PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

. 1	INTOAIMETERS, MODEL INTOX EC/IR II
County (A)	Instrument Location WAAR (N. Netenton
Instrument Se	erial No. DO 4449 207E Chestant St., Moldsono, A
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 wer	n the
OTHE STATE OF	AROUND AND AND AND AND AND AND AND AND AND A
	Signature of Certifying Official Certificate Number

#### WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008649 Test Date: 05/06/2015

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Test	g/210L	Time
DIAG	Pass	9:51am
AIR BLK ACCY CHK	.00	9:52am 9:53am
AIR BLK	.00	9:54am
SUB TEST	.00	9:55am
AIR BLK	.00	9:56am
SUB TEST	.00	9:57am
AIR BLK	.00	9:58am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Tind & Rese

#### WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008649 Test Record Number: 2663 Test Date: 05/06/2015 Test Time: 9:59am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	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	10:00am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:00am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:01am 10:01am

Preventive Maintenance Status: Pass

Analyst

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

Instrument S	ANAOPA Instrument Location 14  Serial No. 008791 Police D	2 SAV TMENT
The preventi	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;	plic breath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	. (
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before ex simulator solution is being changed every four months or after whichever occurs first.	
	on the day of	
THE STATE OF THE S		1 /d 7

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

Signature of Certifying Official

Certificate Number

#### RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791 Test Date: 05/12/2015

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: DEAN, L K
Permit Number: 11598E

Effective:

06/01/2013-06/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
		. <del>4</del>
DIAG	Pass	9:30am
AIR BLK	.00	9:30am
ACCY CHK	.08	9:31am
AIR BLK	.00	9:32am
SUB TEST	.00	9:33am
AIR BLK	.00	9:34am
SUB TEST	.00	9:35am
AIR BLK	.00	9:36am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

L. Lewis Son

#### RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791

Test Record Number: 1035

Test Date: 05/12/2015

Test Time: 9:37am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:37am
FLO	Pass	9:37am
FC	Pass	9:37am

## Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	9:37am 9:37am
DET	Pass Pass	9:37am 9:37am
BAR BT	Pass Pass	9:37am 9:37am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:38am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:38am

#### CRC Tests

Test	Status	Time
COMP	Pass	9:38am
CAL	Pass	9:38am

Preventive Maintenance Status: Pass

- Lender

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Instrument Serial No. 008705 100 Police Plan	Greenshar, M.
	llowed at least once every
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be for four months are:	Showed at least office every
<ol> <li>Verify the ethanol gas canister displays pressure, or the alcoholic breath s</li> <li>34 degrees, plus or minus .2 degree centigrade;</li> </ol>	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 dat simulator solution is being changed every four months or after 125 Alcoh whichever occurs first.	
I certify that on the	ing preventive maintenance egulations of the N.C.
Control STATE OF A CONTROL OF A	
TOT COUNTY YOUR TO SEE THE SEE	642

## GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725 Test Date: 05/18/2015

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:

06/01/2013-06/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

rest	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	11:18am 11:19am 11:20am 11:21am 11:22am 11:23am
AIR BLK	.00	11:23am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

L. Lein Dian Analysi

#### GUILFORD COUNTY GREENSBORO PD 400

al Number: 008725

Test Record Number: 3377

Test Date: 05/18/2015

Test Time: 11:25am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

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

AIR Pass 11:26am

#### Printer Tests

Test	Status	Time

PRNT Pass 11:26am

#### CRC Tests

Test	Status	Time
TCDC	platus	7 TIIIC

COMP Pass 11:26am CAL Pass 11:26am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Cou	inty	INTUXIVIETERS, WIODEL INTOX ECTR II  U) HORd Instrument Location UW - GVEENS MOVO
Inst	rument S	erial No. 008604 Police Department
	preventive months	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;
· Ale	7.	When "PLEASE BLOW" appears, collect breath sample;
8 18	8.	Print test record;
	9.	Verify Diagnostic Program; and
	10.	Verify that the ethanol gas canister is being changed before 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		on the
CHE GREAT SEA	OF THE STATE OF TH	Atom (bot) 642

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

Signature of Certifying Official

Certificate Number

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

Serial Number: 008604 Test Date: 05/18/2015

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:

06/01/2013-06/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	12:49pm
AIR BLK ACCY CHK	.00 .08	12:50pm 12:51pm
AIR BLK	.00	12:52pm
SUB TEST	.00	12:53pm
AIR BLK	.00	12:54pm
SUB TEST	.00	12:55pm
AIR BLK	.00	12:56pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Level

Analyst

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

Serial Number: 008604

Test Record Number: 1328

Test Date: 05/18/2015

Test Time: 12:57pm EDT

System Check: Passed

### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:58pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:58pm
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

12:58pm

12:58pm

COMP

CAL

L'Herrin Dun

Analvet

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Instrument Serial No. 20 666 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; 6. When "PLEASE BLOW" appears, collect breath sample; 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.



Signature of Certifying Official

Contificate Normal

#### PITT COUNTY PITT CO DETENTION 730

Serial Number: 008662 Test Date: 05/15/2015

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

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

Subject's Sex: Male

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: 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	10:43am
AIR BLK	.00	10:44am
ACCY CHK	.07	10:44am
AIR BLK	.00	10:45am
SUB TEST	.00	10:46am
AIR BLK	.00	10:46am
SUB TEST	.00	10:49am
AIR BLK	.00	10:50am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### PITT COUNTY PITT CO DETENTION 730

Serial Number: 008662

Test Record Number: 854

Test Date: 05/15/2015

Test Time: 10:51am 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 10:52am

#### Printer Tests

ICSC	scacus	T TITE
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 Instrument Location Instrument Serial No. 008668 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade: 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record: 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests. whichever occurs first. I certify that on the 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

#### PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668 Test Date: 05/15/2015

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: AG414801 Exp Date: 05/28/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:28am 10:29am 10:30am
AIR BLK	.00	10:31am
SUB TEST	.00	10:32am
AIR BLK	.00	10:32am
SUB TEST	.00	10:35am
AIR BLK	.00	10:36am

Reported AC: .00\_g/210L

Signature of Chemical Analyst

Court CVR

Anályst

#### PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668 Test Date: 05/15/2015

Test Record Number: 2566
Test Time: 10:37am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10·38am

#### Printer Tests

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

COMP Pass 10:38am CAL Pass 10:38am

Preventive Maintenance Status: Pass

Analyst\_

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

INTOXIMETERS, MODEL INTOX EC/IR II
Instrument Location Pitt Co. Detention Cen-
ial No.008646 124 Defention Dr., Greenville,
maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
Verify instrument displays time and date;
Initiate breath test sequence;
Enter information as prompted;
Verify instrument accuracy;
When "PLEASE BLOW" appears, collect breath sample;
When "PLEASE BLOW" appears, collect breath sample;
Print test record;
Verify Diagnostic Program; and
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
the 15 day of 10, 20 15 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
Signature of Certifying Official Certificate Number

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646 Test Date: 05/15/2015

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: AG400603 Exp Date: 01/06/2016

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646 Test Date: 05/15/2015 Test Record Number: 2879
Test Time: 10:23am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:23am
FLO	Pass	10:23am
FC	Pass	10:24am

## Temperature Tests

Status	Time
Pass	10:24am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
ATR	Dagg	10.24am

### Printer Tests

Test	Status	Time
PRNT	Pass	10:24am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:25am

Preventive Maintenance Status: Pass

Analyst

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

Signature of Certifying Official

Certificate Number

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008588 Test Date: 05/14/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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 .00	1:14pm 1:15pm
ACCY CHK	.08	1:15pm
AIR BLK	.00	1:17pm
SUB TEST	.00	1:17pm
AIR BLK	.00	1:18pm
SUB TEST	.00	1:20pm
AIR BLK	.00	1:21pm

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

## PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008588

Test Record Number: 834

Test Date: 05/14/2015

Test Time: 1:22pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	1:23pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:23pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:23pm
CAL	Pass	1:23pm

Preventive Maintenance Status: Pass

Analyst

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

		INTOXIMETE	rs, Model in Lox i	LC/IK II	_	
Cou	inty	ave	Instrument Location Kill	Dovil	Hils	19
Inst	rument Seri	al No. <u>008844</u>	102 Town Hall	I Dr. K	ill Da	(H:
	preventive months are		Intoximeters, Model Intox EC/IR I	I to be followe	d at least onc	e every
	1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic egree centigrade;	breath simula	tor thermome	eter shows
	2.	Verify instrument displays tim	e and date;			
	3.	Initiate breath test sequence;	•			
	4.	Enter information as prompted	<b>;</b>			٠
	5.	Verify instrument accuracy;				
1 .	6.	When "PLEASE BLOW" app	ears, collect breath sample;			
Y.	7.	When "PLEASE BLOW" app	ears, collect breath sample;	·		
,	8.	Print test record;				
	9.	Verify Diagnostic Program; an	a <b>d</b>		-	•
	10.		ister is being changed before expir nged every four months or after 12			
proc		performed on the instrument inc	, 20 5 the first tument is functioning property		eventive mai	ntenance .C.
THE GREAT SEA	OF ME STATE OF A	ON CAROLIN				
The state of the s	ARE 12. TTO	The Sign	nature of Certifying Official	)	043 rtificate Num	ıber

#### DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844 Test Date: 05/06/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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	Pass	1:33pm
AIR BLK	.00	1:34pm
ACCY CHK	.00	1:35pm
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

#### DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844 Tes

Test Record Number: 1607

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
	•	
ATR	Pass	1:42pm

### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

	بعير	INTOXIMETERS, MODEL INTOX EC/IR II	يدير
Co	unty	arritude Instrument Location Curritude (o. S.O	Corolla
Ins	trument S	erial No. 008949 163 Octontrail, Corolla, MC	
	e preventi r 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;	***
٠	5.	Verify instrument accuracy;	
	6.	When "PLEASE BLOW" appears, collect breath sample;	
÷	7.	When "PLEASE BLOW" appears, collect breath sample;	
	8.	Print test record;	
	9.	Verify Diagnostic Program; and	
	10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.	
proc	rtify that o cedures we cartment o	on theday of, 20, 20	
THE GREAT SEA	O THE STATE OF THE	CAROLINIA CAROLI	

CURRITUCK COUNTY SO-COROLLA 260

Serial Number: 008949 Test Date: 05/06/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

his form is used when performing Preventive Maintenance n

#### CURRITUCK COUNTY SO-COROLLA 260

Serial Number: 008949 Test Record Number: 361 Test Date: 05/06/2015

Test Time: 12:15pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:16pm
FLO FC	Pass Pass	12:16pm 12:16pm
rC	Pass	TZ: T0DW

#### 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
ATR	Pagg	12 · 17pm

### Printer Tests

Test	Status	Time
PRNT	Pass	12:17pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:17pm 12:17pm

Preventive Maintenance Status: Pass

Analyst

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

2	INTOXIMETERS, MODEL INTOX EC/IR II
County	Instrument Location Type (0.5.0.
Instrument Ser	ial No. DO8902 402 Main St., Columbia, 1
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.
	the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

#### TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902 Test Date: 05/05/2015

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: 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: 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	10:40am 10:41am 10:41am 10:42am <b>10:43am</b> 10:44am
SUB TEST	.00	10:46am
AIR BLK	.00	10:46am

Reported AC: .00 g/210L

Signature of Chemi/cal Analyst

Court CVR

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

**Department of Health and Human Services** 

Analyst

Rev. 12/2007

#### TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902 Test Record Number: 551 Test Date: 05/05/2015 Test Time: 10:47am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:48am
SRC	Pass	10:48am
DET	Pass	10:48am
BAR	Pass	10:48am
BT	Pass	10:48am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:49am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:49am

#### CRC Tests

COMP Pass 10:49a CAL Pass 10:49a

Preventive Maintenance Status: Pass

Analyst

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

County_/	HAI: FAX Co. Instrument Location Coarloke Rapids P.D.
Instrument S	Serial No. 003635 1040 FOAMORE AVE ROMORE Faplels No
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 show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the
STATE OUR STATE OF THE STATE OF	Signature of Certifying Official Certificate Number

#### HALIFAX CO ROANOKE RAPIDS PD 410

Serial Number: 008635 Test Date: 05/11/2015

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: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2014-02/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:05pm
AIR BLK	.00	2:06pm
ACCY CHK	.07	2:07pm
AIR BLK	.00	2:08pm
SUB TEST	.00	2:08pm
AIR BLK	.00	2:09pm
SUB TEST	.00	2:11pm
ATR BLK	. 0.0	$2 \cdot 12 \text{pm}$

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### HALIFAX CO ROANOKE RAPIDS PD 410

Serial Number: 008635 Test Record Number: 1423 Test Date: 05/11/2015 Test Time: 2:20pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:20pm
FLO	Pass	2:20pm
FC	Pass	2:20pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:21pm
SRC	Pass	2:21pm
DET	Pass	2:21pm
BAR	Pass	2:21pm
BT	Pass	2:21pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:21pm

### Printer Tests

Test	Status	Time
PRNT	Pass	2:21pm
	CRC Tests	<b>"</b> :
Test	Status	Time
COMP	Pass	2:21pm

Preventive Maintenance Status: Pass

Pass

2:21pm

CAL

Änalvst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Halifax Co. Instrument Location ROANOKE RApids P. I
Instrument S	Serial No. DO8656 1040 ROANDKE AVE ROANDKE RAPISS.
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 show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the
STATE OF STA	

Certificate Number

Signature of Certifying Official

HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656 Test Date: 05/11/2015

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: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2014-02/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG411202

Exp Date: 04/22/2016

DIAG	Pass	2:00pm
AIR BLK	.00	2:01pm
ACCY CHK	.07	2:01pm
AIR BLK	.00	2:02pm
SUB TEST	.00	2:03pm
AIR BLK	.00	2:04pm
SUB TEST	.00	2:06pm
ATR BLK	.00	2 : 0.60m

Reported AC: /.00 g/210J

Signature of Chemical Analyst

Court CVR

Analyst

#### HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656

Test Record Number: 515

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:09pm
FLO	Pass	2:09pm
FC	Pass	2:10pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:10pm
SRC	Pass	2:10pm
DET	Pass	2:10pm
BAR	· Pass	2:10pm
BT	Pass	2:10pm

#### Blank Tests

Test	Status	Time
*		
AIR	, Pass	2:10pm

#### Printer Tests

Test	Status	Time
PRNT	Pass.	2:10pm

#### CRC Tests

Test	Status	Time
COMP	Pass	2:10pm
CAL	Pass	2:10pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

,	INTOXIMETERS, MODEL INTOX EC/IR II
County No	2 MAMPton Co. Instrument Location Northampton Co. Sheriff 1
Instrument Seri	al No. 008601 105 W Tefterson Si TACKSON, 14
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
· · · 2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t procedures were Department of H	the
STATE OF AN 20, 1775 AN CONTROL OF AN 20, 1775 AN CONTROL OF AN AND AN AND AN AND AND AND AND AND AN	

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

Signature of Certifying Official

Certificate Number

### NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008607 Test Date: 05/11/2015

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: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2014-02/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	1:05pm 1:06pm 1:06pm 1:07pm 1:08pm 1:09pm
SUB TEST AIR BLK	.00 .00	1:10pm 1:11pm
TITIC DITE	.00	T • T T \$7111

Reported Ag: .00 g/21

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

Analvst

#### NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008607 Test Record Number: 780

Test Date: 05/11/2015

Test Time: 1:12pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	1:13pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:13pm

#### CRC Tests

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

Preventive Maintenance

Status: Pass

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

Instrument Serial No. WSC 188 105 W. Telferson St. The kson NC  The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:  1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  1 certify that on the // day of // 20 // 5 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.	. *	INTOXIMETERS, MODEL INTOX	
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:  1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the	County //	Athom plant Co. Instrument Location Mark	Lampton Co, Shealt D
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:  1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the	Instrument Se	orial No. 008688 105 W. Jeffenso	NST TACKSON NC
1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  1 certify that on the			· · · · · · · · · · · · · · · · · · ·
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before 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			II to be followed at least once every
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the	1.		ic breath simulator thermometer show
4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the	2.	Verify instrument displays 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.  I certify that on the	5.	Verify instrument accuracy;	
8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the	6.	When "PLEASE BLOW" 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 1	
(M) A Tack	procedures we	ere performed on the instrument indicated above, in accordance with	current regulations of the N.C.
Signature of Cartifuing Official Cartificate Number	STATE ME STA	Signature of Certifying Official	Certificate Number

### NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008688 Test Date: 05/11/2015

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: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2014-02/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	1:03pm 1:04pm 1:05pm 1:06pm
SUB TEST	.00	1:06pm
AIR BLK SUB TEST	.00 .00	1:07pm 1:09pm
AIR BLK	.00	1:10pm

Reported AC

Ø0/g/210I

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

#### NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008688 Test Record Number: 703 Test Date: 05/11/2015 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
$\mathtt{BT}$	Pass	1:11pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:12pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County HAI	Instrument Location HAILERY Co. S. O.
Instrument Seri	al No. 008695 355 FERRELL LANG HALIFAY MC
·	
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on to procedures were Department of H	heday of, 20 / the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
THE STATE OF NO.	Signature of Certifying Official Certificate Number

HALIFAX CO. HALIFAX CO. SD 410

Serial Number: 008695 Test Date: 05/11/2015

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: KEESLER, GRAYHAM C
Permit Number: 7682E
Effective:
02/01/2014-02/01/2016

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:06pm 12:07pm
ACCY CHK	.00	12:07pm
AIR BLK	. 0,0	12:09pm
SUB TEST	.00	12:09pm
AIR BLK	.00	12:10pm
SUB TEST	.00	12:12pm
AIR BLK	.00	12:13pm

Reported AC: .00 g/2101

Signature of Chemical Analyst

Court CVR

Analyst

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

HALIFAX CO. HALIFAX CO. SD 410

Serial Number: 008695

Test Record Number: 1792

Test Date: 05/11/2015

Test Time: 12:16pm EDT

System Check: Passed

Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
ATR	Pagg	12 · 17 m

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:17pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:17pm 12:17pm

Preventive Maintenance Status: Pass

Analyst

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

	INTOXIMETERS, MODEL INTOX EC/IR II
County	MASh Instrument Location ROCKY MOUNT PD
Instrument S	erial No. 008740 #2 Government Plaza Rocky Mount
· · · · · · · · · · · · · · · · · · ·	
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o procedures we Department of	on the
THE STATE OF THE S	
	Signature of Certifying Official Certificate Number

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740 Test Date: 05/11/2015

Citation Number: M0000000-0

Subject's Name:

PRVENTIVE, MAINTENANCE

Subject'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: AG409709 Exp Date: 04/07/2016

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

Reported AC. .9

2101/27/ور 10/و.

Signature of Chemical Analyst

Court CVR

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

Anályst

#### NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740 Test Record Number: 529
Test Date: 05/11/2015 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

Test	Status	Time
FC1	Pass	10:48am
SRC	Pass	10:48am
DET	Pass	10:48am
BAR	Pass	10:48am
BT	Pass	10:48am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:49am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:49am

#### CRC Tests

rest	Status	rime
COMP	Pass	10:49am
CAL	Pass	10:49am

Preventive Maintenance Status: Pass

Analyst

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

County		Instrument Location Rocky Mount P.D.
Instrur	nent Seria	NO. CO8141 #1 GOVERNMENT PLAZA ROCK, MOUNT,
	eventive 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	<b>).</b>	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify proced Departi	y that on t ures were ment of H	he
GREAT S.	ASTATE OF ANY 20, 1772 ANY 20,	Signature of Certifying Official Certificate Number

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741 Test Date: 05/11/2015

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: 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: AG335201 Exp Date: 12/18/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	10:39am 10:40am 10:41am 10:42am
SUB TEST	.00	10:43am
AIR BLK	.00	10:43am
SUB TEST	.00	10:46am
AIR BLK	.00	10:46am

Reported AC:

00/4/2101

Signature of Chemical Analyst

Court CVR

Analyst

#### NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741 Test Record Number: 1681 Test Date: 05/11/2015 Test Time: 10:47am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:47am
FLO	Pass	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

PRNT	Pass	10:48am
	CRC Tests	
Test	Status	Time

Status

Time

COMP	Pass	10:48am
CAL	Pass	10:48am

Preventive Maintenance Status: Pass

Anaiyst

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

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

MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008698 Test Date: 05/07/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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	10:23pm
AIR BLK	.00	10:24pm
ACCY CHK	. 07	10:24pm
AIR BLK	.00	10:25pm
SUB TEST	.00	10:26pm
AIR BLK	.00	10:27pm
SUB TEST	.00	10:28pm
ATR BLK	. 00	10:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court. CVR

Analyst

Anaiyst

#### MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008698 Test Date: 05/07/2015 Test Record Number: 1250 Test Time: 10:35pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FCI SRC	Pass Pass	10:36pm 10:36pm
DET	Pass Pass	10:35pm
BAR BT	Pass Pass	10:36pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:37pm

#### Printer Tests

Clare and the second

and down as

10:37pm

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

Preventive Maintenance Status: Pass

Pass

Analyst

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

County McC	Clenbury Instrument Location_	But mobile Unit 5
Instrument Seria	1 No. <u>008600</u>	
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox E	C/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the al 34 degrees, plus or minus .2 degree centigrade;	coholic breath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed befor simulator solution is being changed every four months or whichever occurs first.	
I certify that on t procedures were Department of H	he	the forgoing preventive maintenance with current regulations of the N.C. g properly.
OF THE STATE OF AN ANY 20, 1775 AND THE STATE OF ANY 20, 1775 AND THE STATE OF AN ANY 20, 1775 AND THE STATE OF ANY 20, 1775 A	CM V Dory	Gertificate Number

#### MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008600 Test Date: 05/07/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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	10:24pm
AIR BLK	.00	10:25pm
ACCY CHK	. 08	10:26pm
AIR BLK	.00	10:27pm
SUB TEST	.00	10:28pm
AIR BLK	.00	10:28pm
SUB TEST	.00	10:30pm
AIR BLK	.00	10:31pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008600 Test Record Number: 1574

Test Date: 05/07/2015 Test Time: 10:32pm EDT

System Check: Passed

#### Baseline Tests

Test	٠.	Status	Time
IR		Pass	10:32pm
FLO		Pass	10:32pm
FC		Pass	10:32pm

#### Temperature Tests

FC1 Pass 10:32pm SRC Pass 10:32pm DET Pass 10:32pm BAR Pass 10:32pm BT Pass 10:32pm	Test	Status	Time
BT Pass 10:32pm	SRC DET BAR	Pass Pass	10:32pm 10:32pm 10:32pm
	BT	Pass	10:32pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:33pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:33pm

#### CRC Tests

Test	Status	Time
COMP	Pass	10:33pm
CAL	Pass	10:33pm

Preventive Maintenance Status: Pass

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

County N	1ccll len burg	Instrument Location	of mobile Units
Instrument Se	erial No. 00 8 788		
The preventive four months a		e Intoximeters, Model Intox EC/IR	R II to be followed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2		lic breath simulator thermometer shows
2.	Verify instrument displays ti	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
7.	When "PLEASE BLOW" ap	opears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	and	
10.			piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
I certify that of procedures we Department of	on the	ndicated above, in accordance with the instrument is functioning pro	the forgoing preventive maintenance h current regulations of the N.C. perly.
THE STATE OF THE STATE OF THE STATE OF THE OPEN AND THE O	CM	V -)o-	654
		gnature of Certifying Official	Certificate Number

#### MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008788 Test Date: 05/07/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: TOWERY, CHAD V

Permit Number: 26632E

Effective:

10/18/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	10:24pm 10:25pm 10:25pm 10:26pm 10:27pm 10:27pm
SUB TEST	.00	10:29pm
ATR BLK	. 00	10:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008788

Test Record Number: 1198

Test Date: 05/07/2015

Test Time: 10:35pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:35pm 10:35pm
FC	Pass	10:35pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:35pm
SRC	Pass	10:35pm
DET	Pass	10:35pm
BAR	Pass	10:35pm
$\mathtt{B}\mathbf{T}$	Pass	10:35pm

#### Blank Tests

Test	Status	Time
AIŔ	Pass	10:36pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:36pm
	CRC Tests	
	<b>~</b> ! :	ma 1

Tesc	beacus	11110
COMP	Pass	10:36pm
CAL	Pass	10:36pm

Preventive Maintenance Status: Pass

Analyst

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

County M	acli bu n	Instrument Location B4 Me	bile Unit 5
Instrument Se	rial No. 008600		
The preventiv	e maintenance procedures for the Intox e:	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	i date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears,	collect breath sample;	
7.	When "PLEASE BLOW" appears,	collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister simulator solution is being changed whichever occurs first.		
I certify that o procedures we Department of	the day of may be performed on the instrument indicate Health and Human Services, and the in	, 20 /f the forced above, in accordance with currenstrument is functioning properly.	orgoing preventive maintenance ent regulations of the N.C.
THE COLAM VIEW	CM V	Jo-X	659
	Signature	e of Certifying Official	Certificate Number

MADISON BAT MOBILE UNIT 5 560

Serial Number: 008600 Test Date: 05/02/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Driver's License Number: NONE

Analyst's Name: TOWERY, CHAD V

Permit Number: 26632E

Effective:

10/18/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	5:01pm
AIR BLK	.00	5:02pm
ACCY CHK	.07	5:02pm
AIR BLK	.00	5:03pm
SUB TEST	.00	5:04pm
AIR BLK	.00	5:05pm
SUB TEST	.00	5:06pm
ATR BLK	. 0.0	5 · 0.710m

Signature of Chemical Analyst

Court CVR

#### MADISON BAT MOBILE UNIT 5 560

Serial Number: 008600

Test Record Number: 1569

Test Date: 05/02/2015

Test Time: 5:09pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	5:09pm
FLO	Pass	5:09pm
FC	Pass	5:09pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	5:09pm
SRC	Pass	5:09pm
DET	Pass	5:09pm
BAR	Pass	5:09pm
BT	Pass	5:09pm

#### Blank Tests

Test	Status	Time
AIR	Pass	5:10pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	5:10pm
	CRC Tests	
Test	Status	Time

Test	Status	Time
COMP	Pass	5:10pm
CAL	Pass	5:10pm

Preventive Maintenance Status: Pass

Analyst

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

County	edell Instrument L	Location But Mobile Unit 5
Instrument Ser	ial No. <u>() 0 8(000</u>	
The preventive four months are	maintenance procedures for the Intoximeters, Mod	del Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure 34 degrees, plus or minus .2 degree centigrade;	e, or the alcoholic breath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	•
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath	th sample;
7.	When "PLEASE BLOW" appears, collect breath	h sample;
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changesimulator solution is being changed every four methods whichever occurs first.	nged before expiration date, or the alcoholic breath nonths or after 125 Alcoholic Breath Simulator tests,
procedures were	the day of	, 20/f the forgoing preventive maintenance accordance with current regulations of the N.C. functioning properly.
O'THE STATE OF ANY 20. 1772  O'THE STATE OF ANY 20. 1772  O'THE STATE OF ANY 20. 1772  O'THE STATE OF ANY 20. 1772	CM V Dox	658
	Signature of Certifying	

IREDELL BAT MOBILE UNIT 5 480

Serial Number: 008600 Test Date: 05/01/2015

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: 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	8:17pm
AIR BLK	.00	8:18pm
ACCY CHK	.08	8:19pm
AIR BLK	.00	8:20pm
SUB TEST	.00	8:21pm
AIR BLK	.00	8:21pm
SUB TEST	.00	8:23pm
ATR BLK	.00	8:24pm

Reported AG: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### IREDELL BAT MOBILE UNIT 5 480

Serial Number: 008600

Test Record Number: 1565

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	8:27pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:27pm

#### CRC Tests

Test	Status	Time
COMP	Pass	8:27pm
CAL	Pass	8:27pm

Preventive Maintenance Status: Pass

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

County 4	Tredo 11	Instrument Location_	BJ	Mabile Unit 5
Instrument Se	rial No. 008789			·
The preventive four months as	e maintenance procedures for the Into	eximeters, Model Intox	EC/IR I	I to be followed at least once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degrees		alcoholic	c breath simulator thermometer show
2.	Verify instrument displays time a	nd date;		
3.	Initiate breath test sequence;	·		
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appear	s, collect breath sample	<b>;</b> ;	
7.	When "PLEASE BLOW" appear	s, collect breath sample	»;	
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.				ration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
	n the	ited above, in accordan	ce with o	
STATE OF STA	CUL	ure of Certifying Officia		Le 5 G Certificate Number

IREDELL BAT MOBILE UNIT 5 480

Serial Number: 008788 Test Date: 05/01/2015

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: TOWERY,  $CHAD\ V$ 

Permit Number: 26632E

Effective:

10/18/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	8:19pm 8:20pm
ACCY CHK	.07	8:21pm
AIR BLK	.00	8:22pm
SUB TEST AIR BLK	.00 .00	8:22pm 8:23pm
SUB TEST	.00	8:25pm
ATR BLK	. 0.0	8:25pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### IREDELL BAT MOBILE UNIT 5 480

Serial Number: 008788

Test Record Number: 1192

Test Date: 05/01/2015

Test Time: 8:29pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:30pm
FLO	Pass	8:30pm
FC	Pass	8:30pm

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	8:30pm mq08:8
DET	Pass	8:30pm
BAR BT	Pass	8:30pm
ът	Pass	8:30pm

#### Blank Tests

Test	Status	Time
AIR	Pass	8:31pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:31pm

#### CRC Tests

Test	Status	Time
COMP	Pass	8:31pm
CAL	Pass	8:31pm

Preventive Maintenance Status: Pass

Analyst

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

ر المادين الم	INTOXIMETERS, MODEL INTOX EC/IR II
County	140/in Instrument Location Duplin Country
Instrument Ser	ial No. OPESHY _ Sheriff Dept
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	theday of
THE STATE OF THE S	January Cody
	Signature of Certifying Official Certificate Number

DUPLIN COUNTY DUPLIN CO SD 300

Serial Number: 008864 Test Date: 05/06/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: 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	9:19am 9:20am
ACCY CHK	.08 .00	9:21am 9:22am
SUB TEST	.00	9:22am
AIR BLK	.00	9:23am
SUB TEST	.00	9:24am
AIR BLK	.00	9:25am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

\_/-\_/

### DUPLIN COUNTY DUPLIN CO SD 300

Serial Number: 008864

Test Record Number: 2493

Test Date: 05/06/2015

Test Time: 9:26am EDT

### System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:26am 9:26am
FC	Pass	9:26am

### Temperature Tests

Test	Status	Time
FC1	Pass	9:26am
SRC	Pass	9:26am
DET	Pass	9:26am
BAR	Pass	9:26am
BT	Pass	9:26am

### Blank Tests

Test	Status	Time
AIR	Pass	9:27am

### Printer Tests

Test	Status	Time
PRNT	Pass	9:27am

### CRC Tests

Test	Status	Time
COMP	Pass	9:27am
CAL	Pass	9:27am

Preventive Maintenance Status: Pass

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

Instrument Location Both MIBBILE Chief 4 No. 008970 Holly Springs
intenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 4 degrees, plus or minus .2 degree centigrade;
Verify instrument displays time and date;
nitiate 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 breath imulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
day of 10, 20/5 the forgoing preventive maintenance erformed on the instrument indicated above, in accordance with current regulations of the N.C. alth and Human Services, and the instrument is functioning properly.
Signature of Certifying Official Certificate Number

### WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008970

Test Record Number: 49 

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	12:14am
FLO	Pass	12:14am
FC	Pass	12:14am

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	12:15an

### Printer Tests

Test	Status	Time
PRNT	Pass	12:15am

### CRC Tests

Test	Status	Time
COMP	Pass	12:15am
CAL	Pass	12:15am

Preventive Maintenance Status: Pass

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008970 Test Date: 05/02/2015

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: 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	12:04am 12:04am
ACCY CHK	.08	12:05am
AIR BLK	.00	12:06am
SUB TEST	.00	12:06am
AIR BLK	.00	12:07am
SUB TEST	.00	12:08am
AIR BLK	.00	12:09am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County	Wake Instrument Location 13 ST MOBILE LEVIT
Instrument S	Gerial No. Oct 972 Holly Springs
The preventi	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures v	on the
STATE OF THE STATE	Signature of Certifying Official Certificate Number

### WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008972 Test Record Number: 72 

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	10:22pm

### Printer Tests

Status

Test

Time

PRNT	Pass	10:22pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:23pm 10:23pm

Preventive Maintenance Status: Pass

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008972 Test Date: 05/01/2015

Citation Number: M000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	10:12pm 10:13pm 10:14pm 10:15pm 10:15pm
AIR BLK	.00	10:16pm
SUB TEST	.00	10:18pm
AIR BLK	.00	10:19pm

Reported AC: -00 g/210L

Signature of Chemical Analyst

Court CVR

Step 6.7110/2

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

County	Wake		Soft Mobile Lin, To
Instrument S	erial No. 005968		folly Springer
The preventi	•	e Intoximeters, Model Intox E	C/IR II to be followed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2		coholic breath simulator thermometer shows
2.	Verify instrument displays ti	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	opears, collect breath sample;	
7.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.			e expiration date, or the alcoholic breath fter 125 Alcoholic Breath Simulator tests,
	on theday of ere performed on the instrument in of Health and Human Services, and	ndicated above, in accordance	the forgoing preventive maintenance with current regulations of the N.C.
O PAR STATE OF THE	ONO THE CANONICAL STREET	grature of Certifying Official	Certificate Number

### WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008968 Test Record Number: 44
Test Date: 05/01/2015 Test Time: 10:29pm EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:30pm

### Printer Tests

Test

PRNT	Pass	10:30pm
11(1(1	2. 2-12.12	10.305"
	CRC Tests	
Test	Status	Time

Status

Time

COMP Pass 10:30p CAL Pass 10:30p	

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008968 Test Date: 05/01/2015

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: 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	10:18pm 10:19pm 10:20pm 10:20pm 10:22pm
SUB TEST	.00	10:24pm
AIR BLK	.00	10:25pm

.00 g/210L atare of Chemical Analyst

Reported AC:

Court CVR

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

County WA	KeCo. Instrument Location WAK & Co Deterrition Center
	· · · · · · · · · · · · · · · · · · ·
Instrument Seria	al No. 002651 3301 Hammond Rd Raleigh IVC
The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
. <b>4.</b>	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of H	the 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.
TO THE STATE OF A LONG TO THE STATE OF THE STATE OF THE STATE OF THE	Signature of Certifying Official Certificate Number

### WAKE COUNTY DETENTION CENTER 910

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

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2014-02/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:43am 10:44am
ACCY CHK	.08	10:45am
AIR BLK	.00	10:46am
SUB TEST	.00	10:46am
AIR BLK	.00	10:47am
SUB TEST	.00	10:49am
ATR BLK	. 00	10:50am

Reported AC:

210L/عر 00.

Signature of Chemical Analyst

Court CVR

Analyst

### WAKE COUNTY DETENTION CENTER 910

Serial Number: 008651 Test Record Number: 1168 Test Date: 05/05/2015 Test Time: 10:51am 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
BT	Pass	10:52am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:52am

### Printer Tests

Test	Status	Time
PRNT	Pass	10:52am

### CRC Tests

Test	Status	Time
COMP	Pass	10:53am
CAL	Pass	10:53am

Preventive Maintenance Status: Pass

Ańalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County WAKE Co. Instrument Location WAKE Co. Detention	<u></u>
Instrument Serial No. 008873 3301 Hammond Rd Raleigh NC	
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:	
<ol> <li>Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sho</li> <li>34 degrees, plus or minus .2 degree centigrade;</li> </ol>	WS
2. Verify instrument displays time and date;	
3. Initiate breath test sequence;	
4. Enter information as prompted;	
5. Verify instrument accuracy;	
6. When "PLEASE BLOW" appears, collect breath sample;	
7. When "PLEASE BLOW" appears, collect breath sample;	
8. Print test record;	
9. Verify Diagnostic Program; and	
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.	,
I certify that on the	е
Signature of Certifying Official  Certificate Number	

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008873 Test Date: 05/05/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2014-02/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:44am 10:45am 10:45am
AIR BLK	.00	10:46am
SUB TEST	.00	10:47am
AIR BLK	.00	10:49am
SUB TEST	.00	10:50am
ATR BLK	0.0	10.51am

Reported AC:

Signature of Chemical Analyst

Court CVR

### WAKE COUNTY DETENTION CENTER 910

Serial Number: 008873

Test Record Number: 1204

Test Date: 05/05/2015

Test Time: 10:53am EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1	Pass	10:53am
SRC	Pass	10:53am
DET	Pass	10:53am
BAR	Pass	10:53am
BT	Pass	10:53am

### Blank **Te**sts

Test	Status	Time
AIR	Pass	10:54am

### Printer Tests

Test	Status	Time
ייזאממ	Dagg	10.54am

### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	beautor Y Instrument Location be	Cantalk Co. Covitha
Instrument	t Serial No. 00 8584 103 E. 2nd	Street., Washing TOP
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/I	R II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoh 34 degrees, plus or minus .2 degree centigrade;	olic breath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before esimulator solution is being changed every four months or after whichever occurs first.	xpiration date, or the alcoholic breath or 125 Alcoholic Breath Simulator tests,
procedures	at on the Aday of MA, 20 5 were performed on the instrument indicated above, in accordance we at of Health and Human Services, and the instrument is functioning p	the forgoing preventive maintenance ith current regulations of the N.C. roperly.
S S S S S S S S S S S S S S S S S S S	Signature of Certifying Official	Certificate Number

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008586 Test Date: 05/27/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	12:10pm
AIR BLK	.00	12:11pm
ACCY CHK	.08	12:12pm 12:13pm
SUB TEST	.00	12:13pm
AIR BLK	.00	12:15pm
SUB TEST	.00	12:17pm
AIR BLK	. 00	12:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008586

Test Record Number: 1134

Test Date: 05/27/2015

Test Time: 12:18pm EDT

System Check: Passed

### Baseline Tests

IR Pass FLO Pass FC Pass	12:19pm

### Temperature Tests

Test	Status	Time
FC1	Pass	12:19pm
SRC	Pass	12:19pm
DET	Pass	12:19pm
BAR	Pass	12:19pm
BT	Pass	12:19pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:19pm

### Printer Tests

Test	Status	Time
PRNT	Pass	12:20pm

#### CRC Tests

Test	Status	Time
COMP	Pass	12:20pm
CAL	Pass	12:20pm

Preventive Maintenance Status: Pass

Jinied Reed
Analyst

Instrument S	Serial No. 004909 103 E. 2nd 4NLV ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be 1	Collowed at least once every
four months		onowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer 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 dassimulator solution is being changed every four months or after 125 Alcol whichever occurs first.	
I certify that oprocedures we Department o	on the	oing preventive maintenance regulations of the N.C.
to the same of the		·

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

Signature of Certifying Official

Certificate Number

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909 Test Date: 05/27/2015

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

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

Analyst's Name: KEESLER, LINDA A
Permit Number: 11646E
Effective:
08/01/2013-08/01/2015

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Find A Course

### BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909

Test Record Number: 2189

Test Date: 05/27/2015

Test Time: 12:17pm EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1	Pass	12:17pm
SRC	Pass	12:17pm
DET	Pass	12:17pm
BAR	Pass	12:17pm
BT	Pass	12:17pm

### Blank Tests

Test	Status	Time
AIR	Pass	12:18pm

### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

12:18pm

CAL

Analyst

general services de la comparta del la comparta del comparta del la c

# PREVENTIVE MAINTENANCE RECORD

	INTOXIMETERS, MODEL INTOX EC/IR II
County (	NAME Instrument Location WAAR CN. Retention Ch
Instrument	Instrument Location WAAR (N. Petention Ctorserial No. DO 4449 207 E. Chessand St., Roldsono, N.C.
The prevent	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures with Department of	tion theday of, 20
THE STATE OF THE S	E ON TO THE CASE OF THE CASE O
	Signature of Certifying Official Certificate Number

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008649 Test Date: 05/06/2015

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	9:51am 9:52am 9:53am
AIR BLK SUB TEST	.00	9:54am 9:55am
AIR BLK SUB TEST AIR BLK	.00 .00 .00	9:56am <b>9:57am</b> 9:58am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Lind A Clesse
Analyst

<del></del>				· · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·				
·	 	-		
				-
	 · · · · · · · · · · · · · · · · · · ·			
·				
		***		
	 · · · · · · · · · · · · · · · · · · ·		- · · · · - · - · - · - · - · · - · · · - ·	
-				

### WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008649 Test Record Number: 2663
Test Date: 05/06/2015 Test Time: 9:59am EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1	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	10:00am

### Printer Tests

Test	Status	Time
PRNT	Pass	10:00am

### CRC Tests

Test	Status	Time
COMP	Pass	10:01am
CAL	Pass	10:01am

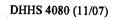
Preventive Maintenance Status: Pass

Analyst

* 4							
•					·		
				 		· · · · · · · · · · · · · · · · · · ·	
1							
•							
•							
	4.1	•	• • •			140	
•							
_							
:							
•							
_							
-							

PREVENTIVE MAINTENANCE RECORD

7	INTOXIMETERS, MODEL INTOX EQ	C/IR II
County_	ANDOM Instrument Location ARC	NOA/E
Instrument S	Gerial No. OD8791 Police Dep	artment
The preventi	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 shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	•
4.	Enter information as prompted;	· 1
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
<b>7.</b>	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 A whichever occurs first.	n date, or the alcoholic breath lcoholic Breath Simulator tests,
I certify that o procedures we Department of	the force performed on the instrument indicated above, in accordance with current Health and Human Services, and the instrument is functioning properly.	orgoing preventive maintenance ent regulations of the N.C.
THE STATE OF THE S	A. Lieul Dan	642
	/ Signature of Certifying Official	Certificate Number



RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791 Test Date: 05/12/2015

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:30am 9:30am
ACCY CHK	.08	9:31am
AIR BLK SUB TEST	.00 .00	9:32am <b>9:33am</b>
AIR BLK	.00	9:34am
SUB TEST	.00	9:35am
AIR BLK	.00	9:36am

Reported AG: .00 g/210L

Signature of Chemical Analyst

Court CVR

L. Krien Don Analyst

	· · · · · · · · · · · · · · · · · · ·				
			-	•	
		 ···			
		 · · · · · ·			 
					٠
a a c	•	 			
·· 		 			

### RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791 Test Date: 05/12/2015

Test Record Number: 1035
Test Time: 9:37am EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	9:37am
FLO	Pass	9:37am
FC	Pass	9:37am

### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	9:37am 9:37am 9:37am 9:37am 9:37am

### Blank Tests

Test	Status	Time
AIR	Pass	9:38am

### Printer Tests

Test	Status	Time
COMP	Pass	9:38am
CAL	Pass	9:38am

CRC Tests

Preventive Maintenance Status: Pass

- Leine Ceu

·	- <del></del>		······································	· · · · · · · · · · · · · · · · · · ·	·
•					
	***				
:					
		•			
•					

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

, i	INTOXIMETERS, MODEL INTOX E	C/IR II
County	SUIL Instrument Location GRee	ensboro PD
Instrumen	Serial No. <u>008725</u> 100 Police P	MA Greenshur, N.
The prevention	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II as are:	to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic laddegrees, plus or minus .2 degree centigrade;	breath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
<b>8.</b>	Print test record;	
9.	Verify Diagnostic Program; and	. :
10.	Verify that the ethanol gas canister is being changed before expirat simulator solution is being changed every four months or after 125 whichever occurs first.	ion date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify that procedures Department	t on the day of, 20, 20	e forgoing preventive maintenance rrent regulations of the N.C.
OF THE STA	TE OF NORTH	
APRIL 12.	/Signature of Certifying Official	Certificate Number
		Confidence Number

GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725 Test Date: 05/18/2015

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:
06/01/2013-06/01/2015

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

L'Hein Dian
Analyst

·		······································	
•			
<u>-</u>			
:			
-			

GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725 Test Date: 05/18/2015

Test Record Number: 3377 Test Time: 11:25am EDT

System Check: Passed

Baseline Tests

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

### Temperature Tests

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

### Blank Tests

Test Status Time

AIR Pass 11:26am

### Printer Tests

Test Status Time

PRNT Pass 11:26am

CRC Tests

Test Status Time

COMP Pass 11:26am CAL Pass 11:26am

Preventive Maintenance Status: Pass

Levi Dear )

	·				
	<del></del>	 	 		
/		 	 		
•					
				**	
<u> </u>		 	 		
ŧ					
		 	 		***

# PREVENTIVE MAINTENANCE RECORD

· ·	INTOXIMETERS, MODEL INTOX EC/IR II
County	Instrument Location UW - Greens horo
Instrument S	Serial No. 008604 Police Department
The preventi	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.~	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures w Department of	on the
THE STATE OF THE S	

GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604 Test Date: 05/18/2015

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	12:49pm 12:50pm 12:51pm 12:52pm 12:53pm 12:54pm
SUB TEST	.00	12:55pm
AIR BLK	.00	12:56pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

						·	"	
_		·	·					
-								
	•							
:							•	
				 	 			· · · · · · · · · · · · · · · · · · ·
		•		÷	·	ě	***	

GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604 Test Date: 05/18/2015 Test Record Number: 1328
Test Time: 12:57pm EDT

System Check: Passed

Baseline Tests

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

### Temperature Tests

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

### Blank Tests

Test Status Time

AIR Pass 12:58pm

### Printer Tests

Test Status Time

PRNT Pass 12:58pm

CRC Tests

Test Status Time

COMP Pass 12:58pm CAL Pass 12:58pm

Preventive Maintenance Status: Pass

L. Leva Clan
Analysi

	 	<u></u>			
	 	<u></u>	 	<u>-</u> .	
:					
	·				·

## PREVENTIVE MAINTENANCE RECORD

$\alpha$	INTOXIMETERS, MODEL INTOX EC/IR II
County	Instrument Location Pitt Co. Detention Ce
Instrument Seri	al No.00 Blob 2 124 Detention Dr., Greenville, M
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;
<sub>1</sub> 6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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 15th day of 15th day of 15th 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 MAN TO THE STATE OF THE S	
The state of the s	Signature of Certifying Official Certificate Number
	Ognitude of Contrying Official Certificate (Milliber

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

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008662 Test Date: 05/15/2015

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: AG400603 Exp Date: 01/06/2016

Test	g/210L	Time
DIAG	Pass	10:43am
AIR BLK	.00	10:44am
ACCY CHK	.07	_10:44am
AIR BLK	.00	10:45am
SUB TEST	.00	10:46am
AIR BLK	.00	10:46am
SUB TEST	.00	10:49am
AIR BLK	.00	10:50am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

	e de la companya de	
		 <del></del>
·		 
•		
<u> </u>		

#### PITT COUNTY PITT CO DETENTION 730

Serial Number: 008662

Test Record Number: 854

Test Date: 05/15/2015

Test Time: 10:51am 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	10:52am

#### 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

<u> </u>		·	· · ·	·	 · .	
	<u></u>	и. и.		 	 	

	PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II
County 7	Instrument Location Pitt Culoteution Ger
Instrument Seria	INO. 008668 124 Detention Dr., Greenville,
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
 6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t procedures were Department of H	he
OF THE STATE OF N	# CARO
ANE QUAM VIDER	Zeh W
	Signature of Certifying Official Certificate Number

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668 Test Date: 05/15/2015

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: AG414801 Exp Date: 05/28/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	10:28am 10:29am 10:30am 10:31am
SUB TEST	.00	10:32am
AIR BLK	.00	10:32am
SUB TEST	.00	10:35am
AIR BLK	.00	10:36am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

	·	· :			
 		 •••	<u>-</u>		· · · · · · · · · · · · · · · · · · ·
 	<u> </u>	 		<u> </u>	
		·		·	

#### PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668 Test Date: 05/15/2015

Test Record Number: 2566 Test Time: 10:37am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:38am

#### Printer Tests

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

COMP	Pass	10:38am
CAL	Pass	10:38am

Preventive Maintenance Status: Pass

Analust

•	
	•
-	

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

(	County Pi	INTOXIMETERS, MODEL INTOX EC/IR II  Instrument Location Pitt (o. Detention Cent
·I	nstrument Seri	al No. 008646 124 Dotestion Dr., Greenville,
	The preventive our 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;
٠.	8.	Print test record;
	9.	Verify Diagnostic Program; and
	10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
р		the 15 day of 10, 20 15 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.
	COLUMN STATE OF THE STATE OF TH	
	ATTACACION VIDEN	Tell 11 64.3
9 .7 .4 .080		Signature of Certifying Official Certificate Number

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646 Test Date: 05/15/2015

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: AG400603 Exp Date: 01/06/2016

Te	st	g/210L	Time
DI	AG	Pass	10:16am
AI	R BLK	.00	10:17am
AC	CY CHK	.07	10:17am
AI:	R BLK	.00	10:18am
SU	B TEST	.00	10:19am
AI	R BLK	.00	10:20am
SU	B TEST	.00	10:21am
AI	R BLK	.00	10:22am

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

-					
	· · · · · · · · · · · · · · · · · · ·	 ····	· 	·	 
		 · • · · · •			 

#### PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646 Test Record Number: 2879

Test Date: 05/15/2015 Test Time: 10:23am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:23am
FLO	Pass	10:23am
FC	Pass	10:24am

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time	
A TD	מאמת	10.040	

#### AIR 10:24am Pass

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:24am

#### CRC Tests

Test	Status	Time
COMP CAL	Pass Pass	10:25am 10:25am

Preventive Maintenance Status: Pass

· · · · · · · · · · · · · · · · · · ·				 	
:					
	<u>-</u>			 	. <u>-</u>
			-		
· · · · · · · · · · · · · · · · · · ·				 	
		4 - 44			

County Pasquo tank Instrument Location Pasquotank Co. Public	
Instrument Serial No. 008588 Bldg., 200 E. Colonial St., 5%	200
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once eve four months are:	ry
1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sl 34 degrees, plus or minus .2 degree centigrade;	nows
2. Verify instrument displays time and date;	
3. Initiate breath test sequence;	
4. Enter information as prompted;	
5. Verify instrument accuracy;	
6. When "PLEASE BLOW" appears, collect breath sample;	
7. When "PLEASE BLOW" appears, collect breath sample;	
8. Print test record;	
9. Verify Diagnostic Program; and	
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator terms whichever occurs first.	
I certify that on the	nce
STATE OF NO.	
Rell W	
Signature of Certifying Official Certificate Number	_

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

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008588 Test Date: 05/14/2015

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

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

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

Analyst's Name: 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	1:14pm
AIR BLK	.00	1:15pm
ACCY CHK	.08	1:15pm
AIR BLK	.00	1:17pm
SUB TEST	.00	1:17pm
AIR BLK	.00	1:18pm
SUB TEST	.00	1:20pm
AIR BLK	.00	1:21pm

Reported AC: .00 g/2101

Signature of Chemical Analyst

Court CVR

Analyst

<u>-</u>		 	 
	e e		

## PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008588 Test Record Number: 834 Test Date: 05/14/2015 Test Time: 1:22pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	1:22pm 1:22pm 1:22pm 1:22pm 1:22pm
	- 400	22p

#### Blank Tests

1050	Scacus	TIME	
AIR	Pass	1:23pm	

#### Printer Tests

-		
Test	Status	Time
PRNT	Pass	1:23pm
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

1:23pm

1:23pm

COMP

CAL

Analyst

 	 	·		· · · · · · · · · · · · · · · · · · ·
 	 ***			
			•	

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

	INTOXIMETERS, MODEL INTOX EC/IR II	
County_	Dave Instrument Location Kill Davil Hills PD	•
İnstrume	nt Serial No. 008844 102 Town Hall Dr., Kill Davil Hil	ils, NC.
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.	·
procedure	nat on theday of, 20	
S S S S S S S S S S S S S S S S S S S	TATE OF NO.	
* ESE CI	Signature of Certifying Official Certificate Number	
Maria. Par		<u> </u>

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

DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844 Test Date: 05/06/2015

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

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

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

Analyst's Name: 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 .08 .00	1:33pm 1:34pm 1:35pm 1:36pm 1:37pm
AIR BLK	.00	1:38pm
SUB TEST	.00	1:39pm
AIR BLK	.00	1:40pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

	 # **	 	 	 	
•				•	
<u> </u>	 	 	 	 	

#### DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844 Test Record Number: 1607
Test Date: 05/06/2015 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 SRC DET BAR BT	Pass Pass Pass Pass Pass	1:41pm 1:41pm 1:41pm 1:41pm 1:41pm

#### Blank Tests

TODC	Deacus	1 11110
AIR	 Pass	1:42pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:42pm
. *	CRC Tests	
Test	Status	Time

COMP Pass 1:42pm CAL Pass 1:42pm

Preventive Maintenance Status: Pass

Analyst

•						
		 	- · · ·	· · · · · · · · · · · · · · · · · · ·	 	·
. •						
•						
		 - · · - · -		·· · · —	 · - · -	
			10			
. •						
:						
:		 			 	
,						
·		 			 	
-	•					

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

<i>~</i>	INTOXIMETERS, MODEL INTOX EC/IR II
County (	urriture Instrument Location (urriture (o. S.O (6
Instrument So	erial No. 008949 163 Octontrail, Corolla, MC.
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
THE STATE OF THE S	7/4/N (04 2
	Signature of Certifying Official Certificate Number

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

CURRITUCK COUNTY SO-COROLLA 260

Serial Number: 008949 Test Date: 05/06/2015

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

  	· · · · · · · · · · · · · · · · · · ·	 	· · · · · · · · · · · · · · · · · · ·	 · <u></u>	 
 		 · · · · · · · · · · · · · · · · · · ·		 	 

#### CURRITUCK COUNTY SO-COROLLA 260

Serial Number: 008949 Test Record Number: 361
Test Date: 05/06/2015 Test Time: 12:15pm 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 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:16pm 12:16pm 12:16pm 12:16pm 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

12:17pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

	· · · · · · · · · · · · · · · · · · ·				 	 	
_							
		- · · · · · · · · · · · · · · · · · · ·		·	 	 	
					•		
			- · <u></u>		 	 	
•							
<u> </u>					 	 	
	4 - 4						

## PREVENTIVE MAINTENANCE RECORD INTOXIMETEDS MODEL INTOX EC/ID II

County	Instrument Location Type (6 5.0.
-	rial No. DD8902 402 Main St., Columbia, A
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures we Department of	n the
STATE OF THE STATE	
EDE QUAM VIDE	Lell M 643
	Signature of Certifying Official Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years. DHHS 4080 (11/07)

TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902 Test Date: 05/05/2015

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: 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: AG507902 Exp Date: 03/20/2017

Test	g/210L	Time
DIAG	Pass	10:40am
AIR BLK	.00	10:41am
ACCY CHK	.07	10:41am
AIR BLK	.00	10:42am
SUB TEST	.00	10:43am
AIR BLK	.00	10:44am
SUB TEST	.00	10:46am
AIR BLK	.00	10:46am

Reported AC: .00 g/2101

Signature of Chemical Analyst

Court CVR

Lell Analyst

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

 	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	······································	· · · · · · · · · · · · · · · · · · ·	
 				· ·	<u> </u>	
•		•				

#### TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902 Test Record Number: 551 Test Date: 05/05/2015 Test Time: 10:47am EDT

System Check: Passed

Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:48am 10:48am 10:48am 10:48am 10:48am
	Idbb	TO. TOUR

#### Blank Tests

Test	Status	Time
AIR	Pass	10:49am

#### Printer Tests

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

10:49am

10:49am

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

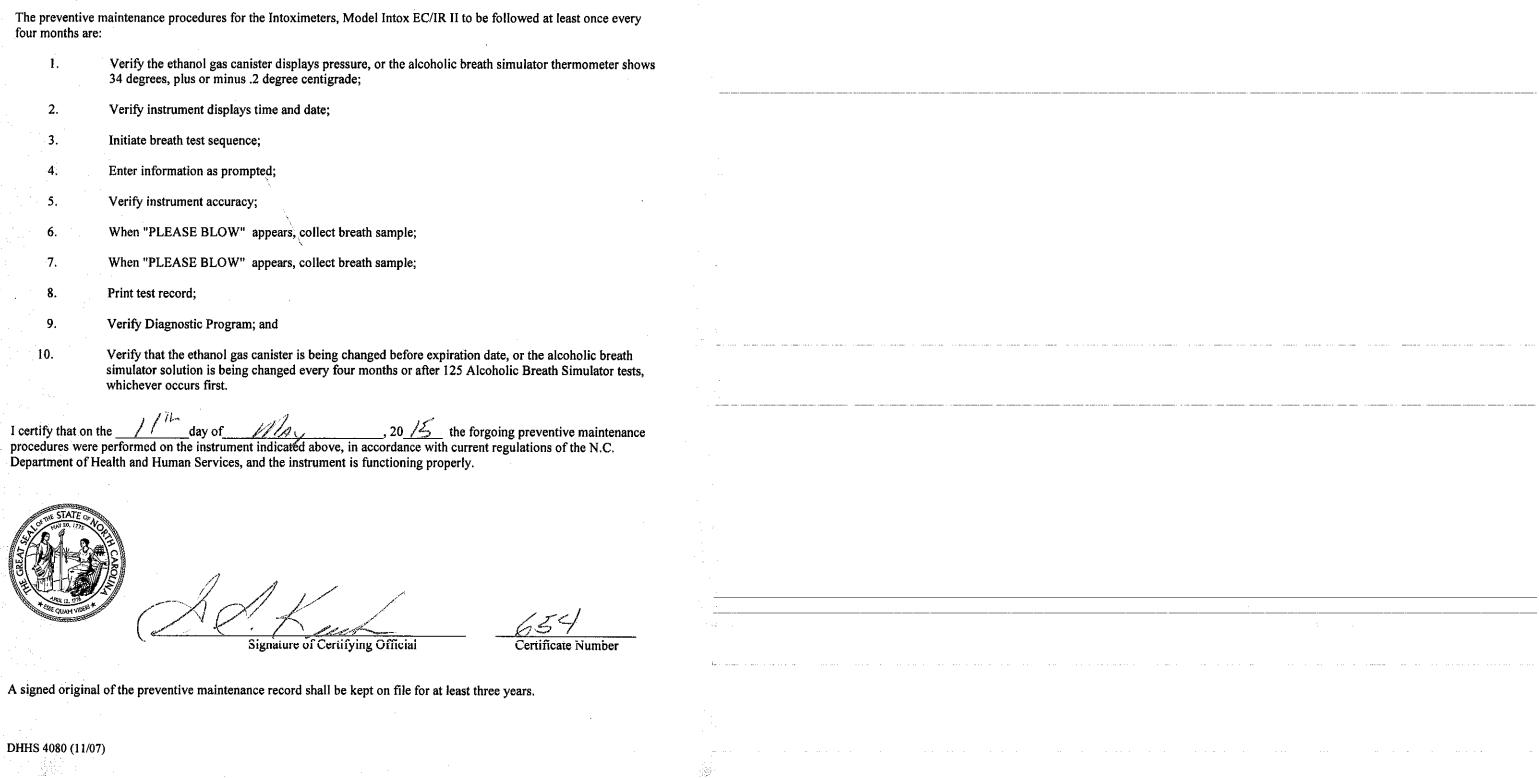
Analyst

		 	<del></del>	 	 	<del></del>	 	 	 
-	•								
-		 		 	 		 	 	 

## PREVENTIVE MAINTENANCE RECORD INTOVIMETEDS MODEL INTOVICATION II

County /-/A	Lifax Co. Instrument Location Landke Rapids P.D.
Instrument Ser	ial No. 003635 1040 Portoke Ave Romoke Liplets MC
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.
	the
THE STATE OF THE S	Signature of Cartifician Official Configuration

DHHS 4080 (11/07)



#### HALIFAX CO ROANOKE RAPIDS PD 410

Serial Number: 008635 Test Date: 05/11/2015

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: KEESLER, GRAYHAM C
Permit Number: 7682E
Effective:
02/01/2014-02/01/2016

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	2:05pm 2:06pm
ACCY CHK	.07	2:07pm
AIR BLK	.00	2:08pm
SUB TEST	.00	2:08pm
AIR BLK	.00	2:09pm
SUB TEST	.00	2:11pm
AIR BLK	.00	2:12pm

Reported AC:

210L/ور00

Signature of Chemical Analyst

Court CVR

Analyst

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

race Caragaan

		 	 	···	 	 	
. <u> </u>	<u> </u>	 			 	 	
÷							
<u> </u>		 	 		 	 	

#### HALIFAX CO ROANOKE RAPIDS PD 410

Serial Number: 008635 Test Record Number: 1423
Test Date: 05/11/2015 Test Time: 2:20pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	2:20pm
FLO	Pass	2:20pm
FC	Pass	2:20pm

#### Temperature Tests

Test	Status	Time	
FC1	Pass	2:21pm	
SRC	Pass	2:21pm	
DET	Pass	2:21pm	
BAR	Pass	2:21pm	
BT	Pass	2:21pm	

#### Blank Tests

Test	Status	Time'
		200

AIR Pass 2:21pm

#### Printer Tests

PRNT Pass 2:21pm

CRC Tests

Test Status Time

COMP Pass 2:21pm CAL Pass 2:21pm

Preventive Maintenance Status: Pass

Analyst

•	

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County //	alifax Co. Instrument Location ROANOKE RApiels P.D
Instrument Ser	ial No. 008656 1040 ROAMUKE AVE ROAMOKE RAPINS 1
	· · · · · · · · · · · · · · · · · · ·
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 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
STATE OF THE STATE	

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

HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656 Test Date: 05/11/2015

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: KEESLER, GRAYHAM C
Permit Number: 7682E
Effective:
02/01/2014-02/01/2016

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00 .00	2:00pm 2:01pm 2:01pm 2:02pm 2:03pm 2:04pm 2:06pm
AIR BLK	.00	2:06pm

Reported AC: /.00 g

Signature of Chemical Analyst

Court CVR

Analyst

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



HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656 Test Record Number: 515
Test Date: 05/11/2015 Test Time: 2:09pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:09pm
FLO	Pass	2:09pm
FC	Pass	2:10pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:10pm
SRC	Pass	2:10pm
DET	Pass	2:10pm
BAR	· Pass	2:10pm
BT	Pass	2:10pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	2:10pm	

Printer Tests

.

Test	Status	Time

PRNT Pass 2:10pm

CRC Tests

Test Status Time

COMP Pass 2:10pm CAL Pass 2:10pm

Preventive Maintenance Status: Pass

Analyst

	<del>-</del>	
i		

PREVENTIVE MAINTENANCE RECORD

j	INTOXIMETERS, MODEL INTOX EC/IR II
	MAMpton Co. Instrument Location Northwestern Co. Sheriff D
Instrument Seri	al No. 008601 105 W Tefterson Si TACKSON, 140
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.
	he
THE STATE OF NO.	Signature of Certifying Official Certificate Number

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

## NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008607 Test Date: 05/11/2015

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: KEESLER, GRAYHAM C
Permit Number: 7682E

Effective: 02/01/2014-02/01/2016

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	1:05pm 1:06pm 1:06pm
AIR BLK	.00	1:07pm
SUB TEST	.00	1:08pm
AIR BLK	.00	1:09pm
SUB TEST	.00	1:10pm
AIR BLK	.00	1:11pm

Reported Ag: .80 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

<del></del>	· · · · · · · · · · · · · · · · · · ·	<del> </del>	·	<del></del>	 	 <del></del>
					 ·····	 
·						
			•			

#### NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008607 Test Record Number: 780 Test Date: 05/11/2015 Test Time: 1:12pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	1:12pm 1:12pm
$\mathtt{DET}$	Pass	1:12pm
BAR	Pass	1:12pm
BT	Pass	1:12pm

#### Blank Tests

lest	Status	TIME
ATR	Pass	1 • 1 3 m

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:13pm

CRC Tests

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

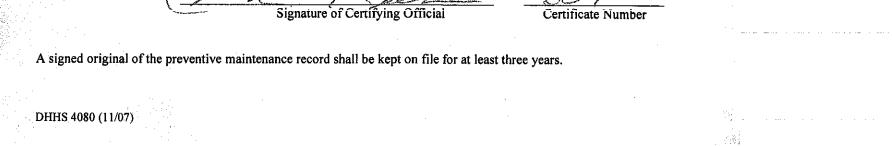
Preventive Maintenance
Status: Pass

Analyst

	 	 	 · · · · · · · · · · · · · · · · · · ·
·	 	 	 
•			
· ·			

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

County //	INTOXIMETERS, MODEL INTOX EC/IR  Them Nort Co. Instrument Location Hogh Launte	
	rial No. 008688 105 W. Jeffenson Si	TACKSON NC
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be fore:	llowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath s 34 degrees, plus or minus .2 degree centigrade;	imulator thermometer 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 simulator solution is being changed every four months or after 125 Alcohowhichever occurs first.	
	theday of, 20 the forgoing performed on the instrument indicated above, in accordance with current results and Human Services, and the instrument is functioning properly.	ng preventive maintenance gulations of the N.C.
OTHE STATE OF THE	AOR CAROUNIA	
* ESSE QUAM VIDEN	* (All +	654
	Signature of Certifying Official	Certificate Number



## NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008688 Test Date: 05/11/2015

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: KEESLER, GRAYHAM C
Permit Number: 7682E
Effective:
02/01/2014-02/01/2016

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

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

g/210L	Time
Pass .00 .07	1:03pm 1:04pm 1:05pm
.00	1:06pm
.00	1:06pm
.00	1:07pm
.00	1:09pm
.00	1:10pm
	Pass .00 .07 .00 .00 .00 .00 .00

Reported AC. .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

		 	 	 	ege e e	 	
<del></del>	<del></del>	 	 <del></del>		<del></del>	 <del> </del>	<del></del>
•		 		 			
			•		•		

#### NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008688 Test Record Number: 703 Test Date: 05/11/2015 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
$\mathtt{BT}$	Pass	1:11pm

#### Blank Tests

Test	Status	Time
λTD	Dagg	1 · 12pm

#### Printer Tests

TESC	Status	111116
PRNT	Pass	1:12pm
	CRC Tests	
Test	Status	Time

COMP	Pass	1:12pm
CAL	Pass	1:12pm

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



Berginsking and a figure equivalence with the constant of the first of

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

	INTOXIME T	TERS, MODEL INTOX EC	
County HA/	itax	Instrument Location //4/ifa	√ Co. S. O.
Instrument Seria	al No. <u>008695</u>	355 FERRELL LANG	HALLAN MC
The preventive four months are	•	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	ter displays pressure, or the alcoholic broken degree centigrade;	eath simulator thermometer shows
<b>2.</b>	Verify instrument displays t	time and date;	
3.	Initiate breath test sequence	;	
4.	Enter information as promp	ted;	
<b>5.</b>	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 expiration changed every four months or after 125 A	
	performed on the instrument	indicated above, in accordance with current the instrument is functioning properly	
TO THE STATE OF A STAT	CARLO	Signature of Certifying Official	Certificate Number

HALIFAX CO. HALIFAX CO. SD 410

Serial Number: 008695 Test Date: 05/11/2015

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: KEESLER, GRAYHAM C
Permit Number: 7682E
Effective:

02/01/2014-02/01/2016

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

HALIFAX CO. HALIFAX CO. SD 410

Test Record Number: 1792 Serial Number: 008695 Test Time: 12:16pm EDT Test Date: 05/11/2015

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 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:16pm 12:16pm 12:16pm 12:16pm 12:16pm

#### Blank Tests

Test	Status	типе		
AIR	Pass	12:17pm		

#### Printer Tests

Test

Status Time

PRNT	Pass	12:17pm		
	CRC Tests			
Test	Status	Time		
COMP CAL	Pass Pass	12:17pm 12:17pm		

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

·	 	 	<del></del>	
:	 	 		
		•	•	
<u> </u>	 	 		
•				
	 	 	···· · · · · · · · · ·	
:				

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

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

	INTOXIMETERS, MODEL INTOX EC/IR II
County /	ASh Instrument Location ROCKY WOUNT PD
Instrument Seri	al No. 008740 #2 GOVERNMENT PLAZA ROCKY MOUNT,
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	theday of, 20 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
OF CHAN YOUR ASSESSED OF THE STATE OF THE ST	Signature of Certifying Official Certificate Number

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



NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740 Test Date: 05/11/2015

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

Subject'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: AG409709 Exp Date: 04/07/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00 .00	10:41am 10:42am 10:42am 10:43am 10:45am 10:45am 10:46am 10:47am
7		

Reported AC. .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

	<del></del>		- 'V		 	
 4		4				·

#### NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740 Test Record Number: 529
Test Date: 05/11/2015 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	10:48am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	10:49am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:49am
	CRC Tests	
Test	Status	T'ime
COMP	Pass	10:49am

Preventive Maintenance Status: Pass

Pass

10:49am

CAL

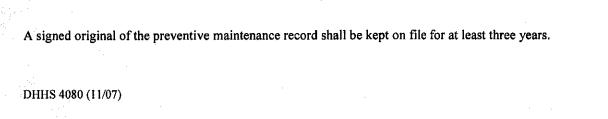
Amalwat

	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	 		
		—			 		
-							
						•	•
					 		· · · · · · · · · · · · · · · · · · ·
•							
			•				

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

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

. 1	INTOXIMETERS, MODEL INTOX EC/IR II
County M	15h Instrument Location Locky Mount P.D.
Instrument Se	orial No. 00841 #1 GOVERNMENT PLAZA ROCK, Mount,
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the 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;
<i>5</i> .	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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 STATE	Signature of Certifying Official Certificate Number



NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741 Test Date: 05/11/2015

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: 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: AG335201 Exp Date: 12/18/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00 .00	10:39am 10:40am 10:41am 10:42am 10:43am 10:46am 10:46am

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

	<u> </u>		 

#### NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741 Test Record Number: 1681 Test Date: 05/11/2015 Test Time: 10:47am EDT

System Check: Passed

Baseline Tests

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

## Temperature Tests

Test Statu	
FC1 Pass SRC Pass DET Pass BAR Pass BT Pass	10:47am 10:47am 10:47am 10:47am 10:47am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:48am

#### Printer Tests

Status Time

Test

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

Preventive Maintenance Status: Pass

Analyst

 	 	 	**		 	 	 
 	 	 			 	 	 <del></del> -
	 			***		 	

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

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

County	Maklanbury Instrument Location But Mobile Units					
	t Serial No					
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every his 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 Departmen	at on the					
TIS CHEAT OF THE CORE AT THE C	ATE OF OFFICIAL Signature of Certificate Number					

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

DHHS 4080 (11/07)

-					•	
		•			•	•
<u> </u>	 	 <u> </u>	 	 		

MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008698 Test Date: 05/07/2015

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

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

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

Analyst's Name: 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/2101	Time
DIAG	Pass	10:23pm
AIR BLK	.00	10:24pm
ACCY CHK	. 07	10:24pm
AIR BLK	.00	10:25pm
SUB TEST	.00	20:25pm
AIR BLK	.00	10:27pm
SUB TEST	.00	10:28pm
AIR BLK	.00	10:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Analyst

Α.					 			 	
		<del></del>	<del></del>	<del></del>	 <del></del>	 <del></del>	<del></del>	 	 
	· ·				 	 		 	 

#### MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008698 Test Date: 05/07/2015

Test Record Number: 1250
Test Time: 10:35pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FCL	Pass	10:36pm
SRC	Pass	10:36pm
DET	Pass	10:36pm
BAR	Pass	10:35pm
BT	Pass	10:36pm

#### Blank Tests

Test	Status	Time
ATR	Pass	10:37pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:37pm

#### CRC Tests

Test	Status	Time
COMP	Pass	10:37pm
CAL	Pass	10:37pm

Preventive Maintenance Status: Pass

Analyet



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

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

County Mcc	Klenburg Instrument Location But Mibile	. Unit S	
Instrument Seria	nl No. <u>008600</u>		
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be fo	llowed at least once eve	ry
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath s 34 degrees, plus or minus .2 degree centigrade;	imulator thermometer sl	nows
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration dat simulator solution is being changed every four months or after 125 Alcohowhichever occurs first.		
I certify that on to procedures were Department of H	the	ng preventive maintenang gulations of the N.C.	nce
OF WAS STATE OF WAS 20, 175 IN THE STATE OF WAS 20, 175 IN	CM V Dory  Signature of Cortifying Official	65-8	

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

DHHS 4080 (11/07)

•			
1			
:		 	
<u>.                                    </u>	 	 	
· 			

MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008600 Test Date: 05/07/2015

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	10:24pm 10:25pm 10:26pm 10:27pm 10:28pm
AIR BLK SUB TEST	.00	10:28pm 10:30pm
AIR BLK	.00	10:31pm

Reported AC: 100 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

:	• ,-	··· · · · · · · · · · · · · · · · · ·	* 5	 			 			٠			
_	 				 	 		 	 			 -	
	 			 	 	 	 	 	 			 <u></u>	 
				 	 · · — — — —	 		 ·	 			 	 
											**		
. 19													
• :													
<b>₽</b> 1	 			 	 	 	 	 	 			 	 

#### MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008600 Test Record Number: 1574 Test Time: 10:32pm EDT Test Date: 05/07/2015

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:32pm
FLO	Pass	10:32pm
FC	Pass	10:32pm

## Temperature Tests

Test	Status	Time
FC1	Pass	10:32pm
SRC	Pass	10:32pm
DET	Pass	10:32pm
BAR	Pass	10:32pm
BT	Pass	10:32pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:33pm

#### Printer Tests

rest	Status	Trine
PRNT	Pass	10:33pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:33pm 10:33pm

Preventive Maintenance Status: Pass

Analyst

	 ·
en e	
·	

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

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

County_	Meck len burg Instrument Location Bed Mobile Unit 5
Instrument	Serial No. <u>00 8 7 98</u>
The preven	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures Department	t on the
STA STA COLE AL ST	Signature of Certifying Official  Control of Signature of Certifying Official  Control of Signature Official Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years. DHHS 4080 (11/07)

MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008788 Test Date: 05/07/2015

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

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

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

Analyst's Name: 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

5-1-0	Pass	10:24pm 10:25pm
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	.07 .00 .00	10:25pm 10:26pm 10:27pm 10:27pm
SUB TEST	.00	10:29pm
AIR BLK	.00	10:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Chl V Dox
Analyst

	 · · · · · · · · · · · · · · · · · · ·	
		•••••
		_

#### MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008788 Test Record Number: 1198
Test Date: 05/07/2015 Test Time: 10:35pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:35pm
FLO	Pass	10:35pm
FC	Pass	10:35pm

### Temperature Tests

•	Test	Status	Time
]	FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:35pm 10:35pm 10:35pm 10:35pm 10:35pm

#### Blank Tests

Test Status Time
AIR Pass 10:36pm

#### Printer Tests

Test Status Time

PRNT Pass 10:36pm

CRC Tests

Test Status Time

COMP Pass 10:36pm
CAL Pass 10:36pm

Preventive Maintenance Status: Pass

Analyet

		·	
			<del></del>
<u></u>	 		
:			

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

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

County_/	raction ~	Instrument Location But	Mobile Vait 5
Instrument S	erial No. 008600		
The prevent four months	ve maintenance procedures for the Into	eximeters, Model Intox EC/IR	II to be followed at least once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degre		ic breath 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	s, collect breath sample;	
7.	When "PLEASE BLOW" appear	s, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.			iration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
I certify that procedures v Department	on the day of may vere performed on the instrument indicate of Health and Human Services, and the	ated above, in accordance with instrument is functioning pro-	the forgoing preventive maintenance a current regulations of the N.C. perly.
COE AT STATE OF STATE	and the second s		65 9
	Signatu	are of Certifying Official	Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years. DHHS 4080 (11/07)

MADISON BAT MOBILE UNIT 5 560

Serial Number: 008600 Test Date: 05/02/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	5:01pm 5:02pm 5:02pm 5:03pm 5:04pm 5:05pm 5:06pm
AIR BLK	.00	5:07pm

Reported AC .00 g/210L

Signature of Chemical Analyst

Court CVR

M O Some

a a					
- 	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	 	 <u> </u>	 <del> </del>
r.					
1					
!					
•	 				
:					
-					

#### MADISON BAT MOBILE UNIT 5 560

Serial Number: 008600 Test Record Number: 1569
Test Date: 05/02/2015 Test Time: 5:09pm EDT

System Check: Passed

## Baseline Tests

IR         Pass         5:09pm           FLO         Pass         5:09pm           FC         Pass         5:09pm	Test	Status	Time
	FLO	Pass	5:09pm

### Temperature Tests

Test	Status	Time
FC1	Pass	5:09pm
SRC	Pass	5:09pm
DET	Pass	5:09pm
BAR	Pass .	5:09pm
BT	Pass	5:09pm

#### Blank Tests

Test	Status	Time
AIR	Pass	5:10pm

### Printer Tests

Test	Status	Time
PRNT	Pass	5:10pm
	CRC Tests	
Test	Status	Time

COMP	Pass	5:10pm
CAL	Pass	5:10pm

Preventive Maintenance Status: Pass

Analwet

	1			·	
	<u>'</u>	 	 	 	
	J				
	¥				
	, ;				
٠		 	 	 	
	د				
-				 	
:					

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

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

Instrument Serial No. () 0 8(e 00)  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;
four months are:  1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer should 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;
four months are:  1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer should 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;
<ol> <li>34 degrees, plus or minus .2 degree centigrade;</li> <li>Verify instrument displays time and date;</li> <li>Initiate breath test sequence;</li> </ol>
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister 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.
I certify that on the
Signature of Certifying Official  Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years. DHHS 4080 (11/07)

IREDELL BAT MOBILE UNIT 5 480

Serial Number: 008600 Test Date: 05/01/2015

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00 .00	8:17pm 8:18pm 8:19pm 8:20pm 8:21pm 8:21pm 8:23pm 8:24pm
		1

Reported AG: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

	 	 		· · · ·	
			•		

#### IREDELL BAT MOBILE UNIT 5 480

Serial Number: 008600 Test Record Number: 1565 Test Time: 8:26pm EDT Test Date: 05/01/2015

System Check: Passed

## Baseline Tests

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

#### Temperature Tests

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

### Blank Tests

Test	Status	Time
ΔΤΡ	Dagg	8 · 27nı

#### Printer Tests

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

Preventive Maintenance Status: Pass

: <del></del>		· · · · · · · · · · · · · · · · · · ·	 	· · · · · · · · · · · · · · · · · · ·
ان				
•				
•				
1				
<i>≱</i>				
:				
the second of th	 		 	
•				
J1				
			•	
• • •			•	•

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

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

County	Iredell	Instrument Location BJ Ma	bije Unit 5					
Instrumen	nt Serial No. <u>008788</u>	· · · · · · · · · · · · · · · · · · ·						
The preve		e Intoximeters, Model Intox EC/IR II to be	followed at least once every					
1.	Verify the ethanol gas canisto 34 degrees, plus or minus .2	er displays pressure, or the alcoholic breath degree centigrade;	n simulator thermometer shows					
2.	Verify instrument displays ti	me and date;						
3.	Initiate breath test sequence;							
4.	Enter information as prompte	ed;						
5.	Verify instrument accuracy;	Verify instrument accuracy;						
6.	When "PLEASE BLOW" appears, collect breath sample;							
7.	When "PLEASE BLOW" appears, collect breath sample;							
8.	Print test record;							
9.	Verify Diagnostic Program; a	and						
10.		unister is being changed before expiration of nanged every four months or after 125 Alco						
		ndicated above, in accordance with current d the instrument is functioning properly.	going preventive maintenance regulations of the N.C.					
COREAL SECTION OF SECT		gnature of Certifying Official	Le 5 G Certificate Number					

A signed original of the preventive maintenance record shall be kept on file for at least three years. DHHS 4080 (11/07)

<del></del>	· · · · · · · · · · · · · · · · · · ·
	<u>le le la la persona de la capación /u>
-	

IREDELL BAT MOBILE UNIT 5 480

Serial Number: 008788 Test Date: 05/01/2015

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CH AIR BLK SUB TES AIR BLK SUB TES AIR BLK	K .07 .00 <b>T .00</b> .00 <b>T .00</b>	8:19pm 8:20pm 8:21pm 8:22pm 8:22pm 8:23pm 8:25pm 8:25pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Anaiysi

	<del></del>
<del>-</del>	

#### IREDELL BAT MOBILE UNIT 5 480

Serial Number: 008788 Test Record Number: 1192
Test Date: 05/01/2015 Test Time: 8:29pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass Pass	8:30pm mq08:8

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	8:30pm 8:30pm mq06:8 mq06:8

#### Blank Tests

Test	Status	Time

AIR Pass 8:31pm

#### Printer Tests

iest	Status	TTIIIE

PRNT Pass 8:31pm

CRC Tests

Test Status Time

COMP Pass 8:31pm CAL Pass 8:31pm

Preventive Maintenance Status: Pass

Anaiyst

	-
•	

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

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Day

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;
- 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; 7.
- Print test record;
- Verify Diagnostic Program; and
- Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

the 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

DUPLIN COUNTY DUPLIN CO SD 300

Serial Number: 008864 Test Date: 05/06/2015

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

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

Analyst's Name: 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 .00	9:19am 9:20am 9:21am 9:22am 9:22am 9:23am
AIR BLK	.00	9:25am

Reported AC: .00 g/210/L

Signature of Chemical Analyst

Court CVR

M. C. Shoolen
Analyst

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

	<del></del>	· · · · · · · · · · · · · · · · · · ·	<del></del>
	-		

## DUPLIN COUNTY DUPLIN CO SD 300

Serial Number: 008864 Test Record Number: 2493 Test Time: 9:26am EDT Test Date: 05/06/2015

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	9:26am
FLO	Pass	9:26am
FC	Pass	9:26am

### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	9:26am 9:26am 9:26am 9:26am 9:26am

### Blank Tests

Test	Scacus	111116
AIR	Pass	9:27ar

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:27am
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

9:27am

9:27am

			 · · · · · · · · · · · · · · · · · · ·			
		· ··· · · · · · · · · · · · · · · · ·	 			
-	-			-	-	
	•		 •			

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

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

County /	Instrument Location Bot 410Bile Civit						
Instrument Seria	INO. 008970 Holly Springs						
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every						
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;						
2.	Verify instrument displays time and date;						
3.	Initiate breath test sequence;						
4.	Enter information as prompted;						
5.	Verify instrument accuracy;						
6.	When "PLEASE BLOW" appears, collect breath sample;						
7.	When "PLEASE BLOW" appears, collect breath sample;						
8.	Print test record;						
9.	Verify Diagnostic Program; and						
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.						
I certify that on t procedures were Department of H	he						
THE STATE OF NOTICE OF A STATE OF NOTICE OF A STATE OF	Signature of Certifying Official Certificate Number						

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

# WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008970 Test Record Number: 49
Test Date: 05/02/2015 Test Time: 12:14am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:14am
FLO	Pass	12:14am
FC	Pass	12:14am

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:14am 12:14am 12:14am 12:14am 12:14am

#### Blank Tests

Test	Status	Time				
AIR	Pass	12:15am				

Printer Tests

Test	Status	Time
PRNT	Pass	12:15am

CRC Tests

Test	Status	Time				
COMP	Pass Pass	12:15ar				

Preventive Maintenance Status: Pass

Analyst

·		 · · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	 	 · · · · · ·			· · · · · · · · · · · · · · · · · · ·	. · .	* /	 <del> </del>	· .	- 1	· · · · ·
		 		 <u> </u>	 						 <u></u>			
		 		 	 			<u>-</u>			 			
		 		 							 •			
	=			 		· · ·					 			
							•							

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008970 Test Date: 05/02/2015

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

			 	 	••	***		
'. ' ''. ''. ' . ' ' . ' ' . ' ' . ' ' . ' ' . '		 		 	T 1.2 . T T T T T T T T T T T T T T T T T T		1. 1.2.2	
			 	 -				
•								

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

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

County	Wake Instrument Location 13 ST MOBILE LIT	- ***
Instrument Seria	al No. Oof972 Holly Springs	
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 should degree, plus or minus .2 degree centigrade;	ws
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	÷.
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.	<b>,</b>
I certify that on procedures were Department of H	the	e
TO THE STATE OF A PART OF	Signature of Certifying Official Certificate Number	

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

#### WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008972 Test Record Number: 72
Test Date: 05/01/2015 Test Time: 10:21pm EDT

System Check: Passed

Baseline Tests

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

### Temperature Tests

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

#### Blank Tests

rest	Status	TIME
AIR	Pass	10:22pm

#### Printer Tests

Test	Status	Time			
PRNT	Pass	10:22pm			

	CRC Tests	
Test	Status	Time
COMP	Pass Pass	10:23p

Preventive Maintenance Status: Pass

Steph 5. Thopas

	 	 ٠,				2.5		 	٠.			 	 
	 		 	 			7 = 77		-	:		 	 
											•		
 	 	 	 	 	 	<del></del>		 	 			 	 
		 		_								 	

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008972 Test Date: 05/01/2015

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: 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	10:12pm 10:13pm
ACCY CHK	.08	10:14pm
AIR BLK	.00	10:15pm
SUB TEST	.00	10:15pm
AIR BLK	.00	10:16pm
SUB TEST	.00	10:18pm
AIR BLK	.00	10:19pm

Reported AC: -00 g/210L

Signature of Chemical Analyst

Court CVR

Steph 6. 7110 fr.
Analyst

·			
	 	 	<u> </u>

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

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

County 1	Wake Instrument Location BAT WOBILE CONT					
Instrument Seria	al No. 605968 Holly Springer					
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:					
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;					
2.	Verify instrument displays time and date;					
3.	Initiate breath test sequence;					
4.	Enter information as prompted;					
5.	Verify instrument accuracy;					
6.	When "PLEASE BLOW" appears, collect breath sample;					
7.	When "PLEASE BLOW" appears, collect breath sample;					
8.	Print test record;					
9.	Verify Diagnostic Program; and					
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.					
I certify that on procedures were Department of I	the					
THE STATE OF THE S	Signature of Certifying Official Certificate Number					

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

#### WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008968 Test Record Number: 44
Test Date: 05/01/2015 Test Time: 10:29pm EDT

System Check: Passed

Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:30pm
SRC	Pass	10:30pm
$\mathtt{DET}$	Pass	10:30pm
BAR	Pass	10:30pm
BT	Pass	10:30pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:30pr

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:30pm

#### CRC Tests

Test	Status	Time
COMP	Pass	10:30pm
CAL	Pass	10:30pm

Preventive Maintenance Status: Pass

Cept O.7110 Analyst

	· · · · · · · · · · · · · · · · · ·		
<u> </u>	 	 	
	 ·	 	

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008968 Test Date: 05/01/2015

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: MORGART, STEPHEN G Permit Number: 9372E Effective:

09/01/2013-09/01/2015

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00	10:18pm 10:19pm 10:20pm 10:20pm 10:22pm 10:22pm 10:24pm 10:25pm

Reported AC: .00 g/210L

nature of Chemical Analyst

Court CVR

	 · .		 	 	 ·	2 · · ·	 <del></del>	 · · :	 ·	
										_
	 - · · · · · · · · · · · · · · · · · · ·		 	 <u></u>	 		 	 	 	
		i			 					
··· · <b></b> ·	 		 	 	 		 	 	 	
						•				

[통령하다] 그는 말을 살아내는 어디로 문화하다 있다. 그 중요한 시간에 살아보고 있다는 것은 사람들이 가는 사람들이 되었다. 그는 사람들이 살아보는 것은 것은 사람들이 없다.

# PREVENTIVE MAINTENANCE RECORD

County <u>(</u>	INTOXIMETERS, MODEL INTOX EC/IR II  AKECO.  Instrument Location WAK & Co Defertion Center
Instrument Se	erial No. 00965/ 3301 Hammond Rd Raleigh IVC
	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1,	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the day of, 20_/5 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

	•		
 		and the second second	
 	 man en		

WAKE COUNTY DETENTION CENTER 910

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

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

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

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

Analyst's Name: KEESLER, GRAYHAM C
Permit Number: 7682E
Effective:
02/01/2014-02/01/2016

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:43am 10:44am 10:45am
AIR BLK	.00	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 A/210P

<del>Signa</del>ture of Chemical Analyst

Court CVR

Analyst

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

	,		 											
······································	<del></del>		 . · ·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	- · · · · · · · · · · · · · · · · · · ·			<u>:</u>	······································	<del></del> -	······································	<u></u>	
	- ·	··· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ··	 				<del></del>	·· —-·						
			 							-				

#### WAKE COUNTY DETENTION CENTER 910

Serial Number: 008651 Test Record Number: 1168
Test Date: 05/05/2015 Test Time: 10:51am 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
BT	Pass	10:52am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:52am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:52am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:53am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

10:53am

	 <u> </u>	· · · · ·	 · · · · · · · · · · · · · · · · · · ·	 ·	
· -					
	 		 	 	·
	•				

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. Initiate breath test sequence; 3. Enter information as prompted; Verify instrument accuracy; 5. When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. 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. 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 A signed original of the preventive maintenance record shall be kept on file for at least three years.

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008873 Test Date: 05/05/2015

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

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

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

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

02/01/2014-02/01/2016

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00	10:44am 10:45am 10:45am 10:46am 10:47am 10:49am
AIR BLK	.00	10:51am

Reported AC: .00 g/210L

<del>signature</del> of Chemical Analyst

Court CVR

Analyst

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

 <del></del>	 ·		·
		<u> </u>	

# WAKE COUNTY DETENTION CENTER 910

Serial Number: 008873 Test Record Number: 1204
Test Date: 05/05/2015 Test Time: 10:53am EDT

System Check: Passed

Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	10:53am
SRC	Pass	10:53am
DET	Pass	10:53am
BAR	Pass	10:53am
BT	Pass	10:53am

#### Blank Tests

Test	Status	Time

AIR Pass 10:54am

#### Printer Tests

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

PRNT Pass 10:54am

CRC Tests

Test Status Time

COMP Pass 10:54am CAL Pass 10:54am

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

		 <u> </u>	
i		 	

County_	PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II    Deliver	15C	
Instrume	nt Serial No. DD 8586 102 E. 2nd Stract., WAShing TON,	N.C	
The previous	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;	Sold.	
6.	When "PLEASE BLOW" appears, collect breath sample;	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;	s. A.	
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before 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 t procedure Departme	hat on the		
NEAT SE	STATE OF NO.		
***************************************	Signature of Certifying Official Certificate Number		

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008586 Test Date: 05/27/2015

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

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

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

Analyst's Name: KEESLER, LINDA A
Permit Number: 11646E
Effective:
08/01/2013-08/01/2015

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

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

Test	g/210L	Time
DIAG	Pass	12:10pm
AIR BLK	.00	12:11pm
ACCY CHK	.08	12:12pm
AIR BLK	.00	12:13pm
SUB TEST	.00	12:14pm
AIR BLK	.00	12:15pm
SUB TEST	.00	12:17pm
ATR BLK	0.0	12:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Mel A. Keese
Analyst

· ·		· .·	<u>-</u>	<u> </u>	<u>-</u>		<u></u>	 	<del></del>	····	<u>-</u>	·	<u> </u>		<del></del>	 ·	:	<u> </u>	· . · · ·	· · · · · · · · · · · · · · · · · · ·	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
	<u>-</u>							 								 					
		<u>.</u>				-										 					
<u> </u>	·							 								 			· · · · · · · · · · · · · · · · · · ·		
																				***	
								 	<u>.</u>		<u></u>			<u></u>		 					

#### BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008586 Test Record Number: 1134
Test Date: 05/27/2015 Test Time: 12:18pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:19pm
FLO	Pass	12:19pm
FC	Pass	12:19pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:19pm 12:19pm 12:19pm 12:19pm 12:19pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:19pr

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:20pm
	CRC Tests	•
Test	Status	Time
COMP	Pass	12:20pm

Preventive Maintenance Status: Pass

Pass

12:20pm

CAL

Inied Reed
Analyst

1, 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
<del></del>

County Beau	PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II  Instrument Location BLAND (Y C). CONTINUAL	v	
Instrument Serial	No. 004909 102 E. 2nd Greet, Washington, N	٠, د	
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	ne 2 2 day of WA, 20 5 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.		
STATE OF NO.	A LONG CONTRACTOR OF THE CONTR		
+ case Grown Agent +	Signature of Certifying Official Certificate Number		· · · · · · · · · · · · · · · · · · ·

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909 Test Date: 05/27/2015

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

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

Analyst's Name: KEESLER, LINDA A
Permit Number: 11646E
Effective:
08/01/2013-08/01/2015

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Finido A Macco

	 ÷. •	
<del></del>		 <del></del>
 · · · · · · · · · · · · · · · · · · ·	 ······	 

#### BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909 Test Record Number: 2189
Test Date: 05/27/2015 Test Time: 12:17pm EDT

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:17pm 12:17pm 12:17pm 12:17pm 12:17pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:18pm

### Printer Tests

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

12:18pm

Preventive Maintenance Status: Pass

Pass

CAL

Ind A. Messe
Analyst

 	 <u> </u>		· · · · · · · · · · · · · · · · · · ·
 	-	 	

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

ner.		TERS, MODEL INTOX	
County 1	RANKLIN	Instrument Location FRA	WKLIN CO. JAIL
Instrument Se	erial No. <u>00894</u> Z	285 T. KEMI	RO LOUISBURG
The preventive four months a	re maintenance procedures for the	e Intoximeters, Model Intox EC/IR I	I to be followed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	ter displays pressure, or the alcoholic degree centigrade;	breath simulator thermometer shows
2.	Verify instrument displays ti	ime and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;	•	
6.	When "PLEASE BLOW" ap	opears, 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 car simulator solution is being ch whichever occurs first.	nister is being changed before expira anged every four months or after 12:	tion date, or the alcoholic breath SAlcoholic Breath Simulator tests,
procedures were	the <u>28</u> day of <u>MA</u> e performed on the instrument in Health and Human Services, and	dicated above, in accordance with country the instrument is functioning proper	e forgoing preventive maintenance urrent regulations of the N.C.
THE STATE OF			
AND IN THE COLOR WITH	SAN CONTRACTOR OF THE CANONIC PROPERTY OF THE CANONIC		
William Control	100	D Brits	637
	Sigr	nature of Certifying Official	Certificate Number

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008942 Test Date: 05/28/2015

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

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

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

Analyst's Name: SMITH, BRIAN D
Permit Number: 8937E
Effective:
08/01/2013-08/01/2015

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	5:19pm 5:20pm 5:21pm
AIR BLK	.00	5:21pm
SUB TEST	.00	5:22pm
AIR BLK	.00	5:23pm
SUB TEST	.00	5:24pm
AIR BLK	.00	5:25pm

Reported AC: .00, g/210L

Signature of Chemical Analyst

Court CVR

Analys

### FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008942

Test Record Number: 868

Test Date: 05/28/2015 Test Time: 5:26pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	5:27pm 5:27pm
FC	Pass	5:27pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	5:27pm
SRC	Pass	5:27pm
DET	Pass	5:27pm
BAR	Pass	5:27pm
BT	Pass	5:27pm

#### Blank Tests

Test	Status	Time
AIR	Pass	5:28pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	5:28pm

#### CRC Tests

Test	Status	Time
COMP	Pass	5:28pm
CAL	Pass	5:28pm

Preventive Maintenance Status: Pass

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

7	· ·	ODEL INTOX EC/IR II	
County_		ment Location FRANKLIN Co.	
Instrument S	Serial No. <u>008933</u> <u>289</u>	5 T. KEMPRO LOUIS	BURGI
The prevent four months	ive maintenance procedures for the Intoximeters are:	s, Model Intox EC/IR II to be followed at leas	t once every
. 1.	Verify the ethanol gas canister displays pr 34 degrees, plus or minus .2 degree centig	ressure, or the alcoholic breath simulator thern grade;	nometer 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 simulator solution is being changed every f whichever occurs first.	g changed before expiration date, or the alcoholour months or after 125 Alcoholic Breath Sim	olic breath nulator tests,
I certify that opposed we be a contract to the contract of the	on the 28 day of MAY ere performed on the instrument indicated above f Health and Human Services, and the instrument	, 20 / 5 the forgoing preventive re, in accordance with current regulations of the nt is functioning properly.	maintenance e N.C.
STATE HAY STATE	NO CAROL		
A CASE CITY AND A CASE OF THE PARTY AND A CASE OF THE	Signature of Cert	Smiles 63° tifying Official Certificate N	7 Jumber

#### FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008933 Test Date: 05/28/2015

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

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

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

Analyst's Name: SMITH, BRIAN D
Permit Number: 8937E
Effective:
08/01/2013-08/01/2015

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

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

Test	g/210L	Time
DIAG	Pass	5:18pm
AIR BLK	. 00	5:19pm
ACCY CHK	.08	5:20pm
AIR BLK	. 00	5:21pm
SUB TEST	.00	5:21pm
AIR BLK	.00	5:22pm
SUB TEST	.00	5:24pm
ATR BLK	. 0.0	5:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analy

#### FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008933

Test Record Number: 694

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	5:26pm 5:26pm
FC	Pass	5:26pm

### Temperature Tests

Test	Status	Time
FCl	Pass	5:27pm
SRC	Pass	5:27pm
DET	Pass	5:27pm
BAR	Pass	5:27pm
BT	Pass	5:27pm

#### Blank Tests

Test	Status	Time

AIR Pass 5:27pm

#### Printer Tests

Test	Status	'l'ıme
PRNT	Pass	5:27pm

CRC Tests

Test	Status	Time
COMP	Pass	5:27pm
CAL	Pass	5:27pm

Preventive Maintenance Status: Pass

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

-	•	
County 🔾	RANGE Instrument Location HILLSB	OROUGH PD
Instrument S	erial No. <u>008799</u> 127 W. CHURTUN S	T. HILLSBOROUGH
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to lare:	pe followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic bre 34 degrees, plus or minus .2 degree centigrade;	ath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Al whichever occurs first.	date, or the alcoholic breath coholic Breath Simulator tests,
procedures we	on the	rgoing preventive maintenance nt regulations of the N.C.
STATE OF THE STATE	CARO	
* FORE QUAM VIDE	Bus D Anath	637
	Signature of Certifying Official	Certificate Number

ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799 Test Date: 05/27/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: 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 AIR BLK	Pass	3:41pm 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
ATR BLK	.00	3 : 4 7 pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ORANGE COUNTY HILLSBOROUGH PD 670

-Serial Number: 008799 Test Record Number: 1835

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3: <b>49pm</b>
FLO	Pass	3: <b>49pm</b>
F'C	Pass	3:49pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:49pm
SRC	Pass	3:49pm
DET	Pass	3: <b>49pm</b>
BAR	Pass	3:49pm
BT	Pass	3: <b>49pm</b>

#### Blank Tests

Test	Status	Time
AIR	Pass	3: <b>50pm</b>

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:50pm

#### CRC Tests

COMP	Pass	3:50pm
CAL	Pass	3:50pm

Preventive Maintenance Status: Pass

Analyst

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

County OR	ANGE	Instrument Location	
Instrument Seria	al No. <u>608856</u>	828 MARTIN LUT. CHAPEL HILL	HER KING, JR.
The preventive four months are		e Intoximeters, Model Intox EC/IR II to	
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	er displays pressure, or the alcoholic br degree centigrade;	eath simulator thermometer shows
2.	Verify instrument displays ti	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompt	ed;	•
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ag	ppears, collect breath sample;	
7.	When "PLEASE BLOW" ap	ppears, collect breath sample;	·
8.	Print test record;		
9.	Verify Diagnostic Program;	and	' 
10.	Verify that the ethanol gas ca simulator solution is being cl whichever occurs first.	anister is being changed before expiration anged every four months or after 125	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify that on procedures were Department of I	performed on the instrument i		forgoing preventive maintenance rent regulations of the N.C.
OF THE STATE OF TH	Sill Salas	Ignature of Certifying Official	Certificate Number

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856 Test Date: 05/27/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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	12:31pm
AIR BLK	.00	12:32pm
ACCY CHK	.08	12:33pm
AIR BLK	.00	12:34pm
SUB TEST	.00	12:35pm
AIR BLK	.00	12:35pm
SUB TEST	.00	12:37pm
ATR BLK	. 0.0	12:38pm

Reported AC: .90 g/210L

Signature of Chemical Analyst

Court CVR

#### ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856 Test Date: 05/27/2015

Test Record Number: 1701 Test Time: 12:41pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
	r ,	•
FC1	Pass	12:41pm
SRC	Pass	12:41pm
DET	Pass	12:41pm
BAR	Pass	12:41pm
BT	Pass	12:41pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:42pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:42pm

#### CRC Tests

Test	Status	Time
COMP	Pass	12:42pm
CAL	Pass	12:42pm

Preventive Maintenance Status: Pass

Analyst

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

	•	_	
County OR		t Location CHAPFL	•
Instrument Seri	rial No. <u>008839 828 N</u> CHAPE	MARTIN LUTHER	KING, JR BLV
The preventive four months are	e maintenance procedures for the Intoximeters, M		
1.	Verify the ethanol gas canister displays press 34 degrees, plus or minus .2 degree centigrad		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 cl simulator solution is being changed every fou whichever occurs first.		
	n the 27 day of MAY re performed on the instrument indicated above, if Health and Human Services, and the instrument	n accordance with current	oing preventive maintenance regulations of the N.C.
THE STATE OF MY 20 1775			1 7 ~3
	Signature of Certif	ying Official	Certificate Number

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008839 Test Date: 05/27/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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 AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00	12:32pm 12:33pm 12:34pm 12:35pm 12:36pm 12:36pm 12:40pm
AIR BLK	.00	12:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

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

County_\(\bullet\)	AKE	_ Instrument Location RALE	164 PD WORTHEAST.
Instrument Se	erial No. <u>008623</u>	5228 GREENS DA	IPY PO RALFIELL, NE
	e maintenance procedures for the	Intoximeters, Model Intox EC/IR II	
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2		breath simulator thermometer shows
2.	Verify instrument displays tin	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	÷
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; a	and	
10.		nister is being changed before expira anged every four months or after 12	
I certify that o procedures we Department of	on the day of	dicated above, in accordance with coll the instrument is functioning prope	ne forgoing preventive maintenance urrent regulations of the N.C.
OF THE STATE OF THAN 20, 1775	PNO.		
ARE IS, 576	July 2		637
	Sig	gnature of Certifying Official	Certificate Number

WAKE COUNTY NORTH EAST DISTRICT 910

Serial Number: 008623 Test Date: 05/26/2015

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	2:51pm
AIR BLK	.00	2:52pm
ACCY CHK	.08	2:52pm
AIR BLK	.00	2:54pm
SUB TEST	.00	2:54pm
AIR BLK	.00	2:55pm
SUB TEST	.00	2:58pm
AIR BLK	.00	2:58pm

Reported AC:

.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY NORTH EAST DISTRICT 910

Serial Number: 008623 Test Record Number: 3026 Test Date: 05/26/2015 Test Time: 3:07pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:08pm
SRC	Pass	mq80:E
DET	Pass	3:08pm
BAR	Pass	3:08pm
BT	Pass	mq80:E

#### Blank Tests

Test	Status	Time
AIR	Pass	3:09pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:09pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

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

County	JONES	Instrument Location_	BAT MOBILE UN
Instrument Se	erial No. <u>00864</u>	7	MAYSVILLE, NC
The preventive four months a		e Intoximeters, Model Intox EC	/IR II to be followed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2		holic breath simulator thermometer show
2.	Verify instrument displays to	ime and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompt	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
7.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	*
10.			expiration date, or the alcoholic breath er 125 Alcoholic Breath Simulator tests,
I certify that o procedures we Department of	on the day of ere performed on the instrument if f Health and Human Services, and	ndicated above, in accordance v	the forgoing preventive maintenance with current regulations of the N.C. properly.
OF THE STATE OF THE PARTY OF TH	CAROLINE CAR	Q. A.	648
	Si	gnature of Certifying Official	Certificate Number

JONES COUNTY BAT MOBILE UNIT 3 510

Serial Number: 008647 Test Date: 05/01/2015

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: 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: AG434201 Exp Date: 12/08/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00	10:36pm 10:37pm 10:37pm 10:38pm 10:39pm 10:40pm 10:41pm
AIR BLK	.00	10:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### JONES COUNTY BAT MOBILE UNIT 3 510

Serial Number: 008647 Test Date: 05/01/2015 Test Record Number: 2090 Test Time: 10:43pm EDT

test bacc. 03/01/2013 Test Time.

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:43pm
FLO	Pass	10:43pm
FC	Pass	10:43pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10 · 44 mm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:44pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:44pm

Preventive Maintenance Status: Pass

Analyst

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

		ANS, WIODEL INTOX EC/IN II
County	CRAVEN	Instrument Location BAT MOBILE UNIT 3
Instrument Se	rial No. 00 86/6	Instrument Location BAT MOBILE UNIT 3 RIWER BEND, NC
The preventive four months a		ntoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath simulator thermometer showegree 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	<b>d</b>
10.		ister is being changed before expiration date, or the alcoholic breath nged every four months or after 125 Alcoholic Breath Simulator tests,
1	2 4 MA	1 20 15 4.6
procedures we	re performed on the instrument ind	the forgoing preventive maintenance licated above, in accordance with current regulations of the N.C.
Department of	Health and Human Services, and t	he instrument is functioning properly.
STATE ON THE STATE	NO PLANTAGE OF THE PART OF THE	
APRIL 12, 1118  ACTOR QUAM VIDES	Il De P	1300 648
	Sign	ature of Certifying Official Certificate Number

#### CRAVEN COUNTY BAT MOBILE UNIT 3 240

Serial Number: 008616 Test Date: 05/02/2015

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: BARNES, ALVIN R

Permit Number: 15671E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:56pm 10:57pm
ACCY CHK	.08	10:57pm
AIR BLK	.00	10:58pm
SUB TEST	.00	10:59pm
AIR BLK	.00	10:59pm
SUB TEST	.00	11:01pm
AIR BLK	.00	11:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CRAVEN COUNTY BAT MOBILE UNIT 3 240

Serial Number: 008616

Test Record Number: 2070

Test Date: 05/02/2015

Test Time: 11:03pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:03pm
FLO	Pass	11:03pm
FC	Pass	11:03pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:03pm 11:03pm 11:03pm 11:03pm 11:03pm
		_

#### Blank Tests

Test	Status	Time	
ATR	Pagg	11 · 04 mm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:04pm

### CRC Tests

Test	Status	Time
COMP	Pass	11:04pm
CAL	Pass	11:04pm

Preventive Maintenance Status: Pass

Analyst

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

County	ONSLOW Instrument Lo	cation_BAT	MOBILE UNI
Instrument S	nt Serial No. <u>008707</u>	JACK	SUNVILLE, NO
The prevent four months	entive maintenance procedures for the Intoximeters, Mode	Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister displays pressure, 34 degrees, plus or minus .2 degree centigrade;	or the alcoholic breath	simulator thermometer shows
2.	Verify instrument displays time and date;		•
3.	Initiate breath test sequence;		
4.	Enter information as prompted;	·	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath	sample;	
7.	When "PLEASE BLOW" appears, collect breath	sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being chang simulator solution is being changed every four mowhichever occurs first.	ed before expiration date on the street of t	e, or the alcoholic breath olic Breath Simulator tests,
procedures w	at on the day of	cordance with current re	ing preventive maintenance egulations of the N.C.
THE STATE OF THE S	and the second s	The state of the s	648
•	Signature of Certifying	Official	Certificate Number

#### ONSLOW COUNTY BAT MOBILE UNIT 3 660

Serial Number: 008707 Test Date: 05/14/2015

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

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

Analyst's Name: 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

To a t

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	11:04pm 11:05pm 11:05pm 11:06pm
SUB TEST	.00	11:00pm
AIR BLK	.00	11:08pm
SUB TEST	.00	11:09pm
AIR BLK	.00	11:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ONSLOW COUNTY BAT MOBILE UNIT 3 660

Serial Number: 008707 Test Date: 05/14/2015 T

Test Record Number: 2159
Test Time: 11:16pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:16pm
SRC	Pass	11:16pm
DET	Pass	11:16pm
BAR	Pass	11:16pm
BT	Pass	11:16pm

#### Blank Tests

Test	Status	Time
AIR	Pass	11:17pm

#### Printer Tests

Test

Status

Time

PRNT	Pass	11:17pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:17pm 11:17pm

Preventive Maintenance Status: Pass

Analyst

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

County O	NSLOW	Instrument Location_	BAT	MOBILE	DNIF
Instrument Seria	1No. 008616		JACH	< SONVILL	ė, NC
The preventive n four months are:	naintenance 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		lcoholic breat	h simulator thermo	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" appear	urs, collect breath sample	;		
7.	When "PLEASE BLOW" appear	rs, collect breath sample	;		
8.	Print test record;				
9.	Verify Diagnostic Program; and				<b>**</b> , .
10.	Verify that the ethanol gas canisis simulator solution is being chang whichever occurs first.	ter is being changed before ged every four months or	ore expiration after 125 Alc	date, or the alcoho oholic Breath Sim	lic breath ulator tests,
I certify that on t procedures were Department of H	he <u>//</u> day of <u>/// A</u> performed on the instrument indicealth and Human Services, and th	, 20_ cated above, in accordance instrument is functioni	the for ce with curren ng properly.	going preventive r t regulations of the	maintenance e N.C.
THE STATE OF NO. 1775	L. C. L.	ture of Certifying Officia		Certificate N	

#### ONSLOW COUNTY BAT MOBILE UNIT 3 660

Serial Number: 008616 Test Date: 05/14/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: 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	Pass	11:02pm
AIR BLK	.00	11:03pm
ACCY CHK	.08	11:03pm
AIR BLK	.00	11:04pm
SUB TEST	.00	11:05pm
AIR BLK	.00	11:05pm
SUB TEST	.00	11:07pm
AIR BLK	.00	11:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Department of Health and Human Services Rev. 12/2007

#### ONSLOW COUNTY BAT MOBILE UNIT 3 660

Serial Number: 008616

Test Record Number: 2074

Test Date: 05/14/2015

Test Time: 11:09pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Status	Time
Pass	11:09pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	11:10pm

#### Printer Tests

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

rest	Status	TIME
COMP	Pass	11:10pm
CAL	Pass	11:10pm

Preventive Maintenance Status: Pass

Analyst

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

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

Signature of Certifying Official

#### RANDOLPH LIBERTY POLICE DEPT 750

Serial Number: 008830 Test Date: 05/21/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG425303 Exp Date: 09/10/2016

'l'est	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00 .00	10:44am 10:45am 10:45am 10:46am 10:47am
AIR BLK	.00	10:48am
SUB TEST	.00	10:49am
AIR BLK	.00	10:50am

Reported AC: \_.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### RANDOLPH LIBERTY POLICE DEPT 750

Serial Number: 008830

Test Record Number: 488

Test Date: 05/21/2015

Test Time: 10:55am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:56am
FLO	Pass	10:56am
FC	Pass	10:56am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:56am
SRC	Pass	10:56am
DET	Pass	10:56am
BAR	Pass	10:56am
BT	Pass	10:56am

#### Blank Tests

Test	Status	Time	

AIR Pass 10:57am

#### Printer Tests

Test	Status	Time

PRNT Pass 10:57am

#### CRC Tests

Test	Status	Time
COMP	Pass	10:57am
CAL	Pass	10:57am

Preventive Maintenance Status: Pass

Analyst

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

County /	Instrument Location ROBINS PD
Instrument Seria	al No. 008728 - Robains, 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.
	theday of
THE STATE OF AN AND AND AND AND AND AND AND AND AND	Signature of Certifying Official Certificate Number

MOORE COUNTY ROBBINS PD 620

Serial Number: 008728 Test Date: 05/21/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	1:48pm 1:49pm
ACCY CHK	.08	1:49pm
AIR BLK	.00	1:50pm
SUB TEST	.00	1:51pm
AIR BLK	.00	1:52pm
SUB TEST	.00	1:53pm
AIR BLK	.00	1:54pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### MOORE COUNTY ROBBINS PD 620

Serial Number: 008728

Test Record Number: 267

Test Date: 05/21/2015

Test Time: 1:55pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:55pm 1:55pm
FC	Pass	1:55pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:55pm
SRC	Pass	1:55pm
DET	Pass	1:55pm
BAR	Pass	1:55pm
$\mathtt{B}\mathbf{T}$	Pass	1:55pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:56pm

#### Printer Tests

PRNT	Pass	1:56pm
Test	Status	'l'ime

#### CRC Tests

Test	Status	Time
COMP	Pass	1:56pm
CAL	Pass	1:56pm

Preventive Maintenance Status: Pass

Ánalyst

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

County	Stanly Instrument Location Barmobile Unit 5		
Instrumer	t Serial No. <u>008600</u>		
·			
The preve four mont	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
	at on the		
SO THE COREATOR	CM UDOX 659		
	Signature of Certificial Certificate Number		

STANLY BAT MOBILE UNIT 5 830

Serial Number: 008600 Test Date: 05/16/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: TOWERY, CHAD V

Permit Number: 26632E

Effective:

10/18/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	7:59pm
AIR BLK	.00	8:01pm
ACCY CHK	.07	8:01pm
AIR BLK	.00	8:02pm
SUB TEST	.00	8:03pm
AIR BLK	.00	8:04pm
SUB TEST	.00	8:05pm
ATR RIK	. 0.0	8:06pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### STANLY BAT MOBILE UNIT 5 830

Serial Number: 008600

Test Record Number: 1586

Test Date: 05/16/2015

Test Time: 8:10pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	8:11pm 8:11pm
FC	Pass	8:11pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:11pm
SŘC	Pass	8:11pm
DET	Pass	8:11pm
BAR	Pass	8:11pm
BT	Pass	8:11pm

#### Blank Tests

Test	Status	Time
AIR	Pass	8:11pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:11pm
	CRC Tests	

Test	Status	Time
COMP	Pass	8:12pm
CAL	Pass	8:12pm

Preventive Maintenance Status: Pass

Analyst

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

County_	Cabarrus	Instrument Location_	But Mobile Unit 5
Instrume	ent Serial No. <u>008788</u>		
The prev	•	toximeters, Model Intox E	EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg		coholic breath simulator thermometer show
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ars, collect breath sample;	
7.	When "PLEASE BLOW" appe	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 befor ged every four months or	re expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
procedur	that on theday ofhes were performed on the instrument indient of Health and Human Services, and the	cated above, in accordance	
OREAT OF THE PROPERTY OF THE P	STATE OF AND	V Js V	658

#### CABARRUS BAT MOBILE UNIT 5 120

Serial Number: 008788 Test Record Number: 1214 

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:12pm
SRC	Pass	1:12pm
DET	Pass	1:12pm
BAR	Pass	1:12pm
$\mathtt{BT}$	Pass	1:12pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:12pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

#### CABARRUS BAT MOBILE UNIT 5 120

Serial Number: 008788 Test Date: 05/24/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

10/18/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: 100 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Instrument Serial No. Observed.  The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least of four months are:  1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermous 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;	- ***
four months are:  1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermody 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;	
four months are:  1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermody 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;	
34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;	once every
<ol> <li>Initiate breath test sequence;</li> <li>Enter information as prompted;</li> <li>Verify instrument accuracy;</li> <li>When "PLEASE BLOW" appears, collect breath sample;</li> <li>When "PLEASE BLOW" appears, collect breath sample;</li> </ol>	meter show
<ol> <li>Enter information as prompted;</li> <li>Verify instrument accuracy;</li> <li>When "PLEASE BLOW" appears, collect breath sample;</li> <li>When "PLEASE BLOW" appears, collect breath sample;</li> </ol>	
<ul> <li>Verify instrument accuracy;</li> <li>When "PLEASE BLOW" appears, collect breath sample;</li> <li>When "PLEASE BLOW" appears, collect breath sample;</li> </ul>	
<ul> <li>6. When "PLEASE BLOW" appears, collect breath sample;</li> <li>7. When "PLEASE BLOW" appears, collect breath sample;</li> </ul>	
7. When "PLEASE BLOW" appears, collect breath sample;	
11,	
8. Print test record;	
9. Verify Diagnostic Program; and	
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcohol simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator occurs first.	
I certify that on the 27 day of may, 20 15 the forgoing preventive merchanter procedures were performed on the instrument indicated above, in accordance with current regulations of the Department of Health and Human Services, and the instrument is functioning properly.	naintenance N.C.
Signature of Certificial Certificate N	

CABARRUS BAT MOBILE UNIT 5 120

Serial Number: 008600 Test Date: 05/24/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: TOWERY, CHAD V

Permit Number: 26632E

Effective:

10/18/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:03pm
AIR BLK	.00	1:04pm
ACCY CHK	.07	1:04pm
AIR BLK	.00	1:05pm
SUB TEST	.00	1:06pm
AIR BLK	.00	1:07pm
SUB TEST	.00	1:08pm
AIR BLK	.00	1:09pm

Reported, AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst/

#### CABARRUS BAT MOBILE UNIT 5 120

Serial Number: 008600 Test Record Number: 1601 Test Date: 05/24/2015 Test Time: 1:11pm EDT

System Check: Passed

#### Baseline **Tests**

		ime
FLO Pa	ass 1	:11pm :11pm :11pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	1:12pm

#### Printer Tests

1000	200000	
PRNT	Pass	1:12pm

Status

Time

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County Ca	Sarrus Instrument Location But Mubile Unit
Instrument Ser	ial No. 00 8698
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;
<b>5.</b>	Verify instrument accuracy;
5, 6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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 24 day of My, 20 15 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.
TAN QUANVION	CMV Jon
The state of the s	Signature of Certifying Official Certificate Number

CABARRUS BAT MOBILE UNIT 5 120

Serial Number: 008698 Test Date: 05/24/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	1:03pm
AIR BLK	.00	1:04pm
ACCY CHK	.07	1:05pm
AIR BLK	.00	1:06pm
SUB TEST	.00	1:07pm
AIR BLK	.00	1:08pm
SUB TEST	.00	1:09pm
AIR BLK	. 00	1:10pm

Reported AC, .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CABARRUS BAT MOBILE UNIT 5 120

Serial Number: 008698

Test Record Number: 1258

Test Date: 05/24/2015

Test Time: 1:12pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time	
IR	Pass	1:12pm	
LTO	Pass	1:12pm	
FC	Pass	1:12pm	

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	1:13pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:13pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

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

County 6	Instrument Location
Instrument So	erial No
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the 22 day of May, 20 5 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATE OUR STATE OF THE OUR TO THE	Children 658
	Signature of Certifying Official Certificate Number

GASTON BAT MOBILE UNIT 5 350

Serial Number: 008600 Test Date: 05/22/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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	9:07pm
AIR BLK	.00	mc(80:0
ACCY CHK	.08	9:09pm
AIR BLK	.00	9:10pm
SUB TEST	.00	9:10pm
AIR BLK	.00	9:1.1pm
SUB TEST	.00	9:13pm
AIR BLK	.00	9:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analysi

#### GASTON BAT MOBILE UNIT 5 350

Serial Number: 008600 Test Record Number: 1592

Test Date: 05/22/2015

Test Time: 9:15pm EDT

System Check: Passed

#### Baseline Tests

Test	S	ta <b>tus</b>	Time
IR FLO	P	ass	9:15pm 9:15pm
FC	, P	ass	9:15pm

#### Temperature Tests

T'est		Status	Time
na:		T)	0.1555
FCl		Pass	9:15pm
SRC	1	Pass	9:15pm
DET		Pass	9:15pm
BAR		Pass	9:15pm
$\mathtt{BT}$		Pass	9:15pm

#### Blank Tests

Test	ì	Status	Time
AIR		Pass	9:16pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:16pm
	CRC Tests	

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	Instrument Location But Moss	nde Units
Instrument S	erial No	
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to bare:	e followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic brea 34 degrees, plus or minus .2 degree centigrade;	th simulator thermometer 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 Al whichever occurs first.	date, or the alcoholic breath coholic Breath Simulator tests,
I certify that procedures w Department o	on the 22 day of My, 20 15 the forere performed on the instrument indicated above, in accordance with curre of Health and Human Services, and the instrument is functioning properly.	orgoing preventive maintenance nt regulations of the N.C.
STATION STATIO		
APRR 12. 17	//4000	658
	Signature of Certifying Official	Certificate Number

GASTON BAT MOBILE UNIT 5 350

Serial Number: 008788 Test Date: 05/22/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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	9:06pm
AIR BLK	.00	9:07pm
ACCY CHK	.07	9:08pm
AIR BLK	.00	9:09pm
SUB TEST	.00	9:09pm
AIR BLK	.00	9:10pm
SUB TEST	.00	9:12pm
AIR BLK	.00	9:12pm

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

#### GASTON BAT MOBILE UNIT 5 350

Serial Number: 008788

Test Record Number: 1209

Test Date: 05/22/2015

Test Time: 9:17pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:18pm
FLO	Pass	9:18pm
FC	Pass	9:18pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:18pm
SRC	Pass	9:18pm
DET	Pass	9:18pm
BAR	Pass	9:18pm
BT	Pass	9:18pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:18pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:19pm

#### CRC Tests

Test	Status	Time
COMP	Pass	9:19pm
CAL	Pass	9:19pm

Preventive Maintenance Status: Pass

Analysi/

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

County (	nt quba	Instrument Location But 1	mibile Unit 8
Instrument S	erial No. <u>O</u> D 8699		
•			
The prevention	ve maintenance procedures for the Inare:	toximeters, Model Intox EC/IR II	I 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 tree centigrade;	breath simulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ars, collect breath sample;	
7.	When "PLEASE BLOW" appe	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 expir ged every four months or after 12	ration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
certify that procedures v Department	on the 23 day of 70 vere performed on the instrument ind of Health and Human Services, and the	icated above, in accordance with the instrument is functioning prop	the forgoing preventive maintenance current regulations of the N.C. erly.
STAN STAN STAN STAN STAN STAN STAN STAN	E O NO ROLL CAROLLING		
FEST QUAM'	Chi	ature of Certifying Official	658
	Sign	ature of Certifying Official	Certificate Number

CATAWBA BAT MOBILE UNIT 5 170

Serial Number: 008698 Test Date: 05/23/2015

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: TOWERY, CHAD V

Permit Number: 25632E

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	12:32pm
AIR BLK	.00	12:33pm
ACCY CHK	.07	12:34pm
AIR BLK	.00	12:35pm
SUB TEST	.00	12:36pm
AIR BLK	.00	12:37pm
SUB TEST	.00	12:38pm
AIR BLK	.00	12:39pm

Signature of Chemical Analyst

Court CVR

Analyst

#### CATAWBA BAT MOBILE UNIT 5 170

Serial Number: 008698

Test Record Number: 1254

Test Date: 05/23/2015

Test Time: 12:47pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:48pm 12:48pm
FC	Pass	12:48pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:48pm
SRC	Pass	12:48pm
DET	Pass	12:48pm
BAR	Pass	12:48pm
BT	Pass	12:48pm

#### Blank Tests

Test	Status	Tame
AIR	Pass	12:49pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:49pm
	CRC Tests	
Test	Status	Time

COMP	Pass	12:49pm
$CAL_{1}$	Pass	12:49pm

Preventive Maintenance Status: Pass

Analyst

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

	County	redell Instrument Location BJ mil	ik Unit 5
	Instrument Seri	ial No. <u>00 8788</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 breat 34 degrees, plus or minus .2 degree centigrade;	h 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 Ale whichever occurs first.	date, or the alcoholic breath coholic Breath Simulator tests,
	I certify that or procedures we Department of	the <u>Z</u> day of <u>Mag</u> , 20 <u>J</u> the form performed on the instrument indicated above, in accordance with current Health and Human Services, and the instrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
	STATE OF STA	NO. A A A CO	,
	* FOR QUAM VIDE	(M 020)	658
		Signature of Certifying Official	Certificate Number

IREDELL BAT MOBILE UNIT 5 480

Serial Number: 008788 Test Date: 05/23/2015

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: TOWERY, CHAD V

Permit Number: 26632E

Effective:

10/18/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	12:19pm 12:20pm 12:21pm 12:21pm 12:22pm 12:23pm
SUB TEST	.00	12:24pm
AIR BLK	.00	12:25pm

Reported AC: / .00 g/210L

Signature of Chemical Ana

Court CVR

Analyst

#### IREDELL BAT MOBILE UNIT 5 480

Serial Number: 008788

Test Record Number: 1212

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1 SRC DET	Pass Pass Pass	12:31pm 12:31pm 12:31pm
BAR	Pass	12:31pm
$\mathtt{BT}$	Pass	12:31pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:31pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:31pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

# 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.  1 certify that on the 22 day of May 20 5 the forgoing preventive maintenance or occurrence 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.	County	Instrument Location Br Mobile Unit 5
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.  It certify that on the 2 day of May , 20 JS 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.	Instrumen	Serial No. 008600
34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.  It certify that on the		
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.  I certify that on the	1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 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.  It certify that on the 2 day of 20 5 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.	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 2 day of 2, 20 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.	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.  It certify that on the	5.	Verify instrument accuracy;
8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.  I certify that on the	6.	When "PLEASE BLOW" 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.  It 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.  It 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.  It certify that on the	9.	Verify Diagnostic Program; and
Department of Health and Human Services, and the instrument is functioning properly.	10.	simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests,
	I certify the procedures Departmen	t on the 20 day of Muy, 20 15 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
All as QUAN VIDE	THE COLUMN	
Signature of Certifying Official Certificate Number	The same of the sa	

IREDELL BAT MOBILE UNIT 5 480

Serial Number: 008600 Test Date: 05/23/2015

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: TOWERY, CHAD V

Permit Number: 26632E

Effective:

10/18/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG434901

Exp Date: 12/15/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	12:18pm 12:19pm 12:20pm 12:21pm 12:21pm 12:22pm 12:24pm
AIR BLK	.00	12:24pm

Signature of

Court CVR

# IREDELL BAT MOBILE UNIT 5 480

Serial Number: 008600 Test Record Number: 1596
Test Date: 05/23/2015 Test Time: 12:26pm EDT

System Check: Passed

# Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	12:26pm
DET	Pass	12:26pm
BAR	Pass	12:26pm
$\mathtt{BT}$	Pass	12:26pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:27pm

# Printer Tests

rest	Status	TTIME
PRNT	Pass	12:27pm
	CRC Tests	
Test	Status	Time

2:27pm 2:27pm

Preventive Maintenance Status: Pass

Analyst

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

County_B	Instrument Location Βυ	Mobile Unt 5
Instrument S	erial No. <u>808600</u>	
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR are:	II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholi 34 degrees, plus or minus .2 degree centigrade;	ic breath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	•
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
1Ó.	Verify that the ethanol gas canister is being changed before expresimulator solution is being changed every four months or after 1 whichever occurs first.	iration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
I certify that procedures w Department of	on the 28 day of My, 20_15 were performed on the instrument indicated above, in accordance with of Health and Human Services, and the instrument is functioning project.	the forgoing preventive maintenance a current regulations of the N.C. perly.
THE STATE OF THE S	CUVDO	658
	Signature of Certifying Official	Certificate Number

BUNCOMBE BAT MOBILE UNIT 5 100

Serial Number: 008600 Test Date: 05/28/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: 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	9/2101	Time
DIAG	Pass	6:37pm
AIR BLK	. 00	6:38pm
ACCY CHK	.08	6:39pm
AIR BLK	.00	6:40pm
SUB TEST	.00	6:40pm
AIR BLK	.00	6:41pm
SUB TEST	.00	6:43pm
AIR BLK	.00	6:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# BUNCOMBE BAT MOBILE UNIT 5 100

Serial Number: 008600

Test Record Number: 1604

Test Date: 05/28/2015

Test Time: 6:47pm EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	6:48pm
FLO	Pass	6:48pm
FC	Pass	6:48pm

# Temperature Tests

Test	Status	Time
FC1	Pass	6:48pm
SRC	Pass	6:48pm
DET	Pass	6:48pm
BAR	Pass	6:48pm
BT	Pass	6:48pm

#### Blank Tests

Test	Status	Time
AIR	Pass	6:49pm

# Printer Tests

Test	Status	Time
PRNT	Pass	6:49pm
	CRC Tests	
Test	Status	Time

COMP Pass 6:49pm CAL Pass 6:49pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	ORSYTA Instrument I	Town II N	onty Detent
Instrument S	Serial No. <u>008659</u>	Winston-Sa	lem, N.C.
The preventi	ive maintenance procedures for the Intoximeters, Moare:	del Intox EC/IR II to be followed	i at least once every
1,	Verify the ethanol gas canister displays pressur 34 degrees, plus or minus .2 degree centigrade;		or thermometer show
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		•
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect brea	th sample;	÷
<sup>7</sup> .	When "PLEASE BLOW" appears, collect brea	th sample;	
8.	Print test record;		#* •
9.	Verify Diagnostic Program; and		:
10.	Verify that the ethanol gas canister is being charsimulator solution is being changed every four twhichever occurs first.		
	17 Mar	18-	
	on the day of day of vere performed on the instrument indicated above, in of Health and Human Services, and the instrument is	accordance with current regulation	eventive maintenance ons of the N.C.
STATE COEFF		To a standing	
W MALIP SEST	1 - July 1/1/6		1 Supplied to

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

Certificate Number

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659 Test Date: 05/18/2015

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: AG434901 Exp Date: 12/15/2016

Test	g/210L	Time
DIAG	Pass	1:46pm
AIR BLK ACCY CHK	.00	1:47pm 1:48pm
ACCI CHK	.07	1:48pm
SUB TEST	.00	1:49pm
AIR BLK	.00	1:50pm
SUB TEST	.00	1:52pm
AIR BLK	.00	1:53pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

# FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659

Test Record Number: 3449

System Check: Passed

# Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:53pm 1:53pm
FC	Pass	1:54pm

# Temperature Tests

Test	Status	Time
FC1	Pass	1:54pm
SRC	Pass	1:54pm
DET	Pass	1:54pm
BAR	Pass	1:54pm
BT	Pass	1:54pm

#### Blank Tests

Test	St	atus	Time
AIR	Pa	ıss	1:54pm
_			

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:54pm
	CRC Tests	

	:	
Test	Status	Time
COMP	Pass	1:55pm

Preventive Maintenance Status: Pass

Pass

CAL

1:55pm

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

		INS, WODER INTOX EC.	, T
County	orsyth	Instrument Location Torsy	L County Detention
Instrument Se	erial No. <u>008583</u>	Winston	n-Salem, N.C.
The preventive four months a		ntoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breegree centigrade;	ath simulator thermometer show
2.	Verify instrument displays tim	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	<b>;</b>	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample;	
7.	When "PLEASE BLOW" app	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	d	:
10.	Verify that the ethanol gas can simulator solution is being charwhichever occurs first.	ister is being changed before expiration nged every four months or after 125 A	n date, or the alcoholic breath lcoholic Breath Simulator tests,
•	10) 11	1	
I certify that	on the 8 day of	9 L/ , 20 <u>3</u> the f	orgoing preventive maintenance
procedures w Department o	ere performed on the instrument inc of Health and Human Services, and	licated above, in accordance with curr the instrument is functioning properly.	ent regulations of the N.C.
		• • • •	
THE STATE OF THE S	2 VORTH CAROLINA	L. D. Laborita	, mag
ONE OTHER AL	X at The	nature of Certifying Official	Certificate Number
	≠ Sigi	lature of Cethirying Official	Certificate (vulifoe)

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583 Test Date: 05/18/2015

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: AG434901 Exp Date: 12/15/2016

Test	g/210L	Time
DIAG AIR BLK	Pass	1:31pm 1:32pm
ACCY CHK	.08	1:32pm
AIR BLK	.00	1:33pm
SUB TEST	.00	1:35pm
AIR BLK	.00	1:35pm
SUB TEST	.00	1:37pm
AIR BLK	.00	1:38pm

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

#### FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583

Test Record Number: 5555

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:39pm
FLO	Pass	1:39pm
FC	Pass	1:39pm

# Temperature Tests

Test	Status	Time
FC1	Pass	1:39pm
SRC	Pass	1:39pm
DET	Pass	1:39pm
BAR	Pass	1:39pm
$\mathtt{BT}$	Pass	1:39pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:40pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:40pm

### CRC Tests

Test	Status	Time
COMP	Pass	1:40pm
CAL	Pass	1:40pm

Preventive Maintenance Status: Pass

Kuth Elley State

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Instrument Location Forsyth County Detenti
Instrume	Serial No. 008925 Winston-Salem, N.C.
The prev	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify t procedure Departme	t on theday of, 20
GREAT CAN	TE ON NO.

Signature of Certifying Official

Certificate Number

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008925 Test Date: 05/18/2015

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: AG434901 Exp Date: 12/15/2016

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

#### FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008925

Test Record Number: 940

Test Date: 05/18/2015

Test Time: 1:31pm EDT

# System Check: Passed

#### Baseline Tests

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

# Temperature Tests

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

# Blank Tests

Test	Status	Time

AIR Pass 1:33pm

# Printer Tests

Test	Status	Time
PRNT	Pagg	1 33mm

#### CRC Tests

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

Preventive Maintenance Status: Pass

∆nalvet⁄

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

- market	INTOXIMET	ERS, MODEL INTOX EC	IK II
County	avie	Instrument LocationAvid	County Jail
Instrument Se	rial No. <u>(1)</u> 8905	Mocks	ville, NC
			·
The preventive four months a	* ·	Intoximeters, Model Intox EC/IR II to b	pe followed at least once every
1.	Verify the ethanol gas canisted 34 degrees, plus or minus .2	er displays pressure, or the alcoholic breadegree centigrade;	ath simulator thermometer show
2.	Verify instrument displays ti	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nnister is being changed before expiration nanged every four months or after 125 A	n date, or the alcoholic breath lcoholic Breath Simulator tests
I certify that o procedures we Department of	ere performed on the instrument i	ndicated above, in accordance with curred the instrument is functioning properly.	orgoing preventive maintenance on tregulations of the N.C.
THE STATE OF THE S	Si Si	gnature of Certifying Official	Certificate Number

DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905 Test Date: 05/15/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

09/01/2014-09/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG323402 Exp Date: 08/22/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	2:03pm 2:03pm 2:04pm 2:05pm 2:06pm
SUB TEST	.00	_
AIR BLK	.00	2:07pm
SUB TEST	.00	2:08pm
AIR BLK	.00	2:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905

Test Record Number: 1601

Test Date: 05/15/2015

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

Test	Status	Time	
PRNT	Pass	2:12pm	

# CRC Tests

Test	Test Status	
COMP	Pass	2:12pm
CAL	Pass	2:12pm

Preventive Maintenance Status: Pass

A nakya#

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

County	INTOXIMET Stokes	ERS, MODEL IN I  Instrument Location	King Police	
Instrument S	erial No. <u>0086/0</u>		Department	
The prevention four months	ve maintenance procedures for the are:	e Intoximeters, Model Intox	EC/IR II to be followed at	least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2		alcoholic breath simulator	thermometer show
2.	Verify instrument displays ti	ime and date;		
3.	Initiate breath test sequence;	;		
4.	Enter information as prompt	ed;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" a	ppears, collect breath sample	<b>)</b> ;	• .
<b>7.</b>	When "PLEASE BLOW" a	ppears, collect breath sample	);	
8.	Print test record;			
9.	Verify Diagnostic Program;	and		
10.	Verify that the ethanol gas c simulator solution is being c whichever occurs first.	anister is being changed before hanged every four months o	ore expiration date, or the a r after 125 Alcoholic Breat	alcoholic breath th Simulator tests,
I certify that procedures w Department of	on theday of were performed on the instrument of Health and Human Services, an	indicated above, in accordant the instrument is function	the forgoing prevence with current regulations ing properly.	ntive maintenance s of the N.C.
THE STATE OF THE S	CAROLINA	The HASNA	15th 6	57
	$\sim$ $\sim$ $_{ m S}$	ignature of Certifying Offic	iai Certif	icate Number

STOKES COUNTY KING PD 840

Serial Number: 008610 Test Date: 05/19/2015

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: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

09/01/2014-09/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	4:17pm 4:18pm 4:19pm
AIR BLK	.00	4:20pm
SUB TEST	.00	4:20pm
AIR BLK	.00	4:21pm
SUB TEST	.00	4:23pm
AIR BLK	.00	4:24pm

Reported AC; .00 g/210L

Signature of Chemical Analyst

Court CVR

#### STOKES COUNTY KING PD 840

Serial Number: 008610

Test Record Number: 1585

Test Date: 05/19/2015

Test Time: 4:25pm EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	4:25pm
FLO	Pass	4:25pm
FC	Pass	4:25pm

# Temperature Tests

Test	Status	Time
FC1	Pass	4:25pm
SRC	Pass	4:25pm
DET	Pass	4:25pm
BAR	Pass	4:25pm
BT	Pass	4:25pm

#### Blank Tests

Test	Status	Time

AIR Pass 4:26pm

# Printer Tests

Test	Status	Time
PRNT	Pass	4:26pm

# CRC Tests

Test	Status	Time	
COMP	Pass	4:26pm	
CAL	Pass	4:26pm	

Preventive Maintenance Status: Pass

Amalyat

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

County Stokes	Inst	rument Location <u> </u>	Stokes C	County Jail
Instrument Serial No.	7576		Janbury	, NC
The preventive maintenance profour months are:	cedures for the Intoxime	ters, Model Intox EC	/IR II to be follow	wed at least once every
	anol gas canister displays as or minus .2 degree cen		holic breath simu	lator thermometer show
2. Verify instrum	ent displays time and da	te;		
3. Initiate breath	test sequence;			
4. Enter informat	ion as prompted;			
5. Verify instrum	ent accuracy;			•
6. When "PLEAS	SE BLOW" appears, col	lect breath sample;		
7. When "PLEAS	SE BLOW" appears, col	lect breath sample;		
8. Print test recor	d;			
9. Verify Diagno	stic Program; and			
10. Verify that the simulator solut whichever occ	ethanol gas canister is be ion is being changed evenurs first.	eing changed before ery four months or aft	expiration date, o ter 125 Alcoholic	r the alcoholic breath Breath Simulator tests,
I certify that on the procedures were performed on the Department of Health and Huma			with current regul	preventive maintenance lations of the N.C.
CAR U. T.	Signature of	Certifying Sifficial		Certificate Number

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596 Test Date: 05/19/2015

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: BENFIELD II, KENNETH R
Permit Number: 22067E
Effective:
09/01/2014-09/01/2016

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07 .00	3:13pm 3:14pm 3:14pm 3:15pm
SUB TEST	.00	3:16pm
AIR BLK	.00	3:17pm
SUB TEST	.00	3:18pm 3:19pm
AIR BLK	.00	2:Tabu

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596

Test Record Number: 738

Test Date: 05/19/2015

Test Time: 3:21pm EDT

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	3:22pm 3:22pm 3:22pm 3:22pm
$\mathtt{BT}$	Pass	3:22pm

#### Blank Tests

Test	Status	Time

3:22pm Pass AIR

#### Printer Tests

Test	Status	Time

3:22pm PRNT Pass

#### CRC Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

ty FORSIJA Instrument Location KARMARI VILLE

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;

Instrument Serial No. 108650

- 4. Enter information as prompted;
- 5. Verify instrument accuracy;
- 6. When "PLEASE BLOW" appears, collect breath sample;
- 7. When "PLEASE BLOW" appears, collect breath sample;
- 8. Print test record;
- 9. Verify Diagnostic Program; and
- 10. Verify that the ethanol gas canister is being changed before 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

FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650 Test Date: 05/19/2015

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

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

09/01/2014-09/01/2016

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

Test Type: Breath Test

Lot Number: AG319902 Exp Date: 07/18/2015

g/210L	Time
Pass .00	1:56pm 1:57pm
.08	1:58pm
.00	1:59pm
.00	1:59pm
.00	2:00pm
.00	2:02pm
.00	2:02pm
	.00 .08 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650 Test Record Number: 1129
Test Date: 05/19/2015 Test Time: 2:03pm EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:04pm 2:04pm
FC	Pass	2:04pm

# Temperature Tests

Test	Status	Time
FC1	Pass	2:04pm
SRC	Pass	2:04pm
DET	Pass	2:04pm
BAR	Pass	2:04pm
BT	Pass	2:04pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:05pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:05pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:05pm 2:05pm

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

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008854 Test Date: 05/20/2015

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: BENFIELD II, KENNETH R
Permit Number: 22067E
Effective:
09/01/2014-09/01/2016

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	4:48pm 4:48pm
ACCY CHK	.08	4:49pm
AIR BLK	.00	4:50pm
SUB TEST	. 00	4:51pm
AIR BLK	.00	4:52pm
SUB TEST	. 00	4:53pm
AIR BLK	.00	4:54pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

# YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008854

Test Record Number: 375

Test Date: 05/20/2015

Test Time: 4:55pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:56pm
FLO	Pass	4:56pm
FC	Pass	4:56pm

# Temperature Tests

Test	Status	Time
FC1	Pass	4:56pm
SRC	Pass	4:56pm
DET	Pass	4:56pm
BAR	Pass	4:56pm
BT	Pass	4:56pm

# Blank Tests

Test	Status	Time

AIR Pass 4:57pm

#### Printer Tests

PRNT Pass 4:57pm

#### CRC Tests

Test	Status	Time
COMP	Pass	4:57pm
CAL	Pass	4:57pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Co	INTOXIMETI Kin	ERS, MODEL INTOX  Instrument Location <u>ac</u>	Kin County Jail
Instrument Ser	rial No. <u>008944</u>	Yad	Kinville, N.C.
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 o		lic 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 exp anged every four months or after	piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
I certify that or procedures we Department of	re performed on the instrument it	ay , 20 <u>/5</u> ndicated above, in accordance with the instrument is functioning pro-	the forgoing preventive maintenance h current regulations of the N.C. operly.
THE STATE OF THE PARTY TO THE P	SEE AMERICAN	gnature of Certifying Official	Certificate Number

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944 Test Date: 05/20/2015

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: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

09/01/2014-09/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	4:45pm
AIR BLK	.00	4:45pm
ACCY CHK	.08	4:46pm
AIR BLK	.00	4:47pm
SUB TEST	.00	4:48pm
AIR BLK	.00	4:48pm
SUB TEST	.00	4:50pm
ATR BLK/	. 00	4:51pm

Revorted AC: \_00 d/210L

Signature of Chemical Analyst

Court CVR

Analysi

# YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944

Test Record Number: 1143

Test Date: 05/20/2015

Test Time: 4:52pm EDT

System Check: Passed

# Baseline Tests

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

#### Temperature Tests

Test	Status	Time
		Carrier III. 1975
FC1	Pass	4:53pm
SRC	Pass	4:53pm
DET	Pass	4:53pm
BAR	Pass	4:53pm
BT	Pass	4:53pm

#### Blank Tests

Test	Status	Time
		4 - 1943
ΔTD	Dagg	4 · 54 ni

# Printer Tests

rest	Status IIIIe
PRNT	Pass 4:54pm
	CRC Tests

Test	Status	Time
COMP CAL	Pass Pass	4:54pm 4:54pm

Preventive Maintenance Status: Pass

And The same of th

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR [I 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. 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.



Signature of Certifying Official

Certificate Number

#### WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008865 Test Date: 05/22/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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 ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	12:14pm 12:14pm 12:15pm 12:17pm 12:17pm
AIR BLK	.00	12:19pm
SUB TEST	.00	12:20pm
AIR BLK	.00	12:21pm

Reported AC: .00 g/

Signature of Chemical Analyst

Court CVR

Analyst /

# WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008865

Test Record Number: 332

Test Date: 05/22/2015

Test Time: 12:22pm EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR .		12:23pm
FLO	Pass	12:23pm
FC	Pass	12:23pm

# Temperature Tests

Test	Status	Time
FC1	Pass	12:23pm
SRC	Pass	12:23pm
DET	Pass	12:23pm
BAR	Pass	12:23pm
BT	Pass	12:23pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:24pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:24pm

#### CRC Tests

Test	Status	Time
COMP	Pass	12:24pm
CAL	Pass	12:24pm

Preventive Maintenance Status: Pass

Anaivsť

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

INTOXIMETERS, MODEL INTOX EC/IR II
County Wilkes Instrument Location Wilkes County Defent
Instrument Serial No. 008843 Wilkestoro, N.C.
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:
1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 QQ day of May , 20 5 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.
Signature of Certificial Certificate Number

WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008843 Test Date: 05/22/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: 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	Tille
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	12:00pm 12:00pm 12:01pm 12:02pm 12:03pm 12:04pm
SUB TEST	.00	12:06pm
AIR BLK	.00	12:07pm

Reported Ag: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analysi

### WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008843

Test Record Number: 1727

Test Date: 05/22/2015

Test Time: 12:08pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	12:08pm
FLO	Pass	12:08pm
FC	Pass	12:08pm

### Temperature Tests

Test	Status	Time
FC1	Pass	12:08pm
SRC	Pass	12:08pm
DET	Pass	12:08pm
BAR	Pass	12:08pm
BT	Pass	12:08pm

### Blank Tests

Test	Status	Time	

AIR Pass 12:09pm

### Printer Tests

Test S	tatus	Time
--------	-------	------

PRNT Pass 12:09pm

### CRC Tests

Test	Status	Time
COMP	Pass	12:09pm
CAT	Pass	12:09pm

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

Analyst

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

County-SURRY	Instrument Location Elkin Police
Instrument Serial No. 008926	Department
The preventive maintenance procedures for the Ir four months are:	toximeters, Model Intox EC/IR II to be followed at least once every
1. Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath simulator thermometer show gree centigrade;
2. Verify instrument displays time	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	
	ster is being changed before expiration date, or the alcoholic breath ged every four months or after 125 Alcoholic Breath Simulator tests,
I certify that on the day of day of Department of Health and Human Services, and the day of	the forgoing preventive maintenance cated/above, in accordance with current regulations of the N.C. he instrument is functioning properly.
THE STATE OF A COLUMN VIDE A C	Ature of Certifying Official Certificate Number

SURRY COUNTY ELKIN PD 850

Serial Number: 008926 Test Date: 05/22/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

09/01/2014-09/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:53am
AIR BLK	.00	9:54am
ACCY CHK	.07	9:55am
AIR BLK	.00	9:56am
SUB TEST	.00	9:56am
AIR BLK	.00	9:57am
SUB TEST	.00	9:59am
AIR BLK	.00	10:00am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### SURRY COUNTY ELKIN PD 850

Serial Number: 008926

Test Record Number: 652

Test Date: 05/22/2015

Test Time: 10:01am EDT

System Check: Passed

Baseline Tests

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

### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:02am

Printer Tests

Test	Status	Time

PRNT 10:02am Pass

CRC Tests

Test

COMP	Pass	 10:02am
CAL	Pass	10:02am

Status

Time

Preventive Maintenance Status: Pass

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

County	NHUSTON	Instrument Location	BENEW	tolice De
Instrument Se	rial No	Instrument Location	N.C.	
The preventive four months a	e maintenance procedures for the re:	Intoximeters, Model Intox EC	C/IR II to be follow	ed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d		oholic breath simul	ator thermometer show
2.	Verify instrument displays tim	ne and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	<b>!;</b>		*.
5.	Verify instrument accuracy;	•		
6.	When "PLEASE BLOW" app	ears, collect breath sample;		
. 7.	When "PLEASE BLOW" app	ears, collect breath sample;		÷
8.	Print test record;			
9.	Verify Diagnostic Program; ar	ıd		
10.	Verify that the ethanol gas can simulator solution is being chawhichever occurs first.			
procedures we	n the <u>Al</u> day of <u>HA</u> ere performed on the instrument ine FHealth and Human Services, and	dicated above, in accordance	with current regula	
THE STATE OF THE PARTY OF THE P	A CAROLINA C			
William Control	Sig	nature of Certifying Official		ertificate Number
		\ \		•

JOHNSTON COUNTY BENSON POLICE DEPT. 500

> Serial Number: 008885 Test Date: 05/21/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

> Lot Number: AG317801 Exp Date: 06/27/2015

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

Reported AC: .00 g/210L

Chemical Analyst

Court CVR

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

**Department of Health and Human Services** 

Rev. 12/2007

### JOHNSTON COUNTY BENSON POLICE DEPT. 500

Serial Number: 008885

Test Record Number: 407

Test Date: 05/21/2015 Test Time: 12:25pm EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

FC1 Pass 12:25p	
SRC       Pass       12:25p         DET       Pass       12:25p         BAR       Pass       12:25p         BT       Pass       12:25p	om om om

#### Blank Tests

Test	Status	Time
AIR	Pass	12:26pm

### Printer Tests

rest	Status	TIME
PRNT	Pass	12:26pm

### CRC Tests

Test	Status	Time
COMP	Pass	12:26pm
CAL	Pass	12:26pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR IL

County	SHIPSION	Instrument Location SELMA	Police DEP
Instrument Se	rial No. <u>008595</u>	SELMA N	
The preventiv		oximeters, Model Intox EC/IR II to be f	ollowed at least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr	isplays pressure, or the alcoholic breath ree 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" appea	rs, collect breath sample;	
7.	When "PLEASE BLOW" appea	rs, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.	ter is being changed before expiration de ged every four months or after 125 Alco	ate, or the alcoholic breath holic Breath Simulator tests,
procedures we	on the day of	the forgoated above, in accordance with current e instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
STATE OREM. OF STATE	OF NO BLEE	No.	
STE GIVW AL	- LUXI	OCHUR /	652
	Signa	ture of Certifying Official	Certificate Number

JOHNSTON COUNTY SELMA PD 500

Serial Number: 008595 Test Date: 05/21/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	11:12am 11:13am 11:13am 11:14am <b>11:15am</b> 11:16am
SUB TEST	.00	11:17am
AIR BLK	.00	11:18am

Reported AC: .00 g/2101

Signature of Chemical Analyst

Court CVR

Analyst

### JOHNSTON COUNTY SELMA PD 500

Serial Number: 008595 Test Record Number: 864
Test Date: 05/21/2015 Test Time: 11:19am EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:20am

### Printer Tests

Test	Status	Time
PRNT	Pass	11:20am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:20am

11:20am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR/N Instrument Location County Instrument Serial No. The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 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

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

Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath

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



10.

whichever occurs first.

Signature of Certifying Official

Certificate Number

#### HARNETT COUNTY DUNN POLICE DEPT. 420

Serial Number: 008644 Test Date: 05/21/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	1:45pm
AIR BLK	.00	1:46pm
ACCY CHK	.08	1:47pm
AIR BLK	.00	1:48pm
SUB TEST	.00	1:48pm
AIR BLK	.00	1:49pm
SUB TEST	.00	1:51pm
AIR BLK	.00	1:51pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### HARNETT COUNTY DUNN POLICE DEPT. 420

Serial Number: 008644

Test Record Number: 1131

Test Date: 05/21/2015

Test Time: 1:52pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	1:53pm
FLO	Pass	1:53pm
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

Test	Status	Time

AIR Pass 1:54pm

### Printer Tests

Test Status Time

PRNT Pass 1:54pm

CRC Tests

Test Status Time

COMP Pass 1:54pm CAL Pass 1:54pm

Preventive Maintenance Status: Pass

Analyst

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

County	VITITUCK Instrument Location CUITUIK Co. 5.0.
Instrument Ser	rial No. 004947 407-A MARLE Rd., MARLE, N.C.
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the <u>20 // day of // A./</u> , 20 /5 the forgoing preventive maintenance re performed on the instrument indigated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OF THE STATE OF TH	CAROLLIS AND

CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

Serial Number: 008947 Test Date: 05/20/2015

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: 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: AG507902 Exp Date: 03/20/2017

Test	g/210L	Time
DIAG	Pass	1:29pm
AIR BLK	.00	1:30pm
ACCY CHK	.08	1:30pm
AIR BLK	.00	1:31pm
SUB TEST	.00	1:32pm
AIR BLK	.00	1:33pm
SUB TEST	.00	1:34pm
AIR BLK	.00	1:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Linex Keese Analyst

### CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

Serial Number: 008947 Test Record Number: 1683 Test Date: 05/20/2015 Test Time: 1:36pm EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1	Pass	1:36pm
SRC	Pass	1:36pm
DET	Pass	1:36pm
BAR	Pass	1:36pm
BT	Pass	1:36pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:37pm

### Printer Tests

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

Preventive Maintenance Status: Pass

Analysi

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

	INTOXIMETERS, MODI		· <del></del>
County	Instrument 1	Location Mayne C	o. Defenton Cts
Instrument Se	erial No. 00867/ 207 E.	Chessnur SI	Guldsporo, A
The preventive four months a	re maintenance procedures for the Intoximeters, Mo ure:	del Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister displays pressur 34 degrees, plus or minus .2 degree centigrade;	e, or the alcoholic breath	simulator thermometer shows
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect brea	ath sample;	
7.	When "PLEASE BLOW" appears, collect brea	ath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being chasimulator solution is being changed every four whichever occurs first.	anged before expiration da months or after 125 Alcoh	te, or the alcoholic breath nolic Breath Simulator tests,
l certify that oprocedures w Department o	on theday ofday of	, 20 /5 the forgo accordance with current r functioning properly.	oing preventive maintenance regulations of the N.C.
THE STATE OF THE S	ON COMPANY OF THE PARTY OF THE		
William Common	Signature of Certify	leg C	Certificate Number
	Signature of Certify	me Omioidi	Solditionio Hullipei

### WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008671 Test Date: 05/06/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Minds Reas

### WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008671

Test Record Number: 3655

Test Date: 05/06/2015

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
CAL	Pass	10:12am

Preventive Maintenance Status: Pass

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

County R	Ock age A ne Instrument Location E	PM
Instrument Se		Department
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR I	I to be followed at least once every
1,	Verify the ethanol gas canister displays pressure, or the alcoholic 34 degrees, plus or minus .2 degree centigrade;	breath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
<b>7.</b> 7. 4. 4.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expir simulator solution is being changed every four months or after 12 whichever occurs first.	
procedures wer	the 20 day of 44, 20 5 the performed on the instrument indicated above, in accordance with the Health and Human Services, and the instrument is functioning properties.	
·		<b>X</b>
STATE OF THE STATE	AON CAROL	
APRI 12. TTE	Signature of Cartificials Official	Cortificate Number

### ROCKINGHAM COUNTY EDEN PD 780

- Serial Number: 008636 Test Date: 05/22/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

06/01/2013-06/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG322601 Exp Date: 08/14/2015

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636

Test Record Number: 1533

Test Date: 05/22/2015 Test Time: 12:23pm EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

### Blank Tests

Test:	Status	Time
AIR	Pass	12:25pm

### Printer Tests

Test	Status	Time
PRNT'	Pass	12:25pm
	CD C E	

### CRC Tests

Test	Status	Time
COMP	Pass	12:25pm
CAL	Pass	12:25pm

Preventive Maintenance Status: Pass

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

County_	Cockingham Instrument Location Rocking	ham Co. Jail
Instrument S	Serial No. 008796 Westword	h, N.C.
four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be are:	followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	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 d simulator solution is being changed every four months or after 125 Alcowhichever occurs first.	
procedures w	on the day of, 20 / 5 the forgoere performed on the instrument indicated above, in accordance with current of Health and Human Services, and the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
OF THE STATE	TO AND THE PROPERTY OF THE PRO	
THE STATE OF THE S		647
	Signature of Certifying Official	Certificate Number

### ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

Serial Number: 008796 Test Date: 05/22/2015

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

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

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

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

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

Lot Number: AG513102

Exp Date: 05/11/2017Test g/210L Time

DIAG	Pass	2:44pm
AIR BLK	.00	2:45pm
ACCY CHK	.07	2:46pm
AIR BLK	.00	2:47pm
SUB TEST	.00	2:47pm
AIR BLK	.00	2:48pm
SUB TEST	.00	2:50pm
AIR BLK	.00	2:51pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

### ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

Serial Number: 008796

Test Record Number: 1904

Test Date: 05/22/2015

Test Time: 2:51pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	2:51pm
FLO	Pass	2:51pm
FC	Pass	2:52pm

### Temperature Tests

Test	Status	Time
FC1	Pass	2:52pm
SRC	Pass	2:52pm
DET	Pass	2:52pm
BAR	Pass	2:52pm
BT	Pass	2:52pm

### Blank Tests

Test	Status	Time
AIR	Pass	2:52pm

### Printer Tests

Test	Status	Time
PRNT	Pass	2:52pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:52pm

2:52pm

Preventive Maintenance Status: Pass

Pass

CAL

L. Limber

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

County C	UMBERLAND Instrument Location Fi	- BRAGO
Instrument Ser	rial No. <u>008787</u> <u>PM.O.</u>	
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR e:	II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholi 34 degrees, plus or minus .2 degree centigrade;	ic breath simulator thermometer show
2.	Verify instrument displays time and date;	Commence of the second
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	:
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expi simulator solution is being changed every four months or after 1 whichever occurs first.	
I certify that on procedures wer Department of	the 26 day of MAY, 20/5 e performed on the instrument indicated above, in accordance with Health and Human Services, and the instrument is functioning prop	the forgoing preventive maintenance current regulations of the N.C. erly.
CREATE STATE OF THE STATE OF TH	No.	
+ ASE QUAN VIDEN	Signature of Certifying Official	Certificate Number

CUMBERLAND CO. FORT BRAGG LEC. 250

Serial Number: 008787 Test Date: 05/26/2015

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

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:46am 11:47am
ACCY CHK AIR BLK	.08	11:47am 11:48am
SUB TEST	.00	11:49am
AIR BLK	.00	11:50am
SUB TEST AIR BLK	.00 .00	11:52am 11:53am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### CUMBERLAND CO. FORT BRAGG LEC. 250

-- Serial Number: 008787 Test Date: 05/26/2015

Test Record Number: 520 Test Time: 11:53am EDT

### Baseline Tests

System Check: Passed

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
$\mathtt{BT}$	Pass	11:54am

### Blank Tests

Test	Status	Time
AIR	Pass	11:55am

### Printer Tests

Test	Status	Time
PRMT	Dagg	11.55am

### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

- miles de		s, Model in tox ec/i	
County	)4Plin	Instrument Location	lin County
Instrument S	Gerial No. <u>008819</u>	Instrument Location Dap  Sherif	F Dept.
	·		<b>,</b>
The preventive four months a	ve maintenance procedures for the Into are:	oximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degrees	splays pressure, or the alcoholic breat ee centigrade;	h simulator 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	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 of ed every four months or after 125 Alco	
procedures we	on the day of	ated above, in accordance with current	going preventive maintenance regulations of the N.C.
O'NH STATE	S. NORTH CAROLING	Man Laman	60
	Signatu	aré of Certifying Official	Certificate Number

### DUPLIN COUNTY DUPLIN COUNTY SD 300

Serial Number: 008819 Test Date: 05/27/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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	Pass .00 .08	1:10pm 1:11pm 1:12pm 1:13pm
SUB TEST	.00	1:13pm
AIR BLK	.00	1:14pm
SUB TEST	.00	1:16pm
AIR BLK	.00	1:17pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

\_\_\_\_\_Analysi

### DUPLIN COUNTY DUPLIN COUNTY SD 300

Serial Number: 008819

Test Record Number: 609

Test Date: 05/27/2015

Test Time: 1:17pm EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	1:18pm

### Printer Tests

Test	Status	Time
PRNT	Pass	1:19pm

### CRC Tests

Test	Status	Time
COMP	Pass	1:19pm
CAL	Pass	1:19pm

Preventive Maintenance Status: Pass

K. C. Malysi

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

County 1	Burke	
Instrument	Serial No. 008904	Morganton, NC
The prevent four months	tive maintenance procedures for the Ir s are:	ntoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath simulator thermometer show gree centigrade;
2.	Verify instrument displays time	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 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,
certify that or cedures we Department of	on the <u>28</u> day of <u>Ma</u> were performed on the instrument indic of Health and Human Services, and th	the forgoing preventive maintenance fated above, in accordance with current regulations of the N.C. e instrument is functioning properly.
OF THE STATE OF TH		646

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

Signature of Certifying Official

Certificate Number

BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008904 Test Date: 05/28/2015

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BURNETTE, ANTHONY J
Permit Number: 11304E

Effective:

06/01/2013-06/01/2015

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	3:40pm 3:41pm 3:42pm 3:43pm
SUB TEST	.00	3:43pm
AIR BLK	.00	3:44pm
SUB TEST	.00	3:46pm
AIR BLK	.00	3:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008904

Test Record Number: 1585

Test Date: 05/28/2015

Test Time: 3:48pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:48pm 3:48pm
FC	Pass	3:48pm

### Temperature Tests

Test	Status	Time
FC1	Pass	3:48pm
SRC	Pass	3:48pm
DET	Pass	3:48pm
BAR	Pass	3:48pm
BT	Pass	3:48pm

### Blank Tests

Test	Status	Time
AIR	Pass	3:49pm

### Printer Tests

Test	Status	Time
PRNT	Pass	3:49pm

### CRC Tests

Test	Status	Time
COMP	Pass	3:49pm
CAL	Pass	3:49pm

Preventive Maintenance Status: Pass

Analyst

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

County 1	Burke Instrument Location Burke-Catawba Jai
Instrument !	Serial No. 008831 Instrument Location Burke-Catawba Ja;
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.
<b>.</b> .	
procedures w	on the 28 day of 1001, 20/5 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
OF THE STATE	
OR LANGE	
APRIL 12, 1716	
WALL OF THE PARTY	549
	Signature of Certifying Official Certificate Number

#### BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008831 Test Date: 05/28/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BURNETTE, ANTHONY J
Permit Number: 11304E
Effective:

06/01/2013-06/01/2015

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008831 Test Date: 05/28/2015

Test Record Number: 1524

Test Time: 3:49pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	3:50pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:50pm

#### CRC Tests

Test	Status	Time
COMP CAL	Pass Pass	3:50pm 3:50pm

Preventive Maintenance Status: Pass

**Analyst** 

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

County Bo	ial No. <u>008798</u>	Instrument Location_	Buncombe	Co. Jeil
Instrument Ser	ial No. <u>008798</u>		Asheville,	NC
The preventive four months are	maintenance procedures for the Inte:	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		lcoholic breath simulato	r thermometer show
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears, collect breath sample;			
7.	When "PLEASE BLOW" appea	rs, collect breath sample	,	
8.	Print test record;		-	
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.			
procedures were	the <u>22</u> day of <u>Mo</u> e performed on the instrument indic Health and Human Services, and the	ated above, in accordance		ventive maintenance ns of the N.C.
THE STATE OF THE S	TO ARROW THE CARROW TH			649
5 g 3 H	Signal	ure of Certifying Officia	ıı Certi	ificate Number

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL
100

Serial Number: 008798 Test Date: 05/22/2015

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

Analyst's Name: BURNETTE, ANTHONY J
Permit Number: 11304E
Effective:
06/01/2013-06/01/2015

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008798

Test Record Number: 3382

Test Date: 05/22/2015

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

Status	Time
_	
Pass	3:04pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	3:04pm

#### 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

County	WAKE Instrument Location BAT WIDBILE CONIT H
Instrument Se	erial No
The preventive four months a	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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

## WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008968

Test Record Number: 49 

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:50pm
FLO	Pass	11:50pm
FC	Pass	11:50pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:50pm
SRC	Pass	11:50pm
DET	Pass	11:50pm
BAR	Pass	11:50pm
$\mathtt{BT}$	Pass	11:50pm

#### Blank Tests

Test	Status	Time
	_	

AIR 11:51pm Pass

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:51pm

#### CRC Tests

Test	Status	Time
COMP	Pass	11:51pm
CAL	Pass	11:51pm

Preventive Maintenance Status: Pass

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008968 Test Date: 05/08/2015

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: 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

AIR BLK .00 11:39pm ACCY CHK .08 11:40pm AIR BLK .00 11:41pm SUB TEST .00 11:41pm AIR BLK .00 11:42pm SUB TEST .00 11:45pm	Test	g/210L	Time
SUB TEST .00 11:45pm	AIR BLK ACCY CHK AIR BLK SUB TEST	.00 .08 .00	11:38pm 11:39pm 11:40pm 11:41pm 11:42pm
ATR BLK 00 11:46pm			11:45pm
	AIR BLK	.00	11:46pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Analyst

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

County	Wake Instrument Location Bat MOBILE Law, T#7
Instrument 5	Serial No. 808972 Aprex
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 to Department	on theday of, 20/5 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATE OF THE STATE	Signature of Certifying Official Certificate Number

#### WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008972 Test Record Number: 78 Test Date: 05/08/2015 Test Time: 11:48pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:49pm
FLO	Pass	11:49pm
FC	Pass	11:49pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:49pm
SRC	Pass	11:49pm
DET	Pass	11:49pm
BAR	Pass	11:49pm
$\mathtt{B}\mathbf{T}$	Pass	11:49pm

#### Blank Tests

Test	Status	Time
AIR	Pass	11:50pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:50pm
	CRC Tests	

rest	Status	Time
COMP	Pass	11:50pm
CAL	Pass	11:50pm

Preventive Maintenance Status: Pass

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008972 Test Date: 05/08/2015

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: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	11:37pm 11:38pm 11:38pm 11:39pm
SUB TEST	.00	11:40pm
AIR BLK	.00	11:40pm
SUB TEST	.00	11:42pm
AIR BLK	.00	11:43pm

Reperted AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

County	WAK	Instrument Location 3317	MOBILE Cin, J. #7
Instrumen	nt Serial No	8 CAM	/
The preve	-	s for the Intoximeters, Model Intox EC/IR II t	to be followed at least once every
1.		s canister displays pressure, or the alcoholic binus .2 degree centigrade;	preath simulator thermometer show
2.	Verify instrument dis	plays time and date;	
3.	Initiate breath test sec	quence;	
4.	Enter information as	prompted;	
5.	Verify instrument acc	curacy;	
6.	When "PLEASE BLO	OW" appears, collect breath sample;	
7.	When "PLEASE BLO	OW" appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Pro	ogram; and	
10.		ol gas canister is being changed before expirat being changed every four months or after 125 t.	
	s were performed on the instru	f , 20 /5 the ument indicated above, in accordance with cu ices, and the instrument is functioning proper	
THE GREAT SET OF	ATE OF NO BUILDING CAROLLINA CAROLLI	Ed 6 Thorax	6.56
		Signature of Certifying Official	Certificate Number

#### WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008968 Test Date: 05/29/2015 Test Record Number: 56 Test Time: 9:52pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:53pm 9:53pm
FC	Pass	9:53pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:53pm
SRC	Pass	9:53pm
DET	Pass	9:53pm
BAR	Pass	9:53pm
BT	Pass	9:53pm

#### Blank Tests

Test	Status	Time

AIR Pass 9:53pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:53pm

#### CRC Tests

Test	Status	Time
COMP	Pass	9:54pm
CAL	Pass	9:54pm

Preventive Maintenance Status: Pass

Anglyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008968 Test Date: 05/29/2015

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: 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	9:42pm
AIR BLK ACCY CHK	.00 .07	9:43pm 9:43pm
AIR BLK	.00	9:44pm
SUB TEST	.00	9:45pm
AIR BLK	.00	9:46pm
SUB TEST	.00	9:47pm
AIR BLK	.00	9:48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County	Wake	Instrument Location_	BAT MOE	Bile UNIT
Instrument Se	rial No. <u>00897)</u>		CANY	·
The preventive four months as	e maintenance procedures for the Intre:	oximeters, Model Intox	EC/IR II to be follow	wed at least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr		llcoholic breath simu	lator thermometer shows
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" appea	rs, collect breath sample	Š	
7.	When "PLEASE BLOW" appea	rs, collect breath sample	,	
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.			
	n the A day of MA re performed on the instrument indic Health and Human Services, and the			preventive maintenance ations of the N.C.
STATE OF STA	Signat	Ure of Certifying Officia	And and an annual of the state	Certificate Number

#### WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008971 Test Date: 05/29/2015 Test Record Number: 45
Test Time: 11:33pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:33pm
SRC	Pass	11:33pm
DET	Pass	11:33pm
BAR	Pass	11:33pm
BT	Pass	11:33pm

#### Blank Tests

Test	Status	Time	

AIR Pass 11:34pm

#### Printer Tests

Test	Status	Time

PRNT Pass 11:34pm

#### CRC Tests

Test	Status	Time
TCDC	Dualus	T T 111 C

COMP Pass 11:34pm CAL Pass 11:34pm

Preventive Maintenance Status: Pass

Analyst

#### WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008971 Test Date: 05/29/2015

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: 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	11:13pm 11:14pm 11:14pm 11:15pm 11:16pm 11:17pm
SUB TEST	.00	11:19pm
AIR BLK	.00	11:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County	1 DALES	Instrument Location But M	Delle but I the
Instrument Se	rial No <u> </u>	CAny	1
The preventive four months as	e maintenance procedures for the Ir	ntoximeters, Model Intox EC/IR II to be	e followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breat gree centigrade;	th simulator thermometer show
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appearance	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 of ged every four months or after 125 Alco	late, or the alcoholic breath bholic Breath Simulator tests,
I certify that on procedures were Department of I	theday of	20/5 the forg cated above, in accordance with current e instrument is functioning properly.	going preventive maintenance regulations of the N.C.
O'THE STATE O'N	ORIN CAROLL		
ARRIES CONTROL X	Signat	Los Tilos	Certificate Number

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008973 Test Date: 05/29/2015

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: 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	11:16pm 11:17pm 11:18pm 11:19pm 11:20pm
AIR BLK	.00	11:20pm
SUB TEST	.00	11:22pm
AIR BLK	.00	11:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County	Instrument Location 500 MBBILE LEW. 7
Instrument Se	erial No. 008972 Carry
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures w Department o	on the
STATE STATE OREAT OF STATE OF	Signature of Certifying Official Certificate Number

#### WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008972

Test Record Number: 85 Test Date: 05/29/2015 Test Time: 10:26pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:26pm
FLO	Pass	10:26pm
FC	Pass	10:26pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:26pm
SRC	Pass	10:26pm
DET	Pass	10:26pm
BAR	Pass	10:26pm
$\mathtt{BT}$	Pass	10:26pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:27pm

#### Printer Tests

rest	Status	TIME
PRNT	Pass	10:27pm

#### CRC Tests

Test	Status	Time
COMP	Pass	10:27pm
CAL	Pass	10:27pm

Preventive Maintenance Status: Pass

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008972 Test Date: 05/29/2015

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: 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	9:39pm 9:40pm
ACCY CHK	.07	9:41pm
AIR BLK	.00	9:41pm
SUB TEST	.00	9:43pm
AIR BLK	.00	9:44pm
SUB TEST	.00	9:46pm
AIR BLK	.00	9:46pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County	Luske	Instrument Location_	LSAI VIIDA	BILE LEUT /
Instrument S	erial No. <u>008969</u>		RALLIE	4-1
The preventi four months	ve maintenance procedures for the Ir are:	itoximeters, Model Intox	EC/IR II to be fo	llowed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		alcoholic breath s	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" appe	ears, collect breath sampl	e;	
7.	When "PLEASE BLOW" appe	ars, collect breath sampl	e;	
8.	Print test record;			
9.	Verify Diagnostic Program; and	I		
10.	Verify that the ethanol gas cani- simulator solution is being char whichever occurs first.	ster is being changed bef ged every four months o	ore expiration dat r after 125 Alcoho	e, or the alcoholic breath olic Breath Simulator tests,
I certify that procedures w Department of	on the 22 day of 4 vere performed on the instrument ind of Health and Human Services, and the	, 20, 20, in accordance instrument is function	the forgoince with current reing properly.	ing preventive maintenance egulations of the N.C.
STATE STATE				
CORPAL DE LA CORPA DEL CORPA DE LA CORPA DEL CORPA DE LA CORPA DE LA CORPA DE LA CORPA DEL CORPA DEL CORPA DEL CORPA DE LA CORPA DEL CORPA DE LA CORPA DEL CORPA DE LA CORPA DE LA CORPA DE LA CORPA DE LA CORPA DEL CORPA DE LA CORPA DEL CORP				
ESSE QUAMVE	1 Cn	00.711	2	656
	Sign	ature of Certifying Offic	lai	Certificate Number

#### WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008969

Test Record Number: 56

Test Date: 05/22/2015

Test Time: 11:02pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:03pm
FLO	Pass	11:03pm
FC	Pass	11:03pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:03pm
SRC	Pass	11:03pm
DET	Pass	11:03pm
BAR	Pass	11:03pm
BT	Pass	11:03pm

#### Blank Tests

Test	Status	Time

AIR Pass 11:03pm

#### Printer Tests

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

PRNT 11:03pm Pass

#### CRC Tests

Status Time Test

COMP Pass 11:03pm CAL Pass 11:03pm

Preventive Maintenance

Status: Pass

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008969 Test Date: 05/22/2015

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:55pm 10:56pm 10:57pm
AIR BLK	.00	10:58pm
SUB TEST	.00	10:58pm
AIR BLK	.00	10:59pm
SUB TEST	.00	11:00pm
AIR BLK	.00	11:01pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County	WAKE	Instrument Location Bot World Le Lunit
Instrument S	Serial No. <u>008971</u>	Rolling
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 breath simulator thermometer show gree centigrade;
2.	Verify instrument displays time	and date;
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appe	ears, collect breath sample;
7.	When "PLEASE BLOW" appe	ears, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; and	i
10.		ster is being changed before expiration date, or the alcoholic breath ged every four months or after 125 Alcoholic Breath Simulator tests,
I certify that procedures w Department of	on the 23 day of 110 day of 110 day of 110 day of 110 day of Health and Human Services, and the services of Health and Human Services day of the day of Health and Human Services day of the day of th	the forgoing preventive maintenance icated above, in accordance with current regulations of the N.C. the instrument is functioning properly.
TABLE OF THE STATE		A. 6.1110 Part 656

#### WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008971 Test Record Number: 39 Test Date: 05/23/2015 Test Time: 1:21am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:22am
SRC	Pass	1:22am
DET	Pass	1:22am
BAR	Pass	1:22am
$\mathtt{BT}$	Pass	1:22am

#### Blank Tests

Test	Status	Time
AIR	Pass	1:23am

#### Printer Tests

Test

Status

Time

-050		
PRNT	Pass	1:23am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:23am 1:23am

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008971 Test Date: 05/23/2015

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: 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

	J,	
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	1:02am 1:03am 1:04am 1:04am
SUB TEST	.00	1:06am
AIR BLK	.00	1:07am
SUB TEST	.00	1:08am

q/210L

Time

1:09am

Reported AC: \_.00 g/210L

AIR BLK .00

Signature of Chemical Analyst

Court CVR

Slepl 6: 1115 rec

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

County	rial No. 008968 Refleist
Instrument Se	rial No. 008968 Zoleion
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	n the
CALESTATE OF THE CALE OF THE C	631
	Signature of Certifying Official Certificate Number

#### WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008968

Test Record Number: 52

Test Date: 05/22/2015

Test Time: 11:01pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:02pm
SRC	Pass	11:02pm
DET	Pass	11:02pm
BAR	Pass	11:02pm
$\mathtt{BT}$	Pass	11:02pm

#### Blank Tests

Test	Status	Time	

11:02pm AIR Pass

#### Printer Tests

Status Time Test

PRNT Pass 11:02pm

CRC Tests

Time Test Status

11:02pm COMP Pass CAL Pass 11:02pm

Preventive Maintenance Status: Pass

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008968 Test Date: 05/22/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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	10:52pm
AIR BLK	.00	10:53pm
ACCY CHK	.07	10:54pm
AIR BLK	.00	10:55pm
SUB TEST	.00	10:56pm
AIR BLK	.00	10:57pm
SUB TEST	.00	10:59pm
ATR BLK	.00	10:59pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

County	Wyke Instrument Lo	ocation Bat Mokele Const
Instrument S	erial No	Palt-16H
The preventi	ve maintenance procedures for the Intoximeters, Moderare:	el Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, 34 degrees, plus or minus .2 degree centigrade;	or the alcoholic breath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	٠
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath	sample;
7.	When "PLEASE BLOW" appears, collect breath	ı sample;
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being chan simulator solution is being changed every four much whichever occurs first.	ged before expiration date, or the alcoholic breath onths or after 125 Alcoholic Breath Simulator tests,
	on theday of	
TATE STATE S	Salar Carlos Car	15 Jan 656
	Signature of Certifyin	g Official Certificate Number

#### WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008972

Test Record Number: 81

Test Date: 05/22/2015

Test Time: 10:59pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:00pm
FLO	Pass	11:00pm
FC	Pass	11:00pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time

11:00pm AIR Pass

#### Printer Tests

Test	Status	Time
TRAST	STATUS	Tin me

11:01pm PRNT Pass

#### CRC Tests

Time Test Status

11:01pm COMP Pass CAL Pass 11:01pm

Preventive Maintenance Status: Pass

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008972 Test Date: 05/22/2015

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

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

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

Analyst's Name: 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	10:51pm 10:52pm 10:52pm 10:53pm 10:54pm
AIR BLK	.00	10:55pm
SUB TEST	.00	<b>10:56pm</b> 10:57pm
AIR BLK	.00	TO: 2/DIII

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

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

County	Worker	Instrument Location_	Bot mobile with
Instrument S	erial No. <u>Od 8920</u>		Rolling
The prevention four months		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		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" appear	ars, collect breath sample	<b>;</b> ;
7.	When "PLEASE BLOW" appear	ars, collect breath sample	2;
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ter is being changed before ged every four months of	ore expiration date, or the alcoholic breath rafter 125 Alcoholic Breath Simulator tests,
procedures w	on the 23 day of 114 were performed on the instrument indi of Health and Human Services, and the	cated above, in accordan	the forgoing preventive maintenance ce with current regulations of the N.C. ing properly.
TO THE STATE OF TH		Debug of Certifying Offici	J11- Sand Shared Number

#### WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008970 Test Record Number: 52 Test Date: 05/23/2015 Test Time: 1:12am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:13am
SRC	Pass	1:13am
DET	Pass	1:13am
BAR	Pass	1:13am
$\mathtt{BT}$	Pass	1:13am

#### Blank Tests

Test	Status	Time
AIR	Pass	1:13am

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:14am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:14am 1:14am

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008970 Test Date: 05/23/2015

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: 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	1:04am
AIR BLK	.00	1:05am
ACCY CHK	.08	1:06am
AIR BLK	.00	1:07am
SUB TEST	.00	1:07am
AIR BLK	.00	1:08am
SUB TEST	.00	1:09am
AIR BLK	.00	1:10am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Colored

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

County	Water Instrument Location 1801 MDBile Liv, T
Instrument Se	rial No. 008973 Zaltien
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 of procedures we Department of	on the
STATE IN TO THE STATE OF THE ST	Signature of Certifying Official Certificate Number

### WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008973

Test Record Number: 53 

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	1:15am
FLO	Pass	1:15am
FC	Pass	1:15am

### Temperature Tests

Test	Status	Time
FC1	Pass	1:15am
SRC	Pass	1:15am
DET	Pass	1:15am
BAR	Pass	1:15am
$\mathtt{BT}$	Pass	1:15am

### Blank Tests

Test	Status	Time
AIR	Pass	1:16am

### Printer Tests

Test	Status	Time
PRNT	Pass	1:16am
	CRC Tests	

Test	Status	Time
COMP	Pass	1:16am
CAL	Pass	1:16am

Preventive Maintenance Status: Pass

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008973 Test Date: 05/23/2015

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: 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	1:06am
AIR BLK	.00	1:07am
ACCY CH	K .08	1:07am
AIR BLK	.00	1:08am
SUB TEST	r .00	1:09am
AIR BLK	.00	1:10am
SUB TEST	r .00	1:11am
AIR BLK	.00	1:12am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County -	Instrument Location WHE CO. VETENTION C	
Instrument Seria	al No. DOS855 PAETOPO N.C.	
The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:	<u> </u>
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer should degree, plus or minus .2 degree centigrade;	)W
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	3.
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.	s,
procedures were	the	ce
THE STATE OF AN		
THE COMMING THE PARTY OF THE PA	Signature\of Certifying Official Certificate Number	-

### HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855 Test Date: 05/28/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name:

QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	T.TWG
DIAG	Pass	12:10pm
AIR BLK	.00	12:11pm
ACCY CHK	.07	12:12pm
AIR BLK	.00	12:13pm
SUB TEST	.00	12:13pm
AIR BLK	.00	12:14pm
SUB TEST	.00	12:15pm
ATD BIK	0.0	12:16pm

Reported AC: .00 g/210L

Signature of Chemical Analys

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures

### HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855

Test Record Number: 1051

Test Date: 05/28/2015

Test Time: 12:16pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:17pm
FLO	Pass	1.2 : 17pm
FC	Pass	12:17pm

### Temperature Tests

Test	Status	Time
FC1.	Pass	12:17pm
SRC	Pass	12:17pm
DET	Pass	12:17pm
BAR	Pass	12;17pm
$\operatorname{B}\mathbb{T}$	Pass	12:17pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:18pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:18pm

### CRC Tests

Test	Status	Time
COMP	Pass	12:18pm
CAL	Pass	12:18pm

Preventive Maintenance Status: Pass

Analyst

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

County	HOPE	Instrument Location Ho	KE CO.	Deservion
Instrument Se	erial No. 008852	PAEREL	N.C.	· .
The preventive four months a	e maintenance procedures for the Into	kimeters, Model Intox EC/IR	II to be followed	ed at least once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degre		lic breath simula	ator thermometer shows
2.	Verify instrument displays time ar	d date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			1 d
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears	s, collect breath sample;		
7.	When "PLEASE BLOW" appears	s, collect breath sample;		
8.	Print test record;			:
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas caniste simulator solution is being change whichever occurs first.	r is being changed before extended every four months or after	piration date, or 125 Alcoholic F	the alcoholic breath Breath Simulator tests,
procedures we	on the <u>S</u> day of <u>HA</u> ere performed on the instrument indical f Health and Human Services, and the	ted above, in accordance wit	h current regula	reventive maintenance tions of the N.C.
STATE STATE	WO CAROL	·		
APRIL 12, 175	lly the	COARC	_	652
	Signatu	re of Certifying Official	C	ertificate Number

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852 Test Date: 05/28/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name:

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	12:12pm
AIR BLK	.00	12:13pm
ACCY CHK	.08 .00	12:13pm 12:14pm
SUB TEST	.00	12:14pm
AIR BLK	.00	12:15pm
SUB TEST	.00	12:18pm
ATR BLK	.00	12:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852

Test Record Number: 693

Test Date: 05/28/2015

Test Time: 12:20pm EDT

System Check: Passed

### Baseline Tests

Test		Status	Time
IR	•	Pass	12:21pm
FLO FC		Pass Pass	12:21pm 12:21pm

### Temperature Tests

Status	Time
Pass	12:21pm
	Pass Pass Pass Pass

### Blank Tests

Test	Status	Time
AIR	Pass	12:22pm

### Printer Tests

Test	Status	Time
PRNT	Pass	12:22pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:22pm

12:22pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

County /1	MBERLAND Instrument Location 17 BA	456
Instrument Se	rial No	
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be fre:	followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration d simulator solution is being changed every four months or after 125 Alco whichever occurs first.	ate, or the alcoholic breath sholic Breath Simulator tests,
procedures we	n the	oing preventive maintenance regulations of the N.C.
THE STATE OF		A. Comment
STATE OF THE STATE	# CAROLINA CONTRACTOR OF THE CAROLINA CONTRACTOR	
# APRIL 12, 178	LQ (Comazi	652
	Signature of Certifying Official	7

#### CUMBERLAND COUNTY FORT BRAGG LEC. 250

Serial Number: 008903 Test Date: 05/26/2015

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:

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: AG507902 Exp Date: 03/20/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	11:48am 11:49am 11:50am 11:51am 11:52am
SUB TEST	.00	11:54am
AIR BLK	.00	11:55am

.00 g/210T Reported AC:

Signature (o

Chemical Analyst

Court CVR

### CUMBERLAND COUNTY FORT BRAGG LEC. 250

Serial Number: 008903

Test Record Number: 1448

Test Date: 05/26/2015

Test Time: 11:56am EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	11:56am
FLO	Pass	11:56am
FC	Pass	11:56am

### Temperature Tests

Test	Status	Time
FC1	Pass	11:56am
SRC	Pass	11:56am
DET	Pass	11:56am
BAR	Pass	11:56am
BT	Pass	11:56am

### Blank Tests

Test	Status	Time
AIR	Pass	11:57am

### Printer Tests

Test

Status

PRNT	Pass	11:57am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:57am 11:57am

Time

Preventive Maintenance Status: Pass

Analyst

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

County Cho	war Instrument Location Chaman Co. Public Safe		
Instrument Serial	1No. 008895 305 W. Freemason St., Edentur,		
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 t procedures were Department of H	he day of May of May 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 AVERAGE AND AVERA	Signature of Certifying Official Certificate Number		

#### CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895 Test Date: 05/20/2015

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: YY

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: AG425303 Exp Date: 09/10/2016

rest	9/2101	1 IIIIE
DIAG	Pass	10:55am
AIR BLK	. 00	10:56am
4		
ACCY CHK	.07	10:56am
AIR BLK	.00	10:57am
SUB TEST	. 00	10:58am
AIR BLK	.00	10:59am
SUB TEST	.00	11:00am
AIR BLK	.00	11:01am

Reported AC: .00 g/210L)

Signature of Chemical Analyst

Court CVR

Analyst

### CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895

Test Record Number: 662

Test Date: 05/20/2015

Test Time: 11:03am EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	11:03am
FLO	Pass	11:03am
FC	Pass	11:03am

### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:03am 11:03am 11:03am 11:03am

### Blank Tests

Test	Status	Time

AIR Pass 11:04am

### Printer Tests

lest	Status	Time

PRNT Pass 11:04am

CRC Tests

Test Status Time

COMP Pass 11:04am CAL Pass 11:04am

Preventive Maintenance Status: Pass

Analyst

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

	INTOXIMETERS,	- / /	, ) /
County 5	(a)(q) In	strument Location <u>Cheroke</u>	e Tribal Deten
Instrument Se	erial No. <u>008782</u> <u>C</u>	Therokee, NC	
The preventiv	ve maintenance procedures for the Intoximare:	neters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister displa 34 degrees, plus or minus .2 degree c		h simulator thermometer shows
2.	Verify instrument displays time and o	late;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
<b>5.</b> :	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, c	ollect breath sample;	
7.	When "PLEASE BLOW" appears, co	ollect breath sample;	
8.	Print test record;		e e
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 overy four months or after 125 Alc	date, or the alcoholic breath oholic Breath Simulator tests,
I certify that o procedures we Department of	on the 28 day of May rere performed on the instrument indicated of Health and Human Services, and the instrument	, 20 / the for above, in accordance with curren trument is functioning properly.	going preventive maintenance t regulations of the N.C.
CTATE		* .	
GREAT			
ARRIE QUAM VIDE		R. Cuth	635
	Signature	of Certifying Official	Certificate Number

SWAIN COUNTY CHEROKEE DETENTION 860

Serial Number: 008782 Test Date: 05/28/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R

Permit Number: 8457E

Effective:

10/01/2013-10/01/2015

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG507902

Exp Date: 03/20/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	11:32am 11:33am 11:34am 11:35am
SUB TEST AIR BLK	.00	11:35am 11:36am
SUB TEST	.00	11:38am
AIR BLK	.00	11:38am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### SWAIN COUNTY CHEROKEE DETENTION 860

Serial Number: 008782 Test Date: 05/28/2015 Test Record Number: 888
Test Time: 11:39am EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:40am 11:40am 11:40am 11:40am 11:40am
		the state of the s

### Blank Tests

Test	Status	Time
AIR	Pass	11:41am

### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County C/	Instrument Location Clay	Co. Jail	
Instrument Seri	Instrument Location Clay C al No. 008608 //ayesville, NC		
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be	e followed at least once every	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breat 34 degrees, plus or minus .2 degree centigrade;	h simulator thermometer show	
2.	Verify instrument displays time and date;	·	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Alc whichever occurs first.		
procedures were	the	going preventive maintenance t regulations of the N.C.	
THE STATE OF ANY SO, 1777 ANY SO, 1777 ANY SO, 1777 ANY SO, 1777 ANY SON SO, 1777 ANY SON	Signature of Certifying Official	Certificate Number	

### CLAY COUNTY CLAY COUNTY JAIL 210

Serial Number: 008608 Test Date: 05/13/2015

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: CUTLER, DANIEL R
Permit Number: 8457E
Effective:

10/01/2013-10/01/2015

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:37pm 12:37pm
ACCY CHK AIR BLK	.07 .00	12:38pm 12:39pm
SUB TEST	.00	12:40pm
AIR BLK	.00	12:41pm
SUB TEST	.00	12:42pm
AIR BLK	.00	12:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### CLAY COUNTY CLAY COUNTY JAIL 210

Serial Number: 008608

Test Record Number: 1065

Test Date: 05/13/2015

Test Time: 12:44pm EDT

### System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	12:44pm
FLO	Pass	12:44pm
FC	Pass	12:44pm

### Temperature Tests

рm
рm
рm
рm
pm

### Blank Tests

Test	Status	Time
AIR	Pass	12:45pm

### Printer Tests

Status

Test

CAL

PRNT	Pass	12:45pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:45pm

Time

12:45pm

Preventive Maintenance Status: Pass

Pass

Analyst

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

County G	raham	Instrument Location Crahar	n Co. S.O.
Instrument Se	rial No. <u>() () 8 9 / 5</u>	Robbinsville, NC	
The preventive four months a		ntoximeters, Model Intox EC/IR II to be f	ollowed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 degrees.	displays pressure, or the alcoholic breath gree 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	i ·	
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ster is being changed before expiration da aged every four months or after 125 Alco	ate, or the alcoholic breath holic Breath Simulator tests,
I certify that of procedures we Department o	n the day of day of for performed on the instrument ind feath and Human Services, and the feath and Human Services.	, 20 / 5 the forgoint the forgo	oing preventive maintenance regulations of the N.C.
OT THE STATE	NO.		
ARE 12, 177		R. Cuth	635
	Sign	ature of Certifying Official	Certificate Number

#### GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008915 Test Date: 05/12/2015

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: 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 AIR BLK ACCY CHK	Pass .00 .08	11:48am 11:49am 11:49am
AIR BLK	.00	11:50am
SUB TEST	.00	11:51am
AIR BLK	.00	11:52am
SUB TEST	.00	11:53am
AIR BLK	.00	11:54am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Oil R. Coth

### GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008915 Test Record Number: 629 Test Date: 05/12/2015 Test Time: 11:56am

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:57am 11:57am
FC	Pass	11:57am

### Temperature Tests

Test	Status	Time
FC1	Pass	11:57am
SRC	Pass	11:57am
DET	Pass	11:57am
BAR	Pass	11:57am
$\mathtt{BT}$	Pass	11:57am

### Blank Tests

Test	Status	Time
AIR	Pass	11:57am

### Printer Tests

Test	Status	Time
PRNT	Pass	11:57am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:58am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

,	INTUATMETERS, MODEL INTO A EC/IR II
County APA	2 Hanover Instrument Location SAT Mabile Unit 4
Instrument Seri	al No. 008714 CAROliNA BEACH
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the day of, 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.
STATE OF THE STATE	Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 4 640

> Serial Number: 008717 Test Date: 05/23/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2014-02/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG322601 Exp Date: 08/14/2015

Test	g/21.0L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:32pm 10:33pm 10:33pm
AIR BLK	.00	10:34pm
SUB TEST	.00	10:35pm
AIR BLK	.00	10:35pm
SUB TEST	.00	10:37pm
AIR BLK	.00	10:38pm

Reported AC, 00 g/210L

Signature of Chemical Analyst

Court CVR

### NEW HANOVER COUNTY BAT MOBILE UNIT 4 640

Serial Number: 008717 Test Date: 05/23/2015 Test Record Number: 454
Test Time: 10:43pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:43pm 10:43pm
FC	Pass	10:44pm

### Temperature Tests

Test	Status	Time
FC1	Pass	10:44pm
SRC	Pass	10:44pm
DET	Pass	10:44pm
BAR	Pass	10:44pm
BT	Pass	10:44pm

### Blank Tests

Test	Status	Time
ΔTR	Pagg	10.44mm

### Printer Tests

Test	Status	Time
PRNT	Pass	10:44pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:45pm 10:45pm

Preventive Maintenance Status: Pass

Analyst.

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR IJ Instrument Location (5/1) Instrument Serial No. 008739 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. 3. Initiate breath test sequence; 4. Enter information as prompted; Verify instrument accuracy; 5. When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record; 9. Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. , 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

NEW HANOVER BAT MOBILE UNIT 4 640

Serial Number: 008734 Test Date: 05/23/2015

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

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

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

Analyst's Name: KEESLER, GRAYHAM C
Permit Number: 7682E
Effective:
02/01/2014-02/01/2016

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

Lot Number: AG322601 Exp Date: 08/14/2015

Test	g/210L	Time
DIAG	Pass	10:33pm
AIR BLK ACCY CHK	.00 .07	10:34pm 10:34pm
AIR BLK	.00	10:35pm
SUB TEST	.00	10:36pm
AIR BLK	.00	10:37pm
SUB TEST	.00	10:38pm
AIR BLK	. 00	10:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### NEW HANOVER BAT MOBILE UNIT 4 640

Serial Number: 008734

Test Record Number: 871 Test Time: 10:40pm EDT

Test Date: 05/23/2015

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:41pm 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
AIR	Pass	10:42pm

### Printer Tests

Test	Status	Time
PRNT	Pass	10:42pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:42pm

10:42pm

Preventive Maintenance Status: Pass

Pass

CAL

<u>Analyst</u>

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; Verify instrument displays time and date; 2. 3. Initiate breath test sequence; 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 procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

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

Signature of Certifying Official

Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 4 640

> Serial Number: 008717 Test Date: 05/22/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2014-02/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG322601 Exp Date: 08/14/2015

g/210L

5/ ==	
Pass	10:52pm
.00	10:53pm
.07	10:53pm
.00	10:54pm
.00	10:55pm
.00	10:56pm
00	10:57pm
.00	10:58pm
	.00 .07 .00 .00

Reported AC:

Test

ر£210ل/\$/ 210L

Time

Signature of Chemical Analyst

Court CVR

Analyst

### NEW HANOVER COUNTY BAT MOBILE UNIT 4 640

Serial Number: 008717

Test Record Number: 448

Test Date: 05/22/2015

Test Time: 11:00pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	11:00pm
FLO	Pass	11:00pm
FC	Pass	11:00pm

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	11:01pm

### Printer Tests

### CRC Tests

Test	Status	Time
COMP	Pass	11:01pm
CAL	Pass	11:01pm

Preventive Maintenance Status: Pass

Agalvet

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

County /	W Harover Instrument Location BAT Mbbile Chrit4
Instrument Se	rial No. <u>008734</u>
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	n the day of, 20 the forgoing preventive maintenance are performed on the instrument indicated above, in accordance with current regulations of the N.C. F Health and Human Services, and the instrument is functioning properly.
TANK MADO TEST AND TE	Signature of Certifying Official Certificate Number

NEW HANOVER BAT MOBILE UNIT 4 640

Serial Number: 008734 Test Date: 05/22/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2014-02/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG322601 Exp Date: 08/14/2015

Test	g/210L	Time
DIAG AIR BLK	Pass	10:49pm 10:50pm
ACCY CHK	.07	10:50pm
AIR BLK	.00	10:52pm
SUB TEST	.00	10:53pm
AIR BLK	.00	10:54pm
SUB TEST	.00	10:56pm
AIR BLK	.00	10:57pm

Reported AC

210L/ور0 هر.

Signature of Chemical Analyst

Court CVR

Analyst

#### NEW HANOVER BAT MOBILE UNIT 4 640

Serial Number: 008734

Test Record Number: 864

Test Date: 05/22/2015

Test Time: 10:58pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:58pm
FLO	Pass	10:58pm
FC	Pass	10:58pm

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	10:58pm 10:58pm
DET	Pass	10:58pm
BAR BT	Pass Pass	10:58pm 10:58pm

#### Blank Tests

Test	Status	Time
ATR	Pass	10:59pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:59pm
	CRC Tests	
Test	Status	Time

COMP	Pass	10:59pm
CAL	Pass	10:59pm

Preventive Maintenance Status: Pass

# PREVENTIVE MAINTENANCE RECORD

County FRA	Instrument Location FRANKUNTON PD
Instrument Seria	Instrument Location FRANKLINTON PD  #7 W. MASON ST. FRANKLINTON, N
The preventive if four months are:	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 29 day of MAY, 20/5 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
THE STATE OF N. WAY 20, 1773 N	Signature of Certifying Official  Certificate Number

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

#### FRANKLIN COUNTY FRANKLINTON PD 340

\_\_\_Serial Number: 008815 Test Date: 05/29/2015

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: 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 ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	5:27pm 5:28pm 5:28pm 5:29pm 5:31pm 5:32pm
SUB TEST AIR BLK	.00 .00	5:36pm 5:37pm
HTV DUV	.00	2:2/bm

.00 g/210L

Signature of Chemical Analyst

Court CVR

#### FRANKLIN COUNTY FRANKLINTON PD 340

Serial Number: 008815

Test Record Number: 963

Test Date: 05/29/2015

Test Time: 5:38pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	5:38pm
FLO	Pass	5:38pm
FC	Pass	5:38pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	5:39pm
SRC	Pass	5:39pm
DET	Pass	5:39pm
BAR	Pass	5:39pm
BT	Pass	5:39pm

#### Blank Tests

Test	Status	Time
AIR	Pass	5:39pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	5:39pm
	CRC Tests	

Test	Status	Time
COMP	Pass	5:39pm
CAL	Pass	5:39pm

Preventive Maintenance Status: Pass

Analyst

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

County 7	Freson Instrument Location PERSON Co. LEC
Instrument So	erial No. 008693 120 COURT ST. ROXBORD, NC
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer should degree, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
procedures we	on the
THE STATE OF THE S	

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693 Test Date: 05/29/2015

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: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:59pm
AIR BLK	.00	3:00pm
ACCY CHK	.07	3:00pm
AIR BLK	.00	3:01pm
SUB TEST	.00	3:02pm
AIR BLK	.00	3:03pm
SUB TEST	.00	3:04pm
ATR BLK	በበ	3 · 05mm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693

Test Record Number: 1140

Test Date: 05/29/2015 Test Time: 3:06pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	3:07pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:07pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

	INTOXIME	TERS, MODEL INTOX EQ	/IK II
County	REKSON_	Instrument Location	ON CO, LEC
Instrument S	erial No. <u>00888 0</u>	120 COURT ST R	OXBORO, NC
The preventi four months		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	ster displays pressure, or the alcoholic b 2 degree centigrade;	reath simulator thermometer show
2.	Verify instrument displays	time and date;	
3.	Initiate breath test sequence	o;	
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.	Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is being changed before expirate changed every four months or after 125	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
procedures w	ere performed on the instrument	the indicated above, in accordance with curnd the instrument is functioning properly	rent regulations of the N.C.
	·		
CREATE IN COLOR	CAROLIN		
ARIL 12, 17	Jus.	Signature of Certifying Official	637
	•	represent of county and continue	ATTITION 1 ANTIIDAL

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880 Test Date: 05/29/2015

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: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	2:58pm 2:59pm 3:00pm
AIR BLK	.00	3:00pm
SUB TEST	.00	3:01pm
AIR BLK	.00	3:02pm
SUB TEST	.00	3:03pm
AIR BLK	.00	3:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

**Analyst** 

#### PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880 Test Date: 05/29/2015 Test Record Number: 842 Test Time: 3:05pm EDT

System Check: Passed

## Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	3:06pm

#### Printer Tests

Test	Status	rime
PRNT	Pass	3:06pm

#### CRC Tests

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

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; 6. When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the forgoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

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

Signature of Certifying Official

## WAKE COUNTY DETENTION CENTER 910

Serial Number: 008577 Test Date: 05/18/2015

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: AG411202 Exp Date: 04/23/2016

Test	g/210L	Time
DIAG	Pass	11:35am
AIR BLK	.00	11:36am
ACCY CHK	.07	11:37am
AIR BLK	.00	11:38am
SUB TEST	.00	11:39am
AIR BLK	.00	11:40am
SUB TEST	.00	11:41am
AIR BLK	.00	11:42am

Reported AC: .00 q/21

Signature of Chemical Analyst

Court CVR

Analyst

#### WAKE COUNTY DETENTION CENTER 910

Serial Number: 008577 Test Record Number: 1425

Test Date: 05/18/2015

Test Time: 11:44am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
ATR	Pagg	11 · 45am

#### Printer Tests

1656	Status	TIME
PRNT	Pass	11:45am

#### CRC Tests

Test	Status	Time
COMP	Pass	11:46am
CAL	Pass	11:46am

Preventive Maintenance Status: Pass

Analyst

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

	INTOXIMETERS, MODEL INTOX EC/IR II
County	arrett Instrument Location Bot Mcbile [Mit
Instrument Se	rial No. 008939 SHP-Harnett
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	n the, 20, 20
STATE ON THE STATE OF THE STATE	Signature of Certifying Official Certificate Number

#### HARNETT COUNTY BAT MOBILE UNIT 2 420

Serial Number: 008929 Test Date: 05/22/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

10/01/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:11pm
AIR BLK	.00	10:13pm
ACCY CHK	.07	10:13pm
AIR BLK	.00	10:14pm
SUB TEST	.00	10:15pm
AIR BLK	.00	10:16pm
SUB TEST	.00	10:18pm
ATR RIK	0.0	10 · 19rm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Donya B Skinner

#### HARNETT COUNTY BAT MOBILE UNIT 2 420

Serial Number: 008929 Test Date: 05/22/2015 Test Record Number: 846
Test Time: 10:20pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	10:20pm
FLO	Pass	10:20pm
FC	Pass	10:20pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:21pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:21pm
	CRC Tests	•

rest	Status	Time
COMP	Pass	10:21pm
CAL	Pass	10:21pm

Preventive Maintenance Status: Pass

Jonys B Styrer
Analyst

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

	INTOXIMETERS, MODEL INTOX EC/IR II
County	Instrument Location But Mobile Unit.
Instrument S	erial No 00860 5HP Harrett
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the, 20 \ the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

#### HARNETT COUNTY BATMOBILE UNIT 2 420

Serial Number: 008601 Test Date: 05/22/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	10:20pm 10:21pm 10:21pm 10:22pm
SUB TEST	.00	10:24pm
AIR BLK	.00	10:25pm
SUB TEST	.00	10:27pm
AIR BLK	.00	10:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Donya Book una

#### HARNETT COUNTY BATMOBILE UNIT 2 420

Serial Number: 008601 Test Date: 05/22/2015 Test Record Number: 1027

Test Time: 10:30pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:31pm 10:31pm
FC	Pass	10:31pm

## Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:31pm 10:31pm 10:31pm 10:31pm 10:31pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:32pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:32pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:32pm 10:32pm

Preventive Maintenance Status: Pass

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

	INTOANTETERS, MODEL INTOA ECIR II
County	igh Point Cuife (Instrument Location Pat Mobile Unit
Instrument S	Serial No 10860 High Point PM
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;
<b>چ. 7.</b>	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on theday of, 20 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
OF THE STATE OF TH	Signature of Certifying Official Certificate Number

#### HIGH POINT BATMOBILE UNIT 2 401

Serial Number: 008601 Test Date: 05/29/2015

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

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

iest	9/2101	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	10:09pm 10:10pm 10:11pm
SUB TEST	.00	10:12pm 10:12pm
AIR BLK	.00	10:13pm
SUB TEST AIR BLK	.00	<b>10:15pm</b> 10:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Daya B Sturin

#### HIGH POINT BATMOBILE UNIT 2 401

Serial Number: 008601 Test Date: 05/29/2015

Test Record Number: 1030

Test Time: 10:18pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:18pm
SRC	Pass	10:18pm
DET	Pass	10:18pm
BAR	Pass	10:18pm
BT	Pass	10:18pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:19pm

### Printer Tests

Test	Status	Time
PRNT	Pass	10:19pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:19pm 10:19pm

Preventive Maintenance Status: Pass

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

County Hic	intoint Guilfoid Instrument Location Bat Mobile Unit
Instrument S	erial No 208969 High Point PD
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 theday of, 20, 20
STATE OF THE STATE	Signature of Certifying Official Certificate Number

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

HIGH POINT BAT MOBILE UNIT 2 401

Serial Number: 008929 Test Date: 05/29/2015

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

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

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

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

Test	g/210%	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	10:07pm 10:08pm 10:09pm 10:10pm
AIR BLK	.00	10:11pm 10:12pm
SUB TEST	.00	10:15pm
AIR BLK	.00	10:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Donya Botune

#### HIGH POINT BAT MOBILE UNIT 2 401

Serial Number: 008929

Test Record Number: 850

Test Date: 05/29/2015

Test Time: 10:17pm EDT

System Check: Passed

## Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:18pm 10:18pm 10:18pm 10:18pm 10:18pm
		To, Tobii

#### Blank Tests

Test	Status	Time
AIR	Pass	10:18pm

#### Printer Tests

iest	Status	Time
PRNT	Pass	10:19pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:19pm 10:19pm

Preventive Maintenance Status: Pass

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

Соц	intyHigh	Point Guilfor MInstrument Location Bot Mobile Unit @
Inst	rument Seri	al No. 208736 High Point PD
	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;
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 tests, whichever occurs first.
proce	tify that on t edures were irtment of H	he
THE GREAT SE	THE STATE OF A	A CAROLLA CARO
William I was a second	* ESE QUAM VIDER *	Signature of Certifying Official Certificate Number

#### HIGH POINT BAT MOBILE UNIT 2 401

Serial Number: 008736 Test Date: 05/29/2015

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	10:19pm
AIR BLK	.00	10:20pm
ACCY CHK	.08	10:20pm
AIR BLK	.00	10:21pm
SUB TEST	.00	10:22pm
AIR BLK	.00	10:23pm
SUB TEST	.00	10:24pm
AIR BLK	.00	10:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

My Bothers

#### HIGH POINT BAT MOBILE UNIT 2 401

Serial Number: 008736 Test Date: 05/29/2015 Test Record Number: 742
Test Time: 10:29pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	10:30pm
FLO	Pass	10:30pm
FC	Pass	10:30pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:31pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:31pm
	CRC Tests	
Test	Status	Time

COMP	Pass	10:31pm
CAL	Pass	10:31pm

Preventive Maintenance Status: Pass

Ong B Skinn

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

	INTOXIMETERS, MODEL INTOX EC/IR II
County RC	and olph Instrument Location Bat Mobile Unit
Instrument Ser	rial No 008929 Liberty PD
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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, 20
TATE GLAM VIEW TO THE STATE OF	Signature of Certifying Official Certificate Number

#### RANDOLPH COUNTY BAT MOBILE UNIT 2 750

Serial Number: 008929 Test Date: 05/30/2015

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

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

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Orya B Stunn

## RANDOLPH COUNTY BAT MOBILE UNIT 2 750

Serial Number: 008929 Test Date: 05/30/2015 Test Record Number: 859 Test Time: 10:16pm EDT

System Check: Passed

## Baseline Tests

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

#### 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 CAL	Pass Pass	10:18pm 10:18pm

Preventive Maintenance Status: Pass

Daya B Stunn

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

Spring and Marin - a a dig	INTOXIMETERS, MODEL INTOX EC/IR II
County +	andolph Instrument Location Pat Mobile Unit
Instrument Se	rial No. (CSOC) Liberty PD
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	theday 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.
CREAT OF STATE OF STA	
# ARE IS THE	Signature of Certifying Official Certificate Number

#### RANDOLPH COUNTY BATMOBILE UNIT 2 750

Serial Number: 008601 Test Date: 05/30/2015

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:12pm 10:13pm 10:14pm
AIR BLK	.00	10:15pm
SUB TEST	.00	10:16pm
AIR BLK	.00	10:17pm
SUB TEST	.00	10:18pm
AIR BLK	.00	10:19pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Dany B Stinn

## RANDOLPH COUNTY BATMOBILE UNIT 2 750

Serial Number: 008601

Test Record Number: 1036

Test Date: 05/30/2015

Test Time: 10:22pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:22pm
FLO	Pass	10:22pm
FC	Pass	10:23pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:23pm 10:23pm 10:23pm 10:23pm 10:23pm
		L

#### Blank Tests

Test	Status	Time
AIR	Pass	10:23pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:23pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:24pm

Preventive Maintenance Status: Pass

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

County _	Instrument Location_	Bat Mobie Un	itc
Instrument S	Serial No.		
The prevent four months	ntive maintenance procedures for the Intoximeters, Model Intox are:	EC/IR II to be followed at least once of	very
1.	Verify the ethanol gas canister displays pressure, or the a 34 degrees, plus or minus .2 degree centigrade;	alcoholic breath simulator thermometer	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	ə;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed befo simulator solution is being changed every four months or whichever occurs first.		
I certify that procedures w Department c	t on the	the forgoing preventive maintenance with current regulations of the N.C. ng properly.	nance
		4	
STATE STATE OF THE		1044	
	Signature of Certifying Officia	al Certificate/Number	

ORANGE COUNTY BAT MOBILE UNIT 2 670

Serial Number: 008736 Test Date: 05/16/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SKINNER, TONYA B
Permit Number: 13651E
Effective:

10/01/2013-10/01/2015

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	6:47pm 6:48pm 6:49pm 6:50pm 6:50pm 6:51pm 6:53pm
AIR BLK	.00	6:54pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Donya B Stuning

### ORANGE COUNTY BAT MOBILE UNIT 2 670

Serial Number: 008736 Test Date: 05/16/2015 Test Record Number: 737
Test Time: 6:56pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	6:56pm
FLO	Pass	6:56pm
FC	Pass	6:56pm

# Temperature Tests

Status	Time
Pass	6:56pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	6:57pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	6:57pm
	CRC Tests	
Test	Status	Time

COMP Pass 6:57pm CAL Pass 6:57pm

Preventive Maintenance Status: Pass

ya Bokin

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

County $\bigcap \cap$	ange Instrument Location Bat Mabile Unit
Instrument Seri	al No (00860) SHP
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5,	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on a procedures were Department of H	the
THE STATE OF A	ON THE CAROLINA CONTRACTOR OF THE CAROLINA CONTR
COSE QUAN VIDENT	Signature of Certifying Official Certificate Number

### ORANGE COUNTY BATMOBILE UNIT 2 670

Serial Number: 008601

Test Record Number: 1021

Test Date: 05/16/2015

Test Time: 6:59pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	7:00pm 7:00pm
FC	Pass	7:00pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	7:00pm
SRC	Pass	7:00pm
DET	Pass	7:00pm
BAR	Pass	7:00pm
$\mathtt{BT}$	Pass	7:00pm

# Blank Tests

Test Time Status

AIR Pass 7:01pm

#### Printer Tests

Test Status Time

PRNT Pass 7:01pm

CRC Tests

Test Status Time

COMP 7:01pm Pass 7:01pm CAL Pass

Preventive Maintenance Status: Pass

#### ORANGE COUNTY BATMOBILE UNIT 2 670

Serial Number: 008601 Test Date: 05/16/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENACE

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

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

Analyst's Name: SKINNER, TONYA B
Permit Number: 13651E

ermit Number: 13651E Effective:

10/01/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	6:51pm 6:52pm 6:53pm
AIR BLK	.00	6:53pm
SUB TEST	.00	6:54pm
AIR BLK	.00	6:55pm
SUB TEST	.00	6:56pm
AIR BLK	.00	6:57pm

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

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

County (	ange Instrument Location Bat Mobile Unit
Instrument Ser	1000000000000000000000000000000000000
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 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, 20, the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	WOOD AND AND AND AND AND AND AND AND AND AN
ATE QUAN VIDER	Signature of Certifying Official Certificate Number

ORANGE COUNTY BAT MOBILE UNIT 2 670

Serial Number: 008929 Test Date: 05/16/2015

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

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

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

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

Test		g/210L	Time
sub 1	CHK BLK	Pass .00 .07 .00 .00	6:55pm 6:56pm 6:56pm 6:57pm 6:58pm 6:59pm
	EST LK	.00 .00	7:00pm 7:01pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

2014 B Skyne

### ORANGE COUNTY BAT MOBILE UNIT 2 670

Serial Number: 008929

Test Record Number: 835

Test Date: 05/16/2015

Test Time: 7:04pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	7:05pm
FLO	Pass	-7:05pm
FC	Pass	7:05pm

## Temperature Tests

Test	Status	Time
FC1	Pass	7:05pm
SRC	Pass	7:05pm
DET	Pass	7:05pm
BAR	Pass	7:05pm
$\operatorname{BT}$	Pass	7:05pm

### Blank Tests

Test	Status	Time
AIR	Pass	7:06pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:06pm
	CRC Tests	
Test	Status	Time
COMP	Pass	7:06pm

Preventive Maintenance Status: Pass

Pass

CAL

Donya B Sknnen Analyst

7:06pm

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

County L	19te Ca. Instrument Location Wake Co. Detervition Cent
Instrument Se	rial No. 008700 3201 Hammond Rl Raleigh MC
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o procedures we Department of	n the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

#### WAKE COUNTY DETENTION CENTER 910

Serial Number: 008760 Test Date: 05/18/2015

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: AG434201 Exp Date: 12/08/2016

Test	g/210L	Time
DIAG AIR BLK	Pass	11:32am 11:33am
ACCY CHK	.08	11:34am
AIR BLK	.00	11:35am
SUB TEST	.00	11:36am
AIR BLK	.00	11:37am
SUB TEST	.00	11:38am
ATR BLK	.00	11:39am

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

### WAKE COUNTY DETENTION CENTER 910

Serial Number: 008760 Test Date: 05/18/2015 Test Record Number: 858
Test Time: 11:40am EDT

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

Test	Status	Time
FC1	Pass	11:41am
SRC	Pass	11:41am
DET	Pass	11:41am
BAR	Pass	11:41am
BT	Pass	11:41am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:42am

#### Printer Tests

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

11:42am

11:42am

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Analyst

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

County	atawha Instrument Location Catawha County SD
Instrument S	erial No. 008687 100 B Southwest Blvd, Newton 828-464-5271
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
THE STATE	ATTILLAND OF THE PARTY OF THE P
GREAT	CAROLL CA
APRIL 12, 178	Signature of Certifying Official Certificate Number
	//

#### CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008687 Test Date: 05/19/2015

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: 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: AG322601 Exp Date: 08/14/2015

Test	g/210L	Time
DIAG	Pass	12:34pm
AIR BLK	.00	12:34pm
ACCY CHK	.07	12:35pm
AIR BLK	.00	12:36pm
SUB TEST	.00	12:37pm
AIR BLK	.00	12:38pm
SUB TEST	.00	12:39pm
AIR BLK	.00	12:40pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008687

Test Record Number: 2036

Test Date: 05/19/2015

Test Time: 12:41pm EDT

System Check: Passed

# Baseline Tests

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

### Temperature Tests

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

### Blank Tests

Test	Status	Time
ΔTR	Pagg	12 · 42 mm

## Printer Tests

Test	Status	Time
PRNT	Pass :	12:42pm

### CRC Tests

Test	Status	Time
COMP	Pass	12:42pm
CAL	Pass	12:42pm

Preventive Maintenance Status: Pass

Analyst

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

County	Lincoln Instrument Location Lincoln County Courtho
Instrumer	t Serial No. 008823 #1 Courthouse Square, Lincolnton
The preve	ntive 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.
procedure	at on the 1944 day of May, 20/5 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. at of Health and Human Services, and the instrument is functioning properly.
OF THE ST	ATE OF A ON THE OTHER OF A ON THE OTHER OT
GREAT	
APRIL TOSE QUI	Jusella C. Philare 030
	Signature of Certifying Official Certificate Number

#### LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008823 Test Date: 05/19/2015

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: 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: 02/10/2016

Test	g/210L	Time
DIAG	Pass	11:30am
AIR BLK	.00	11:31am
ACCY CHK	.07	11:31am
AIR BLK	.00	11:32am
SUB TEST	.00	11:33am
AIR BLK	.00	11:34am
SUB TEST	.00	11:35am
ATR BLK	.00	11:37am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008823

Test Record Number: 1177

Test Date: 05/19/2015

Test Time: 11:38am EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:38am 11:38am
FLO FC	rass Pass	11:39am

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	11:39am 11:39am
DET	Pass	11:39am
BAR BT	Pass Pass	11:39am 11:39am

#### Blank Tests

Test	Status	Time

AIR Pass 11:39am

#### Printer Tests

Test	Status	TIME

PRNT 11:39am Pass

#### 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_	Gaston	Instrument Location_	Gaston County SD	
Instrumen	nt Serial No. <u>008643</u>	425 N. Ma 704-86	anetta Street, Gasto	<i>(</i> )
The preve			EC/IR II to be followed at least once every	,
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2		alcoholic breath simulator thermometer sho	ws
2.	Verify instrument displays ti	me and date;		
3.	Initiate breath test sequence;		<b>b</b>	
4.	Enter information as prompt	ed;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" ap	opears, collect breath sample	e;	
7.	When "PLEASE BLOW" ap	ppears, collect breath sample	e;	
8.	Print test record;			
9.	Verify Diagnostic Program;	and	•	
10.			ore expiration date, or the alcoholic breath r after 125 Alcoholic Breath Simulator tests	ı,
procedures	nat on the \( \sum \overline{8} \sum \overline{4} \) day of \( \sum \overline{5} \) were performed on the instrument int of Health and Human Services, and		ce with current regulations of the N.C.	е
THE COPENTY OF THE CO	Jash C	gnature of Certifying Officia	S (65 (b)  Al Certificate Number	

#### GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008643 Test Date: 05/18/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	12:41pm
AIR BLK	.00	12:42pm
ACCY CHK	.07	12:43pm
AIR BLK	.00	12:44pm
SUB TEST	.00	12:45pm
AIR BLK	.00	12:45pm
SUB TEST	.00	12:47pm
AIR BLK	.00	12:48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008643

Test Record Number: 2151

Test Date: 05/18/2015

Test Time: 12:49pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	12:49pm
FLO	Pass	12:49pm
FC	Pass	12:49pm

# Temperature Tests

Test	Status	Time
FC1	Pass	12:49pm
SRC	Pass	12:49pm
DET	Pass	12:49pm
BAR	Pass	12:49pm
BT	Pass	12:49pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:50pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:50pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:50pm

Preventive Maintenance Status: Pass

Pass

12:50pm

CAL

Analyst

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

County M	ecklenburg Instrument Location Matthews PD
Instrument Seri	al No. 008699 1201 Crews Rd, Matthews
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
THE STATE OF A STATE O	Signature of Certifying Official Certificate Number

#### MECKLENBURG COUNTY MATTHEWS PD 590

Serial Number: 008699 Test Date: 05/11/2015

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: 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: AG326006 Exp Date: 09/17/2015

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### MECKLENBURG COUNTY MATTHEWS PD 590

Serial Number: 008699

Test Record Number: 2283

Test Date: 05/11/2015

Test Time: 3:01pm EDT

System Check: Passed

### Baseline Tests

Test	<b>Sta</b> tus	Time
IR	<b>Pas</b> s	3:01pm
FLO	P <b>as</b> s	3:01pm
FC	Pass	3:01pm

### Temperature Tests

<b>Sta</b> tus	Time
<b>Pas</b> s	3:01pm
	Pass Pass Pass Pass

### Blank Tests

Test	<b>Sta</b> tus	Time
AIR	<b>Pas</b> s	3:02pm

#### Printer Tests

Test	<b>Sta</b> tus	Time
PRNT	<b>Pas</b> s	3:02pm

### CRC Tests

Test	<b>Sta</b> tus	Time
COMP	Pass	3:02pm
CAL	Pass	3:02pm

Preventive Maintenance Status: Pass

Analyst

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

County_	Meckleuburg Instrument Location Pineville PD
Instrume	nt Serial No. 008703 427 Main Street, Pineville
The previous	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	that on theday of, 20, 20
SA CAREAT SE	TATE OF NO.  12. TITE OF NO.  13. TITE OF NO.  14. TITE OF NO.  15. TITE OF NO.  16. TITE O

#### MECKLENBURG COUNTY PINEVILLE PD 590

Serial Number: 008703 Test Date: 05/11/2015

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: 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: AG335201 Exp Date: 12/18/2015

Test	g/210L	Time
DIAG	Pass	1:46pm
AIR BLK	.00	1:47pm
ACCY CHK	.08	1:48pm
AIR BLK	.00	1:49pm
SUB TEST	.00	1:49pm
AIR BLK	.00	1:50pm
SUB TEST	.00	1:51pm
AIR BLK	.00	1:53pm

Reported, AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MECKLENBURG COUNTY PINEVILLE PD 590

Serial Number: 008703 Test Date: 05/11/2015

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: 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: AG335201 Exp Date: 12/18/2015

Test	g/210L	Time
	_	:
DIAG	Pass	1:46pm
AIR BLK	.00	1:47pm
ACCY CHK	.08	1:48pm
AIR BLK	.00	1:49pm
SUB TEST	.00	1:49pm
AIR BLK	.00	1:50pm
SUB TEST	.00	1:51pm
AIR BLK	.00	1:53pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County	Instrument Location SA/	sburg
Instrument Se	erial No. <u>008868</u> Police Depart	witness
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be are:	e followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breat 34 degrees, plus or minus .2 degree centigrade;	th simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Ale whichever occurs first.	date, or the alcoholic breath coholic Breath Simulator tests,
I certify that of procedures we Department o	on the	rgoing preventive maintenance nt regulations of the N.C.
THE STATE OF THE S	Signature of Certifying Official	642

#### ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868 Test Date: 05/21/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

06/01/2013-06/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	3:09pm 3:10pm
ACCY CHK	.07	3:11pm
AIR BLK	.00	3:11pm
SUB TEST	.00	3:12pm
AIR BLK	.00	3:13pm
SUB TEST	.00	3:14pm
AIR BLK	.00	3:15pm

.00 g/210L Reported AC:

Chemical Analyst

Court CVR

### ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868

Test Record Number: 2360

Test Date: 05/21/2015

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

Status	Time
Pass	3:16pm
	Pass Pass Pass Pass

### 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

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

County_1	LOUAN I	Instrument Location	Salisbury
Instrumer	nt Serial No. <u>00 8835</u>	Police	Dopartment
·			1
The preve	ntive maintenance procedures for the Intoxi	meters, Model Intox EC/	/IR II to be followed at least once every
1.	Verify the ethanol gas canister displ 34 degrees, plus or minus .2 degree		holic breath simulator thermometer show
2.	Verify instrument displays time and	date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears,	collect breath sample;	•
7.	When "PLEASE BLOW" appears,	collect breath sample;	
8. <b>8.</b>	Print test record;		
9.	Verify Diagnostic Program; and	:	
10.			expiration date, or the alcoholic breath ter 125 Alcoholic Breath Simulator tests,
procedure	at on theday ofday of		
CO SE	ATE ON NOTIFICATION OF THE CAROLINA WINDS AND		
	Signature	of Certifying Official	Certificate Number

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008835 Test Date: 05/21/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

06/01/2013-06/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	3:07pm 3:07pm 3:08pm 3:09pm <b>3:10pm</b> 3:11pm
SUB TEST	.00	3:12pm
AIR BLK	.00	3:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### ROWAN COUNTY SALISBURY PD 790

Serial Number: 008835

Test Record Number: 1564

Test Date: 05/21/2015

Test Time: 3:14pm EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	3:14pm
FLO	Pass	3:14pm
FC	Pass	3:14pm

# Temperature Tests

Test	Status	Time
FC1	Pass	3:14pm
SRC	Pass	3:14pm
DET	Pass	3:14pm
BAR	Pass	3:14pm
${ t BT}$	Pass	3:14pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:15pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:15pm

#### CRC Tests

Test	Status	Time
COMP	Pass	3:15pm
CAL	Pass	3:15pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD

	INTOXIMETERS, MODEL 1	NTOX EC/IR II
County	Instrument Locat	ion ChiNA Grove
Instrument Ser	ial No. 008862 Poli	ce Department
The preventive four months ar	e maintenance procedures for the Intoximeters, Model II	ntox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or 34 degrees, plus or minus .2 degree centigrade;	the alcoholic breath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sa	mple;
gr. <b>7.</b>	When "PLEASE BLOW" appears, collect breath sa	mple;
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed simulator solution is being changed every four mont whichever occurs first.	
	theday of, e performed on the instrument indicated above, in according to the instrument is functionally and Human Services, and the instrument is functions.	
OF THE STATE OF THE YEAR 20, 1775		
	CAROLL	
ARIL 12, TIP	X Lundo	642

ROWAN COUNTY CHINA GROVE PD 790

Serial Number: 008862 Test Date: 05/21/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

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

Effective:

06/01/2013-06/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG323402 Exp Date: 08/22/2015

rest.	Q/210L	Time
DIAG	Pass	3:51pm
AIR BLK	.00	3:51pm
ACCY CHK	.07	3:52pm
AIR BLK	.00	3:53pm
SUB TEST	.00	3:54pm
AIR BLK	.00	3:54pm
SUB TEST	.00	3:56pm
ATR BLK	. 0.0	3 · 57mm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

A Len Da

# ROWAN COUNTY CHINA GROVE PD 790

Serial Number: 008862

Test Record Number: 525

Test Date: 05/21/2015

Test Time: 3:57pm EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	3:58pm
FLO	Pass	3:58pm
FC	Pass	3:58pm

# Temperature Tests

Test	Status	Time
FC1	Pass	3:58pm
SRC	Pass	3:58pm
DET'	Pass	3:58pm
BAR	Pass	3:58pm
BT	Pass	3:58pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:59pm

### Printer Tests

Test	Status	Time
PRNT	Pass	3:59pm

#### CRC Tests

Test	Status	Time
COMP	Pass	3:59pm
CAL	Pass	3:59pm

Preventive Maintenance Status: Pass

Analyst

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

County 2	ockinska M Instrument Location Rolds	ville
Instrument S	erial No. 008784 Police Dept	VMORA
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be are:	e followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breat 34 degrees, plus or minus .2 degree centigrade;	th simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
<b>7.</b>	When "PLEASE BLOW" appears, collect breath sample;	
. 8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Alc whichever occurs first.	date, or the alcoholic breath coholic Breath Simulator tests,
procedures w	on the day of MA , 20 the for vere performed on the instrument indicated above, in accordance with current of Health and Human Services, and the instrument is functioning properly.	going preventive maintenance at regulations of the N.C.
STATI STATI	Service Land Land	642
	Signature of Certifying Official	Certificate Number

#### ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784 Test Date: 05/22/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

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

Effective:

06/01/2013-06/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	11:22am
AIR BLK	.00	11:22am
ACCY CHK	.07	11:23am
AIR BLK	.00	11:24am
SUB TEST	.00	11:25am
AIR BLK	.00	11:26am
SUB TEST	.00.	11:27am
AIR BLK	.00	11:28am

Reported AC: .00 g/210 L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures

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

### ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784 Test Date: 05/22/2015 Test Record Number: 850 Test Time: 11:29am EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:30am 11:30am
FC	Pass	11:30am

## Temperature Tests

Test	Status	Time
FC1	Pass	11:30am
SRC	Pass	11:30am
DET	Pass	11:30am
BAR	Pass	11:30am
BT	Pass	11:30am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:30am

# Printer Tests

Test	Status	Time
PRNT ,	Pass	11:30am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:31am

Preventive Maintenance Status: Pass

Pass

11:31am

CAL

Analvet

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

#### RUTHERFORD COUNTY RUTHERFORD COUNTY SD 800

Serial Number: 008914 Test Record Number: 1597 Test Date: 05/19/2015

Test Time: 1:36pm EDT

# System Check: Passed Baseline Tests

Test	Status	Time
IR	Pass	1:37pm
FLO	Pass	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
${f BT}$	Pass	1:37pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:37pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:38pm
	CRC Tests	
Test	Status	Time

Pass COMP 1:38pm Pass 1:38pm

Preventive Maintenance Status: Pass

RUTHERFORD COUNTY RUTHERFORD COUNTY SD 800

Serial Number: 008914 Test Date: 05/19/2015

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: 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: AG322601 Exp Date: 08/14/2015

Test	g/210L	Time
DIAG AIR BLK	Pass	1:40pm 1:40pm
ACCY CHK	.07	1:41pm
AIR BLK	.00	1:42pm
SUB TEST	.00	1:43pm
AIR BLK	.00	1:44pm
SUB TEST	.00	1:45pm
AIR BLK	.00	1:46pm

Reported AC:\ .00 g/210L

Signature of Chemical Analyst

Court CVR

# PREVENTIVE MAINTENANCE RECORD

6	INTOXIMET	ERS, MODEL INTOX	EC/IR II
County	OK	Instrument Location $+ \delta$	K County SD
Instrument S	Serial No. 008837	46 Ward St. C	Olumbus
The prevent four months		e Intoximeters, Model Intox EC/IR I	I to be followed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2		breath simulator thermometer shows
2.	Verify instrument displays ti	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompt	ed;	
5.	Verify instrument accuracy;		•
6.	When "PLEASE BLOW" ap	opears, collect breath sample;	
7.	When "PLEASE BLOW" ap	opears, collect breath sample;	gwr
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.		nnister is being changed before expir nanged every four months or after 12	
I certify that procedures w Department of	vere performed on the instrument in	ndicated above, in accordance with of the instrument is functioning proper	he forgoing preventive maintenance current regulations of the N.C. erly.
THE STATE OF THE S	The control of the co	A Hay	656
4	\ Sia	anature of Certifying Official	Certificate Number

#### POLK COUNTY POLK COUNTY SD 740

Serial Number: 008832

Test Record Number: 1175

Test Date: 05/19/2015

Test Time: 2:43pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IŔ	Pass	2:44pm
FLO	Pass	2:44pm
FC	Pass	2:44pm

### Temperature Tests

Test	Status	Time
FC1	Pass	2:44pm
SRC	Pass	2:44pm
DET	Pass	2:44pm
BAR	Pass	2:44pm
$\mathtt{BT}$	Pass	2:44pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:45pm

### Printer Tests

Test	Status	Time
PRNT	Pass	2:45pm
	CRC Tests	
Test	Status	Time

COMP Pass 2:45pm CAL Pass 2:45pm

Preventive Maintenance Status: Pass

Analys

POLK COUNTY POLK COUNTY SD 740

Serial Number: 008832 Test Date: 05/19/2015

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: 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	Pass .00	2:48pm 2:48pm
ACCY CHK	.07	2:49pm
AIR BLK	.00	2:50pm
SUB TEST	.00	2:50pm
AIR BLK	.00	2:51pm
SUB TEST	.00	2:53pm
AIR BLK	.00	2:54pm

Reported AC: \.00 g/210L

Signature of Chemica/1 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	Stanly Instrument Location Stanky County SD
Instrument S	0000011 101 211/21 111
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.
procedures we	on the 40 day of 100 , 20 15 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

#### STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008824

Test Record Number: 998

Test Date: 05/26/2015

Test Time: 2:28pm EDT

System Check: Passed

### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	2:30pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:30pm
	GD G	

# CRC Tests

Test	Status	Time
COMP	Pass	2:30pm
CAL	Pass	2:30pm

Preventive Maintenance Status: Pass

Analyst

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008824 Test Date: 05/26/2015

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: 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	2:46pm
AIR BLK	.00	2:47pm
ACCY CHK	.08	2:48pm
AIR BLK	.00	2:49pm
SUB TEST	.00	2:49pm
AIR BLK	.00	2:50pm
SUB TEST	.00	2:52pm
AIR BLK	.00	2:53pm

.00 g/210L

of Chemi/cal Analyst Signature

Court CVR