PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	riske.	_ Instrument Location_	BAT MOBILE	wi,T
Instrument S	Serial No. <u>808973</u>		BAT MOBILE	
The preventi	ve maintenance procedures for the are:	Intoximeters, Model Intox I	EC/IR II to be followed at	least once every
. 1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	r displays pressure, or the a egree centigrade;	lcoholic breath simulator t	hermometer shows
2.	Verify instrument displays tin	ne and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	ł;		
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 che whichever occurs first.	nister is being changed befo anged every four months or	re expiration date, or the a after 125 Alcoholic Breat	llcoholic breath h Simulator tests,
procedures w	on theday of vere performed on the instrument in of Health and Human Services, and	dicated above, in accordance	ce with current regulations	ntive maintenance of the N.C.
THE STATION OF THE STATE OF THE	CAROLL	B 6.7/10)	- Co	56
	· Sig	nature of Certifying Officia	u Certifi	cate Number

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008973

Test Record Number: 61

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:20am
FLO	Pass	1:20am
FC	Pass	1:20am

Temperature Tests

Test	Status	Time
FC1	Pass	1:20am
SRC	Pass	1:20am
DET	Pass	1:20am
BAR	Pass	1:20am
\mathtt{BT}	Pass	1:20am

Blank Tests

Test	Status	Time
AIR	Pass	1:21am

Printer Tests

Test	Status	Time
PRNT	Pass	1:21am

CRC Tests

Test	Status	Time
COMP	Pass	1:21am
CAL	Pass	1:21am

Preventive Maintenance Status: Pass

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008973 Test Date: 06/20/2015

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: 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	1:12am
AIR BLK	.00	1:12am
ACCY CHK	.08	1:13am
AIR BLK	.00	1:14am
SUB TEST	.00	1:14am
AIR BLK	.00	1:15am
SUB TEST	.00	1:17am
AIR BLK	.00	1:18am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	1	Instrument Location ANGHT	cheres de la
Instrument S		979 STEEFLE SOW	
The preventi		oximeters, Model Intox 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	splays pressure, or the alcoholic breath s ee centigrade;	imulator thermometer show
2.	Verify instrument displays time a	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		÷
6.	When "PLEASE BLOW" appear	s, collect breath sample;	,
7.	When "PLEASE BLOW" appear	s, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		er is being changed before expiration dat ed every four months or after 125 Alcoho	
procedures w	on the <u>26</u> day of <u>5va</u> ere performed on the instrument indica of Health and Human Services, and the	20 / S the forgoing the forgoing the description of the forgoing properly.	ng preventive maintenance gulations of the N.C.
THE STATE OF THE S		D Annels	637
	Signatu	are of Certifying Official	Certificate Number

WAKE COUNTY KNIGHTDALE PS 910

Serial Number: 008838 Test Date: 06/26/2015

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: AG507902 Exp Date: 03/20/2017

Test	g/210L	Time
DIAG	Pass	9:12pm
AIR BLK	.00	9:12pm
ACCY CHK	.07	9:13pm
AIR BLK	.00	9:14pm
SUB TEST	.00	9:14pm
AIR BLK	0.0	9:15pm
SUB TEST	.00	9:17pm
AIR BLK	.00	$9:1.8\mathrm{pm}$

Reported AC:

.00 g/210L

Signature of Chemical Analyst

Court CVR

WAKE COUNTY KNIGHTDALE PS 910

Serial Number: 008838

Test Record Number: 1214

Test Date: 06/26/2015

Test Time: 9:19pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:20pm 9:20pm
FC	Pass	9:20pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:20pm
SRC	Pass	9:20pm
DET	Pass	9:20pm
BAR	Pass	9:20pm
BT'	Pass	9:20pm

Blank Tests

Test	Status	Time
AIR	Pass	9:20pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:20pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:20rom

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (k)	Instrument Location APEX PAS 4
-	
Instrument Seri	al No. 008621 1615 E. WILLIAMS ST. MEX NO
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the day of day of , 20 / the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF THE STATE	OPER CAROL
ARIL R. DE	Signature of Certifying Official Certificate Number

WAKE COUNTY APEX PD

Serial Number: 008621

Test Date: 06/26/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG434201

Exp Date: 12/08/2016

Test	g/210L	Time
DIAG	Pass	4:51pm
AIR BLK	.00	4:52pm
ACCY CHK	.07	4:52pm
AIR BLK	.00	4:53pm
SUB TEST	.00	4:54pm
AIR BLK	.00	4:55pm
SUB TEST	.00	4:56pm
AIR BLK	.00	4:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Angiver

WAKE COUNTY APEX PD

Serial Number: 008621 Test Record Number: 1865
Test Date: 06/26/2015 Test Time: 4:59pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:59pm
FLO	Pass	4:59pm
FC.	Pass	4:59pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:59pm
SRC	Pass	4:59pm
DET	Pass	4:59pm
BAR	Pass	4:59pm
BT	Pass	4:59pm

Blank Tests

Test	Status	Time
AIR	Pass	5:00pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:00pm

CRC Tests

Test	Status	Time
COMP	Pass	5:00pm
CAL	Pass	mq00:2

Preventive Maintenance Status: Pass

Suo D Smith

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

1.		TERS, MODEL INTOX	
County /人	JARREN	Instrument Location_/\(\)\(\rapprox\)\(\rapprox\)	RIZN CO. LbC
Instrument S	erial No. <u>008793</u>	128 RAFTERS EN	WARRENTUN NC
The prevention four months		he Intoximeters, Model Intox EC/IR	II to be followed at least once every
1.	Verify the ethanol gas cani 34 degrees, plus or minus :		c breath simulator thermometer show
2.	Verify instrument displays	time and date;	
3.	Initiate breath test sequence	e;	
4.	Enter information as promp	oted;	
5.	Verify instrument accuracy	, ;	
6.	When "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 expi changed every four months or after 1	iration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
procedures w	ere performed on the instrument	t indicated above, in accordance with	
	~		
STATE OF THE STATE	A A A A A A A A A A A A A A A A A A A		
THE QUANTE	- Rus	Signature of Certifying Official	637 Certificate Number

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793 Test Date: 06/23/2015

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: 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: AG513102 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG	Pass	3:30pm
AIR BLK	.00	3:31pm
ACCY CHK	.08	3:31pm
AIR BLK	.00	3:32pm
SUB TEST	.00	3:33pm
AIR BLK	.00	3:34pm
SUB TEST	.00	3:35pm
AIR BLK	.00	3:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Anaiyst

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793

Test Record Number: 864

Test Date: 06/23/2015

Test Time: 3:37pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:38pm
FLO	Pass	3:38pm
FC	Pass	3:38pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:38pm
SRC	Pass	3:38pm
DET	Pass	3:38pm
BAR	Pass	3:38pm
BT	Pass	3:38pm

Blank Tests

Test	Status	Time
AIR	Pass	3:39pm

Test	Status	Time
PRNT	Pass	3:39pm

Printer Tests

CRC Tests

Test	Status	Time
COMP	Pass	3:39pm
CAL	Pass	3:39pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County WA	RREN Instrument Location NORLINA PD
Instrument Seri	al No. 008945 101 MAIN ST NORLINA 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.
procedures were	the 23 day of June , 20/5 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 ME STATE OF NO. 1772 OF NO.	Signature of Certifying Official Certificate Number

WARREN COUNTY NORLINA POLICE DEPT 920

Serial Number: 008945 Test Date: 06/23/2015

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: 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: AG425303 Exp Date: 09/10/2016

rest	g/210L	Time
DIAG	Pass	4:17pm
AIR BLK	.00	4:18pm
ACCY CHK	.08	4:19pm
AIR BLK	.00	4:20pm
SUB TEST	.00	4:21pm
AIR BLK	.00	4:22pm
SUB TEST	.00	4:23pm
AIR BLK	.00	4:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

WARREN COUNTY NORLINA POLICE DEPT 920

Serial Number: 008945

Test Record Number: 289

Test Date: 06/23/2015

Test Time: 4:25pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:26pm
FLO	Pass	4:26pm
FC	Pass	4:26pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:26pm
SRC	Pass	4:26pm
DET	Pass	4:26pm
BAR	Pass	4:26pm
BT	Pass	4:26pm

Blank Tests

Test	Status	Time
AIR	Pass	4:26pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:27pm
	CRC Tests	
Test	Status	Time

COMP Pass 4:27pm CAL Pass 4:27pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 1.	1she Instrument Location FMT NIO BILG LENT
Instrument Se	rial No. 00 8969 (SANER
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	n the
STATE OF THE STATE	WORLD CAROLING TO THE PARTY OF
ESE QUAM VIDE	JEST 631
	Signature of Certifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008969

Test Record Number: 70

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:17pm
FLO	Pass	10:17pm
FC	Pass	10:17pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:17pm 10:17pm 10:17pm 10:17pm 10:17pm
		_ , _ , _ , _ ,

Blank Tests

Test	Status	Time
AIR	Pass	10:17pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:17pm

CRC Tests

Test	Status	Time
COMP	Pass	10:18pm
CAL	Pass	10:18pm

Preventive Maintenance Status: Pass

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008969 Test Date: 06/12/2015

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

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

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

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

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

Signature of Chemical Analyst

.00 g/210L

Reported AC:

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	
Instrument Se	rial No
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures wer Department of	the
THE STATE OF THE S	Gent 636
	Signature of Certifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008972 Test Record Number: 92 Test Date: 06/12/2015 Test Time: 10:11pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:12pm
FLO	Pass	10:12pm
FC	Pass	10:12pm

Temperature Tests

Status	Time
Pass	10:12pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time	

AIR Pass 10:13pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:13pm

CRC Tests

Time Test Status

COMP Pass 10:13pm CALPass 10:13pm

Preventive Maintenance Status: Pass

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008972 Test Date: 06/12/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:56pm
AIR BLK	.00	9:57pm
ACCY CHK	.08	9:57pm
AIR BLK	.00	9:58pm
SUB TEST	.00	10:00pm
AIR BLK	.00	10:00pm
SUB TEST	.00	10:02pm
AIR BLK	.00	10:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Ab Guragay

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Wake	Instrument Location <u>るみい</u> ひ	BILE LEWIT TO
Instrument S	erial No. 87968	Cannen	*
The preventi	ve maintenance procedures for the Intoxi are:	meters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister displayed degrees, plus or minus .2 degree	lays pressure, or the alcoholic breath 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		e e e e e e e e e e e e e e e e e e e
10.	Verify that the ethanol gas canister i simulator solution is being changed whichever occurs first.		
I certify that oprocedures w Department o	n the	d above, in accordance with current strument is functioning properly.	oing preventive maintenance regulations of the N.C.
THE STATE OF THE S	Steple	6-1110 Kand	634
•	Signature	of Certifying Official	Certificate Number

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008968 Test Date: 06/12/2015

Test Record Number: 62 Test Time: 10:06pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:06pm
FLO	Pass	10:06pm
FC	Pass	10:06pm

Temperature Tests

Status	Time
Pass	10:06pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	10:07pm
サイレ	rass	TO:0/011

Printer Tests

PRNT Pass 10:07pm	Test	Status	Time
	PRNT	Pass	10:07pm

CRC Tests

Test	Status	Time
COMP	Pass	10:07pm
CAL	Pass	10:07pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008968 Test Date: 06/12/2015

Citation Number: M0000000-0 Subject's Name:

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	9:57pm
AIR BLK	.00	9:58pm
ACCY CHK	.07	9:59pm
AIR BLK	.00	9:59pm
SUB TEST	.00	10:00pm
AIR BLK	.00	10:01pm
SUB TEST	.00	10:02pm
AIR BLK	.00	10:03pm

Jest 6, 11/0/2

00 g/<u>210L</u>

Signature of Chemical Analyst

Reported AC:

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	WAKE	Instrument Location 3AT 111	OBILE LINIT
Instrument Se	rial No. <u>008969</u>	Raleion	7'
The preventive four months a		toximeters, Model Intox EC/IR II to be fo	llowed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	lisplays pressure, or the alcoholic breath s ree centigrade;	imulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	ars, collect breath sample;	
7.	When "PLEASE BLOW" appear	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canis simulator solution is being chang whichever occurs first.	ter is being changed before expiration dat ged every four months or after 125 Alcoh	te, or the alcoholic breath olic Breath Simulator tests,
	ere performed on the instrument indi-	, 20 / 5 the forgo cated above, in accordance with current relative instrument is functioning properly.	ing preventive maintenance egulations of the N.C.
COLUMN STATE OF THE STATE OF	Stepa	of Certifying Official	Certificate Number

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008969 Test Date: 06/19/2015 Test Record Number: 76
Test Time: 11:59pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:59pm
FLO	Pass	11:59pm
FC	Pass	11:59pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:00am
SRC	Pass	12:00am
DET	Pass	12:00am
BAR	Pass	12:00am
\mathtt{BT}	Pass	12:00am

Blank Tests

Test	Status	Time
AIR	Pass	12:00am

Printer Tests

Test	Status	Time
PRNT	Pass	12:00am
	CRC Tests	
Test	Status	Time
COMP	Pass	12:00am

12:00am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008969 Test Date: 06/19/2015

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

Toat

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Les 6. THogan

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	WAFEE In	strument Location BAT W	OBILE LWIT
Instrument Se	erial No. <u>008968</u>	Rale.	674
The preventive four months a	ve maintenance procedures for the Intoxin are:	neters, Model Intox EC/IR II to be fol	lowed at least once every
1.	Verify the ethanol gas canister displa 34 degrees, plus or minus .2 degree c		mulator thermometer shows
2.	Verify instrument displays time and o	date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, c	ollect breath sample;	
7.	When "PLEASE BLOW" appears, c	ollect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is simulator solution is being changed e whichever occurs first.	being changed before expiration date every four months or after 125 Alcohol	e, or the alcoholic breath blic Breath Simulator tests,
procedures we	on theday of vere performed on the instrument indicated of Health and Human Services, and the ins	, 20/5 the forgoi l above, in accordance with current re trument is functioning properly.	ng preventive maintenance gulations of the N.C.
OF THE STATE OF TH	- Jan	of Certifying Official	Certificate Number

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008968 Test Record Number: 67 Test Date: 06/19/2015 Test Time: 11:48pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:49pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:49pm
	CRC Tests	
Test	Status	Time
COMP	Pass	11:49pm

Preventive Maintenance Status: Pass

Pass

11:49pm

CAL

Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008968 Test Date: 06/19/2015

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	11:40pm 11:41pm 11:42pm
AIR BLK SUB TEST	.00 .00	11:42pm 11:43pm
AIR BLK	.00	11:43pm
SUB TEST	.00	11:45pm
AIR BLK	.00	11:46pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Signature of Chemical Analyst

Court CVR

Analyst Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Washer	Instrument Location	1347	MOBILE	Linis
Instrument	Serial No. <u>008972</u>		Pple	184	
The preven	tive maintenance procedures for the In s are:	toximeters, Model Intox E	C/IR II to be	followed at least	once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	lisplays pressure, or the al	coholic breat	h simulator therm	ometer shows
2.	Verify instrument displays time	and date;			
3.	Initiate breath test sequence;				
4.	Enter information as prompted;			•	
. 5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" appe	ars, collect breath sample;			
7.	When "PLEASE BLOW" appe	ars, collect breath sample;		·	
8.	Print test record;				
9.	Verify Diagnostic Program; and				
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ter is being changed befor ged every four months or	re expiration after 125 Alc	date, or the alcoho coholic Breath Sin	olic breath nulator tests,
I certify that procedures Department	t on the	cated above, in accordance instrument is functioning	e with curren	going preventive at regulations of th	maintenance e N.C.
ALL STATE OF		ature of Certifying Officia		Certificate	Yours.

WAKE COUNTY BAT MOBILE UNIT 7 910

Test Record Number: 95 Serial Number: 008972 Test Date: 06/19/2015 Test Time: 11:47pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:48pm

Printer Tests

Test	Status	Time
	_	

Pass 11:48pm PRNT

CRC Tests

Test	Status	Time
COMP	Pass	11:48pm
CAL	Pass	11:48pm

Preventive Maintenance Status: Pass

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008972 Test Date: 06/19/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	11:38pm 11:39pm 11:39pm 11:40pm 11:41pm 11:42pm
SUB TEST	.00	11:43pm
AIR BLK	.00	11:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

\$6,6.7115 Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	WAKE	Instrument Location 37 (11)	Bile Witte
Instrument Se	erial No. 00897/	Rollis	4
The preventive four months a		Intoximeters, Model Intox EC/IR II to be f	followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic breath legree centigrade;	simulator thermometer show
2.	Verify instrument displays tin	ne and date;	•
3.	Initiate breath test sequence;		
4.	Enter information as prompted	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; as	nd	
10.		nister is being changed before expiration da anged every four months or after 125 Alco	
I certify that of procedures we Department of	ere performed on the instrument in	dicated above, in accordance with current the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
STATE OF STA	To the second se	finature of Certifying Official	Certificate Number

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008971

Test Record Number: 52

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:26am
FLO	Pass	12:26am
FC	Pass	12:26am

Temperature Tests

Status	Time
Pass	12:26am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	12:27am

Printer Tests

Test

PRNT	Pass	12:27am

Status Time

CRC Tests

Test Stati	us Time
COMP Pass	12:27am 12:27am

Preventive Maintenance Status: Pass

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008971 Test Date: 06/20/2015

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: 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/210Г	Time
DIAG AIR BLK	Pass	12:15am 12:16am
ACCY CHK	.08	12:16am
AIR BLK	.00	12:17am
SUB TEST	.00	12:19am
AIR BLK	.00	12:20am
SUB TEST	.00	12:21am
AIR BLK	.00	12:22am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Step 6.711-1

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Instrument Serial No	enegen ray
1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermomets 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 besimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.	
2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic be simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.	ev er y
 Initiate breath test sequence; Enter information as prompted; Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; Print test record; Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic be simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. I certify that on the	r shows
 Enter information as prompted; Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; Print test record; Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic b simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. 	
 Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; Print test record; Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic be simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. I certify that on the	
 When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; Print test record; Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic be simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. I certify that on the	
7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic be simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. 1 certify that on the	
 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic be simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. I certify that on the	
9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic be simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. I certify that on the	
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic be simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. I certify that on the	
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. I certify that on the	
procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C.	eath r tests,
e-abartement of steams and statement on treat and are managed in a superior of the body.	enance
Signature of Certificial Certificate Number	

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008970 Test Date: 06/20/2015

Test Record Number: 60
Test Time: 1:27am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:28am
${ t FLO}$	Pass	1:28am
FC	Pass	1:28am

Temperature Tests

Test	Status	Time
FC1	Pass	1:28am
SRC	Pass	1:28am
DET	Pass	1:28am
BAR	Pass	1:28am
BT	Pass	1:28am

Blank Tests

Test	Status	Time
ΔΤΡ	Dagg	1.29am

Printer Tests

Test	Status	Time
PRNT	Pass	1:29am
	CRC Tests	
Test	Status	Time

COMP Pass 1:29am CAL Pass 1:29am

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008970 Test Date: 06/20/2015

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: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	1:13am 1:14am
ACCY CHK	.08 .00	1:14am 1:15am
SUB TEST	.00	1:16am
AIR BLK SUB TEST	.00 .00	1:16am 1:18am
AIR BLK	.00	1:10am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C	INTOXIMETERS, MODEL INTOX EC/IR II UI FORD Instrument Location Ree NSDORO	JAIL
Instrument Seria	rial No. <u>008794</u>	
The preventive in four months are	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at lee:	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 8 whichever occurs first.	
	the / S day of	
STATE ON THE STATE ON THE STATE ON THE STATE OF THE STATE	Signature of Certifying Official Certificat	42

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794 Test Date: 06/18/2015

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: DEAN, L K

Permit Number: 11598E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	12:35pm 12:35pm 12:36pm
AIR BLK	.00	12:37pm
SUB TEST	.00	12:37pm
AIR BLK	.00	12:38pm
SUB TEST	.00	12:40pm
AIR BLK	.00	12:41pm

Reported AC; .00 g/210L

Signature of Chemical Analyst

Court CVR

_ L. Lein Claw Analyst

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794 Test Record Number: 4225

Test Date: 06/18/2015 Test Time: 12:42pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:42pm
FLO	Pass	12:42pm
FC	Pass	12:42pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:42pm
SRC	Pass	12:42pm
DET	Pass	12:42pm
BAR	Pass	12:42pm
BT	Pass	12:42pm

Blank Tests

Test	Status	Time
AIR	Pass	12:43pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:43pm

CRC Tests

Test	Status	Time
COMP	Pass	12:44pm
CAL	Pass	12:44pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790 Test Date: 06/18/2015

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:52am 11:52am 11:53am
AIR BLK	.00	11:54am
SUB TEST	.00	11:55am
AIR BLK	.00	11:56am
SUB TEST	.00	11:57am
AIR BLK	.00	11:58am

Reported AC; .00 g/210L

Signature of Chemical Analyst

Court CVR

L. Kuin Olon Analyst

GUILFORD COUNTY GREENSBORO JAIL 400

Test Record Number: 5021 Serial Number: 008790

Test Time: 11:59am EDT Test Date: 06/18/2015

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	11:59am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	12:00pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:00pm

CRC Tests

Test	Status	Time
COMP	Pass	12:00pm
CAL	Pass	12:00pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Cou	inty <u>(5 </u>	1) FORd Instrument Location Greens Dave JAil
Inst	rument Seria	al No. <u>008638</u>
	preventive 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;
. N . E	7.	When "PLEASE BLOW" appears, collect breath sample;
* .	8.	Print test record;
	9.	Verify Diagnostic Program; and
	10.	Verify that the ethanol gas canister is being changed before 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	rtify that on cedures were eartment of I	the / S day of ONC, 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 GREAT SE	THE STATE OF THE S	Signature of Certifying Official Certificate Number

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008638 Test Date: 06/18/2015

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: DEAN, L K
Permit Number: 11598E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	11:26am 11:27am 11:28am 11:28am
SUB TEST	.00	11:29am
AIR BLK	.00	11:30am
SUB TEST	.00	11:32am
ATD DIE	ሰሰ	11.33am

Reported AC:, .00 g/210L

Signature of Chemical Analyst

Court CVR

Levi Lean_

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008638 Test Record Number: 2136

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:33am 11:33am
FLO FC	Pass Pass	11:33am

Temperature Tests

Test	Status	Time
FC1	Pass	11:34am
SRC	Pass	11:34am
DET	Pass	11:34am
BAR	Pass	11:34am
BT	Pass	11:34am

Blank Tests

Test	Status	Time
ATR	Pass	11:34am

Printer Tests

Test	Status	Time
PRNT	Pass	11:34am

CRC Tests

Test	Status	Time
COMP	Pass	11:34am
CAL	Pass	11:34am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument L	سم ع	Point JA	. /
To the second se				
Instrument Serial No. <u>C</u>	008655			
The preventive maintenar four months are:	nce procedures for the Intoximeters, Mod	lel Intox EC/IR II to be f	ollowed at least on	ce every
1. Verify 34 degr	the ethanol gas canister displays pressure rees, plus or minus .2 degree centigrade;	, or the alcoholic breath	simulator thermom	ieter show
2. Verify	instrument displays time and date;			
3. Initiate	breath test sequence;			
4. Enter in	nformation as prompted;	Jo.		
5. Verify	instrument accuracy;			÷
6. When "	'PLEASE BLOW" appears, collect breat	h sample;		
7. When "	"PLEASE BLOW" appears, collect breat	h sample;		
8. Print te	est record;			
9. Verify	Diagnostic Program; and	•		
simulat	that the ethanol gas canister is being char for solution is being changed every four n ver occurs first.	nged before expiration da nonths or after 125 Alcol	ite, or the alcoholic nolic Breath Simul	: breath ator tests,
Willone	THE CONTRACTOR OF THE PARTY OF			
I certify that on the	day of Une ed on the instrument indicated above, in d Human Services, and the instrument is	the forgonic that the forgonic	oing preventive ma regulations of the N	intenance N.C.
		. .		
THE STATE OF NO.				
\$ - Se \$ 1				
	,	Λ		
ARRIEL THE ARRIVED THE STREET AND ARRIVED THE	1 de la marcha della marcha del	(Lana)	649	4
	Signature of Certifyin	ng Official	Certificate Nu	mber

GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008655 Test Date: 06/17/2015

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: DEAN, L K

Permit Number: 11598E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	1:36pm 1:37pm
ACCY CHK	.08	1:37pm
AIR BLK	.00	1:39pm
SUB TEST	00	1:39pm
AIR BLK	.00	1:40pm
SUB TEST	.00	1:42pm
AIR BLK	.00	1:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analysi

GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008655

Test Record Number: 2699

Test Date: 06/17/2015

Test Time: 1:43pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:44pm 1:44pm
FC	Pass	1:441

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	1:45pm

Printer Tests

Test Status Tim	
PRNT Pass 1:4	15 <u>p</u> m

CRC Tests

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

Preventive Maintenance Status: Pass

Anglysi

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

*	INTOXIMET	eks, MODEL INTOX EC	
County	eroleee	Instrument Location Cher	okte Co. Jail
Instrument Ser	rial No. <u>0087//</u>	Murphy, NC	· · · · · · · · · · · · · · · · · · ·
The preventive four months ar		Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 c	er displays pressure, or the alcoholic br degree centigrade;	eath simulator thermometer show
2.	Verify instrument displays tir	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	und	
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nister is being changed before expiration in the control of the co	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify that or procedures wer Department of	the 25 day of 17	Ane, 20_/\subseteq the indicated above, in accordance with curl the instrument is functioning properly	forgoing preventive maintenance rent regulations of the N.C.
CTATE			
1 10 17 10 1	A SEE		
FACE QUAM VIDER		R. Cuth	635
	Sig	gnature of Certifying Official	Certificate Number

CHEROKEE COUNTY CHEROKEE COUNTY JAIL
190

Serial Number: 008711 Test Date: 06/25/2015

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: 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	12:26pm
AIR BLK	.00	12:27pm
ACCY CHK	.07	12:27pm
AIR BLK	.00	12:28pm
SUB TEST	.00	12:29pm
AIR BLK	.00	12:30pm
SUB TEST	.00	12:31pm
AIR BLK	.00	12:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

Serial Number: 008711

Test Record Number: 800

Test Date: 06/25/2015

Test Time: 12:33pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:34pm
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

12:34pm 12:34pm

COMP

CAL

Orif R. Cuth

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

_	/ / / / / / / / / / / / / / / / / / /	
County C	herokee Instrument Location Chero	okre Co. Vail
Instrument So	erial No. 008622 Murphy NC	
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic by 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 expirati simulator solution is being changed every four months or after 125 whichever occurs first.	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
procedures we	on the	rent regulations of the N.C.
OF THE STATE		
No.		
APRIL 12, 1778	Did R. ath	· .
	Signature of Certifying Official	Certificate Number

CHEROKEE COUNTY CHEROKEE COUNTY JAIL
190

Serial Number: 008622 Test Date: 06/25/2015

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: 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 AIR BLK ACCY CHK	Pass .00 .08	12:23pm 12:23pm 12:24pm
ACCY CHR 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

Dail R. Cuther Analyst

CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

Serial Number: 008622

Test Record Number: 902

Test Date: 06/25/2015

Test Time: 12:29pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:31pm

Printer Tests

Test	Status	Time
-		
PRNT	Pass	12:31pm

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County St	Instrument Locatio	n Swain Co. Jail
Instrument So	erial No. <u>008727</u> <u>Bry.son</u>	City, NC
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Into	ox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or th 34 degrees, plus or minus .2 degree centigrade;	e alcoholic breath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sam	ple;
7.	When "PLEASE BLOW" appears, collect breath sam	ple;
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed be simulator solution is being changed every four months whichever occurs first.	efore expiration date, or the alcoholic breath or after 125 Alcoholic Breath Simulator tests,
procedures we	on the	ance with current regulations of the N.C.
THE STATE OF THE S		
FEST QUAM VID	and the factor	635
	Signature of Certifying Off	icial Certificate Number

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008727 Test Date: 06/24/2015

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: 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	Pass .00 .07	10:50am 10:50am 10:51am 10:52am
SUB TEST	.00	10:52am
AIR BLK SUB TEST	.00 .00	10:53am 10:55am
AIR BLK	.00	10:56am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Oni/R. Cuthon Analyst

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008727

Test Record Number: 1006

Test Date: 06/24/2015

Test Time: 10:56am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:57am 10:57am
LUO	rass	10:5/am
FC	Pass	10:57am

Temperature Tests

Test	Status	Time
FC1	Pass	10:57am
SRC	Pass	10:57am
DET	Pass	10:57am
BAR	Pass	10:57am
BT	Pass	10:57am

Blank Tests

Test	Status	Time
AIR	Pass	10:58am

Printer Tests

Test	Status	Time
PRNT	Pass	10:58am

CRC Tests

Test	Status	Time
COMP	Pass	10:58am
CAL	Pass	10:58am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_S		Instrument Location <u>Swar</u>	·
Instrument S	Serial No. <u>008723</u>	Bryson City,	NC
The preventi		Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic b legree centigrade;	reath simulator thermometer show
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		•
9.	Verify Diagnostic Program; as	nd	
. 10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	nister is being changed before expirate anged every four months or after 125	ion date, or the alcoholic breath Alcoholic Breath Simulator tests,
procedures w	vere performed on the instrument in	dicated above, in accordance with curthe instrument is functioning properly	rrent regulations of the N.C.
OTHE STATE	S. A.C.		
APPLIE TO	AROUNT AR		
Acres	Clark	S. Cult	635
	Sig	nature of Certifying Official	Certificate Number

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008723 Test Date: 06/24/2015

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: 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 AIR BLK	Pass .00 .07	10:48am 10:49am 10:49am 10:50am
SUB TEST	.00	10:50am
AIR BLK	.00	10:52am
SUB TEST	.00 .00	10:53am 10:54am
AIR BLK	.00	TO: D4aiii

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Caff Cuth

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008723

Test Record Number: 575 Test Time: 10:55am EDT

Test Date: 06/24/2015

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	10:55am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	10:56am

Printer Tests

CAL

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

10:56am

Preventive Maintenance Status: Pass

Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 140	insylvania Instrument Location Transylvania Co. Jail
Instrument Ser	ial No. 008820 Brevard, NC
The preventive four months ar	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures we Department of	the
TO FOLIAN VIDE	621 R. Cuth 135
	Signature of Certifying Official Certificate Number

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

> Serial Number: 008820 Test Date: 05/09/2015

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: 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	T.'ı.me
DIAG	Pass	1:00pm
AIR BLK	.00	1:01pm
ACCY CHK	. 0.7	1:01pm
AIR BLK	.00	1:02pm
SUB TEST	.00	1:03pm
AIR BLK	.00	1:04pm
SUB TEST	.00	1:05pm
AIR BLK	.00	1:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Deil R. Cuthan Analyst

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

Serial Number: 008820 Test Record Number: 888

Test Date: 06/09/2015 Test Time: 1:08pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:08pm
FLO	Pass	1:08pm
FC	Pass	1:08pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:09pm
SRC	Pass	1:09pm
DET	Pass	1:09pm
BAR	Pass	1:09pm
BT	Pass	1:09pm

Blank Tests

Test	Status	Time

AIR 1:09pm Pass

Printer Tests

Test	Status	Time

1:09pm PRNT Pass

CRC Tests

Test	Status	Time
COMP	Pass	1:09pm

1:09pm CAL Pass

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County		Instrument Location Transylv	
	erial No. <u>008609</u>	••	
The preventi		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	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	đ	
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	ister is being changed before expiration nged every four months or after 125 Alc	date, or the alcoholic breath coholic Breath Simulator tests,
I certify that procedures w Department o	on the day of vere performed on the instrument inc of Health and Human Services, and	the for the instrument is functioning properly.	going preventive maintenance at regulations of the N.C.
STATI STATI	O NO PROPERTY OF THE PROPERTY	n 11	
AND	Clarif	nature of Certifying Official	Certificate Number
	Sigi	nature of Certifying Official	Continuate Humbon

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

> Serial Number: 008609 Test Date: 06/09/2015

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: 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	1:03pm
AIR BLK	.00	1:04pm
ACCY CHK	.08	1:05pm
AIR BLK	.00	1:06pm
SUB TEST	.00	1:06pm
AIR BLK	.00	1:07pm
SUB TEST	.00	1:09pm
AIR BLK	.00	1:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Doil R. Cath

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

Serial Number: 008609

Test Record Number: 650

Test Date: 06/09/2015

Test Time: 1:11pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ATR	Pass	1:12pm

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

1:12pm

CAL

Dif R. Cuth

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Instrument Serial No. <u>COS714</u> <u>Waynesville</u> , <u>NC</u> The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:	County Havi	wood Instrument Location Haywood Co. Tail		
four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;	Instrument Seria	al No. 008714 Waynesville, NC		
four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;				
34 degrees, plus or minus .2 degree centigrade;	•	·		
2. Verify instrument displays time and date;	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;	3.	Initiate breath test sequence;		
4. Enter information as prompted;	. 4	Enter information as prompted;		
5. Verify instrument accuracy;	5.	Verify instrument accuracy;		
6. When "PLEASE BLOW" appears, collect breath sample;	6.	When "PLEASE BLOW" appears, collect breath sample;		
7. When "PLEASE BLOW" appears, collect breath sample;	7.	When "PLEASE BLOW" appears, collect breath sample;		
8. Print test record;	8.	Print test record;		
9. Verify Diagnostic Program; and	9.	Verify Diagnostic Program; and		
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.	10.	simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests,		
I certify that on the	procedures were	performed on the instrument indicated above, in accordance with current regulations of the N.C.		
TOTAL STATE OF THE	TABLE QUANT VIDENT			
Signature of Certifying Official Certificate Number	Winawassa	Signature of Certifying Official Certificate Number		

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714 Test Date: 06/03/2015

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	11:40am
AIR BLK	.00	11:41am
ACCY CHK	. 07	11:42am
AIR BLK	.00	11:43am
SUB TEST	.00	11:43am
AIR BLK	. 00	11:44am
SUB TEST	. 00	11:46am
AIR BLK	.00	11:46am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Early R. Cuth

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714

Test Record Number: 1250

Test Date: 06/03/2015

Test Time: 11:47am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time	
ATR	Pass	1.1:48am	

Printer Tests

Test	Status	Time
PRNT	Pass	11:48am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:49am

Preventive Maintenance Status: Pass

Pass

11:49am

CAL

Coff S. Cuth-Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IX II
County Hay	wood Instrument Location Haywood Co. Vhil
Instrument Serial	No. 008712 Waynesville, NC
The preventive m four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	he
TAST QUAN VOICE	Signature of Certifying Official Certificate Number

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712 Test Date: 06/03/2015

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
DIAG	Pass	11:39am
AIR BLK ACCY CHK	.00	11:39am 11:40am
AIR BLK	.00	11:41am
SUB TEST	.00	11:41am
AIR BLK	.00	11:42am
SUB TEST	.00	11:44am
AIR BLK	.00	11:45am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Cent R. Cuthan

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

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712

Test Record Number: 1538

Test Date: 06/03/2015

Test Time: 11:46am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
	A	
IR	Pass	11:46am
FLO	Pass	11:46am
FC	Pass	11:47am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:47am

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

11:47am

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETE	ors, Model intox echic	II
County DO	rdolph	Instrument Location 3 1	nobile Unit.
Instrument Serie	al No(<u>) () 8929</u>	Archdale Pr	
The preventive four months are		Intoximeters, Model Intox EC/IR II to be fo	llowed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic breath s legree centigrade;	imulator thermometer shows
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	d; .	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	nd	÷
10.	Verify that the ethanol gas can simulator solution is being che whichever occurs first.	nister is being changed before expiration dat anged every four months or after 125 Alcohol.	e, or the alcoholic breath olic Breath Simulator tests,
I certify that on procedures were Department of I	performed on the instrument in	ndicated above, in accordance with current relative instrument is functioning properly.	ing preventive maintenance egulations of the N.C.
OF THE STATE OF TH	Sig	gnature of Certifying Official	Certificate Number

RANDOLPH COUNTY BAT MOBILE UNIT 2 750

Serial Number: 008929 Test Date: 06/13/2015

Citation Number: M0000000-0 Subject's Name:

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

ubject's Date of Birth: 11/11/19.
Subject's Sex: Female
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B
Permit Number: 13651E
Effective:
10/01/2013-10/01/2015

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

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

Test	g/210L	Time
DIAG	Pass	10:05pm
AIR BLK	- 00	10:06pm
ACCY CHK	.07	10:07pm
AIR BLK	.00	10:08pm
SUB TEST	.00	10:09pm
AIR BLK	.00	10:10pm
SUB TEST	.00	10:11pm
AIR BLK	.00	10:12pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Donya B SK my

RANDOLPH COUNTY BAT MOBILE UNIT 2 750

Serial Number: 008929

Test Record Number: 864

Test Date: 06/13/2015

Test Time: 10:14pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:14pm
FLO	Pass	10:14pm
FC	Pass	10:14pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:14pm 10:14pm 10:14pm 10:14pm 10:14pm

Blank Tests

Test	Status	Time
AIR	Pass	10:15pa

Printer Tests

Status

Time

Test

PRNT	Pass	10:15pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:15pm 10:15pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXINETERS, MODEL INTOX ECIRCI
County RO	ndolph Instrument Location Bot Michigan Unite
Instrument Ser	ial No(00860) Anndak PD
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the 3 day of , 20 the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OF THE STATE OF THE OWN 20.1775	Signature of Certifying Official Certificate Number

RANDOLPH COUNTY BATMOBILE UNIT 2 750

Serial Number: 008601 Test Date: 06/13/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

10/01/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Donya B Skonn

RANDOLPH COUNTY BATMOBILE UNIT 2 750

Serial Number: 008601

Test Record Number: 1040

Test Date: 06/13/2015

Test Time: 10:19pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:20pm 10:20pm 10:20pm 10:20pm 10:20pm
		-

Blank Tests

Test	Status	Time
AIR	Pass	10:20pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:20pm
	CRC Tests	

rest	Scacus	TIME
COMP	Pass	10:20pm
CAL	Pass	10:20pm

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; 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 10. Verify that the ethanol gas canister is being changed before 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.

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

Signature of Certifying Official

WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: 008786 Test Date: 06/15/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Driver's License Number: NONE

Analyst's Name: 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	4:20pm
AIR BLK	.00	4:21pm
ACCY CHK	.07	4:22pm
AIR BLK	.00	4:23pm
SUB TEST	.00	4:23pm
AIR BLK	.00	4:24pm
SUB TEST	.00	4:26pm
AIR BLK	.00	4:26pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: 008786

Test Record Number: 215

Test Date: 06/15/2015

Test Time: 4:27pm EDT

System Check: Passed

Baseline Tests

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

Blank Tests

Test	Status	Time
λTD	Dagg	4 · 29mm

Printer Tests

Test	Status	Time
PRNT	Pass	4:29pm
	CRC Tests	

Test	Status	Time
COMP	Pass	4:29pm
CAL	Pass	4:29pm

Preventive Maintenance Status: Pass

HineA Keep

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County OR	ANGE Co. Instrument Location H. 1/s borough P.P.
Instrument Serie	ai No. 008924 127 N. Churton 57 Hillsbreaugh,
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
ONE STATE OF A STATE O	Signature of Certifying Official Certificate Number

ORANGE COUNTY HILLSBROUGH PD 670

Serial Number: 008924 Test Date: 06/12/2015

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: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2014-02/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	11:47am 11:48am
ACCY CHK	.07	11:48am
AIR BLK	.00	11:49am
SUB TEST	.00	11:50am
AIR BLK	.00	11:51am
SUB TEST	.00	11:52am
AIR BLK	.00	11:53am

Reported AC

00 0/2101

ignature of Chemical Analyst

Court CVR

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

Rev. 12/2007

ORANGE COUNTY HILLSBROUGH PD 670

Serial Number: 008924 Test Record Number: 1102 Test Date: 06/12/2015 Test Time: 11:54am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:54am
FLO	Pass	11:54am
FC	Pass	11:54am

Temperature Tests

Test	Status	Time
FC1	Pass	11:54am
SRC	Pass	11:54am
DET	Pass	11:54am
BAR	Pass	11:54am
BT	Pass	11:54am

Blank Tests

Test	Status	Time
AIR	Pass	11:55am

Printer Tests

rest	Status	TIME
PRNT	Pass	11:55am

CRC Tests

Test	Status	Time
COMP	Pass	11:55am
CAL	Pass	11:55am

Preventive Maintenance Status: Pass

Anályst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXINETERS, NIODEL INTOX EC/IR II
County /	eke Co Instrument Location Wake Co Detention Center
Instrument Seri	al No. 008/158 3301 Hammond R.D. Roleigh NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the day of , 20 / the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
CREATE OF WAS 2012 AND	Signature of Cartifying Official Cartificate Number

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008778 Test Date: 06/08/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	4:53pm 4:54pm 4:55pm
AIR BLK	.00	4:56pm
SUB TEST	.00	4:57pm
AIR BLK	.00	4:58pm
SUB TEST	.00	4:59pm
AIR BLK	.00	5:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY DETENTION CENTER 910

Test Record Number: 1658 Serial Number: 008778

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:02pm
FLO	Pass	5:02pm
FC	Pass	5:02pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:02pm
SRC	Pass	5:02pm
DET	Pass	5:02pm
BAR	Pass	5:02pm
BT	Pass	5:02pm

Blank Tests

Test	Status	Time
AIR	Pass	5:03pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:03pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	5:03pm 5:03pm

Preventive Maintenance Status: Pass

· CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX ECTR II	() 132 li
Instrument Seri	2001/2 -2011/ 1/10 8/1/ VI	
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever	у
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer should degree, plus or minus .2 degree centigrade;	ows
2.	Verify instrument displays time and date;	٠
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.	ts,
I certify that on procedures were Department of I	the day of furce, 20 fine forgoing preventive maintenangle 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.	ce
THE STATE OF THE S	Signature of Certifying Official Certificate Number	_

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008612 Test Date: 06/08/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Test	g/210L	Time
DIAG	Pass	5:04pm
AIR BLK	.00	5:04pm
ACCY CHK	.07	5:05pm
AIR BLK	.00	5:06pm
SUB TEST	.00	5:07pm
AIR BLK	.00	5:08pm
SUB TEST	.00	5:10pm
AIR BLK	.00	5:11pm

Reported AV:

09⁄α/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008612 Test Record Number: 2006 Test Date: 06/08/2015 Test Time: 5:13pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:14pm
FLO	Pass	5:14pm
FC	Pass	5:14pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:14pm
SRC	Pass	5:14pm
DET	Pass	5:14pm
BAR	Pass	5:14pm
BT	Pass	5:14pm

Blank Tests

Test	Status	Time
AIR	Pass	5:14pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:14pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	5:15pm 5:15pm

Preventive Maintenance Status: Pass

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

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County (VAKE C. Instrument Location WAKE C. Deterthism Ce.
Instrument S	erial No. 008'160 3301 Hammond Rd. Raleigh NC
·	
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that oprocedures we Department of	on the day of da
THE STATE OF THE S	Signature of Certifying Official Certificate Number

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008760 Test Date: 06/08/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Test	g/210L	Time
DIAG	Pass	5;07pm
AIR BLK	.00	5:08pm
ACCY CHK	.08	5:09pm
AIR BLK	.00	5:10pm
SUB TEST	.00	5:11pm
AIR BLK	.00	5:12pm
SUB TEST	.00	5:13pm
AIR BLK	.00	5:14pm

Reported AC: .00 g/2101

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008760

Test Record Number: 914

Test Date: 06/08/2015

Test Time: 5:16pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	5:16pm 5:16pm
FC	Pass	5:16pm

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	5:16pm 5:16pm
DET	Pass	5:16pm
BAR	Pass	5:16pm
BT	Pass	5:16pm

Blank Tests

Test	Status	Time
AIR	Pass	5:17pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:17pm
	CRC Tests	

Test	Status	Time
COMP	Pass	5:17pm
CAL	Pass	5:17pm

Preventive Maintenance Status: Pass

1

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location Union County 50
Instrument S	
	704-283-3770
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department of	on the, 20
TO STATE OF THE ST	
STATE OUNTY	Signature of Certifying Official Certificate Number

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008866 Test Date: 06/12/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1917

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 ACCY CHK AIR BLK	Pass .00 .08	2:50pm 2:51pm 2:51pm 2:52pm
SUB TEST	.00	2:53pm
AIR BLK	.00	2:54pm
SUB TEST	.00	2:57pm
AIR BLK	.00	2:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008866

Test Record Number: 2051

Test Date: 06/12/2015

Test Time: 2:58pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	2:59pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	2:59pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:59pm
	CRC Tests	!
Test	Status	Time
COMP	Pass	3:00pm

3:00pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Union Instrument Location Waxhaw PD
Instrumer	nt Serial No. 008598 3620 Providence Rd South, Waxho
	704-843-0353
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	nat on the 12 th day of 1 cine , 20 15 the forgoing preventive maintenance is were performed on the instrument indicated above, in accordance with current regulations of the N.C. and of Health and Human Services, and the instrument is functioning properly.
THE CREATE STATE OF S	Signature of Certifying Official ATE OF THE OF THE OFFICE AND

UNION COUNTY WAXHAW PD 890

Serial Number: 008598 Test Date: 06/12/2015

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: 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	Pass	01:12pm 01:13pm
ACCY CHK	.07	01:14pm
AIR BLK SUB TEST	.00 .00	01:15pm 01:15pm
AIR BLK	.00	01:16pm
SUB TEST	.00	01:18pm
AIR BLK	.00	01:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

UNION COUNTY WAXHAW PD 890

Serial Number: 008598 Test Record Number: 583

Test Date: 06/12/2015 Test Time: 01:19pm

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	01:20pm
FLO	Pass	01:20pm
FC	Pass	01:20pm

Temperature Tests

Test	Status	Time
FC1	Pass	01:20pm
SRC	Pass	01:20pm
\mathtt{DET}	Pass	01:20pm
BAR	Pass	01:20pm
\mathtt{BT}	Pass	01:20pm

Blank Tests

Test	Status	Time
AIR	Pass	01:21pm

Printer Tests

Test	Status	Time
PRNT	Pass	01:21pm
	CRC Tests	

Test	Status	Time
COMP	Pass	01:21pm
CAL	Lass	01:21pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County W	Instrument Location WAKE FOREST PD		
Instrument Seri	al No. OO8700 225 S. TAYLOR ST WAKEFOREST, A		
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 Ol day of JUNE, 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.		
THE STATE OF AUTO AND AUTO AND AUTO AUTO AUTO AUTO AUTO AUTO AUTO AUTO	Signature of Certifying Official Certificate Number		

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700 Test Date: 06/01/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	1:22pm 1:23pm
ACCY CHK	.08	1:23pm
AIR BLK	.00	1:24pm
SUB TEST	.00	1:25pm
AIR BLK	.00	1:26pm
SUB TEST	.00	1:28pm
AIR BLK	.00	1:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY WAKE FOREST PD 910

Test Record Number: 926 Serial Number: 008700 Test Date: 06/01/2015 Test Time: 1:29pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:30pm
FLO	Pass	1:30pm
FC	Pass	1:30pm

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	1:30pm 1:30pm
DET	Pass	1:30pm
BAR	Pass	1:30pm
BT	Pass	1:30pm

Blank Tests

Test	Status	Time
AIR	Pass	1:31pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:31pm
	CRC Tests	
Test	Status	Time

1:31pm

Pass 1:31pm Preventive Maintenance Status: Pass

Pass

COMP

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTUXIMETERS, MODEL INTOX EC/IR II
County Por	quimans Instrument Location Perquimans (o. S.C.
Instrument Seria	INO. 008921 110 N. Church St., Hertford, NC
The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	he 15 day of 10 ne, 20 15 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
THE STATE OF NO. 1775 THE STATE OF NO. 1775 * CASE QUAM VIDEO A * CAS	Leu 1 () 643

PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921 Test Date: 06/15/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG326006 Exp Date: 09/17/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:44am 11:45am 11:46am
AIR BLK	.00	11:47am
SUB TEST	.00	11:47am
AIR BLK	.00	11:48am
SUB TEST	.00	11:50am
AIR BLK	.00	11:51am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Sell Analyst

PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921

Test Record Number: 557

Test Date: 06/15/2015

Test Time: 11:52am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:53am
SRC	Pass	11:53am
DET	Pass	11:53am
BAR	Pass	11:53am
BT	Pass	11:53am

Blank Tests

Test	Status	Time
AIR	Pass	11:53am

Printer Tests

Test	Status	Time
PRNT	Pass	11:53am

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Len	oir Instrument Location Kinsha PD
Instrument Seria	al No. DO8624 DOSE. King St., Kinston, N.C.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the 12 day of 1000, 2015 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE ON STATE ON STATE OF STA	Zull 11 643
	Signature of Certifying Official Certificate Number

LENOIR COUNTY KINSTON PD 530

Serial Number: 008624 Test Date: 06/12/2015

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: 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: AG513103 Exp Date: 05/11/2017

g/210L	Time
Pass	11:58am 11:59am
.00	12:00pm 12:01pm
.00	12:01pm
.00	12:02pm
.00	12:04pm
.00	12:05pm
	Pass .00 .07 .00 .00 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Analyst

LENOIR COUNTY KINSTON PD 530

Serial Number: 008624 Test Record Number: 1455
Test Date: 06/12/2015 Test Time: 12:06pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:07pm 12:07pm
FC	Pass	12:07pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:07pm
SRC	Pass	12:07pm
DET	Pass	12:07pm
BAR	Pass	12:07pm
BT	Pass	12:07pm

Blank Tests

Test	Status	Time
AIR	Pass	12:07pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:08pm
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

A _____

12:08pm

12:08pm

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CARteret	Instrument Location_Em	ERAL ISLE PA
Instrumen	nt Serial No. <u>008640</u>		
The preve		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		ic breath simulator thermometer show
2.	Verify instrument displays	time and date;	
3.	Initiate breath test sequence) ;	
4.	Enter information as promp	rted;	
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.		canister is being changed before exp changed every four months or after 1	iration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
I certify the procedures Departmen	at on the day of s were performed on the instrument nt of Health and Human Services, an	indicated above, in accordance with and the instrument is functioning pro	the forgoing preventive maintenance a current regulations of the N.C. perly.
FINE GREAT CONTROL OF STREET OF STRE	$ \omega$	Signature of Certifying Official	354 Certificate Number

CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008620 Test Date: 06/01/2015

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

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

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

Analyst's Name: 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: AG507902 Exp Date: 03/20/2017

Test	g/210L	Time
DIAG	Pass	3:41pm
AIR BLK	.00	3:42pm
ACCY CHK	.08	3:43pm
AIR BLK	.00	3:44pm
SUB TEST	.00	3:44pm
AIR BLK	.00	3:45pm
SUB TEST	.00	3:47pm
AIR BLK	.00	3:48pm

,00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008620 Test Record Number: 1721
Test Date: 06/01/2015 Test Time: 3:53pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:54pm
FLO	Pass	3:54pm
FC	Pass	3:54pm

Temperature Tests

Test	Status	Time
	• .	
FC1	Pass	3:54pm
SRC	Pass	3:54pm
DET	Pass	3:54pm
BAR	Pass	3:54pm
BT	Pass	3:54pm

Blank Tests

Test	Status	Time
AIR	Pass	3:54pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:54pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:55pm 3:55pm

Preventive Maintenance Status: Pass

Karl E-Half
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CARTERET Instrument Location AtLANTIC BEACH PD
Instrumen	Serial No. <u>008785</u>
The preve	ntive 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 th procedures Departmen	ton the
CORPA SELECTION OF	Signature of Certifying Official Certificate Number

CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008785 Test Date: 06/02/2015

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

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

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

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

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

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/2101

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services Rev. 12/2007

CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008785 Test Record Number: 826 Test Date: 06/02/2015 Test Time: 9:52am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
100		
IR	Pass	🦪 9:53am
FLO	Pass	9:53am
FC	Pass	9:53am

Temperature Tests

Test	Status	Time
ПС1		0 = 0
FC1	Pass	9:53am
SRC	Pass	9:53am
DET	Pass	9:53am
BAR	Pass	9:53am
BT	Pass	9:53am

Blank Tests

Test		Status	Time
			100
AIR	•	Pass	9:53am

Printer Tests

Test	Status	Time
PRNT	Pass	9:54am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:54am

Pass 9:54am

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Cr	1R-heref	Instrument Location Moke 1	Kend City Al
Instrument Ser	rial No. <u>00873/</u>		
The preventive four months ar	e maintenance procedures for the Into e:	oximeters, Model Intox EC/IR II to b	pe followed at least once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degrees	splays pressure, or the alcoholic brea ee centigrade;	ath simulator thermometer show
2.	Verify instrument displays time a	nd date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears	s, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		er is being changed before expiration ed every four months or after 125 Al	
I certify that or procedures we Department of	the day of e performed on the instrument indica Health and Human Services, and the	the footed above, in accordance with curre instrument is functioning properly.	orgoing preventive maintenance ent regulations of the N.C.
STATE O	NO THE CAROLIN		
STEE QUAM VIDE	Signatu	ure of Certifying Official	Certificate Number

CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008731 Test Date: 06/02/2015

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: HALL, RANDY E

Permit Number: 3462E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:27am
AIR BLK	.00	10:28am
ACCY CHK	.07	10:28am
AIR BLK	.00	10:29am
SUB TEST	.00	10:30am
AIR BLK	.00	10:31am
SUB TEST	.00	10:32am
ATR BIK	0.0	10:33am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Karl E-Half
Analyst

CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008731 Test Record Number: 1670 Test Date: 06/02/2015 Test Time: 10:33am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:34am
FLO	Pass	10:34am
FC	Pass	10:34 a m

Temperature Tests

Test	Status	Time
FC1	Pass	10:34am
SRC	Pass	10:34 a m
DET	Pass	10:34am
BAR.	Pass	10:34am
BT	Pass	10:3 4am
	the state of the s	

Blank Tests

Test	Status	Time
		4
AIR	Pass	10:35am

Printer Tests

Test	Status	Time
PRNT	Pass	10:35am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:35am

10:35am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C	ARteret	Instrument Location CARTER	et County
Instrument S	erial No. <u>008882</u>	5HERIFFS OFFICE	· · · · · · · · · · · · · · · · · · ·
The prevention four months	ve maintenance procedures for the Interes	toximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	lisplays pressure, or the alcoholic breat tree 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" appear	ars, collect breath sample;	
7.	When "PLEASE BLOW" appear	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	L	
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ster is being changed before expiration aged every four months or after 125 Alc	date, or the alcoholic breath oholic Breath Simulator tests,
I certify that procedures w Department of	on the day of ere performed on the instrument indi of Health and Human Services, and the	cated above, in accordance with currence instrument is functioning properly.	going preventive maintenance it regulations of the N.C.
STATE STATE OF THE	S A COLUMN AND AND AND AND AND AND AND AND AND AN	reje Hall	351/
	_	ature of Certifying Official	Certificate Number

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008882 Test Date: 06/02/2015

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	11:14am
AIR BLK	.00	11:15am
ACCY CHK	08	11:16am
AIR BLK	.00	11:17am
SUB TEST	.00	11:17am
AIR BLK	00	11:18am
SUB TEST	.00	11:20am
ATR BIK	0.0	11 · 21am

Reported AC: 1.00 g/210L

Signature of Chemical Analyst

Court CVR

Karl E-Half
Analyst

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008882 Test Record Number: 1264
Test Date: 06/02/2015 Test Time: 11:22am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:22am
FLO	Pass	11:22am
FC	Pass	11:22am

Temperature Tests

Test	Status	Time
FC1	Pass	11:22am
SRC	Pass	11:22am
DET	Pass	11:22am
BAR	Pass	11:22am
\mathtt{BT}	Pass	11:22am

Blank Tests

Test	Status	Time
	1	
AIR	Pass	11:23am

Printer Tests

Test	Status	Time
PRNT	Pass	11:23am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:23am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ARTERET Instrument Location CARTERET Coun	94Y_
Instrument Se	Serial No. 008605 SHERIFTS OFFICE	*
The preventive four months a	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least are:	once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermo	meter 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 alcoho simulator solution is being changed every four months or after 125 Alcoholic Breath Sim whichever occurs first.	lic breath ulator tests,
I certify that of procedures we Department of	on the day of, 20/5_ the forgoing preventive revere performed on the instrument indicated above, in accordance with current regulations of the of Health and Human Services, and the instrument is functioning properly.	naintenance e N.C.
STATE ORE VI. TO 1775		Number

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008605 Test Date: 06/02/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HALL, RANDY E

Permit Number: 3462E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG414801

Exp Date: 05/28/2016

Test	g/210L	Time
DIAG	Pass	11:15am
AIR BLK	.00	11:16am
ACCY CHK	.08	11:16am
AIR BLK	.00	11:17am
SUB TEST	.00	11:18am
AIR BLK	.00	11:19am
SUB TEST	.00	11:20am
ATR RIK	0.0	11 · 21 am

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

Karel E Holf

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008605 Test Record Number: 3255
Test Date: 06/02/2015 Test Time: 11:22am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IŘ	Pass	11:22am
FLO	Pass	11:22am
FC	Pass	11:22am

Temperature Tests

Test	Status	Time
FC1	Pass	11:22am
SRC	Pass	11:22am
DET	Pass	11:22am
BAR	Pass	11:22am
BT	Pass	11:22am

Blank Tests

Test	Status	Time
		•
ΔΤΡ	Pagg	11.23am

Printer Tests

Test	Status	Time
PRNT	Pass	11:23am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:23am

Preventive Maintenance Status: Pass

Pass

CAL

Karl E Half Analyst

11:23am

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CRAVEN Instrument Location HAVELOCK A.S.		
Instrumen	Serial No. <u>008800</u>		
The preve	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sho 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.		
procedure	t on the		
CONTRACTOR OF THE CONTRACTOR O	Signaturé of Certifying Official Certificate Number		

CRAVEN COUNTY HAVELOCK PD 240

Serial Number: 008800 Test Date: 06/02/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: HALL, RANDY E

Permit Number: 3462E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:34pm
AIR BLK	.00	1:35pm
ACCY CHK	.07	1:36pm
AIR BLK	.00	1:36pm
SUB TEST	.00	1:37pm
AIR BLK	.00	1:38pm
SUB TEST	.00	1:39pm
ATR BLK	00	1:40pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Karl E-Half

CRAVEN COUNTY HAVELOCK PD 240

Serial Number: 008800 Test Record Number: 951 Test Date: 06/02/2015 Test Time: 1:41pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:42pm

Printer Tests

rest	Status	TIME
PRNT	Pass	1:42pm
	an a F	

CRC Tests

Test	Status		Time
	2.1		
COMP	Pass	:	1:42pm
CAL	Pass		1:42pm

Preventive Maintenance Status: Pass

Karls E-Half Knalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CRAVEN	Instrument Location_	MEAS	CHERRY POINT A
Instrument	: Serial No. <u>0/0819</u>		<u> </u>	
The prever	ntive maintenance procedures for the	ne Intoximeters, Model Intox E	EC/IR II to b	pe followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2		coholic brea	ath 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	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" a	appears, collect breath sample;	; I	
8.	Print test record;			
9.	Verify Diagnostic Program;	and		
10.		canister is being changed before changed every four months or		n date, or the alcoholic breath lcoholic Breath Simulator tests,
procedures	at on the day of were performed on the instrument t of Health and Human Services, an	indicated above, in accordance	e with curre	orgoing preventive maintenance ent regulations of the N.C.
CREAT	ME OF TO THE OF	Mer Hall Signature of Certifying Official	7	354 Certificate Number

CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 010819 Test Date: 06/02/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HALL, RANDY E

Permit Number: 3462E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

g/210L Time Test DIAG Pass 2:20pm AIR BLK .00 2:21pm ACCY CHK .08 2:22pm AIR BLK .00 2:22pm SUB TEST .00 2:23pm 2:24pm AIR BLK .00 2:25pm SUB TEST .00 AIR BLK .00 2:26pm

Reported, AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

Karls E-Half
Analyst

CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 010819 Test Record Number: 423
Test Date: 06/02/2015 Test Time: 2:27pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:27pm
FLO	Pass	2:27pm
FC	Pass	2:27pm

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	2:28pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:28pm
		7-

CRC Tests

Test	Status	Time
COMP	Pass	2:28pm
CAL	Pass	2:28pm

Preventive Maintenance Status: Pass

Rand E Half Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	RAVEN Instrument Location New	BERN AD
Instrument S	erial No. <u>00 88/7</u>	
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to are:	be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic br 34 degrees, plus or minus .2 degree centigrade;	eath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	÷
10.	Verify that the ethanol gas canister is being changed before expirated simulator solution is being changed every four months or after 125 A whichever occurs first.	
I certify that opposed ures were the Department of the Department	on the <u>3</u> day of <u>June</u> , 20 /5 the ere performed on the instrument indicated above, in accordance with current Health and Human Services, and the instrument is functioning properly	forgoing preventive maintenance rent regulations of the N.C.
O' THE STATE OF TH	Signature of Certifying Official	354 Certificaté Number

CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817 Test Date: 06/03/2015

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: AG513102 Exp Date: 05/11/2017

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

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Karl E Half Analyst

CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817 Test Record Number: 1115
Test Date: 06/03/2015 Test Time: 10:10am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:11am
SRC	Pass	10:11am
DET	Pass	10:11am
BAR	Pass	10:11am
BT	Pass	10:11am

Blank Tests

Test	Status	Time
AIR	Pass	10:11am

Printer Tests

Test	Status	Time
PRNT	Pass	10:12am
	CRC Tests	
Test	Status	Time
COMP	Pass	10·12am

Preventive Maintenance Status: Pass

Pass

10:12am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CRAVEN	Instrument Location CRAUCK	County
Instrument	t Serial No. <u>008732</u>	SHERIFFIS OFFICE	
The prever		ntoximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath gree centigrade;	simulator thermometer show
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;	5	
5.	Verify instrument accuracy;		4.
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	·	
10.		ster is being changed before expiration d nged every four months or after 125 Alco	
I certify the procedures Departmen	at on the <u>3</u> day of <u>Ju</u> s were performed on the instrument ind at of Health and Human Services, and the	the forg icated above, in accordance with current he instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
CORPATION OF THE CORPAT		we get factor	354 Certificate Number

CRAVEN COUNTY CRAVEN COUNTY SD 240

Serial Number: 008732 Test Date: 06/03/2015

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: AG513102 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG	Pass	10:42am
AIR BLK	.00	10:43am
ACCY CHK	.07	10:43am
AIR BLK	.00	10:44am
SUB TEST	.00	10:44am
AIR BLK	.00	10:45am
SUB TEST	.00	10:47am
AIR BLK	00	10:48am

Reported AC: /00 g/2101

Signature of Chemical Analyst

Court CVR

Knalyst

CRAVEN COUNTY CRAVEN COUNTY SD 240

Serial Number: 008732 Test Record Number: 1427
Test Date: 06/03/2015 Test Time: 10:48am EDT

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	10:49am
	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

County	JONES	Instrument Location Jones	: County
Instrumen	t Serial No. <u>0087</u>	105 SHERIFF'S OFFice	<u>C</u>
The preve		ares for the Intoximeters, Model Intox EC/IR II to be	e followed at least once every
1.		gas canister displays pressure, or the alcoholic brea minus .2 degree centigrade;	th simulator thermometer show
2.	Verify instrument	displays time and date;	
3.	Initiate breath test	sequence;	
4.	Enter information	as prompted;	
5.	Verify instrument a	accuracy;	
6.	When "PLEASE B	LOW" appears, collect breath sample;	
7.	When "PLEASE B	LOW" appears, collect breath sample;	•
8.	Print test record;		
9.	Verify Diagnostic	Program; and	
10.	Verify that the etha simulator solution whichever occurs f	anol gas canister is being changed before expiration is being changed every four months or after 125 Ale	date, or the alcoholic breath coholic Breath Simulator tests,
	were performed on the in	of June, 20 5 the fo strument indicated above, in accordance with current process, and the instrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
S S S S S S S S S S S S S S S S S S S	ATE OF NO.	Raver E Hall	354
		Signature of Certifying Official	Certificate Number

JONES COUNTY JONES COUNTY SD 510

Serial Number: 008705 Test Date: 06/03/2015

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: AG513102

Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK	Pass .00	11:33am 11:33am
ACCY CHK	.07	11:34am
AIR BLK	.00	11:35am
SUB TEST	00	11:36am
AIR BLK	.00	11:36am
SUB TEST	.00	11:38am
AIR BLK	00	11:39am

Signature of Chemical Analyst

Court CVR

Karls E-Half

Analyst

JONES COUNTY JONES COUNTY SD 510.

Serial Number: 008705 Test Record Number: 1000 Test Date: 06/03/2015 Test Time: 11:39am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:40am
FLO	Pass	11:40am
FC	Pass	11:40am

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	11:40am 11:40am 11:40am 11:40am
BT	Pass	11:40am

Blank Tests

Test	Status	Time
AIR	Pass	11:40am

Printer Tests

Test	Status	Time
PRNT	Pass	11:40am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:41am

Pass

Preventive Maintenance Status: Pass

CAL

Karl E-Half
Analyst

11:41am

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	PAMLICO Instrument Location PAMLICO	in County
County	Instrument Location / / / / / C	0 600019
Instrumen	nt Serial No. 008640 5Heriff's Office	<u>C</u>
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be this 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;	n simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration of simulator solution is being changed every four months or after 125 Alcowhichever occurs first.	late, or the alcoholic breath oholic Breath Simulator tests,
I certify the procedure Departme	nat on the	going preventive maintenance t regulations of the N.C.
S S S S S S S S S S S S S S S S S S S	Signature of Certifying Official	354 Certificate Number

PAMLICO COUNTY PAMLICO COUNTY SD 680

Serial Number: 008640 Test Date: 06/03/2015

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: AG404101 Exp Date: 02/10/2016

Test	g/210L	Time
DIAG	Pass	12:42pm
AIR BLK	.00	12:43pm
ACCY CHK	.07	12:43pm
AIR BLK	.00	12:44pm
SUB TEST	.00	12:45pm
AIR BLK	.00	12:46pm
SUB TEST	.00	12:47pm
AIR BLK	.00	12:48pm

Reported AC: , .00 g/210L

Signature of Chemical Analyst

Court CVR

Karls E-Half
Analyst

PAMLICO COUNTY PAMLICO COUNTY SD 680

Serial Number: 008640 Test Record Number: 1092 Test Date: 06/03/2015 Test Time: 12:51pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
		1
AIR	Pass	12:52pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:52pm

CRC Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD

•	INTOXIMETERS, MODEL INTOX E	C/IR II
County	Dugo/101 Instrument Location 1	uplin Co.
Instrumen	nt Serial No. <u>008864</u> Sheriff	Dept
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II this are:	to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic to 34 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 expirat simulator solution is being changed every four months or after 125 whichever occurs first.	
	at on the	
COREATE COREATE STATE OF THE COREATE STATE OF THE COREATE STATE STATE OF THE COREATE STATE	ATE ON LONG TO THE PARTY OF THE	601
	Signature of Certifying Official	Certificate Number

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

DUPLIN COUNTY DUPLIN CO SD 300

Serial Number: 008864 Test Date: 06/12/2015

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: 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: AG425303 Exp Date: 09/10/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:33am 10:33am 10:34am
AIR BLK	.00	10:35am
SUB TEST	.00	10:35am
AIR BLK SUB TEST	.00 .00	10:36am 10:37am
ATP BIK	00	10.38am

Reported AC: .00 g/210L

Court CVR

Analyst

DUPLIN COUNTY DUPLIN CO SD 300

Serial Number: 008864

Test Record Number: 2513

Test Date: 06/12/2015

Test Time: 10:40am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:40am
FLO	Pass	10:40am
FC	Pass	10:40am

Temperature Tests

Test	Status	Time
FC1	Pass	10:40am
SRC	Pass	10:40am
DET	Pass	10:40am
BAR	Pass	10:40am
\mathtt{BT}	Pass	10:40am

Blank Tests

Test	Status	Time
AIR	Pass	10:41am

Printer Tests

Test	Status	Time
PRNT	Pass	10:41am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:41am

Pass

10:41am

Preventive Maintenance Status: Pass

CAL

S. C. Malle

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



Signature of Certifying Official

Certificate Number

PENDER PENDER COUNTY SD 700

Serial Number: 008946 Test Date: 06/12/2015

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: 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: AG335201 Exp Date: 12/18/2015

Test	g/2T0P	Time
DIAG	Pass	9:13am
AIR BLK	.00	9:13am
ACCY CHK	.07	9:14am
AIR BLK	.00	9:15am
SUB TEST	.00	9:16am
AIR BLK	.00	9:17am
SUB TEST	.00	9:18am
AIR BLK	.00	9:19am

Reported AC:

00/√g/210L/

Signature of Chemical Analyst

Court CVR

C. Mo M.
Analyst

PENDER PENDER COUNTY SD 700

Serial Number: 008946 Test Record Number: 756
Test Date: 06/12/2015 Test Time: 9:20am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:20am
FLO	Pass	9:20am
FC	Pass	9:20am

Temperature Tests

Test	Status	Time
		•
FC1	Pass	9:20am
SRC	Pass	9:20am
DET	Pass	9:20am
BAR	Pass	9:20am
BT	Pass	9:20am

Blank Tests

Test	Status	Time
AIR	Pass	9:21am

Printer Tests

Test	Status	Time
PRNT	Pass	9:21am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:21am

Preventive Maintenance Status: Pass

Pass

9:21am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II		
County \nearrow	Ender Instrument Location Pender County	
Instrument Se	erial No. 008901 Sheriff Dept	
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 shows 34 degrees, plus or minus .2 degree centigrade;	
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.	
I certify that procedures v Department	on the	
TARENTS TARE OF THE STATE OF TH	Single Scorificing Official Certificate Number	

PENDER COUNTY PENDER CO SD 700

Serial Number: 008901 Test Date: 06/12/2015

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: 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: AG404101 Exp Date: 02/10/2016

Test	g/210L	Time
DIAG	Pass	9:09am
AIR BLK	.00	9:10am
ACCY CHK	.08	9:11am
AIR BLK	.00	9:12am
SUB TEST	.00	9:13am
AIR BLK	.00	9:13am
SUB TEST	.00	9:15am
AIR BLK	.00	9:16am

Reported AC: .00/g/210L

Signature of Chemical Analyst

Court CVR

H.C. Moder
Analyst

PENDER COUNTY PENDER CO SD 700

Serial Number: 008901 Test Record Number: 976
Test Date: 06/12/2015 Test Time: 9:17am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
	W	e _e .
IR	Pass	9:17am
FLO	Pass	9:17am
FC	Pass	9:17am

Temperature Tests

Test	Status	Time
FC1	Pass	9:17am
SRC	Pass	9:17am
DET	Pass	9:17am
BAR	Pass	9:17am
BT	Pass	9:17am

Blank Tests

Test	Status	Time
AIR	Pass	9:18am

Printer Tests

Test	Status	Time
PRNT	Pass	9:18am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:18am 9:18am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

"a	INTOXIMETERS, MODEL INTOX EÇ/IR II
County	Dyplin Instrument Location 1/19/1900
Instrument S	erial No. 008858 Police Dept
The prevention four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that opposed ures we Department o	on the
STATE OF STA	CAROLLA CAROLL
ESTE QUAM VIDE	Signature of Certifying Official Certificate Number

DUPLIN COUNTY WALLACE PD 300

Serial Number: 008858 Test Date: 06/12/2015

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: 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: AG409709 Exp Date: 04/07/2016

Test	g/210L	Time
DIAG AIR BLK	Pass	8:13am 8:14am
ACCY CHK	.07	8:14am
AIR BLK	.00	8:15am
SUB TEST	.00	8:16am
AIR BLK	.00	8:17am
SUB TEST	.00	8:18am
AIR BLK	.00	8:19am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

M.C. Mode

DUPLIN COUNTY WALLACE PD 300

Serial Number: 008858

Test Record Number: 708

Test Date: 06/12/2015

Test Time: 8:20am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:20am
FLO	Pass	8:20am
FC	Pass	8:20am

Temperature Tests

Test	Status	Time
FC1	Pass	8:20am
SRC	Pass	8:20am
DET	Pass	8:20am
BAR	Pass	8:20am
BT	Pass	8:20am

Blank Tests

Test	Status	Time
AIR	Pass	8:21am

Printer Tests

Test	Status	Time
PRNT	Pass	8:21am
	CRC Tests	
Test	Status	Time
COMP	Pass	8:21am

Preventive Maintenance Status: Pass

Pass

CAL

8:21am

K. C. Masker
Analysi

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



Signature of Certifying Official

Certificate Number

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008617 Test Date: 06/11/2015

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: 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: AG409709 Exp Date: 04/07/2016

Test	g/210L	Time
DIAG	Pass	5:23pm
AIR BLK	.00	5:24pm
ACCY CHK	.07	5:25pm
AIR BLK	.00	5:26pm
SUB TEST	.00	5:26pm
AIR BLK	.00	5:27pm
SUB TEST	.00	5:29pm
AIR BLK	.00	5:29pm

Reported AC: .00 g/2/10%

Signature of Chemical Analyst

Court CVR

Analys

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008617 Test Record Number: 2487

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:32pm
FLO	Pass	5:32pm
FC	Pass	5:32pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:32pm
SRC	Pass	5:32pm
DET	Pass	5:32pm
BAR	Pass	5:32pm
BT	Pass	5:32pm

Blank Tests

Test	Status	Time
AIR	Pass	5:33pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:33pm
	CRC Tests	·
Test	Status	Time

	5:33pm 5:33pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

The prevent four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on the
TOTHE STAT	E O NO N

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008626 Test Date: 06/11/2015

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: 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: AG507902 Exp Date: 03/20/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	5:19pm 5:20pm
ACCY CHK	.07	5:20pm
AIR BLK	.00	5:21pm
SUB TEST	.00	5:23pm
AIR BLK	.00	5:24pm
SUB TEST	.00	5:25pm
AIR BLK	.00	5:26pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008626 Test Record Number: 5885

System Check: Passed

Baseline Tests

Temperature Tests

Status	Time
Pass	5:28pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	5:28pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:28pm
	CRC Tests	
Test	Status	Time

COMP Pass 5:29pm CAL Pass 5:29pm

Preventive Maintenance Status: Pass

Analýsť

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

1	INTOXIMETERS, MODEL INTOX EC/IR II
County //	and themover Instrument Location Wilmington
Instrument S	Gerial No. 008628 Relice Dape.
their thinks to the control of the c	
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.
	on the
STATION OF THE STATIO	

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

Certificate Number

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628 Test Date: 06/11/2015

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: 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: AG507902 Exp Date: 03/20/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	4:12pm 4:13pm 4:14pm 4:15pm
SUB TEST	.00	4:15pm
AIR BLK	.00	4:16pm
SUB TEST	.00	4:17pm
AIR BLK	.00	4:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

H.C./Males

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628 Test Date: 06/11/2015 Test Record Number: 3487

Test Time: 4:19pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:19pm
FLO	Pass	4:19pm
FC	Pass	4:19pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:19pm
SRC	Pass	4:19pm
DET	Pass	4:19pm
BAR	Pass	4:19pm
BT	Pass	4:19pm

Blank Tests

Test	Status	Time
ΔTD	Dagg	4 • 20 nm

Printer Tests

Test	Status	Time
PRNT	Pass	4:20pm
	CRC Tests	
Test	Status	Time

COMP Pass	4:20pm
CAL Pass	4:20pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

l	INTOXIMETERS, MODEL INTOX EC/IR II
County /	1ew Hanover Instrument Location Wrights Ville A
Instrument S	erial No. 00847 Police Dept
	<u> </u>
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that opposed ures we Department o	on the
STATE STATE OF WAR 20. 177	ACAROL CAROL

Signature of Certifying Official

Certificate Number

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008667 Test Date: 06/11/2015

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: 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: AG513102 Exp Date: 05/11/2017

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

Reported AC: .00/g/210L

Signature of Chemical Analyst

Court CVR

5. C- Male

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008667 Test Record Number: 1424

Test Date: 06/11/2015 Test Time: 3:16pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	3:16pm
SRC	Pass	3:16pm
DET	Pass	3:16pm
BAR	Pass	3:16pm
\mathtt{BT}	Pass	3:16pm

Blank Tests

Test	Status	Time
AIR	Pass	3:17pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:17pm

CRC Tests

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

Preventive Maintenance Status: Pass

Ańalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

, ,	INTOXIMETERS, MODEL INTOX, EC/IR, II
County	ew Hanover Instrument Location Lavoling Bega
Instrument Ser	rial No. 008661 Tolice Depart
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the
OF GLAM VIDE STATE OF COMMON S	Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY CAROLINA BEACH PD 640

Serial Number: 008661 Test Date: 06/11/2015

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: 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: AG434901 Exp Date: 12/15/2016

Test	g/210L	Time
DIAG AIR BLK	Pass	2:04pm 2:05pm
ACCY CHK	.07	2:06pm
AIR BLK	.00	2:07pm
SUB TEST	.00	2:07pm
AIR BLK	.00	2:08pm
SUB TEST	.00	2:09pm
AIR BLK	.00	2:10pm

Reported AC: .00/g/210L

Signature of Chemical Analyst

Court CVR

K.C. Moda.
Analyst

NEW HANOVER COUNTY CAROLINA BEACH PD 640

Serial Number: 008661

Test Record Number: 1969 Test Date: 06/11/2015 Test Time: 2:11pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time	
AIR	Pass	2:12pm	

Printer Tests

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

Tesc	Status	111116
COMP	Pass	2:12pm
CAL	Pass	2:12pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, NODEL INTOX EC/IK II
County	Pruns Wick Instrument Location Brunswick Cog
Instrument Seri	al No. 008585 Sheriff Dapt.
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
THE STATE OF A STATE O	Signature of Certifying Official Certificate Number

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008585 Test Date: 06/11/2015

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: 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: 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	12:18pm 12:19pm 12:19pm 12:21pm 12:21pm 12:22pm
SUB TEST	.00	12:24pm
AIR BLK	.00	12:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008585 Test Record Number: 3171

Test Date: 06/11/2015 Test Time: 12:32pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:33pm
FLO	Pass	12:33pm
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
ATR	Pass	12.34 m

Printer Tests

Test	Status	Time
PRNT	Pass	12:34pm
•	CRC Tests	
Test	Status	Time

• • • • • • • • • • • • • • • • • • •	1000	Beacab	1 11110
			12:34pm 12:34pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR I

Materials of American	INTUALIVIETERS, WODEL INTUA EC/IR II
County 5	runswick Instrument Location Brunswick C
Instrument Seria	Instrument Location Brunswick Co
The preventive i	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
THE STATE OF NO. 1775 N. 1775	Signature of Cartifying Official Cartificate Number

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008602 Test Date: 06/11/2015

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: 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: AG425303 Exp Date: 09/10/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00	12:04pm 12:04pm 12:05pm 12:06pm 12:07pm 12:08pm 12:10pm
AIR BLK	.00	12:10pm

Reported AC: .00 g/2/10L

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

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008602 Test Record Number: 3190 Test Date: 06/11/2015 Test Time: 12:11pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:13pm

Printer Tests

Test

Status

Time

PRNT	Pass	12:13pm
	CRC Tests	
Test	Status	Time

COMP Pass 12:13pm Pass 12:13pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

4w serves	INTOXIMETERS, MODEL INTOX EC/IR II
County /	SCUNSWICK Instrument Location BAK ISTRUCT
Instrument Ser	ial No. 008648 - Police Dept.
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 we Department of	the day of day of 20 the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
O'NI STATE ON THE STATE ON THE STATE OF THE	
	Signature of Contifying Official Certificate Number

BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648 Test Date: 06/11/2015

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: 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: AG404101 Exp Date: 02/10/2016

Test	g/210L	Time
DIAG AIR BLK	Pass	10:51am 10:51am
ACCY CHK	.07	10:52am 10:53am
SUB TEST	.00	10:53am
AIR BLK	.00	10:54am
SUB TEST	.00	10:56am
ATR BLK	.00	10:57am

Reported AC: 180 g/2

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648 Test Record Number: 1327 Test Date: 06/11/2015 Test Time: 10:58am EDT

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	Pass	10:59am
DET	Pass	10:59am
BĀR	Pass	10:59am
\mathtt{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 CAL	Pass Pass	11:00am 11:00am

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

	MIOMMINISTERS, MODEL MIONE CART
County	150405alide Instrument Location Sansaf Beac
Instrument S	erial No. OOB874 Pelice Dept.
The prevention four months a	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
OF THE STATE OF WAY 20, 177	

BRUNSWICK COUNTY SUNSET BEACH PD 090

Serial Number: 008874 Test Date: 06/11/2015

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: 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: AG434901 Exp Date: 12/15/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	9:40am 9:41am 9:42am 9:43am 9:43am
AIR BLK SUB TEST	.00	9:44am 9:46am
AIR BLK	.00	9:47am

Reported AC:

8/210Iv

Signature of Chemical Analyst

Court CVR

15-C-J/Wolce
Analyst

BRUNSWICK COUNTY SUNSET BEACH PD 090

Serial Number: 008874

Test Record Number: 439

Test Date: 06/11/2015 Test Time: 9:49am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:49am
FLO	Pass	9:49am
FC	Pass	9:49am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:50am

Printer Tests

Test	Status	Time
PRNT	Pass	9:50am
•	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

	PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX, EC/IR II
County (0/11/1016 Instrument Location Cobum bas Coans
Instrument S	Gerial No. 008875 Sheriff Dept
The prevent four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
MAND SEE ALL OF THE CREAT SEE	

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

Signature of Certifying Official

Certificate Number

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008875 Test Date: 06/11/2015

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: 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: AG513102 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	8:21am 8:21am 8:22am
AIR BLK	.00	8:23am
SUB TEST	.00	8:24am
AIR BLK	.00	8:24am
SUB TEST	.00	8:26am
AIR BLK	.00	8:27am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008875 Test Date: 06/11/2015 Test Record Number: 1510

D15 Test Time: 8:29am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass	8:29am
r LO	Pass	8:29am
FC	Pass	8:29am

Temperature Tests

Test	Status	Time
FCl	Pass	8:29am
SRC	Pass	8:29am
DET	Pass	8:29am
BAR	Pass	8:29am
BT	Pass	8:29am

Blank Tests

Test	Status	Time
AIR	Pass	8:30am

Printer Tests

Test	Status	Time
PRNT	Pass	8:30am

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EÇ/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; Verify instrument displays time and date; 2. Initiate breath test sequence; 3. Enter information as prompted; 4. 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; Verify Diagnostic Program; and 9. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the forgoing preventive maintenance day of \ 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.

Certificate Number

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008886 Test Date: 06/11/2015

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: 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: AG405702 Exp Date: 02/26/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	8:17am 8:18am 8:19am
AIR BLK	.00	8:20am
SUB TEST	.00	8:20am
AIR BLK	.00	8:21am
SUB TEST	.00	8:23am
AIR BLK	.00	8:23am

Reported AC: .00 2/2101

Signature of Chemical Analyst

Court CVR

Handle Analyst

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008886 Test Record Number: 1062
Test Date: 06/11/2015 Test Time: 8:24am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:24am
FLO	Pass	8:24am
FC	Pass	8:25am

Temperature Tests

Test	Status	Time
FC1	Pass	8:25am
SRC	Pass	8:25am
DET	Pass	8:25am
BAR	Pass	8:25am
BT	Pass	8:25am

Blank Tests

Test	Status	Time
AIR	Pass	8:25am

Printer Tests

Test	Status	Time
PRNT	Pass	8:25am
	CRC Tests	
Test	Status	Time
COMP	Pass	8:25am
CAL	Pass	8:25am

Preventive Maintenance Status: Pass

Knalyst

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



of Collande

Signature of Certifying Official

Certificate Number

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008818 Test Date: 06/10/2015

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: 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: AG404101 Exp Date: 02/10/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	4:29pm 4:30pm 4:31pm 4:32pm
SUB TEST	.00	4:32pm
AIR BLK	.00	4:33pm 4:35pm
SUB TEST ATR BLK	.00 .00	4:35pm

Reported AC: .09/g/2101

Signature of Chemical Analyst

Court CVR

Analyst

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008818

Test Record Number: 1058

Test Date: 06/10/2015

Test Time: 4:38pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
		1,000
IR	Pass	4:38pm
FLO	Pass	4:38pm
FC	Pass .	4:38pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:38pm
SRC	Pass	4:38pm
DET	Pass	4:38pm
BAR	Pass	4:38pm
BT	Pass	4:38pm

Blank Tests

Test	Status	Time
		•
AIR	Pass	4:39pm

Printer Tests

CRC Tests

Test	Status	Time
COMP	Pass	4:39pm
CAL	Pass	4:39pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	A STATE OF THE PROPERTY OF THE	ers, Model in Loa Ec	IK II
County	ompson	Instrument Location	7 1500 COG
Instrument S	erial No. <u>008925</u>	- Sherif	Dept.
			<i>Ψ</i>
The prevention four months	•	Intoximeters, Model Intox EC/IR II to I	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 bre legree centigrade;	ath simulator thermometer shows
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	nd	
10.		nister is being changed before expiration anged every four months or after 125 A	
I certify that procedures w	ere performed on the instrument in	dicated above, in accordance with current the instrument is functioning properly.	orgoing preventive maintenance ent regulations of the N.C.
THE STATE OF THE S		nature of Certifying Official	Certificate Number

SAMPSON COUNTY SAMPSON CO SD 810

Serial Number: 008825 Test Date: 06/10/2015

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: 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: AG513102 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG	Pass	2:56pm
AIR BLK	.00	2:57pm
ACCY CHK	.07	2:58pm
AIR BLK	.00	2:59pm
SUB TEST	.00	2:59pm
AIR BLK	.00	3:00pm
SUB TEST	.00	3:02pm
AIR BLK	.00	3:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

SAMPSON COUNTY SAMPSON CO SD 810

Serial Number: 008825

Test Record Number: 1948

Test Date: 06/10/2015

Test Time: 3:03pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	3:05pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:05pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

ego-nes.	INTOXIMETERS, MODEL INTOX EC/IR II
County <u>S</u>	Instrument Location Sanpson Course
Instrument Serial	No. 008877 Shoriff Dept
The preventive m four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on the procedures were Department of He	he
THE STATE OF NO.	Signature of Certifying Official Certificate Number

SAMPSON COUNTY SAMPSON COUNTY SD 810

Serial Number: 008877 Test Date: 06/10/2015

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: 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: AG405702 Exp Date: 02/26/2016

Test	g/210L	Time
DIAG	Pass	2:58pm
AIR BLK	.00	2:58pm
ACCY CHK	.08	2:59pm
AIR BLK	.00	3:00pm
SUB TEST	.00	3:00pm
AIR BLK	.00	3:01pm
SUB TEST	.00	3:03pm
AIR BLK	.00	3:04pm

Reported AC: .00 g/2/0L

Signature of Chemical Analyst

Court CVR

16.C. Male

SAMPSON COUNTY SAMPSON COUNTY SD 810

Serial Number: 008877 Test Date: 06/10/2015 Test Record Number: 1966
Test Time: 3:05pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	3:05pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	3:06pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:06pm
	CRC Tests	
Test	Status	Time

COMP	Pass	3:06pm
CAL	Pass	3:06pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
	enoir Instrument Location Lenoir Co. 5.0,
Instrument Se	erial No. 008639 130 Queen St., Kinshon, 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 are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	on the
STATE OF THE OWNER OWNER OF THE OWNER OWNER OF THE OWNER OWN	Sighature of Certifying Official Certificate Number

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639 Test Date: 06/12/2015

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: 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	11:02am
AIR BLK	.00	11:02am
ACCY CHK	.07	11:03am
AIR BLK	.00	11:04am
SUB TEST	.00	11:05am
AIR BLK	.00	11:06am
SUB TEST	.00	11:07am
AIR BLK	.00	11:08am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Tell S. Analyst

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639

Test Record Number: 2546

Test Date: 06/12/2015

Test Time: 11:09am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ATR	Pass	11:10am

Printer Tests

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

CAL Pass 11:10am

Pass

11:10am

Preventive Maintenance Status: Pass

COMP

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County <u>Ca</u>	ldwell	Instrument Location	Idwell Co.	Jail
Instrument Se	rial No. <u>008803</u>		enoir, NC	
The preventive four months as	e maintenance procedures for the l re:	Intoximeters, Model Intox EC/I	R II to be followed at le	ast once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcohegree centigrade;	olic breath simulator the	rmometer shov
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 en nged every four months or afte		
procedures we	n the day of re performed on the instrument inc Health and Human Services, and	dicated above, in accordance w		ve maintenance f the N.C.
STATE O.				
A THE REAL WAY			66	4 <i>q</i>
	Sigi	nature of Certifying Official	Certifica	te Number

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008803 Test Date: 06/03/2015

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:

05/01/2015-05/01/2017

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	3:38pm 3:39pm
ACCY CHK	.07	3:39pm
AIR BLK	.00	3:40pm
SUB TEST	.00	3:41pm
AIR BLK	.00	3:42pm
SUB TEST	.00	3:43pm
AIR BLK	.00	3:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008803

Test Record Number: 434

Test Date: 06/03/2015

Test Time: 3.45pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	3:45pm
SRC	rass Pass	3:45pm
DET	Pass	3:45pm
BAR	Pass	3:45pm
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
COMP	Pass	3:46pm
CAL	Pass	3:46pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008719 Test Date: 06/03/2015

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:
05/01/2015-05/01/2017

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	3:37pm 3:38pm 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

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008719

Test Record Number: 1831

Test Date: 06/03/2015

Test Time: 3:45pm EDT

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
COMP	Pass	3:46pm
CAL	Pass	3:46pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ma	adison Location Madison Co. Jail
Instrument Ser	ial No. 008599 Marshall, 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 show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures we Department of	the <u>forgoing preventive maintenance</u> and 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	649
	Signature of Certifying Official Certificate Number

MADISON COUNTY MADISON COUNTY JAIL 560

Serial Number: 008599 Test Date: 06/09/2015

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: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE,

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	6:02pm 6:03pm
ACCY CHK	.07	6:03pm
AIR BLK SUB TEST	.00 .00	6:04pm 6:05pm
AIR BLK	.00	6:06pm
SUB TEST	.00	6:07pm
AIR BLK	.00	6:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MADISON COUNTY MADISON COUNTY JAIL 560

Serial Number: 008599

Test Record Number: 640

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:09pm
FLO	Pass	6:09pm
FC	Pass	6:09pm

Temperature Tests

Status	Time
Pass	6:09pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time

AIR Pass 6:10pm

Printer Tests

rest	Status	Time
PRNT	Pass	6:10pm

CRC Tests

Test	Status	Time
COMP	Pass	6:10pm
CAL	Pass	6:10pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Mc		
Instrument Seria	INO. 008888 Marion, N	
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed	owed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath sir 34 degrees, plus or minus .2 degree centigrade;	nulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date simulator solution is being changed every four months or after 125 Alcohowhichever occurs first.	, or the alcoholic breath lic Breath Simulator tests,
I certify that on to procedures were Department of H	he	g preventive maintenance gulations of the N.C.
THE STATE OF WAR S	Tool Tool Tool Tool Tool Tool Tool Tool	649
\$1.	Signature of Certifying Official	Certificate Number

MCDOWELL COUNTY JAIL 580

Serial Number: 008888 Test Date: 06/01/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE,

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

'l'est	g/210L	Time
DIAG	Pass	5:04pm
AIR BLK	.00	5:05pm
ACCY CHK	.07	5:05pm
AIR BLK	.00	5:06pm
SUB TEST	.00	5:07pm
AIR BLK	.00	5:08pm
SUB TEST	.00	5:09pm
AIR BLK	.00	5:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MCDOWELL COUNTY JAIL 580

Serial Number: 008888

Test Record Number: 1248

Test Date: 06/01/2015

Test Time: 5:11pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	5:11pm 5:11pm
FC	Pass	5:12pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:12pm
SRC	Pass	5:12pm
DET	Pass	5:12pm
BAR	Pass	5:12pm
BT	Pass	5:12pm

Blank Tests

Test	Status	Time
AIR	Pass	5:12pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:12pm

CRC Tests

Test	Status	Time
COMP	Pass	5:12pm
CAL	Pass	5:12pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County ///		Instrument Location Mc D	owell Co. Jail
Instrument Se	rial No. <u>00 7892</u>	Mario	1,NC
The preventiv	e maintenance procedures for the Intre:	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	isplays pressure, or the alcoholic br ree centigrade;	eath simulator thermometer shov
2.	Verify instrument displays time	and date;	
: · 3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" 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 caniss simulator solution is being chang whichever occurs first.	ter is being changed before expirations the second	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify that o procedures we Department of	n the day of	the cated above, in accordance with cure instrument is functioning properly	forgoing preventive maintenance rent regulations of the N.C.
STATE STATE OF THE	NO.		
ARD 12. ET			649
	Sigha	ture of Certifying Official	Certificate Number

MCDOWELL COUNTY JAIL 580

Serial Number: 008892 Test Date: 06/01/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2015-05/01/2017

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	5:03pm
AIR BLK	.00	5:04pm
ACCY CHK	.07	5:04pm
AIR BLK	.00	5:05pm
SUB TEST	.00	5:06pm
AIR BLK	.00	5:07pm
SUB TEST	.00	5:08pm
AIR BLK	.00	5:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MCDOWELL COUNTY JAIL 580

Serial Number: 008892

Test Record Number: 396

Test Date: 06/01/2015

Test Time: 5:10pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:10pm
FLO	Pass	5:10pm
FC	Pass	5:10pm

Temperature Tests

Status	Time
Pass	5:11pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	5:11pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:11pm
	CRC Tests	

Test	Status	Time
COMP	Pass	5:11pm
CAL	Pass	5:11pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Car	Barrus Instrument Location But Mobile Un. + 5
Instrument Se	erial No. 008400
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7,	When "PLEASE BLOW" appears, collect breath sample;
8. %	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
THE STATE SET OF THE STATE OF T	
	Signature of Certifying Official Certificate Number

CABARRUS BAT MOBILE UNIT 5 120

Serial Number: 008600 Test Date: 06/05/2015

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: TOWERY, CHAD V
Permit Number: 26632E
Effective:
10/18/2013-10/01/2015

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

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

Test	g/210L	Time
DIAG	Pass	9:04pm
AIR BLK	.00	9:05pm
ACCY CHK	.08	9:06pm
AIR BLK	. 00	9:07pm
SUB TEST	.00	9:08pm
AIR BLK	.00	9:08pm
SUB TEST	.00	9:10pm
AIR BLK	.00	9:11pm

Reported AC: 00 g/210L

Signature of Chemical Aralyst

Court CVR

A 1 4

CABARRUS BAT MOBILE UNIT 5 120

Serial Number: 008600 Test Record Number: 1611

Test Date: 06/05/2015 Test Time: 9:15pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	9:16pm
SRC	Pass	9:16pm
DET .	Pass	9:16pm
BAR	Pass	9:16pm
BT	Pass	9:16pm

Blank Tests

Test	Status	Time
AIR	Pass	9:17pm

Printer Tests

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

Test	Status	Time
COMP	Pass	9:17pm
CAL	Pass	9:17pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County <u>(</u> 4	Barrus Instrument Location Barm	waste Unit S
Instrument Se	rial No. <u>00 8788</u>	
		<u> </u>
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to re:	be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic bre 34 degrees, plus or minus .2 degree centigrade;	eath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	·
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 A whichever occurs first.	
procedures we	n the	ent regulations of the N.C.
OF THE STATE OF TH	Clel V Down	658
	Signature of Certifying Official	Certificate Number

CABARRUS BAT MOBILE UNIT 5 120

Serial Number: 008788 Test Date: 06/05/2015

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: TOWERY, CHAD V

Permit Number: 26632E

Effective:

10/18/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG434901

Exp Date: 12/15/2016

Test	g/210L	Time
DIAG AIR BLK	Pass	9:04pm 9:05pm
ACCY CHK	.07	9:05pm
AIR BLK	.00	9:06pm
SUB TEST	.00	9:06pm
AIR BLK	.00	9:07pm
SUB TEST	.00	9:09pm
AIR BLK	.00	9:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CABARRUS BAT MOBILE UNIT 5 120

Serial Number: 008788 Tes

Test Record Number: 1223

Test Date: 06/05/2015

Test Time: 9:14pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:15pm
FLO	Pass	9:15pm
FC	Pass	9:15pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:15pm
SRC	Pass	9:15pm
DET	Pass	9:15pm
BAR	Pass	9:15pm
\mathtt{BT}	Pass	9:15pm

Blank Tests

Test	Status	Time
AIR	Pass	9:15pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:15pm
	CRC Tests	
Test	Status	Time

Test	Status	Time
COMP	Pass	9:16pm
CAL	Pass	9:16pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ANSON	Instrument Location An	ISON Co. Stu	FRATS OTTIC
Instrument	t Serial No. <u>00</u> 8597	WADESBORD	N.C.	
The prevent	ntive maintenance procedures for the sare:	he Intoximeters, Model Intox EC	/IR II to be followe	d at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ster displays pressure, or the alco 2 degree centigrade;	holic breath simula	tor thermometer show
2.	Verify instrument displays	time and date;		
3.	Initiate breath test sequence	2;		
4.	Enter information as promp	oted;	•	
5.	Verify instrument accuracy	,		•
6.	When "PLEASE BLOW"	appears, collect breath sample;		
7.	When "PLEASE BLOW"	appears, collect breath sample;		. 1
8.	Print test record;			
9.	Verify Diagnostic Program	; and		
10.	Verify that the ethanol gas a simulator solution is being whichever occurs first.	canister is being changed before changed every four months or aft	expiration date, or t er 125 Alcoholic B	he alcoholic breath reath Simulator tests,
	at on the \(\bigcup \) day of \(\subseteq \) were performed on the instrument at of Health and Human Services, a	indicated above, in accordance v	with current regulat	eventive maintenance ions of the N.C.
COREATOR STATES		Signature of Certifying Official		SA rtificate Number

ANSON COUNTY ANSON COUNTY SO. 030

Serial Number: 008597 Test Date: 06/10/2015

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:
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: AG409709 Exp Date: 04/07/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:58am 10:59am 11:00am
AIR BLK SUB TEST	.00 .00	11:01am 11:02am
AIR BLK	.00	11:02am
SUB TEST	.00	11:04am
AIR BLK	.00	11:05am

Reported AC: .00 g/210L

Signature (of Chemical Analyst

Court CVR

Analyst

ANSON COUNTY ANSON COUNTY SO. 030

Serial Number: 008597

Test Record Number: 1346

Test Date: 06/10/2015

Test Time: 11:06am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:08am
FLO	Pass	11:08am
FC	Pass	11:08am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:09am

Printer Tests

t	Ct b	777 day ay
	CRC Tests	
PRNT	Pass	11:09am
Test	Status	Time

Test	Status	Time
COMP	Pass	11:09am
CAL	Pass	11:09am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ANSON	Instrument Location MANS 01	U CO, SHEWARS O
Instrument S	Serial No. 008739	WADEBORD	N.C.
The prevent four months		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 bregree centigrade;	eath 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.		ster is being changed before expiration and every four months or after 125 A	
I certify that procedures v Department	on the O day of JUf were performed on the instrument ind of Health and Human Services, and t	icated above, in accordance with current is functioning properly	forgoing preventive maintenance rent regulations of the N.C.
TATE OF THE STATE		(C) osu (c)	652
		ature of Certifying Official	Certificate Number
	<i>I</i>	1	The state of the s

ANSON COUNTY ANSON COUNTY S.O. 030

Serial Number: 008739 Test Date: 06/10/2015

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:
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	Pass .00	10:59am 11:00am 11:01am
AIR BLK	.00	11:01am
SUB TEST	.00	11:02am
AIR BLK	.00	11:02am
SUB TEST	.00	11:04am
ATR BLK	.00	11:05am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ANSON COUNTY ANSON COUNTY S.O. 030

Serial Number: 008739 Test Date: 06/10/2015 Test Record Number: 221
Test Time: 11:08am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:08am
FLO	Pass	11:08am
FC	Pass	11:08am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:09am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Mc	00 RE	Instrument Location_	MODRE CO. JA	1 6
Instrument Seri	ial No. 008735	302 Mens	ELL, CARTHA	HE NO
The preventive four months are	maintenance procedures for the	Intoximeters, Model Intox	EC/IR II to be followed at I	east once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d		lcoholic breath simulator th	ermometer show
2.	Verify instrument displays tim	ne and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	! ;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" app	ears, collect breath sample	;	
7.	When "PLEASE BLOW" app	ears, collect breath sample	,	
8.	Print test record;			•
9.	Verify Diagnostic Program; ar	nd .		
10.	Verify that the ethanol gas can simulator solution is being chawhichever occurs first.			
procedures were	the day of	dicated above, in accordance	ce with current regulations of	
TAME QUAM WORLD	SIE	OAUR Official nature of Certifying Official	ıl Certific), ate Number

MOORE COUNTY MOORE COUNTY JAIL 620

Serial Number: 008735 Test Date: 06/11/2015

Citation Number: M000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name:
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	11:46am
AIR BLK	.00	11:47am
ACCY CHK	.07	11:48am
AIR BLK	.00	11:48am
SUB TEST	.00	11:49am
AIR BLK	.00	11:50am
SUB TEST	.00	11:51am
AIR BLK	.00	11:52am

Reported AC: .00 g/21QL

Signature of Chemical Analyst

Court CVR

Analyst

MOORE COUNTY MOORE COUNTY JAIL 620

Serial Number: 008735

Test Record Number: 1640

Test Date: 06/11/2015

Test Time: 11:53am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:53am
FC	Pass	11:53am

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	11:53am 11:53am 11:53am 11:53am
BT	Pass	11:53am

Blank Tests

Test	Status	Time
AIR	Pass	11:54am

Printer Tests

Test	Status	Time
PRNT	Pass	11:54am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:54am

Preventive Maintenance Status: Pass

Pass

11:54am

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County J	OHN STON	Instrument Location	CLAYTE	N P.D.
Instrument So	erial No. 00 8658	CIAYTON	N.C.	
The prevention four months	ve maintenance procedures for the In	ntoximeters, Model Intox E0	C/IR II to be follow	wed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		oholic breath simu	lator 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" appo	ears, collect breath sample;		
7.	When "PLEASE BLOW" appo	ears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and	d		
10.	Verify that the ethanol gas can simulator solution is being char whichever occurs first.	ster is being changed before nged every four months or a	e expiration date, of ter 125 Alcoholic	or the alcoholic breath Breath Simulator tests,
I certify that procedures w Department c	on the <u>A</u> day of <u>JU</u> ere performed on the instrument ind of Health and Human Services, and t	licated above, in accordance	with current regu	preventive maintenance lations of the N.C.
ARE QUANTY	Stoppe Control of the	Donieu	6	55 2
	Sign	nature of Certifying Official		Certificate Number
		•		

JOHNSTON COUNTY CLAYTON PD. 500

Serial Number: 008658 Test Date: 06/12/2015

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: AG404101 Exp Date: 02/10/2016

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

Reported AC: .00 g/210L

Signature (of Chemical Analyst

Court CVR

JOHNSTON COUNTY CLAYTON PD. 500

Serial Number: 008658

Test Record Number: 1121

Test Date: 06/12/2015

Test Time: 10:34am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1.	Pass	10:35am
SRC	Pass	10:35am
DET	Pass	10:35am
BAR	Pass	10:35am
B'T	Pass	1 0:35am

Blank Tests

Test :	Status	Time	
ATR I	Pass	10:35am	

Printer Tests

Test	Status	Time
PRNT	Pass	10:35am
	CRC Tests	
Test	Status	Time

Test	Status	TIME
COMP	Pass	10:35am
CAL	Pass	10:35a.m

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETE	iko, wodel		/IIX II	1	
County 3	UNSTEANLE	Instrument Lo	cation JOHN	USIZN	(0.	7-4-11
Instrument Ser	rial No	127 S	2" 51	SMIT	孙门台	<u>)</u>
The preventive four months ar	e maintenance procedures for the l	ntoximeters, Mode	el 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, egree centigrade;	or the alcoholic bro	eath simulator	thermomete	r shows
2.	Verify instrument displays tim	e and date;				
3.	Initiate breath test sequence;					
4.	Enter information as prompted	l;				
5.	Verify instrument accuracy;					
6.	When "PLEASE BLOW" app	ears, collect breath	ı sample;			
7.	When "PLEASE BLOW" app	ears, collect breath	ı sample;			
8.	Print test record;			·		
9.	Verify Diagnostic Program; ar	ıd				
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	ister is being chang inged every four m	ged before expiration on the or after 125 /	on date, or the a	alcoholic br th Simulator	eath r tests,
I certify that of procedures we Department of	n theday of ore performed on the instrument in Health and Human Services, and	dicated above, in a	20 15 the accordance with current curr	rent regulations		
OF ME STATE OF THE	CAROLINA NEL PIE	nature of Certifying	g Official	69 Certif) loate Numb	e r

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008810 Test Date: 06/12/2015

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: AG411202 Exp Date: 04/22/2016

Test	g/210L	Time
DIAG AIR BLK	Pass	12:03pm 12:04pm
ACCY CHK	.08	12:05pm
AIR BLK	.00	12:06pm
SUB TEST AIR BLK	.00 .00	12:07pm 12:07pm
SUB TEST	.00	12:09pm
AIR BLK	.00	12:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008810

Test Record Number: 1990

Test Date: 06/12/2015

Test Time: 12:11pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:12pm

Printer Tests

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

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	SHW30N	Instrument Loca	ation XX	יושה ארובי	u C.D.	The State of the
Instrument Ser	ial No. <u>COS846</u>	1275	22		SHITH	FIEND
The preventive four months are	maintenance procedures for the In	toximeters, Model	Intox EC/IR	II to be fol	llowed at least of	once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	lisplays pressure, o ree centigrade;	r the alcohol	lic breath si	imulator thermo	meter shows
2.	Verify instrument displays time	and date;				
3.	Initiate breath test sequence;					
4.	Enter information as prompted;				·	
5.	Verify instrument accuracy;					
6.	When "PLEASE BLOW" appe	ars, collect breath s	sample;			
7.	When "PLEASE BLOW" appe	ars, collect breath s	sample;			
8.	Print test record;					
9.	Verify Diagnostic Program; and				•	:
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	iter is being change ged every four mor	ed before exp nths or after	oiration date 125 Alcoho	e, or the alcoho olic Breath Sim	lic breath ulator tests,
I certify that or procedures wer Department of	the	icated above, in acc ne instrument is fur	_, 20 <u>15</u> cordance with notioning pro	h current re	ing preventive regulations of the	naintenance e N.C.
THE STATE OF THE CONTROL OF THE CONT	Second Se	DANGE ature of Certifying	Official		Certificate N	vumber -

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008846 Test Date: 06/12/2015

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: AG434901 Exp Date: 12/15/2016

Test	g/210L	Time
DIAG	Pass	12:08pm
AIR BLK	.00	12:09pm
ACCY CHK	.07	12:09pm
AIR BLK	.00	12:11pm
SUB TEST	.00	12:11pm
AIR BLK	.00	12:12pm
SUB TEST	.00	12:14pm
ATR BLK	. 0.0	12:15pm

Reported AC:

00 գ//210Վ∟

Signature

of Chemical Analyst

Court CVR

Analyst

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008846 Test Record Number: 3649 Test Date: 06/12/2015 Test Time: 12:16pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:16pm
FLO	Pass	12:16pm
FC	Pass	12:16pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:16pm
SRC	Pass	12:16pm
DET	Pass	12:16pm
BAR	Pass	12:16pm
BT	Pass	12:16pm

Blank Tests

Test	Status	Time
AIR	Pass	12:17pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:17pm

CRC Tests

Test	Status	Time
COMP	Pass	12:17pm
CAT.	Pass	12:17pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	WAKE Instrument Location By Mosile Lew, T
Instrument Seri	al No. 008972 MORAISVILLE
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008972 Test Date: 06/05/2015

Test Record Number: 88 Test Time: 9:46pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:46pm
FLO	Pass	9:46pm
FC	Pass	9:46pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:46pm
SRC	Pass	9:46pm
DET	Pass	9:46pm
BAR	Pass	9:46pm
BT	Pass	9:46pm

Blank Tests

Test	Status	Time
AIR	Pass	9:47pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:47pm
	CRC Tests	

Test	Status	Time
COMP	Pass Pass	9:47pm 9:47pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008972 Test Date: 06/05/2015

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: 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	9:34pm 9:35pm
ACCY CHK	.08	9:36pm
AIR BLK	.00	9:36pm
SUB TEST	.00	9:37pm
AIR BLK	.00	9:38pm
SUB TEST	.00	9:40pm
AIR BLK	.00	9:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County DAC Instrument Location KILL DEVIL HOW HALL DEVIL HALL DEVIL

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

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

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



Signature of Certifying Official

Certificate Number

DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008847 Test Date: 06/02/2015

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, 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: AG335201 Exp Date: 12/18/2015

Test	g/210L	Time
DIAG AIR BLK	Pass	12:39pm 12:40pm
ACCY CHK	.00	12:40pm
AIR BLK	.00	12:42pm
SUB TEST	.00	12:43pm
AIR BLK	.00	12:44pm
SUB TEST	.00	12:46pm
AIR BLK	.00	12:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Linux Reservation

DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008847

Test Record Number: 550

Test Date: 06/02/2015

Test Time: 1:00pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:01pm
FLO^{-}	Pass	1:01pm
FC	Pass	1:01pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:01pm
SRC	Pass	1:01pm
DET	Pass	1:01pm
BAR	Pass	1:01pm
\mathtt{BT}	Pass	1:01pm

Blank Tests

Test	Status	Time
AIR	Pass	1:02pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:02pm

CRC Tests

Test	Status	Time
COMP	Pass	1:02pm
CAL	Pass	1:02pm

Preventive Maintenance Status: Pass

Jin & Keel

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 6	YELNE Instrument Location Gyerne Co. S.O.
Instrument Ser	rial No. 008670 301 N. Greene St., Snow Hill, N.
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1,	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	theday of, 20, 20
OF THE STATE OF TH	Signature of Certifying Official Certificate Number

GREENE COUNTY GREENE CO SO 390

Serial Number: 008670 Test Date: 06/01/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: 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: AG513103 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	9:52am 9:53am
ACCY CHK	.08	9:54am
AIR BLK	.00	9:55am
SUB TEST	.00	9:56am
AIR BLK	.00	9:57am
SUB TEST	.00	9:58am
AIR BLK	.00	9:59am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

Orm is used when performing Preventive Maintenance or

GREENE COUNTY GREENE CO SO 390

Serial Number: 008670 Test Record Number: 1502

Test Date: 06/01/2015 Test Time: 10:00am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:01am

Printer Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

INTOXIMETERS, MODEL INTOX EC/IR II		
County	Instrument Location Murflees boro P.D	
Instrument Ser	ial No. OD8906 115 E. Broad St., Murfreesboro	
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.	
	the	
THE STATE OF WAY TO THE STATE OF WAY TO THE STATE OF WAY TO THE STATE OF THE STATE	Tell 1 Co43	
	Signature of Certifying Official Certificate Number	

HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906 Test Date: 06/02/2015

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: 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: AG513103 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	10:43am 10:44am 10:44am 10:46am
SUB TEST	.00	10:46am
AIR BLK	.00	10:47am
SUB TEST	.00	10:49am
AIR BLK	.00	10:50am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Zu M

HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906

Test Record Number: 501

Test Date: 06/02/2015

Test Time: 10:51am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:52am
SRC	Pass	10:52am
DET	Pass	10:52am
BAR	Pass	10:52am
BT	Pass	10:52am

Blank Tests

Test	Status	Time
AIR	Pass	10:53am

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

10:53am

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IX II
County	Instrument Location Dave Co. Detention (en
Instrument Se	rial No. 008804 1044 Driffwood Dr., Manteu, M
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures we Department of	n the
THE STATE OF THE S	Jan M. Co43

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804 Test Date: 06/03/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: GUARD, KELLY G

· Permit Number: 12955E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:24am 11:24am 11:25am
AIR BLK	.00	11:26am
SUB TEST	.00	11:26am
AIR BLK	.00	11:27am
SUB TEST	.00	11:29am
AIR BLK	.00	11:29am

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: 1525

Test Date: 06/03/2015

Test Time: 11:37am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:37am 11:37am
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
BT	Pass	11:38am

Blank Tests

Test	Status	Time
AIR	Pass	11:38am

Printer Tests

Test

Status

PRNT	Pass	11:38am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:38am 11:38am

Time

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Electric St. Branch	INTOXIMETERS, MODEL INTOX	K EC/IR II
County	Instrument Location Da	10 Co. Detention (
Instrument S	Serial No. <u>008783</u> <u>1044</u> D.:ffwo	od Dr., Marten, N.
The prevent four months	ive maintenance procedures for the Intoximeters, Model Intox EC/II are:	R II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoho 34 degrees, plus or minus .2 degree centigrade;	olic breath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before exsimulator solution is being changed every four months or after whichever occurs first. on the S day of June 20/5	
	vere performed on the instrument indicated above, in accordance with the performed on the instrument is functioning properties.	h current regulations of the N.C.
WWID SIZE IN CO. LAND SIZE IN CO. C.	CAROLLE CAROLL	
And Andrews	Tell I for the second	643
	Signature of Certifying Official	Certificate Number

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Date: 06/03/2015

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: AG513103 Exp Date: 05/11/2017

g/210L	Time
Pass .00 .08	11:56am 11:56am 11:57am 11:58am
.00	11:59am
.00	12:00pm
.00	12:01pm
.00	12:02pm
	Pass .00 .08 .00 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Knalvst

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783

Test Record Number: 552
Test Time: 12:03pm EDT

Test Date: 06/03/2015 Test Time: 12:03

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:04pm 12:04pm
FC	Pass	12:04pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:05pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:05pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:05pm 12:05pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County(CUMBERIAND Instrument Location CUMBERIAND CO. TRIENTON C
Instrument	Serial No. 008632 Fapetteville, NC
The preven	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures	t on the
THE STAR CHEAT OF THE CHEAT OF	Signature of Certifying Official Certificate Number

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632 Test Date: 06/10/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG507902

Exp Date: 03/20/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	4:03pm 4:04pm
ACCY CHK	.08	4:04pm
AIR BLK	.00	4:05pm
SUB TEST	.00	4:06pm
AIR BLK	.00	4:07pm
SUB TEST	.00	4:09pm
ATR BLK	ሰበ	4 · 09nm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632

Test Record Number: 3249

Test Date: 06/10/2015

Test Time: 4:13pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	4:13pm 4:13pm
FC	Pass	4:13pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:13pm
SRC	Pass	4:13pm
DET	Pass	4:13pm
BAR	Pass	4:13pm
BT	Pass	4:13pm

Blank Tests

Test	Status	Time
AIR	Pass	4:14pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:14pm
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

4:14pm

4:14pm

COMP

CAL

Analyst Punell

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CUMBERLAND Instrument Location COMBERLAND Co. Det. Con
Instrumen	t Serial No. 008614 Fayatteville, NC
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify the procedures Department	at on the
SO STATE OF THE CREAT SECTION	Signature of Certifying Official Certificate Number

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008614 Test Date: 06/10/2015

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

g/210L	Time
Pass	4:37pm 4:38pm
.07	4:38pm
.00	4:39pm
.00	4:40pm
.00	4:41pm
.00	4:42pm
.00	4:43pm
	Pass .00 .07 .00 .00 .00 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008614

Test Record Number: 3035

Test Date: 06/10/2015

Test Time: 4:45pm EDT

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

Test	Status	Time
AIR	Pass	4:46pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:46pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4:46pm

Pass

Preventive Maintenance Status: Pass

CAL

Analyst Cassell

4:46pm

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (Instrument Location Comberland Co. DETENTION
Instrument Seri	al No. 008633 Fayetteville, 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.
	15 1 C 1 Servenness C
	the day of , 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.
CHE STATE OF THE S	371
	Signature of Certifying Official Certificate Number

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008633 Test Date: 06/10/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RUSSELL, LARRY H
Permit Number: 6108E
Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:55pm
AIR BLK	.00	3:56pm
ACCY CHK	.07	3:57pm
AIR BLK	.00	3:58pm
SUB TEST	.00	3:59pm
AIR BLK	.00	4:00pm
SUB TEST	.00	4:01pm
AIR BLK	.00	4:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008633

Test Record Number: 3305

Test Date: 06/10/2015

Test Time: 4:03pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time

AIR Pass 4:05pm

Printer Tests

Test	Status	Time

PRNT Pass 4:05pm

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	OBESON Instrument Location ROBSSON Co. JAIL
Instrument Serie	al No. <u>008836 LUMBERTON</u> , 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.
procedures were	the
OF THE STATE OF A STAT	Signature of Certifying Official Certificate Number

ROBESON COUNTY LUMBERTON, LEC. 770

Serial Number: 008836 Test Date: 06/10/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RUSSELL, LARRY H
Permit Number: 6108E
Effective:
08/01/2013-08/01/2015

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	1:41pm 1:42pm 1:42pm
AIR BLK	.00	1:43pm
SUB TEST	.00	1:44pm
AIR BLK	.00	1:45pm
SUB TEST	.00	1:46pm
AIR BLK	.00	1:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analysi

ROBESON COUNTY LUMBERTON, LEC. 770

Serial Number: 008836

Test Record Number: 3438

Test Date: 06/10/2015

Test Time: 1:52pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR [.]	Pass	1:52pm
FLO	Pass	1:52pm
FC	Pass	1:53pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:53pm
SRC	Pass	1:53pm
DET	Pass	1:53pm
BAR	Pass	1:53pm
BT	Pass	1:53pm

Blank Tests

Time
atus

AIR Pass 1:53pm

Printer Tests

Test	Status	Time

PRNT Pass 1:53pm

CRC Tests

Test	Status	Time
Test	Status	Time

 $\begin{array}{cccc} \text{COMP} & \text{Pass} & \text{1:54pm} \\ \text{CAL} & \text{Pass} & \text{1:54pm} \end{array}$

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Cou	inty	ROBESON Co JAIL
Inst	rument Seri	al No. 008805 LUMBERTON NC
	preventive 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.
proc	edures were	the /O day of ONE , 20 /S the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
CREAT SE	THE STATE OF A VAN 20, 175	STA Russell 3-71
		Signature of Certifying Official Certificate Number

ROBESON COUNTY LUMBERTON, LEC 770

Serial Number: 008805 Test Date: 06/10/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RUSSELL, LARRY H
Permit Number: 6108E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	1:18pm 1:19pm 1:19pm 1:20pm 1:21pm
AIR BLK	.00	1:22pm
SUB TEST	.00	1:24pm
AIR BLK	.00	1:25pm

Reported AC: .00 g/210L

Signatuke of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY LUMBERTON, LEC 770

Serial Number: 008805

Test Record Number: 3247

Test Date: 06/10/2015

Test Time: 1:26pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:26pm
FLO	Pass	1:26pm
FC	Pass	1:26pm

Temperature Tests

Status	Time
Pass	1:26pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	1:27pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:27pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:27pm

1:27pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ONSLOW Instrument Location CAMP Lejeune 1	AMIC
Instrument	Serial No. 008720	
The preven	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once are:	every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermomete 34 degrees, plus or minus .2 degree centigrade;	r shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bresimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.	eath r tests,
	on the	
STAN STAN STAN STAN STAN STAN STAN STAN	Race EHall 354	
	Signature of Certifying Official Certificate Number	ег

ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008920 Test Date: 06/01/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: 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: AG507902 Exp Date: 03/20/2017

Test	g/210L	Time
DIAG	Pass	11:34am
AIR BLK	.00	11:35am
ACCY CHK	.08	11:36am
AIR BLK	.00	11:36am
SUB TEST	.00	11:37am
AIR BLK	.00	11:38am
SUB TEST	.00	11:40am
AIR BLK	00	11:41am

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

ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008920 Test Record Number: 1145
Test Date: 06/01/2015 Test Time: 11:41am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:41am
FLO	Pass	11:41am
FC	Pass	11:41am

Temperature Tests

Test	Status	Time
FC1	Pass	11:42am
SRC	Pass	11:42am
DET	Pass	11:42am
BAR	Pass	11:42am
BT	Pass	11:42am
	- **	

Blank Tests

Test	Status	Time
AIR	Pass	11:42am

Printer Tests

Test	Status	Time
PRNT	Pass	11:42am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:42am 11:42am

Preventive Maintenance Status: Pass

Knalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ONSLOW	Instrument Location_JACKS	sowith AS
Instrument	t Serial No. <u>008930</u>		
The prever	-	Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	er displays pressure, or the alcoholic bre degree centigrade;	eath simulator thermometer show
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	nd	
10.	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 A	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify the procedures Departmen	at on the day of day of s were performed on the instrument in tof Health and Human Services, and	the instrument is functioning properly	Forgoing preventive maintenance rent regulations of the N.C.
STATE OF THE CORE AT THE CORE	ATE OF NO PARTY OF THE CARD	res E Hall	354
4		enature of Certifying Official	Certificate Number

ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: 008930 Test Date: 06/01/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: 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: AG404101 Exp Date: 02/10/2016

rest	g/210L	Time
DIAG	Pass	12:23pm
AIR BLK	00	12:23pm
ACCY CHK	.07	12:24pm
AIR BLK	.00	12:25pm
SUB TEST	.00	12:25pm
AIR BLK	.00	12:26pm
SUB TEST	.00	12:28pm
ATR BIK	0.0	12.29mm

.00 gr/210L Reported AC:

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

ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: 008930 Te Test Date: 06/01/2015 Te

Test Record Number: 2008
Test Time: 12:29pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:29pm
FLO	Pass	12:29pm
FC	Pass	12:30pm

Temperature Tests

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

Blank Tests

Test	Status	+1.	Time	
ATR	Pass		12:3	mcr0

Printer Tests

Test	Status	Time
PRNT	Pass	12:30pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	12:30pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	Instrument Location ONShow County
Instrument S	Gerial No. 008931 SHEGIFF, 5 OFFICE
The preventi	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the
OF STATE OF THE ST	Rawy Hall 354
	Signature of Certifying Official Certificate Number

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008931 Test Date: 06/01/2015

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: 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: AG404101 Exp Date: 02/10/2016

Test	g/210L	Time
DIAG	Pass	1:01pm
AIR BLK	.00	1:01pm
ACCY CHK	.08	1:02pm
AIR BLK	.00	1:03pm
SUB TEST	.00	1:04pm
AIR BLK	.00	1:05pm
SUB TEST	.00	1:06pm
AIR BLK	0.0	1:07pm

Reported AC: 1.00 g/210L

Signature of Chemical Analyst

Court CVR

Karl E-Holf
Analyst

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008931 Test Record Number: 2226 Test Date: 06/01/2015

Test Time: 1:12pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:13pm 1:13pm
FC	Pass	1:13pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:13pm
SRC	Pass	1:13pm
DET	Pass	1:13pm
BAR	Pass	1:13pm
BT	Pass	1:13pm

Blank Tests

Test	Status	Time
AIR	 Pass	1:14pm

Printer Tests

Test	Status		Time
PRNT	Pass	•	1:14pm

CRC Tests

Test	Status	Time
COMP	Pass	1:14pm
CAL	Pass	1:14pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Of	5/oa) Instrum	ent Location ONSLow	County
Instrument Ser	al No. 008932 SHE	RIFIS OFFICE	
The preventive four months are	maintenance procedures for the Intoximeters	, Model Intox EC/IR II to be for	llowed at least once every
1.	Verify the ethanol gas canister displays pro 34 degrees, plus or minus .2 degree centig		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 simulator solution is being changed every whichever occurs first.	g changed before expiration date four months or after 125 Alcoho	e, or the alcoholic breath lic Breath Simulator tests,
	the day of e performed on the instrument indicated above Health and Human Services, and the instrume		ng preventive maintenance gulations of the N.C.
THE STATE OF THE S	Signature of Ce	The Land Control of the Control of t	3.54 Certificate Number
	Signature of Ce	iniying Official	Continuate (4th)

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008932 Test Date: 06/01/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: 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	1:00pm
AIR BLK	.00	1:00pm
ACCY CHK	.08	1:01pm
AIR BLK	.00	1:02pm
SUB TEST	.00	1:03pm
AIR BLK	.00	1:03pm
SUB TEST	.00	1:05pm

1:06pm

Reported AC: .00 g/210L

AIR BLK .00

Signature of Chemical Analyst

Court CVR

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

Karls E-Half
Analyst

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008932 Test Date: 06/01/2015 Test Record Number: 2987
Test Time: 1:07pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	 	Status	Time
			10 miles
AIR		Pass	1:08pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:08pm
	CRC Tests	

Test	Status	Time
+ +, *		
COMP	Pass	1:08pm
CAL	 Pass	1:08pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County \mathcal{O}	WSLOW Instrument Location MCAS 1	Vew River Porc
Instrument Ser	rial No. <u>008919</u>	
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be fore:	illowed 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 Alcoh whichever occurs first.	te, or the alcoholic breath olic Breath Simulator tests,
procedures we	n the	ing preventive maintenance egulations of the N.C.
STATE OF THE STATE	Carey E Hold	354
	Signature of Certifying Official	Certificate Number

ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: 008919 · Test Date: 06/01/2015

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: HALL, RANDY E

Permit Number: 3462E

Effective:

09/01/2013-09/01/2015 4

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:05pm
AIR BLK	.00	2:06pm
ACCY CHK	08	2:06pm
AIR BLK	.00	2:07pm
SUB TEST	.00	2:08pm
AIR BLK	00	2:08pm
SUB TEST	.00	2:10pm
AIR BLK	.00	2:11pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Karl E-Half
Enalyst

ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: 008919 Test Record Number: 482
Test Date: 06/01/2015 Test Time: 2:11pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	2:12pm
SRC	Pass	2:12pm
DET	Pass	2:12pm
BAR	Pass	2:12pm
BT	Pass	2:12pm
BAR	Pass	2:12pm

Blank Tests

Test	Status	Time
AIR	Pass	2:13pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:13pm
	CRC Tests	

Status	Time
Pass Pass	2:13pm 2:13pm
	Pass

Preventive Maintenance Status: Pass

Knalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	EPTFORP Instrument Location AHOSK	ie P.O.
Instrument Ser	ial No. 008848 705 W. MAIN.	ST., AHOSKIE,
The preventive four months ar	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be for:	ollowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 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 Alcoh whichever occurs first.	
	the 25 day of 100, 20 5 the forgo e performed on the instrument indicated above, in accordance with current redealth and Human Services, and the instrument is functioning properly.	ing preventive maintenance egulations of the N.C.
THE STATE OF THE S	NO PLANO MARIE CANO MA	
FEEF QUAM VIDEN	finel heese	647
	Signature of Certifying Official	Certificate Number

HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848 Test Date: 06/25/2015

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: 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: AG335201 Exp Date: 12/18/2015

Test	g/210L	Time
DIAG	Pass	5:54pm
AIR BLK	.00	5:55pm
ACCY CHK	.08	5:55pm
AIR BLK	.00	5:56pm
SUB TEST	.00	5:57pm
AIR BLK	.00	5:57pm
SUB TEST	.00	5:59pm
AIR BLK	.00	mq00:6

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Lindy A. Keell Analyst

HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848

Test Record Number: 1093

Test Date: 06/25/2015

Test Time: 6:01pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	6:01pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	6:02pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:02pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Pac	Instrument Location Asia uniterar Ca Dushi Section
Instrument Seri	al No. 008950 Bldg., 200 E. Colonial ST., Elizareth
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
STATE OF THE STATE	Signature of Certifying Official Certificate Number

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008950 Test Date: 06/25/2015

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: 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: AG434901 Exp Date: 12/15/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	3:59pm 4:00pm 4:01pm 4:02pm 4:02pm
AIR BLK	.00	4:03pm
SUB TEST	.00	4:05pm
AIR BLK	.00	4:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008950

Test Record Number: 1164

Test Date: 06/25/2015

Test Time: 4:07pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:07pm
FLO	Pass	4:07pm
FC	Pass	4:08pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:08pm
SRC	Pass	4:08pm
DET	Pass	4:08pm
BAR	Pass	4:08pm
\mathtt{BT}	Pass	4:08pm

Blank Tests

Test	Status	Time
AIR	Pass	4:08pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:08pm

CRC Tests

Test	Status	Time
COMP	Pass	4:09pm
CAL	Pass	4:09pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

A CONTRACTOR OF THE PARTY OF TH	VETROR	KS, MODE	INTOX ECIK	100 Pinki Sat
County ASG	UPTANK	Instrument Lo	cation 7 2007 En	A The LOUBIC Trust
Instrument Seria	INO. 008941	Bldg.	DOOE. Cale	MIGN AVE.
		هو ممه	61,z.	eseth City
The preventive r four months are:	naintenance procedures for the Ir	ntoximeters, Mode	el Intox EC/IR II to be fol	lowed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, gree centigrade;	or the alcoholic breath si	mulator thermometer shows
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted			
, 5.	Verify instrument accuracy;		•	
6.	When "PLEASE BLOW" appe	ears, collect breatl	n sample;	
7.	When "PLEASE BLOW" appo	ears, collect breat	n sample;	
8.	Print test record;			
9.	Verify Diagnostic Program; an	d		
10.	Verify that the ethanol gas can simulator solution is being charwhichever occurs first.	ster is being chan nged every four m	ged before expiration dat conths or after 125 Alcohol	e, or the alcoholic breath olic Breath Simulator tests,
procedures were	theday of performed on the instrument incleath and Human Services, and the services is the services and the services and the services is the services and the services are services as the services are services as the services are services and the services are services as the services are services as the services are services are services.	licated above, in a	ccordance with current re	ing preventive maintenance egulations of the N.C.
STATE OF THE STATE	ORIN CAROL	į.		
* COT COUNT ADDRAY		ed. K	earl	447
	(Sign	nature of Certifyir	ig Official	Certificate Number

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008941 Test Date: 06/25/2015

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: 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: AG434901 Exp Date: 12/15/2016

Test	g/210L	Time
DIAG AIR BLK	Pass	3:48pm 3:49pm
ACCY CHK AIR BLK	.08 .00	3:50pm 3:51pm
SUB TEST	.00	3:53pm
AIR BLK	.00	3:54pm
SUB TEST	.00	3:55pm
ATR BLK	.00	3:56pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Thick S. Reel
Analyst

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008941

Test Record Number: 1125

Test Date: 06/25/2015

Test Time: 3:58pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	4:00pm

Printer Tests

Test	Status	ттше
PRNT	Pass	4:00pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	HARNETT	Instrument Location +	MRNET	r Co. De	in an
Instrumen	t Serial No. <u>08730</u>	LillingT	on 1	J.C.	·
The preve	ntive maintenance procedures for the Inches are:	toximeters, Model Intox EC/	/IR II to be f	ollowed at leas	t once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	lisplays pressure, or the alcol ree centigrade;	holic breath	simulator thern	nometer show
2.	Verify instrument displays time	and date;			
3.	Initiate breath test sequence;	***.55	,		
4.	Enter information as prompted;	•	* 1		
5.	Verify instrument accuracy;		•		
6.	When "PLEASE BLOW" appea	ars, collect breath sample;			
7.	When "PLEASE BLOW" appear	urs, collect breath sample;			
8.	Print test record;		···	• .	
9,	Verify Diagnostic Program; and		in a second	Arrango Maria maren	
10.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.				
procedures	at on the	cated above, in accordance w	ith current r	ing preventive egulations of th	maintenance ne N.C.
OUE AT	NIE OF NO DE LE CARGOLIA				
APRIL 12	Signat	ture of Certifying Official		Certificate 1	Number

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730 Test Date: 06/15/2015

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

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

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

Analyst's Name: 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: 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	10:40am 10:41am 10:42am 10:43am 10:43am
SUB TEST	.00	10:45am
AIR BLK	.00	10:45am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730

Test Record Number: 2291

Test Date: 06/15/2015

Test Time: 10:50am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:51am
FLO	Pass	10:51am
FC	Pass	10:51am

Temperature Tests

Test	Status	Time
FC1	Pass	10:51am
SRC	Pass	10:51am
DET	Pass	10:51am
BAR	Pass	10:51am
BT	Pass	10:51am

Blank Tests

Test	Status	Time

AIR Pass 10:51am

Printer Tests

Test	Status	Time

PRNT Pass 10:52am

CRC Tests

Test	Status	Time
COMP	Pass	10:52am
CAL	Pass	10:52am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	HARN ETT	Instrument Location + WAL	51 60.	DET CAR
Instrume	ent Serial No. <u>OOSTO</u>	LillingTan	N.C.	
The preve	rentive maintenance procedures for the In	atoximeters, 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 deg	displays pressure, or the alcoholic br gree centigrade;	eath simulato	r thermometer show
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;		•	
6.	When "PLEASE BLOW" appe	ars, collect breath sample;		
7.	When "PLEASE BLOW" appe	ars, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.		ster is being changed before expiration ged every four months or after 125 A		
procedure	hat on the 15 day of JONE es were performed on the instrument indient of Health and Human Services, and the	cated above, in accordance with curr	ent regulation	entive maintenance as of the N.C.
GREAT SE		ture of Certifying Official	<u>6</u> S	A ficate Number
	i T	* *		

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729 Test Date: 06/15/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name:

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: AG404101 Exp Date: 02/10/2016

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729

Test Record Number: 1938

Test Date: 06/15/2015

Test Time: 10:47am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:47am 10:47am
FC	Pass	10:47am

Temperature Tests

Test	Status	Time
FC1	Pass	10:47am
SRC	Pass	10:47am
DET	Pass	10:47am
BAR	Pass	10:47am
BT	Pass	10:47am

Blank Tests

Test	Status	Time
AIR	Pass	10:48am

Printer Tests

Test	Status	Time
PRNT	Pass	10:48am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:48am

10:48am

Preventive Maintenance Status: Pass

Pass

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	PICTIMONS	Instrument Location [44444	und Co Attaisment
	Serial No	fectivation	NC.
The preven		Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 c	er displays pressure, or the alcoholic bre degree centigrade;	eath simulator thermometer show
2.	Verify instrument displays tir	me and date;	,
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
. 5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	and	
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nnister is being changed before expiration anged every four months or after 125 A	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify the procedures Department	were performed on the instrument in	ndicated above, in accordance with current the instrument is functioning properly	forgoing preventive maintenance rent regulations of the N.C.
COREATOR OREATOR OF STATE OF S	S C C C C C C C C C C C C C C C C C C C	gnature of Certifying Official	Certificate Number

RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008840 Test Date: 06/17/2015

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:
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	Pass .00 .07	10:57am 10:57am 10:58am 10:59am
SUB TEST	.00	11:00am
AIR BLK	.00	11:00am
SUB TEST	.00	11:03am
AIR BLK	.00	11:03am

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

RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008840 Test Record Number: 1655
Test Date: 06/17/2015 Test Time: 11:05am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass	11:05am 11:05am
FC	Pass 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	11:06am

Printer Tests

Test	Status	Time
PRNT	Pass	11:06am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:06am 11:06am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County P	work	Instrument Location	o co Majama
Instrument Seri	ial No. <u>008701</u>	Instrument Location Planer	N.C. OHICE
The preventive four months are		itoximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 degrees.	displays pressure, or the alcoholic breati gree centigrade;	h simulator thermometer shows
2.	Verify instrument displays time	e and date;	•
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ears, collect breath sample;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	d	
10.	Verify that the ethanol gas cani simulator solution is being char whichever occurs first.	ster is being changed before expiration and ster is being changed every four months or after 125 Alc	date, or the alcoholic breath coholic Breath Simulator tests,
ntocedures we	n the day of re performed on the instrument ind Health and Human Services, and t	icated above, in accordance with current the instrument is functioning properly.	going preventive maintenance at regulations of the N.C.
CALLY STATE OF THE	Sign	nature of Certifying Official	Certificate Number

RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008701 Test Date: 06/17/2015

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:
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	Pass .00 .08 .00	10:52am 10:52am 10:53am 10:54am
SUB TEST	.00	10:54am
AIR BLK	.00	10:55am
SUB TEST	.00	10:57am
AIR BLK	.00	10:58am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008701 Test Date: 06/17/2015 Test Record Number: 1061 Test Time: 10:59am EDT

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	Pass	10:59am
DET	Pass	10:59am
BAR	Pass	10:59am
BT	Pas s	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 CAL	Pass Pass	11:00am 11:00am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

/31 s	AT AM
County_CH	ATHAM Instrument Location (175 Bo-Po +.D.
Instrument Serial	No. 008591 PITSBOKO N.C.
The preventive m four months are:	aintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on the procedures were Department of Ho	ne day of , 20 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
STATE OF NO. 20 177 S. NO. 20	Signature of Certifying Official Certificate Number

CHATHAM COUNTY PITTSBORO PD 180

Serial Number: 008591 Test Date: 06/19/2015

Citation Number: M0000000-0 Subject's Name:

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:28am 9:29am
ACCY CHK	.07	9:2 9a m
AIR BLK SUB TEST	.00 .00	9:30am 9:31a m
AIR BLK SUB TEST	.00 .00	9:32am 9:33am
AIR BLK	.00	9:34am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

form is used when performing Preventive Maintenance

CHATHAM COUNTY PITTSBORO PD 180

Serial Number: 008591

Test Record Number: 1583
Test Time: 9:36am EDT

Test Date: 06/19/2015

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:36am
FLO	Pass	9:36am
FC	Pass	9:36am

Temperature Tests

Test	Status	Time
FC1	Pass	9:36am
SRC	Pass	9:36am
DET	Pass	9:36am
BAR	Pass	9:36am
BT	Pass	9:36am

Blank Tests

Test	Status	Time
AIR	Pass	9:37am

Printer Tests

Test	Status	Time
PRNT	Pass	9:37am
	CRC Tests	

Test	Status	Time
COMP	Pass	9:37am
CAL	Pass	9:37am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County	PUBLISH Instrument Location CHBREKE POICE WE
Instrumen	t Serial No. 008837 PEARFORE N.C.
· ·	
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures	at on the
SO SET A SET	Signature of Certifying Official Certificate Number

ROBESON COUNTY PEMBROKE POLICE DEPT 770

Serial Number: 008837 Test Date: 06/23/2015

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: AG513101 Exp Date: 05/11/2017

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ROBESON COUNTY PEMBROKE POLICE DEPT 770

Serial Number: 008837

Test Record Number: 661

Test Date: 06/23/2015

Test Time: 10:54am EDT

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
DET	Pass Pass	10:55am
BAR	Pass	10:55am
BT	Pass	10:55am

Blank Tests

Test	Status	Time
ATR	Pass	10:55am

Printer Tests

Test	Status	Time
PRNT	Pass	10:55am
	CRC Tests	

Test	Status	Time
COMP	Pass	10:56am
CAL	Pass	10:56am

Preventive Maintenance Status: Pass

nalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	FUBESON Instrument Location FED SPRINKS POLICE DE
Instrument	t Serial No. 008857 PED SPRINGS N.C.
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
⁷ .	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures	ton the day of the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. tof Health and Human Services, and the instrument is functioning properly.
STA CHANGE OF THE CHANGE OF TH	CARO

ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008857 Test Date: 06/23/2015

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: AG425303 Exp Date: 09/10/2016

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Coukt CVR

Änalvst

ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008857 Test Date: 06/23/2015

Test Record Number: 449
Test Time: 11:58am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

SRC Pass 11: DET Pass 11:	ne
Pass II:	59am 59am 59am 59am
	John

Blank Tests

Test	Status	Time
AIR	Pass	12:00pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:00pm
	CRC Tests	
Test	Status	Time

COMP Pass 12:00pm CAL Pass 12:00pm

Preventive Maintenance Status: Pass

A/nalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Pozeson	Instrument Location	PARES Palice De
Instrument	t Serial No. <u>OO 8814</u>	sh Paus	1.0.0
The prever four month	ntive maintenance procedures for the as are:	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 d	displays pressure, or the alcoholic egree centigrade;	breath simulator thermometer show
2.	Verify instrument displays tim	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	<u>,</u>	•
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample;	
7.	When "PLEASE BLOW" app	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	d	
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	ister is being changed before expirating is stering to the series of the	ion date, or the alcoholic breath Alcoholic Breath Simulator tests,
procedures	t on the day of were performed on the instrument ind of Health and Human Services, and t	licated above, in accordance with cu	e forgoing preventive maintenance rrent regulations of the N.C.
THE STATE OF THE S		Caraca	
	Şign	ature of Certifying Official	Certificate Number

ROBESON COUNTY ST. PAULS PD. 770

Serial Number: 008814 Test Date: 06/23/2015

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: AG513101 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	1:40pm 1:41pm
ACCY CHK AIR BLK	.07 .00	1:42pm 1:43pm
SUB TEST	.00	1:44pm
AIR BLK	.00	1:45pm
SUB TEST	.00	1:48pm
AIR BLK	.00	1:49pm

Reported AC, .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY ST. PAULS PD. 770

Serial Number: 008814

Test Record Number: 533

Test Date: 06/23/2015 Test Time: 1:49pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:50pm
FLO	Pass	1:50pm
FC	Pass	1:50pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:50pm
SRC	Pass	1:50pm
DET	Pass	1:50pm
BAR	Pass	1:50pm
BT	Pass	1:50pm

Blank Tests

Test	Status	Time
AIR	Pass	1:51pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:51pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:51pm 1:51pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ONSLOW	Instrument Location	BAT MOBILE UNI	
Instrument S	erial No. <u>00 8707</u>		BATMOBILE UNI RICHLANDS NC	
The preventifour months	•	toximeters, Model Into	c EC/IR II to be followed at least once every	
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg		alcoholic breath simulator thermometer shows	
2.	Verify instrument displays time	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 samp	le;	
7.	When "PLEASE BLOW" appe	ars, collect breath samp	le;	
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	eter is being changed be ged every four months	fore expiration date, or the alcoholic breath or after 125 Alcoholic Breath Simulator tests,	
I certify that of procedures we Department of	on the day of ere performed on the instrument indi of Health and Human Services, and the	cated above, in accordance instrument is function	the forgoing preventive maintenance nce with current regulations of the N.C. ning properly.	
THE STATE OF THE PROPERTY OF T	()	1 Ban	648	
	Signa	gure of Certifying Office	ial Certificate Number	

ONSLOW COUNTY BAT MOBILE UNIT 3 660

Serial Number: 008707 Test Date: 06/13/2015

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: 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: AG507902 Exp Date: 03/20/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:19pm 11:20pm 11:20pm
AIR BLK	.00	11:21pm
SUB TEST	.00	11:22pm
AIR BLK	.00	11:23pm
SUB TEST	.00	11:24pm
AIR BLK	.00	11:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ONSLOW COUNTY BAT MOBILE UNIT 3 660

Serial Number: 008707

Test Record Number: 2166

Test Date: 06/13/2015

Test Time: 11:26pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:26pm
FLO	Pass	11:26pm
FC	Pass	11:26pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:26pm
SRC	Pass	11:26pm
DET	Pass	11:26pm
BAR	Pass	11:26pm
BT	Pass	11:26pm

Blank Tests

Test	Status	Time
AIR	Pass	11:27pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:27pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:27pm 11:27pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETER	S, MODEL INTOX EX	
County 1	JRUNSWICK	Instrument Location 1/A	- MOBILE UNI
Instrument S	erial No. 008616	SHA	LLOTTE, NC
The prevention four months	ve maintenance procedures for the Into	oximeters, Model Intox EC/IR II to	o be followed at least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr		reath simulator thermometer shows
2.	Verify instrument displays time a	nd date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	rs, collect breath sample;	
7.	When "PLEASE BLOW" appear	rs, collect breath sample;	•
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas caniston simulator solution is being change whichever occurs first.	er is being changed before expirated every four months or after 125	ion date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify that procedures we Department c	on the day of	the ated above, in accordance with cut instrument is functioning properly	forgoing preventive maintenance rrent regulations of the N.C.
THE STATE OF THE S	in Color	6	648
	Signat	ure of Certifying Official	Certificate Number

BRUNSWICK COUNTY BAT MOBILE UNIT 3 090

Serial Number: 008616 Test Date: 06/26/2015

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	11:12pm 11:14pm
ACCY CHK	.08	11:14pm 11:15pm
SUB TEST	.00	11:16pm
AIR BLK	.00	11:17pm
SUB TEST	.00	11:19pm
ATR BLK	.00	11:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BRUNSWICK COUNTY BAT MOBILE UNIT 3 090

Serial Number: 008616 Test Date: 06/26/2015

Test Record Number: 2084

Test Time: 11:22pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:22pm
FLO	Pass	11:22pm
FC	Pass	11:22pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:22pm 11:22pm 11:22pm 11:22pm 11:22pm
 -	1 000	22 Pm

Blank Tests

Test	Status	Time
AIR	Pass	11:23pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:23pm
	CRC Tests	
Test	Status	Time

ICSC	beacus	TIME
COMP CAL	Pass Pass	11:23pm 11:23pm
~		· 2 > Pill

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/L	
County	RUNSWICK Instrument Location BAT	MOBILE U
Instrument Se	rial No. <u>008707</u> <u>51-1A</u>	LOTTE, NO
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be re:	followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breat 34 degrees, plus or minus .2 degree centigrade;	n simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration of simulator solution is being changed every four months or after 125 Alcowhichever occurs first.	date, or the alcoholic breath oholic Breath Simulator tests,
I certify that o procedures we Department of	n the	going preventive maintenance tregulations of the N.C.
OTHE STATE OF THE		
THE REPORT OF THE PARTY OF THE		1042
AND GUAN AND	Signature of Certifying Official	Certificate Number

BRUNSWICK COUNTY BAT MOBILE UNIT 3 090

Serial Number: 008707 Test Date: 06/26/2015

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: AG507902 Exp Date: 03/20/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:33pm 11:34pm 11:34pm
AIR BLK	.00	11:35pm
SUB TEST	.00	11:37pm
AIR BLK	.00	11:38pm
SUB TEST	.00	11:39pm
ATR BLK	.00	11:40pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BRUNSWICK COUNTY BAT MOBILE UNIT 3 090

Serial Number: 008707 Test Date: 06/26/2015 Test Record Number: 2171
Test Time: 11:41pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:41pm
FLO	Pass	11:41pm
FC	Pass	11:41pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	11:41pm 11:41pm 11:41pm 11:41pm
\mathtt{BT}	Pass	11:41pm

Blank Tests

Test	Status	Time
AIR	Pass	11:42pm

Printer Tests

	~. · `	
	CRC Tests	
PRNT	Pass	11:42pm
Test	Status	Time

Test	Status	Time
COMP	Pass	11:42pm
CAL	Pass	11:42pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	, MIOAMETERS, MODEL INTOX EC/IR II
County_L	JAKE Instrument Location CARY PD
Instrument !	Serial No. 008587 120 WILKINSON AVE CARY, NC
The prevent four months	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every sare:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department c	on the 30 day of 50 /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.
TO THE PARTY OF TH	
OF THE STATE	TO NOT THE REAL PROPERTY OF THE PROPERTY OF TH
THE STATE OF THE S	CAROLE SECTION OF THE
ASE QUANVI	Bus D Smith 637
	Signature of Certifying Chinese Certifying Superham

WAKE COUNTY CARY PD 910

Serial Number: 008587 Test Date: 06/30/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG507902 Exp Date: 04/20/2017

Test	g/210L	Time
DIAG	Pass	2:26pm
AIR BLK	.00	2:27pm
ACCY CHK	.08	2:27pm
AIR BLK	.00	2:28pm
SUB TEST	.00	2:29pm
AIR BLK	.00	2:30pm
SUB TEST	.00	2:31pm
ATR BLK	.00	2:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY CARY PD 910

Serial Number: 008587 Test Date: 06/30/2015

Test Record Number: 3004
Test Time: 2:36pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	2:37pm
	- 0.00	2.0,5

Printer Tests

Test	Status	Time
PRNT	Pass	2:37pm

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	LEE	Instrument Location_	SANFORD	POLICE DEPT.
Instrument Set	rial No. <u>00 886 7</u>	SANFORD,	NC.	
The preventive four months ar	e maintenance procedures for the I	ntoximeters, Model Intox E	EC/IR II to be fol	lowed at least once every
1,	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		coholic breath si	mulator thermometer show
2.	Verify instrument displays tim	e and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	,		
5.	Verify instrument accuracy;			·
6.	When "PLEASE BLOW" app	ears, collect breath sample;		
7.	When "PLEASE BLOW" app	ears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; an	d		
10.	Verify that the ethanol gas can simulator solution is being character occurs first.			
	n the day of day of tree performed on the instrument ind Health and Human Services, and t	licated above, in accordance	e with current reg	ng preventive maintenance gulations of the N.C.
OTHE STATE OF THE PARTY OF THE	CAROLINIA CONTRACTOR OF THE PARTY OF THE PAR	2 Housell	2	37/
	Sign	ature of Certifying Official		Certificate Number

LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: 008867 Test Date: 06/23/2015

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: 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: AG513103 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	4:59pm
ACCY CHK	.00	5:00pm 5:00pm
AIR BLK	.00	5:01pm
SUB TEST	.00	5:02pm
AIR BLK	.00	5:03pm
SUB TEST	.00	5:04pm
AIR BLK	.00	5:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: 008867 Test Date: 06/23/2015 Test Record Number: 879
Test Time: 5:06pm EDT

.

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	5:06pm 5:06pm
FC	Pass	5:06pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:06pm
SRC	Pass	5:06pm
DET	Pass	5:06pm
BAR	Pass	5:06pm
BT	Pass	5:06pm

Blank Tests

Test	Status	Time
AIR	Pass	5:07pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:07pm

CRC Tests

Test	Status	Time
COMP	Pass	5:07pm
CAL	Pass	5:07pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD ANTOXIMETERS, MODEL INTOX EC/IR II

County	UIHORD Instrument Location 6 18 ens borg JAIL
Instrument Seri	al No. <u>00886</u>
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the 25 day of , 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.
OF MAN STATE OF AN AND STATE O	Signature of Certifying Official Certificate Number

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008896 Test Date: 06/25/2015

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: DEAN, L K

Permit Number: 11598E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	4:00pm
AIR BLK	.00	4:01pm
ACCY CHK	.07	4:01pm
AIR BLK	.00	4:03pm
SUB TEST	.00	4:03pm
AIR BLK	.00	4:04pm
SUB TEST	.00	4:06pm
ATR BIK	በበ	$4 \cdot 0.7 \text{pm}$

Reported AC. 00 a 42101

Signature of Chemical Analyst

Court CVR

- Hein Dlaw Analyst

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008896

Test Record Number: 709

Test Date: 06/25/2015

Test Time: 4:08pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:08pm
FLO	Pass	4:09pm
FC	Pass	4:09pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:09pm
SRC	Pass	4:09pm
DET	Pass	4:09pm
BAR	Pass	4:09pm
BT	Pass	4:09pm

Blank Tests

Test	Status	Time
AIR	Pass	4:10pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:10pm

CRC Tests

Test	Status	Time
COMP	Pass	4:10pm
CAL	Pass	4:10pm

Preventive Maintenance Status: Pass

Analyst

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



Signature of Certifying Official

Certificate Number

DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845 Test Date: 06/25/2015

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: DEAN, L K

Permit Number: 11598E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:40pm
AIR BLK	.00	1:41pm
ACCY CHK	.07	1:41pm
AIR BLK	.00	1:42pm
SUB TEST	.00	1:43pm
AIR BLK	.00	1:44pm
SUB TEST	.00	1:46pm
AIR BLK	.00	1:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

X. Hun Jean Analyst

DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845

Test Record Number: 1988

Test Date: 06/25/2015

Test Time: 1:47pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:48pm
FLO	Pass	1:48pm
FC	Pass	1:48pm

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	1:48pm 1:48pm
DET	Pass	1:48pm
BAR	Pass	1:48pm
BT	Pass	1:48pm

Blank Tests

Test	Status	Time
AIR	Pass .	1:48pm

Printer Tests

Test

Status Time

PRNT	Pass	1:48pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:49pm

CAL1:49pmPass

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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



Signature of Certifying Official

Certificate Number

DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883 Test Date: 06/25/2015

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: DEAN, L K
Permit Number: 11598E

ermit Number: 11598. Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:50pm 12:50pm
ACCY CHK	.08	12:51pm
AIR BLK	.00	12:52pm
SUB TEST	.00	12:53pm
AIR BLK	.00	12:54pm
SUB TEST	.00	12:56pm
AIR BLK	.00	12:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883

Test Record Number: 1447

Test Date: 06/25/2015

Test Time: 12:57pm EDT

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	12:58pm
SRC	Pass	12:58pm
DET	Pass	12:58pm
BAR	Pass	12:58pm
BT	Pass	12:58pm

Blank Tests

Test	Status	Time
AIR	Pass	12:58pm

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

12:59pm

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

A CONTRACTOR OF THE PROPERTY O	MIOAIMEIE	RS, MODEL INTOX EC/	
County	AVIDSON	Instrument Location / Man	Usville
Instrument Se	erial No. <u>00887, 2</u>	Police De	BAYLARAL
The preventive four months a		ntoximeters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic brea gree centigrade;	th simulator thermometer show
2.	Verify instrument displays time	e and date;	·
3.	Initiate breath test sequence;		
4.	Enter information as prompted;	,	y.
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ears, collect breath sample;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	i	
10.		ster is being changed before expiration aged every four months or after 125 Ala	
procedures we		icated above, in accordance with current he instrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
THE STATE OF THE PARTY OF THE P	NO. THE CANON	Jun Denal	642 Certificate Number

DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008872 Test Date: 06/25/2015

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: DEAN, L K Permit Number: 11598E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:57am 11:58am
ACCY CHK	.07	11:59am
AIR BLK	.00	12:00pm
SUB TEST	.00	12:00pm
AIR BLK	.00	12:01pm
SUB TEST	.00	12:02pm
AIR BLK	.00	12:03pm

Reported AC: .00 g/210L

Chemical Analyst

Court CVR

DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008872

Test Record Number: 1175

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:05pm
FLO	Pass	12:05pm
FC	Pass	12:05pm

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	12:05pm 12:05pm
DET	Pass	12:05pm
BAR	Pass	12;05pm
\mathtt{BT}	Pass	12:05pm

Blank Tests

Test	Status	Time
AIR	Pass	12:06pm

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

12:06pm

CAL

Lywn Dean
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Instrument Location Ashe County Jail
Instrument S	erial No. 008849 Jefferson, N.C.
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the day of JUNE, 20/5 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE	
18	

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

Signature of Certifying Official

Certificate Number

ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849 Test Date: 06/25/2015

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: 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: AG335201 Exp Date: 12/18/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	9:44am 9:45am 9:45am 9:46am
SUB TEST	.00	9:46am 9:47am
AIR BLK	.00	9:48am
SUB TEST AIR BLK	.00 00ر	9:49am 9:50am

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

Signature of Chemical Analyst

Court CVR

ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849 Test Date: 06/25/2015

Test Record Number: 925
Test Time: 9:51am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:51am 9:51am
FC	Pass	9:52am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:52am

Printer Tests

Test	Status	Time
PRNT	Pass	9:52am

CRC Tests

rest	Status	Time
COMP	Pass	9:52am
CAL	Pass	9:52am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Instrument Serial No. The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 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; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; Print test record; Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before 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.



Signature of Certifying Official

Certificate Number

ALLEGHANY COUNTY ALLEGHANY CO JAIL 020

Serial Number: 008890 Test Date: 06/25/2015

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: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

09/01/2014-09/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC:

00 g/210L

Signature of Chemical Analyst

or chemical Anaryst

Court CVR

ALLEGHANY COUNTY ALLEGHANY CO JAIL 020

Serial Number: 008890

Test Record Number: 540

Test Date: 06/25/2015

Test Time: 11:16am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass	11:16am 11:16am
FLO .	Pass	TT: Toam
FC	Pass	11:17am

Temperature Tests

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

Blank Tests

Test	Status	Time	
7) T.D	Dagg	11.17 _{2m}	

Printer Tests

Test	Status	Time
PRNT	Pass	11:17am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:18am

Preventive Maintenance Status: Pass

Pass

11:18am

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County <u>St</u>	urry	Instrument Location MOUN	+ Airy
Instrument Se	rial No. <u>008943</u>	Police	Department
The preventive four months as	e maintenance procedures for the Intox	imeters, Model Intox EC/IR II to b	pe followed at least once every
1.	Verify the ethanol gas canister disp 34 degrees, plus or minus .2 degree		ath simulator thermometer show
2.	Verify instrument displays time and	d date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears,	collect breath sample;	į
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.		
	n theday of	ed above, in accordance with curren	rgoing preventive maintenance nt regulations of the N.C.
OTHE STATE OF THE	Signature	of Certifying Official	Certificate Number

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943 Test Date: 06/18/2015

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: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

09/01/2014-09/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:39am 10:40am 10:40am
AIR BLK	.00	10:40am
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

Sygnature of Chemical Analyst

Court CVR

Analyst Analyst

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943

Test Record Number: 1732

Test Date: 06/18/2015

Test Time: 10:48am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:48am
FLO	Pass	10:48am
FC	Pass	10:49am

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass	10:49am 10:49am 10:49am
	Pass	10:49am
\mathtt{BT}	Pass	10:49am

Blank Tests

Test	Status	Time
ATR	Pass	10·49am

Printer Tests

Test	Status	Time
PRNT	Pass	10:49am
	CRC Tests	
Teat	Status	Time

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

- WHERE	INTOXIMETERS, MODEL INTOX ECTR II
County	urry Instrument Location to 10 + 11 Ountain
Instrument Ser	ial No. 008938 Police Department
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the day of une performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OTHE STATE OF TWO 20, 1775	Control of the care of the 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

SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938 Test Date: 06/18/2015

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: 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: AG434201 Exp Date: 12/08/2016

Test	g/210L	Time
DIAG AIR BLK	Pass	11:30am 11:31am
ACCY CHK	.07	11:32am
AIR BLK SUB TEST	.00 .00	11:33am 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 /

SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938

Test Record Number: 519

Test Date: 06/18/2015

Test Time: 11:37am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	11:38am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
ATR	Pass	11:39am

Printer Tests

Test	Status	Time
PRNT	Pass	11:39am
	CRC Tests	

Test	Status	Time
COMP	Pass	11:39am
CAL	Pass	11:39am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Instrument Location Surry County Jail
Instrument Ser	rial No. 008934 Dobson, N.C.
The preventive four months as	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.
	n the
of the STATE OF TH	

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

Certificate Number

SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934 Test Date: 06/18/2015

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: BENFIELD II, KENNETH R
Permit Number: 22067E
Effective:

09/01/2014-09/01/2016

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

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	3:02pm 3:02pm 3:03pm 3:04pm 3:04pm
AIR BLK SUB TEST AIR BLK	.00 .00	3:05pm 3:07pm 3:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934 Test Date: 06/18/2015

Test Record Number: 1484

Test Time: 3:08pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:09pm
FLO	Pass	3:09pm
FC	Pass	3:09pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:09pm
SRC	Pass	3:09pm
DET	Pass	3:09pm
BAR	Pass	3:09pm
BT	Pass	3:09pm

Blank Tests

Test	Status	Time
AIR	Pass	3:10pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:10pm

CRC Tests

Test	Status	Time
COMP	Pass	3:10pm
CAL	Pass	3:10pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Instrument Location Madison Police
Instrument Se	erial No. OO8802 Department
The preventive four months a	/e 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.
	n the
THE STATE OF THE S	

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

Signature of Certifying Official

Certificate Number

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802 Test Date: 06/05/2015

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: 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: AG335201 Exp Date: 12/18/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00 .00	12:12pm 12:13pm 12:14pm 12:15pm 12:16pm
AIR BLK SUB TEST	.00	12:17pm 12:18pm
AIR BLK	.00	12:19pm

of Chemical Mhalyst Signature

Court CVR

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

Analyst

Rev. 12/2007

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802 7 Test Date: 06/05/2015

Test Record Number: 646
Test Time: 12:20pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:20pm
FLO	Pass	12:20pm
FC	Pass	12:20pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:20pm
SRC	Pass	12:20pm
DET	Pass	12:20pm
BAR	Pass	12:20pm
BT	Pass	12:20pm

Blank Tests

Test	Status	Time
AIR	Pass	12:21pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:21pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:21pm 12:21pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County BA	LAJEN Instrument Location BLAden County
Instrument Seria	INO. 008894 SHERIFF'S OFFICE
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.
	he
OTHE STATE OF NO.	Signature of Certificial Signature of Certificate Number

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008894 Test Date: 06/29/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: 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: AG404101 Exp Date: 02/10/2016

Test g/210L Time DIAG Pass 12:52pm AIR BLK .00 12:53pm ACCY CHK .08 12:54pm .00 AIR BLK 12:55pm SUB TEST .00 12:56pm AIR BLK .00 12:57pm SUB TEST .00 12:58pm

12:59pm

Reported AC: .00 g/210L

AIR BLK .00

Signature of Chemical Analyst

Court CVR

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

Karl E-Half
Knalyst

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008894 Test Record Number: 720 Test Date: 06/29/2015 Test Time: 1:00pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Blank Tests

Test	Status	Time
7 TD	D	1 01
AIR	Pass	1:01pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:0 1 pm
		<u></u>

CRC Tests

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

Preventive Maintenance Status: Pass

Karl E Half
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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.	County	Gaston Instrument Location But Mubile Unit 5
1. Vorify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer she 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. I certify that on the	Instrument	Serial No
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. I certify that on the		
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. I certify that on the 20 day of 20 fthe 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.	1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. I certify that on the	2.	Verify instrument displays time and date;
5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. I certify that on the	3.	Initiate breath test sequence;
6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. I certify that on the	4.	Enter information as prompted;
7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. 1 certify that on the	5.	Verify instrument accuracy;
8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. 1 certify that on the	6.	When "PLEASE BLOW" appears, collect breath sample;
9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. I certify that on the	7.	When "PLEASE BLOW" appears, collect breath sample;
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. I certify that on the	8.	Print test record;
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. I certify that on the	9.	Verify Diagnostic Program; and
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.	10.	simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests,
The same with th	procedures v	vere performed on the instrument indicated above, in accordance with current regulations of the N.C.
Signature of Certifying Official Certificate Number	1 2 VAN 12, 17	

GASTON BAT MOBILE UNIT 5 350

Serial Number: 008788 Test Date: 06/20/2015

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: TOWERY, CHAD V
Permit Number: 26632E

Effective:

10/18/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:26pm
AIR BLK	.00	9:27pm
ACCY CHK	.07	9:28pm
AIR BLK	.00	9:28pm
SUB TEST	.00	9:29pm
AIR BLK	.00	9:30pm
SUB TEST	.00	9:32pm
ATR BLK	. 0.0	9:32mm

Reported AC; .00 g/210L

Signature of Chemical Apalyst

Court CVR

Analyst

CM1

GASTON BAT MOBILE UNIT 5 350

Serial Number: 008788

Test Record Number: 1232
Test Time: 9:37pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:38pm
FLO	Pass	9:38pm
FC	Pass	9:38pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:38pm
SRC	Pass	9:38pm
DET	Pass	9:38pm
BAR	Pass	9:38pm
$\mathtt{B}\mathbf{T}$	Pass	9:38pm

Blank Tests

Test	Status	Time
AIR	Pass	9:39pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:39pm
	CRC Tests	
Test	Status	Time

Pass

Pass

9:39pm

9:39pm

Preventive Maintenance Status: Pass

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Gaston	Instrument Location	+ mobile Units
Instrumen	t Serial No. <u>(6 8 6 00</u>		
The prever	ntive maintenance procedures for the	Intoximeters, Model Intox EC/IR	II to be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	or displays pressure, or the alcohol degree centigrade;	ic breath simulator thermometer show
2.	Verify instrument displays tin	ne and date;	
- 3.	Initiate breath test sequence;		
4.	Enter information as prompted	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; ar	nd	
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	nister is being changed before expi anged every four months or after 1	ration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
procedures	at on the <u>20</u> day of <u>50</u> were performed on the instrument inc t of Health and Human Services, and	dicated above, in accordance with	the forgoing preventive maintenance current regulations of the N.C. erly.
AND SELLAND SE	(24)00	nature of Certifying Official	658

GASTON BAT MOBILE UNIT 5 350

Serial Number: 008600 Test Date: 06/20/2015

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: TOWERY, CHAD V

Permit Number: 26632E

Effective:

10/18/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:28pm
AIR BLK	.00	9:29pm
ACCY CHK	. 08	9:30pm
AIR BLK	.00	9:31pm
SUB TEST	.00	9:31pm
AIR BLK	.00	9:32pm
SUB TEST	.00	9:34pm
AIR BLK	.00	9:35pm

Reported AC:, .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

Ma

GASTON BAT MOBILE UNIT 5 350

Serial Number: 008600

Test Record Number: 1620

Test Date: 06/20/2015

Test Time: 9:41pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:41pm
FLO	Pass	9:41pm
FC	Pass	9:41pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:41pm
SRC	Pass	9:41pm
DET	Pass	9:41pm
BAR	Pass	9:41pm
BT	Pas s	9:41pm

Blank Tests

Test	Status	Time
AIR	Pass	9:42pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:42pm

CRC Tests

Test	Status	Time
COMP	Pass	9:42pm
CAL	Pass	9:42pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Med	Instrument Location But Mobile Unit 5
Instrument Seria	al No. 008698
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	he
THE STATE OF NO.	Signature of Certifying Official Certificate Number

MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008698 Test Date: 05/25/2015 Test Record Number: 1262 Test Time: 6:50pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:50pm
FLO	Pass	6:50pm
FC	Pass	6:51pm

Temperature Tests

Test	Status	Time
FCI	Pass	6:51pm
SRC	Pass	6:51pm
DET	Pass	6:51pm
BAR	Pass	6:51pm
BT	Pass	6:51pm

Blank Tests

Test	Status	Time
AIR	Pass	6:51.pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:51pm

CRC Tests

Test	Status	Time
COMP	Pass Pass	6:52pm 6:52pm

Preventive Maintenance Status: Pass

Analyst

MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008698 Test Date: 06/25/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: TOWERY, $CHAD\ V$

Permit Number: 26632E

Effective:

10/18/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	6:40pm
AIR BLK	.00	6:41pm
ACCY CHK	.07	6:41pm
AIR BLK	.00	6:42pm
SUB TEST	.00	6:42pm
AIR BLK	.00	6:43pm
SUB TEST	.00	6:45pm

6:46pm

Reported AC: \ .00 g/210L

AIR BLK .00

Signature of Chemica 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_	Mackler bury Instrument Location Bet Mobile Unit 5
Instrume	nt Serial No. DO 8788
The prev	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	hat on the 25 day of 50 the forgoing preventive maintenance as were performed on the instrument indicated above, in accordance with current regulations of the N.C. and of Health and Human Services, and the instrument is functioning properly.
GREAT	Cold Cold Straight Contification Number

MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008788 Test Date: 06/25/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: TOWERY, CHAD V

Permit Number: 26632E

Effective:

10/18/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:29pm
AIR BLK	.00	10:30pm
ACCY CHK	.07	10:31pm
AIR BLK	.00	10:32pm
SUB TEST	.00	10:32pm
AIR BLK	.00	10:33pm
SUB TEST	.00	10:35pm
AIR BLK	. 00	10:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Chi V & L Analyst

MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008788

Test Record Number: 1237

Test Date: 06/25/2015 Test Time: 10:40pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:41pm
FLO	Pass	10:41pm
FC	Pass	10:41pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:41pm
SRC	Pass	10:41pm
DET	Pass	10:41pm
BAR	Pass	10:41pm
BT	Pass	10:41pm

Blank Tests

Test	Status	Time	
ATR	Pagg	10.42mm	

Printer Tests

Test	Status	Time
PRNT	Pass	10:42pm
	CRC Tests	
Test	Status	Time

10:42pm

10:42pm

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Mc	Instrument Location But mobile Unit
Instrument Ser	ial No. 00 8600
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 25 day of 30 day of 30 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	CM V So 658
	Signature of Cestifying Official Certificate Number

MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008600 Test Date: 06/25/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

10/18/2013-10/01/2015

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:30pm 10:31pm
ACCY CHK	. 08	10:32pm
AIR BLK	.00	10:33pm
SUB TEST	.00	10:33pm
AIR BLK	. 00	10:34pm
SUB TEST	.00	10:36pm
AIR BLK	. 00	10:37pm

Reported AC: , .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008600 Test Date: 06/25/2015

Test Record Number: 1627

Test Time: 10:43pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:43pm
FLO	Pass	10:43pm
FC	Pass	10:44pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass	10:44pm 10:44pm 10:44pm 10:44pm
₽DŢ	Pass	10:44pm

Blank Tests

Test	Status	Time
AIR	Pass	10:44pm

Printer Tests

rest	Status	Time
PRNT	Pass	10:44pm
•	CRC Tests	
Test	Status	Time

1696	Status	Time
COMP	Pass	10:44pm
CAL	Pass	10:44pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMET	ERS, MODEL INTOX EC/II	
County Mo	whin	Instrument Location Markin	6. S.O.
Instrument Se	erial No. <u>()089/2</u>	305 E. Main St.	Williamston
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 breath degree centigrade;	n simulator thermometer show
2.	Verify instrument displays tin	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	and	
10.		nister is being changed before expiration d anged every four months or after 125 Alco	
procedures we		ndicated above, in accordance with current the instrument is functioning properly.	going preventive maintenance regulations of the N.C.
THE STATE OF WAR 20, 1775	V. II. A.		642
		gnature of Certifying Official	Certificate Number

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Date: 06/18/2015

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: GUARD, KELLY G

Permit Number: 12955E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG434901

Exp Date: 12/15/2016

Test	g/210L	Time
DIAG AIR BLK	Pass	10:13am 10:14am
ACCY CHK	.08	10:14am
AIR BLK	.00	10:15am
SUB TEST	.00	10:16am
AIR BLK	.00	10:17am
SUB TEST	.00	10:19am
AIR BLK	.00	10:20am

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

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912

Test Record Number: 995

Test Date: 06/18/2015

Test Time: 10:21am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:21am 10:21am
FC	Pass	10:21am

Temperature Tests

Test	Status	Time
FC1 SRC DET	Pass Pass Pass	10:21am 10:21am 10:21am
BAR	Pass	10:21am
BT	Pass	10:21am

Blank Tests

Test	Status	Time
AIR	Pass	10:22am

Printer Tests

Test	Status	Time
PRNT	Pass	10:22am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:22am

10:22am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County HVC	Instrument Location Hyde Co. S.O.
Instrument Seri	al No. 008801 1233 Main St., Swan Quarter, A
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
OTHER STATE OF THE	
A COLOM NORSE	Signature of Certifying Official Certificate Number

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801 Test Date: 06/23/2015

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: AG321904 Exp Date: 08/07/2015

Test	g/210L	Time
DIAG AIR BLK	Pass	11:01am 11:01am
ACCY CHK	.07	11:01am
AIR BLK	.00	11: 03am
SUB TEST	.00	11:03am
AIR BLK	.00	11:04am
SUB TEST	.00	11:06am
AIR BLK	.00	11:07am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801 Test Date: 06/23/2015 Test Record Number: 356
Test Time: 11:10am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass	11:10am 11:10am 11:10am 11:10am
ът	Pass	11:10am

Blank Tests

Test	Status	Time
AIR	Pass	11:11am

Printer Tests

To a t	Ctatua	mi ma
	CRC Tests	
PRNT	Pass	11:11am
Test	Status	Time

rest	Status	TIME
COMP	Pass	11:11am
CAL	Pass	11:11am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Name of	INTOAIMETERS, MODEL INTOX EC/IR II
County 5	eautort Instrument Location ReMaven Police Do
Instrument S	erial No. 008928 Belliquen, NC
The prevention	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
THE STATE OF THE PROPERTY OF T	2643 2643
	Signature of Certifying Official Certificate Number

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928 Test Date: 06/23/2015

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	Pass	12:08pm
AIR BLK	.00	12:09pm
ACCY CHK	.08	12:10pm
AIR BLK	.00	12:11pm
SUB TEST	.00	12:11pm
AIR BLK	.00	12:12pm
SUB TEST	.00	12:14pm
AIR BLK	.00	12:14pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928 Test Date: 06/23/2015

Test Record Number: 270
Test Time: 12:18pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ATR	Pagg	12 · 19mm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Hyde	Instrument Location Hyde Co. S.O Octaco
Instrumer	nt Serial No. <u>008797</u>	Instrument Location Hyde Co. S.O Ochaco N.C. 12, Ocracoke, N.C.
The preve		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 degrees.	displays pressure, or the alcoholic breath simulator thermometer shows egree centigrade;
2.	Verify instrument displays tim	e and date;
3.	Initiate breath test sequence;	
4.	Enter information as prompted	· •
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" app	ears, collect breath sample;
7.	When "PLEASE BLOW" app	ears, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; an	d
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	ister is being changed before expiration date, or the alcoholic breath nged every four months or after 125 Alcoholic Breath Simulator tests,
procedures		the forgoing preventive maintenance dicated above, in accordance with current regulations of the N.C. the instrument is functioning properly.
GREAT SET	ATE OF VO DE LA COMPANIA DE LA COMPA	
* 100	S. S	

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

Signature of Certifying Official

HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797 Test Date: 06/24/2015

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: AG414801 Exp Date: 05/28/2016

- /0101

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Zett St. Analyst

HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797 Test Date: 06/24/2015

Test Record Number: 412
Test Time: 11:13am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ATD	Dagg	11.1/am

Printer Tests

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

	D 00.00.D	
COMP CAL	Pass Pass	11:14am 11:14am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Jare	Instrument Location Dare Co. S.O Hatter
Instrument S	Gerial No. <u>008807</u>	50346 NC Huy 12, Frisco,
The preventi	ve maintenance procedures for the In 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 deg	lisplays pressure, or the alcoholic breath simulator thermometer shows tree 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" appear	ars, collect breath sample;
7.	When "PLEASE BLOW" appea	ars, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.	ter is being changed before expiration date, or the alcoholic breath ged every four months or after 125 Alcoholic Breath Simulator tests,
I certify that or procedures we Department o		cated above, in accordance with current regulations of the N.C.
THE STATE OF THE S	CAROUN	L

DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807 Test Date: 06/24/2015

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: AG513103 Exp Date: 05/11/2017

g/210L	Time
Pass	1:42pm
.00	1:43pm
.08	1:43pm
.00	1:44pm
.00	1:45pm
.00	1:46pm
.00	1:48pm
.00	1:49pm
	Pass .00 .08 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807 Test Record Number: 664
Test Date: 06/24/2015 Test Time: 1:50pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:51pm
${ t FLO}$	Pass	1:51pm
FC	Pass	1:51pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:51pm
SRC	Pass	1:51pm
DET	Pass	1:51pm
BAR	Pass	1:51pm
BT	Pass	1:51pm

Blank Tests

Test	Status	Time
AIR	Pass	1:51pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:51pm

CRC Tests

Test	Status	Time
COMP	Pass	1:52pm
CAL	Pass	1:52pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County \	Instrument Location Wilson Co Detention
Instrument S	Serial No. DO8627 100 E. Green St. Wilson, WC
The preventi	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that oprocedures we Department of	on the
TO THE STATE OF TH	Signature of Certifying Official Certificate Number

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008627 Test Date: 06/25/2015

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: AG434901 Exp Date: 12/15/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	1:23pm 1:23pm 1:24pm
AIR BLK	.00	1:25pm
SUB TEST	.00	1:25pm
AIR BLK	.00	1:26pm
SUB TEST	.00	1:28pm
AIR BLK	.00	1:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008627 Test Record Number: 1803 Test Date: 06/25/2015 Test Time: 1:31pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:31pm
FLO	Pass	1:31pm
FC	Pass	1:32pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:32pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:32pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:32pm 1:32pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County W	ilson Instrument Location Wilson Co. Defention
Instrument Ser	rial No. 008652 1006. Green St., Wilson, N.
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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 25 day of 1000, 2015 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF THE STATE	

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008652 Test Date: 06/25/2015

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: AG414801 Exp Date: 05/28/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	1:29pm 1:30pm 1:31pm
AIR BLK	.00	1:32pm
SUB TEST	.00	1:33pm
AIR BLK	.00	1:34pm
SUB TEST	.00	1:35pm
AIR BLK	.00	1:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008652

Test Record Number: 2714

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:37pm 1:37pm
FC	Pass	1:37pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:38pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:38pm

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ca	modern Instrument Location Canaden (a. S.O.
Instrument Seri	al No. 008940 113 Huy 343, Canden, N.C.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the 29 day of 1000 , 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.
TARE CLAM WITH A STATE OF THE S	Tall II

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

Signature of Certifying Official

Certificate Number

CAMDEN COUNTY CAMDEN CO SO 140

Serial Number: 008940 Test Date: 06/29/2015

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

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

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

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
08/01/2013-08/01/2015

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	12:13pm 12:14pm 12:15pm 12:16pm
AIR BLK	.00	12:17pm
SUB TEST	.00	12:19pm
AIR BLK	.00	12:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CAMDEN COUNTY CAMDEN CO SO 140

Serial Number: 008940 Test Date: 06/29/2015 Test Record Number: 726
Test Time: 12:21pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:21pm
FLO	Pass	12:21pm
FC	Pass	12:21pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	12:21pm 12:21pm 12:21pm 12:21pm
BT	Pass	12:21pm

Blank Tests

Test	Status	Time
AIR	Pass	12:22pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:22pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:22pm 12:22pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Otland Instrument Location Bat mabile Unita
Instrument Seri	ial No. 20873 (p
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 TH	Signature of Certifying Official Certificate Number

SCOTLAND COUNTY BAT MOBILE UNIT 2 820

Serial Number: 008736 Test Date: 06/20/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

10/01/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Jonya B Skyner

SCOTLAND COUNTY BATMOBILE UNIT 2 820

Serial Number: 008601

Test Record Number: 1044

Test Date: 06/20/2015

Test Time: 10:02pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:03pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:03pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:03pm

10:03pm

Preventive Maintenance Status: Pass

Pass

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Wa	a Targa	Instrument Location_	Boone	Police	Dept.
Instrument S	Serial No. <u>0087/6</u>		Boone,	NC	
The preventi		the Intoximeters, Model Intox I	EC/IR II to be fol	lowed at least of	once every
1.	Verify the ethanol gas can 34 degrees, plus or minus	nister displays pressure, or the al .2 degree centigrade;	coholic breath si	mulator thermo	meter show
2.	Verify instrument display	s time and date;			
3.	Initiate breath test sequen	ce;			
4.	Enter information as pron	npted;			
5.	Verify instrument accurac	ey;			
6.	When "PLEASE BLOW"	appears, collect breath sample;	;		
7.	When "PLEASE BLOW"	appears, collect breath sample;			
8.	Print test record;				
9.	Verify Diagnostic Progra	n; and			
10.		s canister is being changed beforg changed every four months or			
procedures w	ere performed on the instrume	nt indicated above, in accordance and the instrument is functioning	e with current re	ng preventive n gulations of the	naintenance N.C.
THE STATE OF THE S	S NO PARTIES OF THE P		The state of the s	649	
	and the second second	Signature of Certifying Officia	1	Certificate N	umber

WATAUGA COUNTY BOONE P D 940

Serial Number: 008716 Test Date: 06/26/2015

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:

05/01/2015-05/01/2017

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

WATAUGA COUNTY BOONE P D 940

Serial Number: 008716

Test Record Number: 1762

Test Date: 06/26/2015

Test Time: 4:33pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:33pm
FLO	Pass	4:33pm
FC	Pass	4:33pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:33pm
SRC	Pass	4:33pm
DET	Pass	4:33pm
BAR	Pass	4:33pm
BT	Pass	4:33pm

Blank Tests

Test	Status	Time
AIR	Pass	4:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:34pm

CRC Tests

Test	Status	Time
COMP	Pass	4:34pm
CAL	Pass	4:34pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County He	enderson Instrument Location Henderson Co. Dotem	tion
Instrument S	Serial No. 0089/1 Henderson Ville, NC	
The prevention four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once are:	every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermomete 34 degrees, plus or minus .2 degree centigrade;	r 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 br simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.	eath r tests,
I certify that of procedures we Department of	on the	enance ;.
THE STATE OF THE PART OF THE P	CAROUN	
	Signature of Certifying Official Certificate Numb	er er

HENDERSON COUNTY DETENTION 440

Serial Number: 008911 Test Date: 06/19/2015

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:
05/01/2015-05/01/2017

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

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

Test	g/210L	Time
DIAG	Pass	3:19pm
AIR BLK	.00	3:20pm
ACCY CHK	.07	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

HENDERSON COUNTY DETENTION 440

Serial Number: 008911

Test Record Number: 314

Test Date: 06/19/2015

Test Time: 3:27pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	3:28pm

Printer Tests

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

CAL Pass 3:28pm

Pass

3:28pm

COMP

Preventive Maintenance Status: Pass

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

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

,	INTOXIMETERS, MODEL INTOX EC/IR II
County(Labarrus Instrument Location Cabarrus County SU
Instrument S	Gerial No. 008792 30 Colban Are, Concold
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.
	on the
STATI ST	

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

DHHS 4080 (11/07)

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008792 Test Record Number: 1845

Test Date: 06/24/2015 Test Time: 10:52am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:52am
SRC	Pass	10:52am
DET	Pass	10:52am
BAR	Pass	10:52am
\mathtt{BT}	Pass	10:52am

Blank Tests

Test	Status	Time
AIR	Pass	10:53am

Printer Tests

Test

CAL

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

Status

Time

10:53am

Preventive Maintenance Status: Pass

Pass

Analyst//

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008792 Test Date: 06/24/2015

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: 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 AIR BLK	Pass .00 .08	10:57am 10:57am 10:58am 10:59am
SUB TEST	.00	11:00am
AIR BLK	.00	11:01am
SUB TEST	.00	11:02am
AIR BLK	.00	11:03am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County St	any Instrument Location Stanly County SD
Instrument Seria	1No. 008910 126 S. 3 5t., Albernar le
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	he day of June, 2015 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
THE STATE OF AN ANCIENT AND AN ANCIENT AND AN ANCIENT AND AN AND AND AN AND AND AND AND AND A	Signature of Certifying Official Certificate Number

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008910

Test Record Number: 462

Test Date: 06/24/2015

Test Time: 1:19pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:20pm
FLO	Pass	1:20pm
FC	Pass	1:20pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:20pm
SRC	Pass	1:20pm
DET	Pass	1:20pm
BAR	Pass	1:20pm
BT	Pass	1:20pm

Blank Tests

Test	Status	Time
AIR	Pass	1:21pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:21pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:21pm

Preventive Maintenance Status: Pass

Pass

1:21pm

CAL

Analyst /

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008910 Test Date: 06/24/2015

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: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2014-01/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:23pm
AIR BLK	.00	1:24pm
ACCY CHK	.08	1:24pm
AIR BLK	.00	1:25pm
SUB TEST	.00	1:26pm
AIR BLK	.00	1:27pm
SUB TEST	.00	1:28pm
AIR BLK	.00	1:29pm

Reported AC: \.00 g/210L

Signature of Chemical Analys

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; Enter information as prompted; 4. 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. 7. When "PLEASE BLOW" appears, collect breath sample; Print test record; 8. 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 / 6 the forgoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008842

Test Record Number: 1556

Test Date: 06/24/2015

Test Time: 12:54pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:55pm
FLO	Pass	12:55pm
FC	Pass	12:55pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:55pm 12:55pm
SRC DET	Pass Pass	12:55pm
BAR BT	Pass Pass	12:55pm 12:55pm
דם	rass	12.JJp

Blank Tests

Test	Status	Time	

AIR Pass 12:56pm

Printer Tests

Test	Status	Time
Test	Status	Time

PRNT Pass 12:56pm

CRC Tests

Test	Status	Time
COMP	Pass	12:56pm
CAL	Pass	12:56pm

Preventive Maintenance Status: Pass

Analys*t*

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008842 Test Date: 06/24/2015

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: 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: AG507902 Exp Date: 03/20/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	12:59pm 1:00pm 1:00pm
AIR BLK	.00	1:01pm
SUB TEST	.00	1:02pm
AIR BLK	.00	1:03pm
SUB TEST	.00	1:05pm
AIR BLK	.00	1:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst /

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETER	CS, MODEL INTOX EC	
County	(abarrus	Instrument Location Coby	100 County SO
Instrumen	nt Serial No. <u>008635</u>	30 Carban Ave.	
The preve	entive 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	isplays pressure, or the alcoholic bre ree centigrade;	ath 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" appea	rs, collect breath sample;	
7.	When "PLEASE BLOW" appear	rs, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		er is being changed before expiration ed every four months or after 125 A	
procedures	nat on the <u>JHM</u> day of <u>JUM</u> s were performed on the instrument indicent of Health and Human Services, and the	ated above, in accordance with curre	orgoing preventive maintenance ent regulations of the N.C.
SERVICE CONTROL OF SERVICE SER		ure of Certifying Official	656 Certificate Number

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008625 Test Record Number: 4013 Test Date: 06/24/2015 Test Time: 3:33pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:34pm
FLO	Pass	3:34pm
FC	Pass	3:34pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:34pm
SRC	Pass	3:34pm
DET	Pass,	3:34pm
BAR	Pass	3:34pm
\mathtt{BT}	Pass	3:34pm

Blank Tests

Test	Status	Time
AIR	Pass	3:35pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:35pm
	CRC Tests	
Test	Status	Time

35pm 35pm

Preventive Maintenance Status: Pass

Analys

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008625 Test Date: 06/24/2015

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: HAYS, MARK D

Permit Number: 15924E

Effective: 01/01/2014-01/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	3:37pm 3:38pm
ACCY CHK	.00	3:38pm
ACCI CHK	.00	3:39pm
SUB TEST	.00	3:40pm
AIR BLK	.00	3:40pm
SUB TEST	.00	3:42pm
AIR BLK	.00	3:43pm

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

Signature of Certifying Official

Certificate Number

CLEVELAND COUNTY KINGS MOUNTAIN PD 220

Serial Number: 008900

Test Record Number: 529

Test Date: 06/25/2015

Test Time: 3:50pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:51pm 3:51pm
FC	Pass	3:51pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:51pm
SRC	Pass	3:51pm
DET	Pass	3:51pm
BAR	Pass	3:51pm
BT	Pass	3:51pm

Blank Tests

Test	Status	Time
AIR	Pass	3:51pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:51pm

CRC Tests

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

Preventive Maintenance Status: Pass

CLEVELAND COUNTY KINGS MOUNTAIN PD 220

Serial Number: 008900 Test Date: 06/25/2015

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: AG320602 Exp Date: 07/25/2015

Test	g/210L	Time
DIAG AIR BLK	Pass	3:54pm 3:54pm
ACCY CHK	.08	3:55pm
AIR BLK	.00	3:56pm
SUB TEST	.00	3:56pm
AIR BLK	.00	3:57pm
SUB TEST	.00	3:59pm
ATR BLK	. 00	4:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County OK	LANGE Co.	Instrument Location ////	boxough PD.
Instrument Ser	ial No. <u>008</u> 799	127 Churchary ST	Hills bonough, NC
The preventive four months ar		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 degree centigrade;	breath simulator thermometer show
2.	Verify instrument displays tir	ne and date;	
3.	Initiate breath test sequence;	•	
4.	Enter information as prompte	d; ,	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" 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.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nister is being changed before expira anged every four months or after 12	ation date, or the alcoholic breath 5 Alcoholic Breath Simulator tests,
I certify that or procedures wer Department of	e performed on the instrument in	the instrument is functioning prope	ne forgoing preventive maintenance urrent regulations of the N.C. rly.
202 annually		. #	er Fr 10 er
STATE OF THE STATE	NO PULL CAR		
THE QUANTINGS			654
,	Sig	gnature of Certifying Official	Certificate Number

ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799 Test Date: 06/18/2015

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: KEESLER, GRAYHAM C

Permit Number: 7682E Effective:

02/01/2014-02/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA
Agency: DHHS

Test Type: Breath Test

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

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

Reported Act

∕00∕g/210∐

Signature of Chemical Analyst

Court CVR

ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799 Test Record Number: 1870 Test Date: 06/18/2015

Test Time: 11:14am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:14am
SRC	Pass	11:14am
DET	Pass	11: 14a m
BAR	Pass	11:14am
\mathtt{BT}	Pass	11:14am

Blank Tests

Test	Status	Time
AIR	Pass	11: 1 5am

Printer Tests

Test	Status	Time
PRNT	Pass	11: 1 5am
	CRC Tests	
Test	Status	Time

COMP Pass 11:15am CAL Pass 11:15am

Preventive Maintenance /Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Me	CKlenburg Instrument Location CMPD-LEC
Instrument Seria	al No. 008691 601 E. Trade St., Charlotte
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 17th day of JUNE, 2015 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF AN INC. TO THE STATE OF AN INC. THE STATE OF AN IN	Signature of Certifying Official Certificate Number

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008691 Test Record Number: 5485 Test Date: 06/17/2015 Test Time: 11:22am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:22am 11:22am
FC	Pass	11:23am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:23am

Printer Tests

Test	Status	Time
PRNT	Pass	11:23am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:24am

Preventive Maintenance Status: Pass

Pass

11:24am

CAL

Analyst

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008691 Test Date: 06/17/2015

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: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2014-01/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	11:30am
AIR BLK	.00	11:31am
ACCY CHK	.08	11:31am
AIR BLK	.00	11:32am
SUB TEST	.00	11:34am
AIR BLK	.00	11:35am
SUB TEST	.00	11:36am
ATR RIK	0.0	11:37am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst