR BLK	.00	1:36pm
SUB TEST	.00	1:37pm
AIR BLK	.00	1:38pm
SUB TEST	.00	1:39pm
AIR BLK	.00	1:40pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693

Test Record Number: 1125

Test Date: 02/10/2015

Test Time: 1:43pm EST

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	1:43pm
FLO .	Pass	1:43pm
FC	Pass	1:44pm

# Temperature Tests

Test	Status	Time
FC1	Pass	1:44pm
SRC	Pass	1:44pm
DET	Pass	1:44pm
BAR	Pass	1:44pm
BT	Pass	1:44pm

#### Blank Tests

Test	Status	Time

AIR Pass 1:44pm

### Printer Tests

Test	Status	Time
PRNT	Pass	1:44pm

# CRC Tests

Test	Status	Time
COMP	Pass	1:45pm
CAL	Pass	1:45pm

Preventive Maintenance Status: Pass

Analyst

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

//www.cassamory	INTOXIMETERS, MODEL INTOX EC/II	X 11
County /	ER SON Instrument Location PERSON	Co. L. E.C
Instrument Seria	erial No. <u>008880   120 Court St. Rox</u>	BORO, NC
The preventive four months are	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be 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 desimulator solution is being changed every four months or after 125 Alco whichever occurs first.	ate, or the alcoholic breath holic Breath Simulator tests,
I certify that on to procedures were Department of H	on the	oing preventive maintenance regulations of the N.C.
CTATO		
STATE OF THE PROPERTY OF THE P		
ATTOR COUNTY ADDRESS AT A STATE OF THE STATE	Signature of Certifying Official	637 Certificate Number

# PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880 Test Record Number: 799
Test Date: 02/10/2015 Test Time: 1:43pm EST

System Check: Passed

### Baseline Tests

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

# Temperature Tests

Test	Status	Time
FC1	Pass	1:44pm
SRC	Pass	1:44pm
DET	Pass	1:44pm
BAR	Pass	1:44pm
$\mathtt{BT}$	Pass	1:44pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:45pm

### Printer Tests

Test	Status	Time
PRN'T	Pass	1:45pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	1:45pm

Preventive Maintenance Status: Pass

Anglyst

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880 Test Date: 02/10/2015

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: 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	1:34pm
AIR BLK	.00	1:35pm
ACCY CHK	.08	1:36pm
AIR BLK	.00	1:37pm
SUB TEST	.00	1:37pm
AIR BLK	.00	1:38pm
SUB TEST	.00	1:40pm
AIR BLK	.00	1:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

Analyst

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

County	MOORE	Instrument Location 2	SBRINS POCKE DEPT
Instrument Seri	al No. <u>00 8728</u>	ROBBINS,	NC
		Madal Inter EC/II	ID II to be fellowed at least once avery
four months are		oximeters, Model Intox EC/1	IR II to be followed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 degr		nolic 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" appear	rs, collect breath sample;	
7.	When "PLEASE BLOW" appear	rs, 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.	er is being changed before exted every four months or after	xpiration date, or the alcoholic breath or 125 Alcoholic Breath Simulator tests
I certify that on procedures were Department of H	the <u>OZ</u> day of <u>FB3</u> performed on the instrument indicated the lealth and Human Services, and the	ated above, in accordance wi	the forgoing preventive maintenance ith current regulations of the N.C. roperly.
STATE OF A	ON THE CAROLLE		
Topic Quam vibra	Signat	ture of Certifying Official	Certificate Number

MOORE COUNTY ROBBINS PD 620

Serial Number: 008728 Test Date: 02/02/2015

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

Test	g/210L	Time
DIAG AIR BLK	Pass	5:12pm 5:13pm
ACCY CHK	.08	5:13pm
AIR BLK	00	5:14pm
SUB TEST	.00	5:15pm
AIR BLK	.00	5:16pm
SUB TEST	.00	5:18pm
AIR BLK	.00	5:19pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### MOORE COUNTY ROBBINS PD 620

Serial Number: 008728

Test Record Number: 261

Test Date: 02/02/2015

Test Time: 5:19pm EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	5:20pm 5:20pm
FC	Pass	5:20pm

# Temperature Tests

Test	Status	Time
FC1	Pass	5:20pm
SRC	Pass	5:20pm
DET	Pass	5:20pm
BAR	Pass	5:20pm
$\mathtt{BT}$	Pass	5:20pm

### Blank Tests

Test	Status	Time
AIR	Pass	5:21pm

# Printer Tests

Test	Status	Time
PRNT	Pass	5:21pm
	CRC Tests	
Test	Status	Time
COMP	Pass	5:21pm

Preventive Maintenance Status: Pass

Pass

5:21pm

CAL

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

County	フ <u>ルM36ペスペン</u> Instrument	Location Fr. BK	<i>HG</i> 6
Instrument S	erial No. <u>008787</u>	Pm.o.	
			×.
The preventi	ve maintenance procedures for the Intoximeters, Mare:	odel Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister displays pressu 34 degrees, plus or minus .2 degree centigrade		
2.	Verify instrument displays time and date;	And the state of t	A Commence of the Commence of
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect bre	eath sample;	
7.	When "PLEASE BLOW" appears, collect bre	eath sample;	
<b>8.</b>	Print test record;	·	
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being ch simulator solution is being changed every four whichever occurs first.		
procedures w	on the <u>lo</u> day of <u>FEBRIARY</u> ere performed on the instrument indicated above, in If Health and Human Services, and the instrument i	n accordance with current	oing preventive maintenance regulations of the N.C.
OF THE STATE		the state of the s	
			As .
AND SOURCE FOR		egille et i	
O AND STATE		<u>R</u>	371
•	\$ignature of Certify	ing Official	Certificate Number

CUMBERLAND CO. FORT BRAGG LEC. 250

Serial Number: 008787 Test Date: 02/06/2015

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: 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: AG326006 Exp Date: 09/17/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00 .00	11:18am 11:19am 11:20am 11:21am 11:21am 11:22am 11:24am 11:25am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CUMBERLAND CO. FORT BRAGG LEC. 250

Serial Number: 008787 Test Record Number: 470

System Check: Passed

### Baseline Tests

Test	Status	Time
IR ·	Pass	11:26am
FLO	Pass	11:26am
FC	Pass	11:26am

# Temperature Tests

Test		Status	Time
FCl	i.	Pass	11:26am
SRC		Pass	11:26am
DET		Pass	11:26am
BAR		Pass	11:26am
BT		Pass	11:26am

# Blank Tests

Test	Status	Time

AIR Pass 11:27am

# Printer Tests

Test	Status	Time
	コー・ディー かんま かんだい	
	· ·	

PRNT Pass 11:27am

# CRC Tests

Time Test Status

COMP 11:27am Pass CAL Pass 11:27am

Preventive Maintenance Status: Pass

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

County/<	Instrument Location ST. BULS POLICE DEPT.
Instrument Ser	rial No. 008863 ST. Paux NC
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer	the
THE STATE OF THE S	
THE QUAM YIDEN	Signature of Certifying Official Certificate Number

ROBESON COUNTY ST. PAULS PD 770

Serial Number: 008863 Test Date: 02/11/2015

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: 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: AG326006

Exp Date: 09/17/2015

Test

DIAG	Pass	4:45pm
AIR BLK	.00	4:46pm
ACCY CHK	.07	4:47pm
AIR BLK	.00	4:48pm
arr mnam	0.0	4 . 4 0

g/210L

Time

AIR BLK .00 4:48pm SUB TEST .00 4:49pm AIR BLK .00 4:49pm

SUB TEST .00 4:51pm

AIR BLK .00 4:52pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

# ROBESON COUNTY ST. PAULS PD 770

Serial Number: 008863

Test Record Number: 309

Test Date: 02/11/2015

Test Time: 4:53pm EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	4:53pm 4:53pm
FC	Pass	4:53pm

# Temperature Tests

Test	Status	Time
FC1	Pass	4:53pm
SRC	Pass	4:53pm
DET	Pass	4:53pm
BAR	Pass	4:53pm
$\mathtt{BT}$	Pass	4:53pm

# Blank Tests

Test	Status	Time
AIR	Pass	4:54pm

### Printer Tests

Test	Status	Time
PRNT	Pass	4:54pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4:54pm

4:54pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

County	raven Instrument Location Havelock PD
	rial No. <u>CO 8 91 7</u>
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
certify that on procedures were Department of I	the day of Februar 4, 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 A	Signature of Certifying Official Certificate Number

# CRAVEN COUNTY HAVELOCK PD 240

Serial Number: 008917 Test Date: 02/16/2015

Test Record Number: 547
Test Time: 3:34pm EST

System Check: Passed

# Baseline Tests

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

# Temperature Tests

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

# Blank Tests

Test	Status	Time	
AIR	Pass	3:36pm	

# Printer Tests

Test	Status	Time
PRNT	Pass	3:36pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

CRAVEN COUNTY HAVELOCK PD 240

Serial Number: 008917 Test Date: 02/16/2015

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: 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: AG308702 Exp Date: 03/28/2015

Test	ع ﴿ وَ	/210L	Time
DIAG	- 1	ass	3:24pm
AIR B	LK .	00	3:25pm
ACCY	CHK .	07	3:25pm
AIR B	LK .	00	3:26pm
SUB T	EST .	00	3:26pm
AIR B	LK .	00	3:27pm
SUB T	est .	00	3:29pm
AIR B	LK .		mq08:8

Reported AC: .00/g/210L

Signature of Chemical Analyst

Court CVR

J. C. Manalyst

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

et (Frâmsteren		KO, MODI	L INTOX EC/I	K II
County	yrvell	Instrument l	Location Tyvve	1 6.5.0
Instrument	Serial No. 008907	402	Main St.	, Columbia, L
The prevent four months	ive maintenance procedures for the In	toximeters, Mod	iel Intox EC/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 gree centigrade;	e, 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" appea	ırs, collect breat	h sample;	
7.	When "PLEASE BLOW" appea	rs, collect breat	n 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.	er is being chan ed every four m	ged before expiration da onths or after 125 Alcol	ite, or the alcoholic breath nolic Breath Simulator tests,
noccouncs wi	on the <u>25</u> day of <u>February</u>	ated above, in a	ccordance with current r	oing preventive maintenance egulations of the N.C.
	200			· •
STATE OF THE PROPERTY OF THE P	CAROLINA CAR			
APRIL 12, 1778	Kell !	<u> </u>		643
	Signati	ire of Certifying	Official	Certificate Number

# TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902 Test Date: 02/25/2015

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: 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: AG312802 Exp Date: 05/08/2015

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902

Test Record Number: 540

Test Date: 02/25/2015

Test Time: 12:32pm EST

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	12:32pm
FLO	Pass	12:32pm
FC	Pass	12:33pm

# Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass	12:33pm 12:33pm 12:33pm 12:33pm 12:33pm

### Blank Tests

Test	Status	Time
AIR	Pass ,	12:33pm

### Printer Tests

Test	Status	Time
PRNT	Pass	12:33pm
	CRC Tests	Property of the Control

Test	Status	Time
COMP	Pass	12:33pm
CAL	Pass	12:33pm

Preventive Maintenance Status: Pass

Analyst

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

County	Da19	Instrument Location Day	e (o. Detention (e
Instrument S	erial No. <u>008804</u>	1044 Driffwar	of Dr. Manteo, A
The preventi	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	displays pressure, or the alcoholic b	preath simulator thermometer shows
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ears, collect breath sample;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	
· <b>8.</b>	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 expirati ged every four months or after 125	ion date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify that o procedures we Department of	n the Ab day of bere performed on the instrument indifferent and Human Services, and the	vidary , 20 15 the cated above, in accordance with cure instrument is functioning properly	forgoing preventive maintenance rrent regulations of the N.C.
STATE OF THE STATE	De la companya della companya della companya de la companya della		1043
	Signa	ture of Certifying Official	Certificate Number

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804 Test Date: 02/20/2015

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: 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

rest	g/210L	Time
DIAG	Pass	1:03pm
AIR BLK	.00	1:03pm
ACCY CHK	.07	1:04pm
AIR BLK	.00	1:06pm
SUB TEST	.00	1:08pm
AIR BLK	.00	1:08pm
SUB TEST	.00	1:10pm
AIR BLK	.00	1:11pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804

Test Record Number: 1469

Test Date: 02/20/2015 Test Time: 1:12pm EST

System Check: Passed

# Baseline Tests

Test	Status	Time
	_	
IR	Pass	1:12pm
FLO	Pass	1:12pm
FC	Pass	1:12pm

# Temperature Tests

Test	Status	Time
FC1	Pass	1:12pm
SRC	Pass	1:12pm
DET	Pass	1:12pm
BAR	Pass	1:12pm
BT	Pass	1:12pm

# Blank Tests

Test	Status	Time
AIR	Pass	1:13pm

### Printer Tests

Status	Time
Pass	1:13pm
CRC Tests	
	Pass

Test	Status	Time
COMP	Pass	1:13pm
CAL	Pass	1:13pm

Preventive Maintenance Status: Pass

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

County	noir	Instrument Location   Privil	Co. S.O.
Instrument Se	rial No. <u>○○ 독行 \                                 </u>	130 Queen St., K	instan, N.C.
The preventive four months ar		Intoximeters, Model Intox EC/IR II to be	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 breat egree centigrade;	h simulator thermometer shows
2.	Verify instrument displays tim	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	<b>d;</b>	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	ad	
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	ister is being changed before expiration on a ster 125 Alcoholder	late, or the alcoholic breath oholic Breath Simulator tests,
I certify that on procedures wer Department of I	the All day of Feb e performed on the instrument inc Health and Human Services, and	the forgulation in the instrument is functioning properly.	going preventive maintenance regulations of the N.C.
THE STATE OF THE S	A CAROLLA		
COS QUAM VIDER	- Telly	A American and a second and a s	1043
	Śign	ature of Certifying Official	Certificate Number

### LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008918 Test Date: 02/24/2015

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: 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	10:38am
AIR BLK	.00	10:39am
ACCY CHK	.08	10:40am
AIR BLK	.00	10:41am
SUB TEST	.00	10:42am
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

# LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008918 Test Record Number: 450 Test Date: 02/24/2015 Test Time: 10:46am EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO ·	Pass Pass	10:46am 10:46am
FC	Pass	10:46am

### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	10:46am
DET	Pass	10:46am
BAR	Pass	10:46am
BT	Pass	10:46am

### Blank Tests

Ú	Test	Status	Time
ř			
7	AIR	Pass	10:47am

### Printer Tests

Test	Status	Time
PRNT	Pass	10:47am

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst/

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

County	Instrument Location Day (c. Detection (4
Instrument So	erial No. 008783 1044 Driffwood Dr., Manteo, A
The preventive four months a	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
Ι,	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o procedures we Department of	n the <u>John day of February</u> , 20 15 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.
STATE OF STA	2/4 M (643
	Signature of Certifying Official Certificate Number

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

## DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Date: 02/20/2015

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: 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	Pass	12:33pm 12:34pm
ACCY CHK	.07	12:35pm
AIR BLK	.00	12:36pm
SUB TEST	.00	12:36pm
AIR BLK	.00	12:37pm
SUB TEST	.00	12:39pm
AIR BLK	.00	12:40pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

y Analyst

## DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Date: 02/20/2015 Test Record Number: 515 Test Time: 12:41pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:41pm
FLO	Pass	12:41pm
FC	Pass	12:41pm

## Temperature Tests

Status	Time
Pass	12:41pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	12:42pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:42pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	12:42pm

Preventive Maintenance Status: Pass

Anafyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	INTOXIMETERS	Instrument Location	Co. Detention Con
Instrument S	erial No. <u>() O 8646</u>	124 Detention	Dr. Greenville, N
The prevent	ve maintenance procedures for the Intogare:	kimeters, Model Intox EC/IR II to	o be followed at least once every
1.	Verify the ethanol gas canister disp 34 degrees, plus or minus .2 degre		reath simulator thermometer shows
2.	Verify instrument displays time an	d date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears	, collect breath sample;	
7.	When "PLEASE BLOW" appears	, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	.*	
10.	Verify that the ethanol gas canister simulator solution is being changed whichever occurs first.		
	on the <u>Q</u> day of <u>Horizo</u> ere performed on the instrument indicat if Health and Human Services, and the i	ed above, in accordance with cur	
STATE			
CREAT CREAT	A CAROLINA DE LA CAROLINA DEL CAROLINA DE LA CAROLINA DEL CAROLINA DE LA CAROLINA		
ASSE QUAM VI	Tole A		643
	Signatur	e of Certifying Official	Certificate Number

## PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646 Test Date: 02/23/2015

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: AG400603 Exp Date: 01/06/2016

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

Reported AC: .00 g/210L

signature of Chemical Analyst

Court CVR

Analyst

## PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646 Test Record Number: 2788
Test Date: 02/23/2015 Test Time: 11:22am EST

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	11:23am 11:23am 11:23am 11:23am
BT	Pass	11:23am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:24am

## Printer Tests

Test	Status	Time
PRNT	Pass	11:24am

#### CRC Tests

Test	Status	Time
COMP	Pass	11:24am
CAL	Pass	11:24am

Preventive Maintenance Status: Pass

Analyst

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

County	THE PARTY OF THE P	Instrument Location Sint	
Instrument Se	erial No. <u>CO8723</u>	Bryson Ci	ty, NC
The preventive four months a	e maintenance procedures for the Ir	ntoximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas canister and degrees, plus or minus .2 degrees.		breath simulator thermometer show
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ars, collect breath sample;	
7.	When "PLEASE BLOW" appe	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	I	
10.		ster is being changed before expira ged every four months or after 125	tion date, or the alcoholic breath Alcoholic Breath Simulator tests,
	n the		
The state of the s			
THE STATE OF THE S	CAROLLIS		
* ESE QUAM VIDES	Deil 2	K. Cuth	635
	Signa	ture of Certifying Official	Certificate Number

#### SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008723 Test Date: 02/27/2015

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: 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: AG404101 Exp Date: 02/10/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	10:02am 10:02am 10:03am
AIR BLK	.00	10:04am
SUB TEST	.00	10:04am
AIR BLK	.00	10:05am
SUB TEST	.00	10:07am
AIR BLK	.00	10:08am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008723 Test Record Number: 567
Test Date: 02/27/2015 Test Time: 10:08am EST

System Check: Passed

## Baseline Tests

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

## Temperature Tests

Status	Time
Pass	10:09am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	10:09am

## Printer Tests

Status

Time

Test

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

Preventive Maintenance Status: Pass

Analyst

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

County 50	wain Instrument Location Swa	in Co. Juil
Instrument Ser	ial No. <u>008727</u> <u>Bryson Cit</u>	· · ·
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II te:	o be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic b 34 degrees, plus or minus .2 degree centigrade;	reath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	·
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expirate simulator solution is being changed every four months or after 125 whichever occurs first.	
	the 27 day of 1 - 1 the performed on the instrument indicated above, in accordance with curlealth and Human Services, and the instrument is functioning properly	
O'M' STATE OF OF THE STATE OF T	OR HE CAROLINA	· ·
	Signature of Certifying Official	Certificate Number

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008727 Test Date: 02/27/2015

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: 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 AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00	10:03am 10:03am 10:04am 10:05am 10:05am 10:06am 10:08am
AIR BLK	.00	10:09am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008727

Test Record Number: 953

Test Date: 02/27/2015

Test Time: 10:09am EST

System Check: Passed

#### Baseline Tests

Test Sta	atus Time
IR Pas FLO Pas FC Pas	10:10am

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:10am

#### Printer Tests

Test

CAL

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

Status

Time

10:11am

Preventive Maintenance Status: Pass

Pass

Analyst

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

County <u>I</u>	ansylvania Instru	revard, NC	Co. Jail
Instrument	Serial No. <u>00 8609</u> <u>B</u>	revard, NC	· · · · · · · · · · · · · · · · · · ·
The prevent four months	ive maintenance procedures for the Intoximete are:	ers, Model Intox EC/IR II to be followed at	least once every
1.	Verify the ethanol gas canister displays   34 degrees, plus or minus .2 degree cent	pressure, or the alcoholic breath simulator t igrade;	hermometer show
2.	Verify instrument displays time and date	2	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, colle	ct breath sample;	
7.	When "PLEASE BLOW" appears, colle	ct breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		ng changed before expiration date, or the a y four months or after 125 Alcoholic Breatl	
I certify that procedures w Department of	on the day of	the forgoing preven to the forgoing preven to the forgoing preven the forgoing prevent the forgoing prevent is functioning properly.	tive maintenance of the N.C.
OF THE STATE OF TH	CAROLINA CAMPARA CAMPA	with 6	35
	/ Signature of C	ertifying Official Certific	ate Number

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

> Serial Number: 008609 Test Date: 02/17/2015

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: 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: AG414801 Exp Date: 05/28/2016

Test	g/210L	Time
DIAG	Pass	1:28pm
AIR BLK	.00	1:29pm
ACCY CHK	.08	1:30pm
AIR BLK	.00	1:31pm
SUB TEST	.00	1:31pm
AIR BLK	.00	1:32pm
SUB TEST	.00	1:34pm
AIR BLK	.00	1:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

Serial Number: 008609

Test Record Number: 631

Test Date: 02/17/2015

Test Time: 1:35pm EST

## System Check: Passed

## Baseline Tests

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

## Temperature Tests

Status	Time
Pass	1:36pm
Pass	1:36pm
Pass	1:36pm
Pass 🖔	1:36pm
Pass	1:36pm
	Pass Pass Pass Pass

## Blank Tests

Test	Status	Time
AIR	Pass	1:37pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:37pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:37pm 1:37pm

Preventive Maintenance Status: Pass

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

County Traj		Instrument Location 7-0	insylvania Co. Jail
Instrument Seria	al No. <u>008826</u>	Brevard,	NC
The preventive r	-	Intoximeters, Model Intox EC/I	R II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		olic breath simulator thermometer show
2.	Verify instrument displays tim	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	<b>!</b> ;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample;	
7.	When "PLEASE BLOW" app	ears, collect breath sample;	· .
8.	Print test record;		
9.	Verify Diagnostic Program; an	đ	
10.			piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
I certify that on t procedures were Department of H	he day of performed on the instrument inc ealth and Human Services, and t	ficated above, in accordance with the instrument is functioning pr	the forgoing preventive maintenance th current regulations of the N.C. operly.
			•
OF THE STATE OF NO		n die	
	A CANADA		
* F.D.F. QUAM VIDEN X		R Cuth	Contificate Number

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

> Serial Number: 008820 Test Date: 02/17/2015

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: 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: AG315701 Exp Date: 06/06/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	1:26pm 1:26pm 1:27pm 1:28pm 1:28pm 1:29pm 1:31pm
AIR BLK	.00	1:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

Serial Number: 008820 Test Record Number: 854
Test Date: 02/17/2015 Test Time: 1:32pm EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:33pm 1:33pm
FC	Pass	1:33pm

## Temperature Tests

Test	Status	Time
FC1	Pass	1:33pm
SRC	Pass	1:33pm
DET	Pass	1:33pm
BAR	Pass	1:33pm
BT	Pass	1:33pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:34pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:34pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:34pm 1:34pm

Preventive Maintenance Status: Pass

Analyst

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

County No	remood	Instrument Location Haywe	rod Co. Jail
Instrument S	erial No. <u>008714</u>	Waynesville, N	C
The preventi four months	ve maintenance procedures for the Into are:	ximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degrees	plays pressure, or the alcoholic bree centigrade;	eath simulator thermometer show
2.	Verify instrument displays time at	nd date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears	s, collect breath sample;	
7.	When "PLEASE BLOW" appears	s, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas caniste simulator solution is being change whichever occurs first.		
I certify that oprocedures w Department o	on the day of ere performed on the instrument indica f Health and Human Services, and the	ted above, in accordance with curr instrument is functioning properly	Forgoing preventive maintenance ent regulations of the N.C.
STATE OF THE STATE	N CAROUM		
* ESSE QUAM VII	and and	R. Cuth	635
	Signatu	re of Certifying Official	Certificate Number

#### HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714 Test Date: 02/17/2015

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: 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/2101	Time
DIAG AIR BLK	Pass	11:21am 11:21am
ACCY CHK	.07	11:22am
AIR BLK	.00	11:23am
SUB TEST	00	11:24am
AIR BLK	. 00	11:25am
SUB TEST	.00	11:27am
AIR BLK	.00	11:28am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714 Test Record Number: 1200 Test Date: 02/17/2015 Test Time: 11:28am EST

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:29am

#### Printer Tests

TEST	Status	TIME
PRNT	Pass	11:29am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:30am

Preventive Maintenance Status: Pass

Pass

11:30am

CAL

Analyst

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

County 4/	ywood	Instrument Location [19]	ywood Co. Jail
Instrument S	ywood Serial No. <u>008 7/2</u>	Waynesville,	NC
The prevent		e Intoximeters, Model Intox EC/I	R II to be followed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2		olic breath simulator thermometer show
2.	Verify instrument displays ti	me and date;	
3.	Initiate breath test sequence;		·
4.	Enter information as prompt	ed;	
5.	Verify instrument accuracy;		•
6.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
7.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.			xpiration date, or the alcoholic breath r 125 Alcoholic Breath Simulator tests,
I certify that procedures w Department of	on theday of were performed on the instrument it of Health and Human Services, and	ndicated above, in accordance will the instrument is functioning pr	_ the forgoing preventive maintenance ith current regulations of the N.C. roperly.
STATION OF	ON OR HELDER CAROLINA	PR (July)	Certificate Number

#### HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712 Test Date: 02/17/2015

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: 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: AG326006 Exp Date: 09/17/2015

Test	g/210L	Time
Æ		
DIAG	Pass	11:20am
AIR BLK	.00	11:21am
ACCY CHK	.08	11:21am
AIR BLK	.00	11:22am
SUB TEST	.00	11:23am
AIR BLK	.00	11:24am
SUB TEST	.00	11:25am
AIR BLK	.00	11:26am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712 Test Date: 02/17/2015 Test Record Number: 1496
Test Time: 11:27am EST

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	11:28am
SRC	Pass	11:28am
DET	Pass	11:28am
BAR	Pass	11:28am
BT	Pass	11:28am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:28an

## Printer Tests

Test

Status

Time

PRNT	Pass	11:28am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:29am 11:29am

Preventive Maintenance Status: Pass

Duf R. Cuth

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
	wain Instrument Location Cherokee Detention
Instrument S	erial No. 00878Z Cherokee, 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.
I certify that procedures v Department	on the
STATE OF THE CORE AT 10.0 I.E.	Signature of Certifying Official Certificate Number

#### SWAIN COUNTY CHEROKEE DETENTION 860

Serial Number: 008782 Test Date: 02/10/2015

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: 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	Pass	1:27pm
AIR BLK	.00	1:28pm
ACCY CHK	.07	1:29pm
AIR BLK	.00	1:30pm
SUB TEST	.00	1:30pm
AIR BLK	.00	1:31pm
SUB TEST	.00	1:33pm
AIR BLK	.00	1:34pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## SWAIN COUNTY CHEROKEE DETENTION 860

Serial Number: 008782

Test Record Number: 862

Test Date: 02/10/2015

Test Time: 1:34pm EST

## System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:35pm
FLO	Pass	1:35pm
FC	Pass	1:35pm

## Temperature Tests

Test	Status	Time
FC1	Pass	1:35pm
SRC	Pass	1:35pm
DET	Pass	1:35pm
BAR	Pass	1:35pm
$\mathtt{BT}$	Pass	1:35pm

## Blank Tests

Test	Status	Time
AIR	Pass	1:35pm
LALLY	± 4.0 0	

## Printer Tests

Test	Status	Time
PRNT	Pass	1:36pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:36pm 1:36pm

Preventive Maintenance Status: Pass

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

	INTOXIMETERS, MODEL INTOX EC/IN II
County_	Instrument Location CMPD - LEC
Instrument Ser	rial No. 008691 GOIE. Trade Sto Charlotte
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6,	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures wer Department of	the <u>334</u> day of <u>FCO(way)</u> , 20 <u>15</u> the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
ON TO TOTAL PLANT OF THE PARTY	Signature of Certifying Official Certificate Number

## MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008691

Test Record Number: 5288

Test Date: 02/23/2015 Test Time: 10:59am EST

System Check: Passed

## Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	10:59am
SRC DET	Pass Pass	10:59am 10:59am
BAR	Pass	10:59am
BT	Pass	10:59am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:00am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:00am

#### CRC Tests

Test	Status	Time
COMP	Pass	11:00am
CAL	Pass	11:00am

Preventive Maintenance Status: Pass

#### MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008691 Test Date: 02/23/2015

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: 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 AIR BLK ACCY CHK	Pass .00 .08	11:09am 11:10am 11:11am
AIR BLK	.00	11:12am
SUB TEST AIR BLK	.00 .00	11:13am 11:14am
SUB TEST	.00	11:15am
ATR BLK	. 00	11:16am

Reparted AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County M	recklenburg Instrument Location Hunders ville PU
	ial No. 008747 9630 Julian Clark Ave., Huntersyille
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	the 15 h day of 12 (ar), 20 15 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	Wall Janes 6.56

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

Signature of Certifying Official

Certificate Number

#### MECKLENBURG HUNTERSVILLE PD 590

Serial Number: 008747 Test Record Number: 2403 Test Date: 02/25/2015 Test Time: 10:00am EST

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	10:02am

om diameter

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analys

## MECKLENBURG HUNTERSVILLE PD 590

Serial Number: 008747 Test Date: 02/25/2015

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: 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: AG404101 Exp Date: 02/10/2016

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

Reppreted AC: .00 g/210L

Signature of Chemigal Analyst

Court CVR

- - 1----

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

County Ca	baccus Instrument Location Cabaccus County SD		
Instrument Ser	ial No. 008792 30 Corban Ave, 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 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 the 27 M day of February, 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 THE S	Signature of Certifying Official Certificate Number		

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008792 Test Date: 02/27/2015

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: 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: AG434201 Exp Date: 12/08/2016

Test	g/210L	Time
DIAG	Pass	1:09pm
AIR BLK	.00	1:16pm
ACCY CHK	.08	1:10pm
AIR BLK	.00	1:12pm
SUB TEST	.00	1:13pm
AIR BLK	.00	$1:14\mathrm{pm}$
SUB TEST	.00	1:16pm
AIR BLK	.00	1:17pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR.

E Analyst

## CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008792

Test Record Number: 1691 

System Check: Passed

## Baseline Tests

Test	Status	T'ime
IR	Pass	1:18pm
FLO	Pass	1:18pm
FC	Pass	1:18pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:18pm
SRC	Pass	1:18pm
DET	Pass	1:18pm
BAR	Pass	1:18pm
BT	Pass	1:18pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:19pm

## Printer Tests

Test	Status	Time
PRNT	Pass	1:19pm
	CRC Tests	
Test	Status	Time

•		
1.		
COMB	Pass	1:19pm
CAL	Pass	1:19pm

Preventive Maintenance Status: Pass

Analyst

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

County Ca	abarrus Instrument Location Cabarrus County 5	δD.
Instrument Seria	101 No. 008625 30 Corban Ave, Concord	
The preventive if four months are	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once re:	every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermomete 34 degrees, plus or minus .2 degree centigrade;	er show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic by simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.	reath or tests,
procedures were	the <u>37 Hy</u> day of <u>February</u> , 20 <u>15</u> the forgoing preventive maint 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.	tenance C.
STATE OF N. STATE	Signature of Certifying Official Certificate Numb	oer .

#### CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008625 Test Date: 02/27/2015

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: 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: AG418903 Exp Date: 07/08/2016

Test	g/210L	Time
DIAG	Pass	1:08pm
AIR BLK	.00	1:09pm
ACCY CHK	.08	1:09pm
AIR BLK	.00	1:10pm
SUB TEST	.00	1:11pm
AIR BLK	.00	1:12pm
SUB TEST	.00	1:13pm
ATP RIK	0.0	1 · 14 mm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

### CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008625

Test Record Number: 3899

Test Date: 02/27/2015

Test Time: 1:15pm EST

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	1:16pm
FLO	Pass	1:16pm
FC	Pass	1:16pm

# Temperature Tests

Test	Status	Time
FC1	Pass	1:16pm
SRC	Pass	1:16pm
DET	Pass	1:16pm
BAR	Pass	1:16pm
BT	Pass	1:16pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:17pm

### Printer Tests

Test	Status	Time
PRNT	Pass	1:17pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:17pm
CAL	Pass	1:17pm

Preventive Maintenance Status: Pass

Analyst

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

	INTOXIMET:	ERS, MODEL INTOX EQ	C/IR II
County Surveys	enoir	Instrument Location	572N P.D.
Instrument So	erial No. <u>008634</u>	205 E. King S	T., KINSTON, N
The preventive four months a	•	Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2	er displays pressure, or the alcoholic budegree centigrade;	reath simulator thermometer show
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		e e e e e e e e e e e e e e e e e e e
4.	Enter information as prompte	d;	
5.	Verify instrument accuracy;	•	
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	nd .	
10.		nister is being changed before expiration anged every four months or after 125 A	
	ere performed on the instrument in	the dicated above, in accordance with current is functioning properly	
STATE OF STA	SAROL	I A Ked	647
	Sig	nature of Certifying Official	Certificate Number

LENOIR COUNTY KINSTON PD 530

Serial Number: 008624 Test Date: 02/24/2015

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, LINDA A

Permit Number: 11646E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG400603 Exp Date: 01/06/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:31am 11:31am 11:32am
AIR BLK	.00	11:33am
SUB TEST	.00	11:33am
AIR BLK	.00	11:34am
SUB TEST	.00	11:36am
AIR BLK	.00	11:37am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### LENOIR COUNTY KINSTON PD 530

Serial Number: 008624 Test Record Number: 1431 Test Date: 02/24/2015 Test Time: 11:27am EST

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

Status	Time
Pass	11:28am
	Pass Pass Pass Pass

# Blank Tests

Test	Status	Time
7 T D	Dagg	11.29am

# Printer Tests

Test	Status	Time
PRNT	Pass	11:29am

# CRC Tests

Test	Status	Time
COMP	Pass	11:29am
CAL	Pass	11:29am

Preventive Maintenance Status: Pass

Analyst

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

County	Wayne	Instrument Location Jenny	ur Johnson A.F.B.
Instrumen	nt Serial No. <u>DDS 74</u>	se 1010 Vermont april	in Rd., Goldskoi
The preve		res for the Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.		gas canister displays pressure, or the alcoholic bre minus .2 degree centigrade;	ath simulator thermometer shows
2.	Verify instrument d	isplays time and date;	
3.	Initiate breath test s	equence;	
4.	Enter information as	s prompted;	
5.	Verify instrument a	ecuracy,	
6.	When "PLEASE BI	LOW" appears, collect breath sample;	
7.	When "PLEASE BL	OW" appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic P	rogram; and	
10.		nol gas canister is being changed before expiration being changed every four months or after 125 Arst.	
procedures		of	orgoing preventive maintenance ent regulations of the N.C.
NO SECTION OF SECTION	ATE OF VORTE		
	-	Signature of Certifying Official	Certificate Number

### WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: 008786 Test Date: 02/23/2015

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: KEESLER, LINDA A

Permit Number: 11646E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG321904

Exp Date: 08/07/2015

Test	g/210L	Time
DIAG	Pass	3:05pm
AIR BLK	.00	3:05pm
ACCY CHK	.07	3:06pm
AIR BLK	.00	3:07pm
SUB TEST	.00	3:07pm
AIR BLK	.00	3:08pm
SUB TEST	.00	3:10pm
AIR BLK	.00	3:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: 008786 Test Date: 02/23/2015

Test Record Number: 206

Test Time: 2:55pm EST

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	2:56pm

# Printer Tests

Test	Status	Time
PRNT	Pass	2:56pm
	CRC Tests	

Test	Status	Time
COMP	Pass	2:56pm
CAL	Pass	2:56pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 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 forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

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

Signature of Certifying Official

# BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008847 Test Record Number: 544
Test Date: 02/23/2015 Test Time: 12:24pm EST

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

Test	Status	Time
FC1	Pass	12:25pm
SRC	Pass	12:25pm
DET	Pass	12:25pm
BAR	Pass	12:25pm
BT	Pass	12:25pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:26pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:26pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:26pm 12:26pm

Preventive Maintenance Status: Pass

Analyst

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008847 Test Date: 02/23/2015

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: KEESLER, LINDA A
Permit Number: 11646E
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 .07	12:28pm 12:29pm 12:29pm
AIR BLK	.00	12:30pm
SUB TEST	.00	12:31pm
AIR BLK	.00	12:32pm
SUB TEST	.00	12:33pm
AIR BLK	.00	12:34pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

Analys

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	ARNETT Instrument Location DUNN POLICE	DEPT
Instrument Seria	INO. 008644 DONN N.C.	
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at lea	ast once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator the 34 degrees, plus or minus .2 degree centigrade;	rmometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	•
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcosimulator solution is being changed every four months or after 125 Alcoholic Breath Swhichever occurs first.	pholic breath simulator tests,
procedures were	the 23 day of +53/w HC2, 2015 the forgoing preventive performed on the instrument indicated above, in accordance with current regulations of fealth and Human Services, and the instrument is functioning properly.	ve maintenance the N.C.
OTH STATE OF N	Signature of Certifying Official Certificat	E Number

### HARNETT COUNTY DUNN POLICE DEPT. 420

Serial Number: 008644 Test Date: 02/23/2015

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:
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 ACCY CHK	Pass .00 .08	11:07am 11:08am 11:08am
AIR BLK	.00	11:10am
SUB TEST	.00	11:10am
AIR BLK	.00	11:11am
SUB TEST	.00	11:13am
AIR BLK	.00	11:13am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# HARNETT COUNTY DUNN POLICE DEPT. 420

Serial Number: 008644

Test Record Number: 1117

Test Date: 02/23/2015

Test Time: 11:14am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:15am
FLO	Pass	11:15am
FC	Pass	11:15am

# Temperature Tests

Status	Time
Pass	11:15am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
ATR	Pass	11:15am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:16am
	CRC Tests	

Test	Status	Time	
COMP	Pass	11:16am	
CAL	Pass	11:16am	

Preventive Maintenance Status: Pass

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

County_	JOHNST	J. 7. 1	Instrument Location	BG	-USON	Police	_ <i>D</i> E
-	nt Serial No {	3885	BELSO	<b>ا</b>	N.C.		· ·
21.00	:				· · · · · · · · · · · · · · · · · · ·		
The preve		ce procedures for the In	toximeters, Model Intox E	C/IR II 1	to be followe	d at least once	every
1.	Verify the	ne ethanol gas canister dees, plus or minus .2 de	displays pressure, or the alegree centigrade;	coholic l	oreath simula	tor thermome	ter shows
2.	Verify in	nstrument displays time	and date;				
3.	Initiate l	oreath test sequence;					
4.	Enter in	formation as prompted;					
5.	Verify in	nstrument accuracy;					
6.	When "I	PLEASE BLOW" appe	ears, collect breath sample;			10 10 mg	. •
7.	When "I	PLEASE BLOW" appe	ears, collect breath sample;				
8.	Print tes	t record;					
9.	Verify I	Diagnostic Program; and	i				%.
10.	simulate	nat the ethanol gas canion solution is being changer occurs first.	ster is being changed befor aged every four months or	e expira after 125	tion date, or to Alcoholic B	the alcoholic t reath Simulat	oreath or tests,
procedure	es were performe	d on the instrument ind	icated above, in accordance the instrument is functioning	e with ci	urrent regulat	eventive main ions of the N.	
GREAT	TATE OF NORTH CAROLINA VIOLENT CAROLINA		ature of Certifying Officia	<u>)</u>		>53_ ertificate Num	ber

JOHNSTON COUNTY BENSON POLICE DEPT. 500

Serial Number: 008885 Test Date: 02/23/2015

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:
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: AG317801 Exp Date: 06/27/2015

Test	g/210L	Time
DIAG	Pass	10:20am
AIR BLK	.00	10:20am
ACCY CHK	.07	10:21am
AIR BLK	.00	10:22am
SUB TEST	.00	10:23am
AIR BLK	.00	10:23am
SUB TEST	.00	10:25am
AIR BLK	.00	10:26am

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

#### JOHNSTON COUNTY BENSON POLICE DEPT. 500

Serial Number: 008885 Test Date: 02/23/2015 Test Record Number: 398
Test Time: 10:26am EST

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:28am

#### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

10:28am

CAL:

Analyst

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

County	SHUSTON	Instrument Location_	SEIMA	Police Depr
Instrument Se	rial No. <u>00</u> 8595			
The preventive four months as	e maintenance procedures for the Ir re:	toximeters, Model Intox E	C/IR II to be follo	wed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		coholic breath sim	ulator thermometer show
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appe	ars, collect breath sample;		
7.	When "PLEASE BLOW" appe	ars, collect breath sample;		.*
8.	Print test record;		•	
9.	Verify Diagnostic Program; and	İ		
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.			
procedures wei	the 23 day of 723 day of 1239	cated above, in accordance	with current regu	preventive maintenance lations of the N.C.
STATE ON STA	AO CAROLLI			
# APR 12, 173	Sign	octure of Certifying Official	<u> </u>	652 Certificate Number

JOHNSTON COUNTY SELMA PD 500

Serial Number: 008595 Test Date: 02/23/2015

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:

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	Pass	9:26am
AIR BLK	.00	9:27am
ACCY CHK	.07	9:27am
AIR BLK	.00	9:28am
SUB TEST	.00	9:29am
AIR BLK	.00	9:30am
SUB TEST	.00	9:31am
AIR BLK	.00	9:32am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# JOHNSTON COUNTY SELMA PD 500

Serial Number: 008595

Test Record Number: 825

Test Date: 02/23/2015

Test Time: 9:33am EST

# System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	9:33am
FLO	Pass	9:33am
FC	Pass	9:33am

# Temperature Tests

Test	Status	Time
FC1	Pass	9:33am
SRC	Pass	9:33am
DET	Pass	9:33am
BAR	Pass	9:33am
BT	Pass	9:33am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:34am

9:34am

AIR

Printer Tests

Test	Status	Time

PRNT 9:34am Pass

CRC Tests

Test	Status	Time
COMP	Pass	9:34am
CAL	Pass	9:34am

Preventive Maintenance Status: Pass

Analyst

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

~~.	INTUALWETERS, WIODEL INTUX EC/IR II
County /	Durchan Instrument Location Durchan County Jail
Instrument S	erial No. 00 8651 217 S. MANGUM ST DURMM, 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.
	on the
OTHE STATE OF THE	
winners of	Signature of Certifying Official Certificate Number

# DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008651 Test Date: 02/19/2015

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: 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 .08	11:00am 11:00am 11:01am
AIR BLK	.00	11:02am
SUB TEST	.00	11:03am
AIR BLK	.00	11:03am
SUB TEST	.00	11:05am
AIR BLK	. 00	11:06am

Reported AC: .00/g/2

Signature of Chemical Analyst

Court CVR

Analys

# DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008651

Test Record Number: 1110

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

Test	Status	Time
FC1	Pass	11:07am
SRC	Pass	11:07am
DET	Pass	11:07am
BAR	Pass	11:07am
BT	Pass	11:07am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:08am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:08am

# CRC Tests

Test	Status	'l'ıme
COMP	Pass	11:08am
CAL	Pass	11:08am

Preventive Maintenance

Status: Pass

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

County	Jake Co. Instrument Location North East District
Instrument Se	erial No. 008623 5228 Greens Dairy Rd. Raleigh N.C
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 shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program, and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	n the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

WAKE COUNTY NORTH EAST DISTRICT 910

Serial Number: 008623 Test Date: 02/13/2015

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: AG434901 Exp Date: 12/15/2016

Test	g/210L	Time
DIAG	Pass	12:14pm
AIR BLK	.00	12:15pm
ACCY CHK	.08	12:15pm
AIR BLK	.00	12:16pm
SUB TEST	.00	12:17pm
AIR BLK	.00	12:18pm
SUB TEST	.00	12:20pm
AIR BLK	.00	12:21pm

Reported AC:

,00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY NORTH EAST DISTRICT 910

Serial Number: 008623 Test Record Number: 2945 Test Date: 02/13/2015 Test Time: 12:30pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:30pm
FLO	Pass	12:30pm
FC	Pass	12:31pm

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	 Pass	12:31pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:31pm

# CRC Tests

Test	Status	Time
COMP	Pass	12:32pm
CAL	Pass	12:32pm

Preventive Maintenance Status: Pass

Analyst

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

PREVENTIVE MAINTENANCE RECORD

INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location/NALe 3301 HAWMOND Kel The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record; 9. Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. , 20 /5 the forgoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

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

Signature of Certifying Official

#### WAKE COUNTY DETENTION CENTER 910

Serial Number: 008778 Test Date: 02/13/2015

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: AG425303 Exp Date: 09/10/2016

rest	g/210L	Time
DIAG AIR BLK	Pass	2:25pm 2:26pm
ACCY CHK	.08	2:27pm
AIR BLK	.00	2:28pm
SUB TEST	.00	2:28pm
AIR BLK	.00	2:29pm
SUB TEST	.00	2:31pm
AIR BLK	.00	2:32pm

Reported AC: , .00 g/2101

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch Department of Health and Human Services

Rev. 12/2007

# WAKE COUNTY DETENTION CENTER 910

Serial Number: 008778 Test Record Number: 1322 Test Date: 02/13/2015 Test Time: 2:32pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:33pm
FLO	Pass	2:33pm
FC	Pass	2:33pm

# Temperature Tests

Status	Time
Pass	2:33pm
	Pass Pass Pass Pass

### Blank Tests

Test	Status	Time
AIR	Pass	2:34pm

### Printer Tests

Test	Status	Time
PRNT	Pass	2:34pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:34pm 2:34pm

Preventive Maintenance Status: Pass

Analyst

11212

# DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

County 3	Incombe Instrument Location Buncombe Co. Jail
Instrument Se	orial No. 008798
The preventiv	re 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.
	the
THE STATE OF THE S	649
	Signature of Certifying Official Certificate Number

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008798 Test Date: 02/13/2015

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: 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 .07	2:20pm 2:20pm 2:21pm
AIR BLK	.00	2:22pm
SUB TEST	.00	2:23pm
AIR BLK	. 0.0	2:24pm
SUB TEST	.00	2:26pm
AIR BLK	.00	2:26pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008798 Test Record Number: 3336 Test Date: 02/13/2015 Test Time: 2:27pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:28pm
FLO	Pass	2:28pm
FC	Pass	2:28pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:28pm
SRC	Pass	2:28pm
DET	Pass	2:28pm
BAR	Pass	2:28pm
BT	Pass	2:28pm

### Blank Tests

Test	Status	Time
AIR	Pass	2:29pm

### Printer Tests

Test	Status	Time
PRNT	Pass	2:29pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:29pm 2:29pm

Preventive Maintenance Status: Pass

Analyst

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

	INTOXIMETERS, MODEL INTOX EC/IR II
County 5//	100Mbe Instrument Location Buscombe Co Jail
Instrument Seri	al No. 008808 Asheville, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
THE STATE OF THE S	Signature of Certifying Official  Certificate Number

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008808 Test Date: 02/13/2015

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: 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	Pass	2:32pm
AIR BLK	.00	2:33pm
ACCY CHK	.08	2:34pm
AIR BLK	.00	2:35pm
SUB TEST	.00	2:35pm
AIR BLK	.00	2:36pm
SUB TEST	.00	2:38pm
ATR BLK	. 0.0	2:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008808 Test Date: 02/13/2015

Test Record Number: 957 Test Time: 2:40pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:40pm
FLO	Pass	2:40pm
FC	Pass	2:40pm

# Temperature Tests

Test	Status	Time
FC1	Pass	2:40pm
SRC	Pass	2:40pm
DET	Pass	2:40pm
BAR	Pass	2:40pm
BT	Pass	2:40pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:41pm

# Printer Tests

Test	Status	Time
PRNT	Pass	2:41pm
	CRC Tests	

Test	Status	Time
COMP	Pass	2:41pm
CAL	Pass	2:41pm

Preventive Maintenance Status: Pass

Analyst

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

6	INTUXIMETERS, MODEL INTUX EC/IR II
County	Orke Instrument Location Burke - Cata Wha Ja.
Instrument S	Gerial No. 008904 Morganton
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the day of Feloreco, 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.
OF THE STATE OF TH	Signature of Certifying Official  Certificate Number

BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008904 Test Date: 02/16/2015

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: 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

rest	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	12:48pm 12:49pm 12:50pm 12:51pm 12:51pm 12:52pm
SUB TEST	.00	12:54pm
AIR BLK	.00	12:55pm
		J J P III

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008904

Test Record Number: 1524

Test Date: 02/16/2015

Test Time: 12:57pm EST

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

Status	Time
Pass	12:57pm
	Pass Pass Pass Pass

### Blank Tests

Test	Status	Time
AIR	Pass	12:58pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:58pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

de la company	INTUXIMETERS, MODEL INTOX ECTR II
County / /	Instrument Location Burke - Catawba Juin
Instrument Seria	INO. OO8831 Morganton, NC
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on oprocedures were Department of H	the day of February, 2015 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
OF THE STATE OF A VICE TO	Signature of Certifying Official  Certificate Number

#### BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008831 Test Date: 02/16/2015

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: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2013-06/01/2015

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

Agency: DDHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	12:49pm 12:50pm 12:51pm
AIR BLK	.00	12:52pm
SUB TEST AIR BLK	.00 .00	12:53pm 12:54pm
SUB TEST	.00	12:55pm
AIR BLK	.00	12:56pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008831 Test Record Number: 1477
Test Date: 02/16/2015 Test Time: 12:58pm EST

System Check: Passed

### Baseline Tests

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

# Temperature Tests

Test	Status	Time
FC1	Pass	12:59pm
SRC	Pass	12:59pm
DET	Pass	12:59pm
BAR	Pass	12:59pm
BT	Pass	12:59pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:59pm

#### Printer Tests

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

12:59pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

County 6	Instrument Location Caldwell Co. Jail
Instrument Serie	al No. 008719 Instrument Location Caldwell Co. Jail
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1,	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the 20 day of Februan , 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 A STATE O	Signature of Certifying Official Certificate Number

CALDWELL COUNTY CALDWELL COUNTY JAIL
130

Serial Number: 008719 Test Date: 02/20/2015

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: AG434201 Exp Date: 12/08/2016

Test	g/210L	Time
DIAG AIR BLK	Pass	4:19pm 4:20pm
ACCY CHK	.07	4:20pm
AIR BLK	.00	4:22pm
SUB TEST	.00	4:22pm
AIR BLK	.00	4:23pm
SUB TEST	.00	4:25pm
AIR BLK	.00	4:26pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

is used when performing Preventive Maintenance proceeding

### CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008719

Test Record Number: 1784

Test Date: 02/20/2015

Test Time: 4:30pm EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass	4:31pm 4:31pm 4:31pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:31pm
SRC	Pass	4:31pm
DET	Pass	4:31pm
BAR	Pass	4:31pm
BT	Pass	4:31pm

### Blank Tests

Test	Status	Time
AIR	Pass	4:32pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:32pm
	CRC Tests	

Test	Status	Time
COMP	Pass Pass	4:32pm 4:32pm

Preventive Maintenance Status: Pass

Analyst

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

County 6	aldwell	Instrument Location (a/d)	sell C	D. Ja:1
Instrument Se	erial No. <u>() () () () () () () () () () () () () (</u>	Leno	i/ <sub>1</sub> N	<u>C</u>
The preventive four months a		ntoximeters, Model Intox EC/IR II to	be followed at	least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breegree centigrade;	ath simulator t	hermometer show
2.	Verify instrument displays time	e and date;		
3.	Initiate breath test sequence;			·
4.	Enter information as prompted	;		Y b <sub>(1)</sub>
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; and	d ·		
10.		ister is being changed before expiration nged every four months or after 125 A		
		the folicated above, in accordance with current he instrument is functioning properly.		tive maintenance of the N.C.
STATE OF COME STATE OF THE STAT	Sign	ature of Certifying Official	> <u></u>	Cate Number

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008803 Test Date: 02/20/2015

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: AG309101 Exp Date: 04/01/2015

m - - -

Test	g/210L	Time
DIAG	Pass	4:11pm
AIR BLK	.00	4:12pm
ACCY CHK	.07	4:13pm
AIR BLK	.00	4:14pm
SUB TEST	.00	4:15pm
AIR BLK	.00	4:15pm
SUB TEST	.00	4:17pm
AIR BLK	.00	4:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008803

Test Record Number: 397

Test Date: 02/20/2015

Test Time: 4:21pm EST

## System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	4:21pm
FLO	Pass	4:21pm
FC	Pass	4:21pm

# Temperature Tests

Test	Status	Time
FC1	Pass	4:21pm
SRC	Pass	4:21pm
DET	Pass	4:21pm
BAR	Pass	4:21pm
BT	Pass	4:21pm

### Blank Tests

Test	Status	Time
AIR	Pass	4:22pm

### Printer Tests

Test	Status	Time
PRNT	Pass	4:22pm
	CRC Tests	
Test	Status	Time

COMP	Pass	4:22pm
CAL	Pass	4:22pm

Preventive Maintenance Status: Pass

Analyst

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

County Mc	Dowell Instrument Location Mc Dowell Co Jail
Instrument Seria	al No. 008892 Marin, 4C
The preventive r four months are:	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t procedures were Department of H	the 23 day of February, 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 NO.	Signature of Certifying Official  Certificate Number

MCDOWELL COUNTY JAIL 580

Serial Number: 008892 Test Date: 02/23/2015

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: 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

Exp Date: 09/1//2015

iest	g/210L	Time
DIAG AIR BLK	Pass	3:20pm 3:21pm
ACCY CHK	.08	3:21pm
AIR BLK	.00	3:22pm
SUB TEST	.00	3:23pm
AIR BLK	.00	3:24pm
SUB TEST	.00	3:25pm
AIR BLK	.00	3:26pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MCDOWELL COUNTY JAIL 580

Serial Number: 008892

Test Record Number: 393

Test Date: 02/23/2015

Test Time: 3:27pm EST

### System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	3:28pm
FLO	Pass	3:28pm
FC	Pass	3:28pm

### Temperature Tests

Test	Status	Time
FC1	Pass	3:28pm
SRC	Pass	3:28pm
DET	Pass	3:28pm
BAR	Pass	3:28pm
BT	Pass	3:28pm

### Blank Tests

Test	Status	Time
AIR	Pass	3:28pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:28pm
	CDC Teata	

Test	Status	Time
COMP	Pass	3:29pm
CAL	Pass	3:29pm

Preventive Maintenance Status: Pass

Analyst

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

County Mc	
Instrument Seri	al No. 008888 Marian, 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 23 day of February, 20/5 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OF THE STATE OF A COLUMN 20 1775	Signature of Certifying Official  Certificate Number

MCDOWELL COUNTY JAIL 580

Serial Number: 008888 Test Date: 02/23/2015

Citation Number: M0000000-0

Subject's Name:

PREVENITVE, MAINTENANCE

Subject'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: AG309101 Exp Date: 04/01/2015

Test	g/210L	Time
DIAG AIR BLK	Pass	3:19pm 3:20pm
ACCY CHK	.07	3:21pm
AIR BLK	.00	3:22pm
SUB TEST	.00	3:22pm
AIR BLK	.00	3:23pm
SUB TEST	.00	3:25pm
AIR BLK	.00	3:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# MCDOWELL COUNTY JAIL 580

Serial Number: 008888

Test Record Number: 1209

Test Date: 02/23/2015

Test Time: 3:26pm EST

System Check: Passed

## Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1	Pass	3:27pm
SRC	Pass	3:27pm
DET	Pass	3:27pm
BAR	Pass	3:27pm
$\mathtt{BT}$	Pass	3:27pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:28pm

### Printer Tests

Test	Status	Time
PRNT	Pass	3:28pm
	CRC Tests	

Test	Status	Time
COMP	Pass	3:28pm
CAL	Pass	3:28pm

Preventive Maintenance Status: Pass

Analyst

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

11/	1 ) 1
Instrument Location / /Kir	o tolice
ial No. <u>008926</u> <u>Departa</u>	nent
maintenance procedures for the Intoximeters, Model Intox EC/IR II to be	followed at least once every
Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	h simulator thermometer show
Verify instrument displays time and date;	
Initiate breath test sequence;	
Enter information as prompted;	
Verify instrument accuracy;	
When "PLEASE BLOW" appears, collect breath sample;	
When "PLEASE BLOW" appears, collect breath sample;	
Print test record;	
Verify Diagnostic Program; and	
Verify that the ethanol gas canister is being changed before expiration of simulator solution is being changed every four months or after 125 Alcowhichever occurs first.	
the	going preventive maintenance regulations of the N.C.
Signature of Cartifying Official	Certificate Number
	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be a consistent displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;  Verify instrument displays time and date;  Initiate breath test sequence;  Enter information as prompted;  Verify instrument accuracy;  When "PLEASE BLOW" appears, collect breath sample;  When "PLEASE BLOW" appears, collect breath sample;  Print test record;  Verify Diagnostic Program; and  Verify that the ethanol gas canister is being changed before expiration of simulator solution is being changed every four months or after 125 Alcoholic performed on the instrument indicated above, in accordance with current experiormed on the instrument indicated above, in accordance with current and the construction of the constructio

SURRY COUNTY ELKIN PD 850

Serial Number: 008926 Test Date: 02/16/2015

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: 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: AG320602 Exp Date: 07/25/2015

<b>.</b>	
Pass .00 .07	8:56am 8:57am 8:58am
.00	8:59am
.00	9:00am
.00	9:01am
.00	9:02am
<b>7</b> 00	9:03am
	.07 .00 .00 .00

Reported AC:

00 g/2101

Signature of Chemical Analyst

Court CVR

### SURRY COUNTY ELKIN PD 850

Serial Number: 008926

Test Record Number: 640

Test Date: 02/16/2015

Test Time: 9:04am EST

## System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:04am 9:04am
FC	Pass	9:04am

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:05am
SRC	Pass	9:05am
DET	Pass	9:05am
BAR	Pass	9:05am
BT .	Pass	9:05am

### Blank Tests

Test	Status	Time
AIR	Pass	9:05am

#### Printer Tests

rest	Status	Time
PRNT	Pass	9:05am
	CRC Tests	
Test	Status	Time

COMP Pass 9:05a CAL Pass 9:05a

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD ĮNTOXIMETERS, MODEL INTOX EC/IR II

County_	orsyth	Instrument Location Narrange	· // ( )
Instrument S	Serial No. <u>008650</u>		taren f
The preventi		Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic bre egree centigrade;	ath simulator thermometer show
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ears, collect breath sample;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	d	
10.		ister is being changed before expiration nged every four months or after 125 A	
	ere performed on the instrument ind	the folicated above, in accordance with curre he instrument is functioning properly.	orgoing preventive maintenance ent regulations of the N.C.
STATE OF THE STATE	Sign.	ature of Certifying Official	Certificate Number

FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650 Test Date: 02/11/2015

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: 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: AG319902 Exp Date: 07/18/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	10:01am 10:02am 10:03am 10:04am 10:05am
SUB TEST	.00	10:03am
AIR BLK		10:07am

Chemical Analyst

Court CVR

#### FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650 Test Date: 02/11/2015

Test Record Number: 1106
Test Time: 10:08am EST

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

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

#### Blank Tests

Test	Status	Time

AIR Pass 10:09am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:10am

CRC Tests

Test Status Time

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

Preventive Maintenance Status: Pass

Analyst

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

DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905 Test Date: 02/09/2015

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: AG323402

Exp Date: 08/22/2015

Test	g/210L	Time
DIAG	Pass	11:11am
AIR BLK	.00	11:11am
ACCY CHK	.08	11:12am
AIR BLK	.00	11:13am
SUB TEST	.00	11:14am
AIR BLK	.00	11:15am
SUB TEST	.00	11:16am
ATR BLK	. 00	11:17am

cal Analyst

Court CVR

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

Analyst

### DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905 Test Date: 02/09/2015 Test Record Number: 1551 Test Time: 11:18am EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	11:18am
FLO	Pass	11:18am
FC	Pass	11:19am

### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	11:19am 11:19am
DET	Pass	11:19am
BAR	Pass	11:19am
BT	Pass	11:19am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:19am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:19am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:19am

11:19am

Preventive Maintenance Status: Pass

Pass

CAL