PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Avery Instrument Location Avery Co. Jail
Instrument	Serial No. 008664 Instrument Location Avery Co. Jail Mendand, Mc.
The prevent four months	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.
noceaures w	on the
THE STATE OF THE S	
	Signature of Certifying Official Certificate Number

AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664 Test Date: 11/30/2015

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

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

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

Analyst's Name: BURNETTE, ANTHONY J Permit Number: 11304E

Effective:

05/01/2015-05/01/2017

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	4:54pm 4:54pm 4:55pm
SUB TEST	.00 .00	4:56pm 4:56pm
AIR BLK SUB TEST	.00 .00	4:57pm 4:59pm
AIR BLK	.00	5:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664

Test Record Number: 768

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:01pm
FLO	Pass	5:01pm
FC	Pass	5:01pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:01pm
SRC	Pass	5:01pm
DET	Pass	5:01pm
BAR	Pass	5:01pm
BT	Pass	5:01pm

Blank Tests

Test	Status	Time
ATR	Dacc	5 • 0.2mm

Printer Tests

Test	Status	Time
PRNT	Pass	5:02pm

CRC Tests

Test	Status	Time
COMP	Pass	5:02pm
CAL	Pass	5:02pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

17) INTOXIMETERS, MODEL INTOX EC/IR II
County 150	UNCOMBE Instrument Location Buncombe Co. Jai:
Instrument Se	erial No. <u>OO8631</u> <u>Asheville</u> , NC
The preventiv	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	n the
OF THE STATE OF TH	AND CARD SINGLE COLUMN SINGLE
	Signature of Certifying Official Certificate Number

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008631 Test Date: 11/24/2015

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: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG513101

Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	2:58pm 2:59pm 2:59pm
AIR BLK SUB TEST	.00	3:00pm 3:01pm
AIR BLK SUB TEST	.00 .00	3:02pm 3:03pm
AIR BLK	.00	3:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008631 Test Date: 11/24/2015

Test Record Number: 4232
Test Time: 3:08pm EST

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	3:08pm
DET	Pass	3:08pm
BAR	Pass	3:08pm
BT	Pass	3:08pm

Blank Tests

Test		Status	Time	
21 20 10		****		
AIR		Pass	3:09pm	

Printer Tests

Test	Status	Time
PRNT	Pass	3:09pm

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

· · · · · · · · · · · · · · · · · · ·	INTOXIMETERS, MODEL INTOXICON II
County 15 (1/1	combe Instrument Location Buncambe Co. Jail
Instrument Serial	No. 008916 Asheville, NC
The preventive m four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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	the 24 day of November 20/5 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
OF THE STATE OF A	
STATE OF THE PARTY	A CAROLLAND
APRIL 12, UTB	Signature of Certifying Official Certificate Number
	DiBlimary of Grand St.

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008916 Test Date: 11/24/2015

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	2:59pm 3:00pm
ACCY CHK	.08	3:01pm
AIR BLK	.00	3:02pm
SUB TEST	.00	3:03pm
AIR BLK	.00	3:04pm
SUB TEST	.00	3:06pm
AIR BLK	.00	3:06pm

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

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008916 Test Record Test Date: 11/24/2015 Test Time:

Test Record Number: 1112
Test Time: 3:09pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:09pm
FLO	Pass	3:09pm
FC	Pass	3:09pm

Temperature Tests

Test Status Time	
FC1 Pass 3:09p	m
SRC Pass 3:09p	m
DET Pass 3:09p	m
BAR Pass 3:09p	m
BT Pass 3:09p	m

Blank Tests

Test	Status	Time
AIR	Pass	3:10pm

Printer Tests

To a t	Ob a book	PT 4
	CRC Tests	
PRNT	Pass	3:10pm
Test	Status	Time

Test	Status	Time
COMP	Pass	3:10pm
CAL	Pass	3:10pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

C	ounty	Buncom BE Instrument Location BAT UNIT 5
Ir	nstrument S	BuncomBE Instrument Location BAT UNIT 5 erial No. 008600
T)	he preventiv	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
	1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
	2.	Verify instrument displays time and date;
	3.	Initiate breath test sequence;
	4.	Enter information as prompted;
	5.	Verify instrument accuracy;
-3eg [®]	6.	When "PLEASE BLOW" appears, collect breath sample;
	7.	When "PLEASE BLOW" appears, collect breath sample;
	8.	Print test record;
	9.	Verify Diagnostic Program; and
	10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
pro	ertify that or cedures we partment of	the day of NOVEMBER, 2015 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.
ARE GREATS	OF THE STATE OF TH	659
		Signature of Certifying Official Certificate Number

BUNCOMBE BAT MOBILE UNIT 5 100

Serial Number: 008600 Test Date: 11/06/2015

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: INGLE, LARRY W

Permit Number: 7281E

Effective:

02/01/2014-02/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG434901

Exp Date: 12/15/2016

Test	g/210L	Time
DIAG AIR BLK	Pass	8:53pm
ACCY CHK		8:54pm 8:54pm
AIR BLK SUB TEST	.00 .00	8:55pm 8:56pm
AIR BLK	.00	8:57pm
SUB TEST	,00	8:58pm
AIR BLK	/.00	8/:/59°pm/

Reported AC:

00/g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BUNCOMBE BAT MOBILE UNIT 5 100

Serial Number: 008600 Test Date: 11/06/2015

Test Record Number: 1746 Test Time: 9:04pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:05pm
FLO	Pass	9:05pm
FC	Pass	9:05pm

Temperature Tests

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

Blank Tests

Test	Status	Time

AIR Pass 9:06pm

Printer Tests

Test	Status	Time
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PRNT Pass 9:06pm

CRC Tests

Test Status Time

COMP Pass 9:06pm CAL Pass 9:06pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before 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	County	Bertie 6, S.O.
1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sho 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	Instrument S	Serial No. 008897 104 Dunder St., Windsor, N.
2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. 1 certify that on the	The preventi	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before 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 Movembox, 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.	1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. It 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 day of 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.	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;
7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before 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;
day of	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
	procedures we	ere performed on the instrument indicated above, in accordance with current regulations of the N.C.
The state of the s	STATE OF THE STATE	

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

Signature of Certifying Official

Certificate Number

BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897 Test Date: 11/12/2015

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:
07/01/2015-07/01/2017

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	12:40pm 12:41pm 12:41pm 12:43pm
SUB TEST	.00	12:44pm
AIR BLK	.00	12:44pm
SUB TEST	.00	12:46pm
AIR BLK	.00	12:47pm

Reported AC: ..00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897 Test Record Number: 964 Test Date: 11/12/2015 Test Time: 12:48pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:49pm
FLO	Pass	12:49pm
FC	Pass	12:49pm

Temperature Tests

Status	Time
Pass	12:49pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	12:49pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:49pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:50pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD

weeks to.	A .	end, Model into	
· · · · · · · · · · · · · · · · · · ·	wfo-t	_ Instrument Location <u>Sec</u>	unfot 10. Compthe
Instrument Ser	ial No. <u>1) 08909</u>	102 E. 2 nd	St, Washington, A
The preventive four months ar	maintenance procedures for the	Intoximeters, Model Intox EC/II	R II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d	r displays pressure, or the alcoho	olic breath simulator thermometer shows
2.	Verify instrument displays tim	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	! ;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample;	
7.	When "PLEASE BLOW" app	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	d	
10.	Verify that the ethanol gas can simulator solution is being charwhichever occurs first.	ister is being changed before exp nged every four months or after	piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
I certify that on procedures were Department of I	theday ofe performed on the instrument ind Health and Human Services, and t	, 20 / 5 licated above, in accordance with the instrument is functioning pro	the forgoing preventive maintenance in current regulations of the N.C. perly.
STATE ON THE STATE OF THE STATE	OSTAN CAROLINA		
- Alleman	<u> </u>	ature of Certifying Official	Certificate Number
*	Sign	ature of Certifying Official	Certificate Number

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

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909 Test Date: 11/30/2015

Citation Number: M0000000-0 Subject's Name:

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	1:26pm
AIR BLK ACCY CHK	.00	1:27pm
ACCI CHK	.00	1:28pm 1:29pm
SUB TEST	.00	1:30pm
AIR BLK	.00	1:31pm
SUB TEST	.00	1:32pm
AIR BLK	.00	1:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909 Test Date: 11/30/2015

Test Record Number: 2352

Test Time: 1:36pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass	1:37pm
LTO	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
\mathtt{BT}	Pass	1:37pm

Blank Tests

Test	Status	Time

AIR Pass 1:37pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:37pm

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

<u></u>	INTOXIMETERS, MODEL INTOX EC/IR II
County Bec	Instrument Location Beaufult Co. Courthou
Instrument Seri	al No. 008586 102 E. 2nd St., Washington, 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 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 30 day of Novembor, 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.
THE STATE OF THE S	Let American (643

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008586 Test Date: 11/30/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:59pm
ACCY CHK	.00 .08	1:00pm 1:01pm
AIR BLK	.00	1:02pm
SUB TEST	.00	1:02pm
AIR BLK	.00	1:03pm
SUB TEST	.00	1:05pm
AIR BLK	.00	1:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008586 Test Date: 11/30/2015

Test Record Number: 1176
Test Time: 1:13pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:14pm

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

1:15pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Amden Instrument Location Canden Co. 5.0
Instrument Se	erial No. 008940 113 Hwy 343, Candon, N
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures wer Department of	the <u>Students</u> day of <u>Overn Ser</u> , 20 <u>State</u> 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.
STATE OF STA	NORTH CARD

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

Signature of Certifying Official

Certificate Number

CAMDEN COUNTY CAMDEN CO SO 140

Serial Number: 008940 Test Date: 11/18/2015

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, LINDA A

Permit Number: 11646E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	12:29pm 12:30pm 12:31pm
AIR BLK SUB TEST	.00 .00	12:32pm 12:33pm
AIR BLK	.00	12:33pm
SUB TEST	.00	12:35pm
AIR BLK	.00	12:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Lines fleet

CAMDEN COUNTY CAMDEN CO SO 140

Serial Number: 008940

Test Record Number: 754 Test Time: 12:37pm EST

Test Date: 11/18/2015

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:37pm
FLO	Pass	12:37pm
FC	Pass	12:37pm

Temperature Tests

Test St	atus	Time
SRC Pa DET Pa BAR Pa	ISS ISS ISS	12:37pm 12:37pm 12:37pm 12:37pm 12:37pm

Blank Tests

Test	Status	Time
AIR	Pass	12:38pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:38pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:38pm 12:38pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD

	INTOXIMETERS, MODEL INTOX EC/IR II
County	Swell Co. Instrument Location CASWell Co. Detention CT
Instrument Ser	rial No. 00 8593 231 County Park Rd. Vinceyville, MC
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
certify that on procedures were Department of H	the
TOTAL STATE OF NO. 1777	38 September 1997 1997 1997 1997 1997 1997 1997 199
	Signature of Certifying Official Certificate Number

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

Certificate Number

CASWELL COUNTY DETENTION CENTER 160

Serial Number: 008593 Test Date: 11/18/2015

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: AG517402 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	2:01pm 2:02pm 2:03pm
AIR BLK	.00	2:04pm
SUB TEST	.00	2:05pm
AIR BLK	.00	2:06pm
SUB TEST	.00	2:07pm
AIR BLK	.00	2:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CASWELL COUNTY DETENTION CENTER 160

Serial Number: 008593 Test Record Number: 1289
Test Date: 11/18/2015 Test Time: 2:09pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	2:09pm
SRC	Pass	2:09pm
DET	Pass	2:09pm
BAR	Pass	2:09pm
BT	Pass	2:09pm

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

A - 61-104

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

 ·	Instrument Location BAT MOBILE (WIT al No. 008707 FAYETTEWILLE, W) 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;
four months are	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows
	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2	
۷,	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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
THE STATE OF NO. 1775 WILLIAM TO	Clerifying Official Certificate Number

CUMBERLAND COUNTY BAT MOBILE UNIT 3
250

Serial Number: 008707 Test Date: 11/13/2015

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

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

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

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
08/01/2015-08/01/2017

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	8:50pm 8:51pm 8:52pm
AIR BLK	.00	8:53pm
SUB TEST	.00	8:53pm
AIR BLK	.00	8:54pm
SUB TEST	.00	8:55pm
AIR BLK	.00	8:56pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CUMBERLAND COUNTY BAT MOBILE UNIT 3 250

Serial Number: 008707

Test Record Number: 2250

Test Date: 11/13/2015

Test Time: 9:00pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:00pm
FLO	Pass	9:00pm
FC	Pass	9:00pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:01pm
SRC	Pass	9:01pm
DET	Pass	9:01pm
BAR	Pass	9:01pm
BT	Pass	9:01pm

Blank Tests

Test	Status	Time

AIR 9:01pm Pass

Printer Tests

Test	Status	Time
PRNT	Pass	9:01pm

CRC Tests

Test	Status	Time
COMP	Pass	9:01pm
CAL	Pass	9:01pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

a weekly	, INTOXIMETERS, MODEL INTOX EC/IR II
County	abarrus Instrument Location Cabarrus County S
Instrument Se	erial No. 008694 30 Corban Ave., Concord
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures we Department of	n the 15 th day of 01000, 20 the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
ONE STATE OF THE S	Signature of Certifying Official Certificate Number

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008694 Test Date: 11/05/2015

Test Record Number: 1011
Test Time: 10:37am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:38am
FLO	Pass	10:38am
FC	Pass	10:38am

Temperature Tests

Test	Status	Time
FC1	Pass	10:38am
SRC	Pass	10:38am
DET	Pass	10:38am
BAR	Pass	10:38am
BT	Pass	10:38am

Blank Tests

Test	Status	Time
AIR	Pass	10:39am

Printer Tests

Test	Status	Time
PRNT	Pass	10:39am
	CRC Tests	

COMP Pass 10:39a	ım
CAL Pass 10:39a	m

Preventive Maintenance Status: Pass

Analyst

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008694 Test Date: 11/05/2015

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: HAYS, MARK D
Permit Number: 15924E
Effective:
01/01/2014-01/01/2016

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:42am 10:43am
ACCY CHK	.08	10:44am
AIR BLK	.00	10:45am
SUB TEST	.00	10:45am
AIR BLK	.00	10:46am
SUB TEST	.00	10:47am
AIR BLK	.00	10:49am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Caharrus Instrument Location Kannapolis PD
Instrumen	at Serial No. 008589 314 S. Main Street, Kannapol
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy,
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures	at on the 1946 day of November, 2015 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. to f Health and Human Services, and the instrument is functioning properly.
STA STA	THE OF NO.
AFRA 12.	Signature of Certifying Official Certificate Number

CABARRUS COUNTY KANNAPOLIS PD 120

Serial Number: 008589 Test Date: 11/19/2015

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07 .00	11:24am 11:25am 11:26am 11:26am
SUB TEST	.00	11:27am
AIR BLK	.00	11:28am
SUB TEST	.00	11:29am
AIR BLK	.00	11:30am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CABARRUS COUNTY KANNAPOLIS PD 120

Serial Number: 008589 Test Record Number: 2410 Test Date: 11/19/2015 Test Time: 11:31am EST

System Check, Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:32am
FLO	Pass	11:32am
FC	Pass	11:32am

Temperature Tests

Test	Spatins	Time
FC1 SRC DET BAR BT	Pass Pass Pass Aass	11:32am 11:32am 11:32am 11:32am

Blank Tests

Test	Status	Time
AIR	Pass	11:32am

Printer Hests

Test	Status	Time
PRNT	Pass	11:32am
	CRC Tests	
Test	Status	Time

11:33am

11:33am

Preventive Maintenance Status: Pass

Pass

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Catawba	Instrument Location <u>Ca+</u>	awba County SD
Instrument	t Serial No. <u>OO882</u>	100 B. Southw	est Blud, Newton
		828-464-	<u> </u>
The prever	•	the Intoximeters, Model Intox EC/IR I	I to be followed at least once every
1.	Verify the ethanol gas can 34 degrees, plus or minus	ister displays pressure, or the alcoholic .2 degree centigrade;	breath simulator thermometer show
2.	Verify instrument displays	s time and date;	
3.	Initiate breath test sequence	e;	
4.	Enter information as prom	pted;	
5.	Verify instrument accurac	у;	
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.		canister is being changed before expir changed every four months or after 12	
	•	,	
procedures	were performed on the instrumen	ti indicated above, in accordance with and the instrument is functioning properties.	current regulations of the N.C.
THE GREAT OF STATE OF	ATE OF ALORS		
APRIL 12	Jeseph Jeseph	Signature of Certifying Official	Certificate Number

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008821 Test Date: 11/25/2015

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

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

Analyst's Name: HUTCHINSON, JOSEPH E
Permit Number: 19951E
Effective:
08/01/2015-08/01/2017

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

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

Test	g/210L	Time
DIAG	Pass	3:53pm
AIR BLK	.00	3:54pm
ACCY CHK	.07	3:55pm
AIR BLK	.00	3:55pm
SUB TEST	.00	3:56pm
AIR BLK	.00	3:57pm
SUB TEST	.00	3:58pm
AIR BLK	.00	3:59pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008821

Test Record Number: 1506

Test Date: 11/25/2015

Test Time: 4:00pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	4:01pm
SRC	Pass	4:01pm
DET	Pass	4:01pm
BAR	Pass	4:01pm
BT	Pass	4:01pm

Blank Tests

Test	Status	Time
AIR	Pass	4:01pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:01pm

CRC Tests

Test	Status	Time
COMP	Pass	4:02pm
CAL	Pass	4:02pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Car	tawba Instrument Location Hickory P.D.
Instrument Seria	1No. 008841 347 2rd Ave SW, Hickory. 828-324-2060
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the <u>25th</u> day of <u>November</u> , 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.
CAREATE OF THE STATE OF THE STA	
FEE QUANTORN	Signature of Certifying Official Certificate Number

CATAWBA COUNTY HICKORY PD 170

Serial Number: 008841 Test Date: 11/25/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	4:31pm
AIR BLK	.00	4:32pm
ACCY CHK	.08	4:33pm
AIR BLK	.00	4:34pm
SUB TEST	.00	4:34pm
AIR BLK	.00	4:35pm
SUB TEST	.00	4:37pm
ATR BLK	. 0.0	4:38pm

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

Analyst

Rev. 12/2007

CATAWBA COUNTY HICKORY PD 170

Serial Number: 008841

Test Record Number: 1607

Test Date: 11/25/2015

Test Time: 4:39pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:39pm
FLO	Pass	4:39pm
FC	Pass	4:39pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:39pm
SRC	Pass	4:39pm
DET	Pass	4:39pm
BAR	Pass	4:39pm
BT	Pass	4:39pm

Blank Tests

Test	Status	Time
AIR	Pass	4:40pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:40pm
	CRC Tests	

Test	Status	Time
COMP	Pass	4:40pm
CAL	Pass	4:40pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Instrument Serial No. _ OO 86 OO The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. Initiate breath test sequence; 3. Enter information as prompted; 4. 5. Verify instrument accuracy; 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. 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

CLEVELAND BAT MOBILE UNIT 5 220

Serial Number: 008600 Test Date: 11/21/2015

Citation Number: M0000000-0
Subject's Name: NONE, NONE
Subject's Date of Birth: 11/11/191

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

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

Analyst's Name: INGLE, LARRY W
Permit Number: 7281E
Effective:
02/01/2014-02/01/2016

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	7:55pm 7:56pm 7:57pm 7:58pm 7:58pm
AIR BLK SUB TEST	.00 . 00	7:59pm 8:01pm
AIR BLK	. ∕00	8 : 10 2pm _

Reported AC:

.00 **/g**/210/£

Signature of Chemical Analyst

Court/CVB

Analyst

CLEVELAND BAT MOBILE UNIT 5 220

Serial Number: 008600 Test Record Number: 1759

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:04pm
FLO	Pass	8:04pm
FC	Pass	8:04pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:04pm
SRC	Pass	8:04pm
DET	Pass	8:04pm
BAR	Pass	8:04pm
BT	Pass	8:04pm

Blank Tests

Test	Status	Time
AIR	Pass	8:05pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:05pm
	CRC Tests	
Test	Status	Time
COMP	Pass	8:05pm

Preventive/Maintenance Status: Pass

Pass

8:05pm

ÇAL

PREVENTIVE MAINTENANCE RECORD FERS, MODEL INTOXÆC/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; Enter information as prompted; 4. 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.



Signature of Certifying Official

Certificate Number

CLEVELAND BAT MOBILE UNIT 5 220

Serial Number: 008698 Test Date: 11/21/2015

Citation Number: M000000-0 Subject's Name: NONE, NONE

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

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

Analyst's Name: INGLE, LARRY W

Permit Number: 7281E Effective: 02/01/2014-02/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

		4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Test	q/210L	Time

DIAG	Pass	7:56pm
AIR BLK	.00	7:57pm
ACCY CHK	.07	7:58pm
AIR BLK	.00	7:59pm
SUB TEST	.00	8:00pm
AIR BLK	.00	8:00pm
SUB TEST	, 00	8:02pm
AIR BLK /	. /00	_8): 03χom

Reported AC: 00 g/2

Signature of Chemical Analyst

Court CVE

Analyst

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

Rev. 12/2007

CLEVELAND BAT MOBILE UNIT 5 220

Serial Number: 008698 Test Record Number: 1296
Test Date: 11/21/2015 Test Time: 8:05pm EST

System Check: Passed

Baseline Tests

test	Status	lime
TR	Pass	8:06pm
FLO	Pass	8:06pm
FC	Pass	8:06pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:06pm
SRC	Pass	8:06pm
DET	Pass	8:06pm
BAR	Pass	8:06pm
ВT	Pass	8:06pm

Blank Tests

Test	Status	Time
AIR	Pass	8:07pm

Printer Tests

Test		Status	Time
)	1	
PRNT	i	Pass	8:07pm
		:	

CRC Tests

Test	Status	Time
COMP	Pass	8:07pm
CAL	Pass	8:07pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County U	INTOXIMETERS, MODEL INTOX EC/IR II (1) Luck Instrument Location (V(1) Luck (D. 50.
Instrument Ser	ial No. 008947 407-A Maple Rl., Mark, N
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the day of <u>lovering</u> , 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	Jist & Luce 644

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

Signature of Certifying Official

Certificate Number

CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

Serial Number: 008947 Test Date: 11/23/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, LINDA A
Permit Number: 11646E
Effective:
08/01/2015-08/01/2017

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

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

Serial Number: 008947 Test Record Number: 1784
Test Date: 11/23/2015 Test Time: 11:53am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:53am
FLO	Pass	11:53am
FC	Pass	11:54am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:54am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 0	INTOXIMETERS, MODEL INTOX EC/IR Instrument Location Kill Devi	Hills P.V.
Instrument Seria	and cold in Contract to	ill Paul Hills
The preventive is four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath s 34 degrees, plus or minus .2 degree centigrade;	imulator thermometer sho
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	•
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
	Verify that the ethanol gas canister is being changed before expiration dat simulator solution is being changed every four months or after 125 Alcoh whichever occurs first. The day of day of the forgon performed on the instrument indicated above, in accordance with current relealth and Human Services, and the instrument is functioning properly.	olic Breath Simulator test
TANK OUAN VIOLENT	Signature of Certifying Official	Certificate Number

DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008588 Test Date: 11/12/2015

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

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

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

Analyst's Name: KEESLER, LINDA A
Permit Number: 11646E
Effective:
08/01/2015-08/01/2017

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

Lot Number: AG517402 Exp Date: 07/23/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass	1:08pm 1:09pm
ACCY CHK	.08 .00	1:09pm 1:10pm
SUB TEST	.00	1:11pm
AIR BLK	.00	1:12pm
SUB TEST	.00	1:14pm
AIR BLK	.00	1:15pm

Reported AC: _ .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008588 Test Record Number: 872 Test Date: 11/12/2015

Test Time: 1:16pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	1:16pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	1:17pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:17pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:17pm 1:17pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County	DVIC Instrument Location Davie County Jail
Instrument Ser	ial No. 008905 Mocksville, N.C.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
	Verify that the ethanol gas canister is being changed before 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 Contifue Costs in

DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905 Test Date: 11/03/2015

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

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

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

Analyst's Name: BENFIELD II, KENNETH R
Permit Number: 22067E
Effective:
09/01/2014-09/01/2016

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

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

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

Reported AC: 00 8/210L

Signature of Chemical Analyst

Court CVR

Analyst

DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905 Test Date: 11/03/2015 Test Record Number: 1712
Test Time: 10:15am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:15am 10:15am
FC	Pass	10:15am

Temperature Tests

Test	Status	Time
FC1	Pass	10:15am
SRC	Pass	10:15am
DET	Pass	10:15am
BAR	Pass	10:15am
BT	Pass	10:15am

Blank Tests

Test	Status	Time

AIR Pass 10:16am

Printer Tests

Test Status Time	
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PRNT Pass 10:16am

CRC Tests

Test	Status	Time

COMP Pass 10:16am CAL Pass 10:16am

Preventive Maintenance Stažus: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOXIÉC/IR II

County / 0	Esyth Instrument Location Korners wills Police
Instrument S	
· .	
The preventi	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 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.
	on theday of, 20, 20
THE STATE OF A STATE O	Service Later Late
	Signature of Certifying Official Certificate Number

FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650 Test Date: 11/09/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BENFIELD II, KENNETH R
Permit Number: 22067E
Effective:
09/01/2014-09/01/2016

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

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

Test	g/210L	Time
DIAG	Pass	1:31pm
AIR BLK	.00	1:32pm
ACCY CHK	.07	1:33pm
AIR BLK	.00	1:34pm
SUB TEST	.00	1:35pm
AIR BLK	.00	1:36pm
SUB TEST	.00	1:37pm
AIR BLK,	.00	1:38pm

Reported AC:

00 g/2120L

Signature of Chemical Analyst

Court CVR

FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650 Test Record Number: 1196 Test Date: 11/09/2015 Test Time: 1:39pm EST

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
BT	Pass	1:39pm

Blank Tests

Test	Status	Time
ATR	Pass	1 · 4 0 m

Printer Tests

Test	Status	Time
PRNT	Pass	1:40pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:40pm 1:40pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II ____ Instrument Location Instrument Serial No. The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date: 3. Initiate breath test sequence; 4. Enter information as prompted; Verify instrument accuracy; 5. When "PLEASE BLOW" appears, collect breath sample; 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

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659 Test Date: 11/09/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

09/01/2014-09/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test g/210L Time

12:35pm DIAG Pass .00 AIR BLK 12:36pm ACCY CHK .08 12:37pm AIR BLK .00 12:38pm SUB TEST .00 12:39pm AIR BLK .00 12:39pm SUB TEST .00 12:41pm AIR BLK / .00 12:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659 Test Record Number: 3707
Test Date: 11/09/2015 Test Time: 12:43pm EST

System Check: Passed

Baseline Tests

Test Status	Time
	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
IR Pass	12:43pm
FLO Pass	12:43pm
FC Pass	12:44pm

Temperature Tests

FC1 Pass: 12:44pm SRC Pass 12:44pm
(4.2) (4.1) Y. C.
and the second s
DET Pass 12:44pm
BAR Pass 12:44pm BT Pass 12:44pm

Blank Tests

Test		Status	Time
1231	2 4 4 7 5 4	~ 1 4 1 1 4	1 11163
1000	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	H CALLED	 1 4 1110

AIR Pass 12:44pm

Printer Tests

Test Status Time

PRNT Pass 12:44pm

CRC Tests

Test Status Time

COMP Pass 12:45pm CAL Pass 12:45pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

The second secon	INTOXIMETERS, MODEL INTOX EC/IR II
County FOR	Syth Instrument Location FORSYth County Schools
Instrument Seria	INO. 008583 Winston-Salem, N.C.
The preventive refour 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 properties to be partment of He	day of, 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 NO.	Signature of Carlot of Secretary

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583 Test Date: 11/09/2015

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

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

Analyst's Name: BENFIELD II, KENNETH R
Permit Number: 22067E
Effective:
09/01/2014-09/01/2016

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:27pm 12:28pm
ACCY CHK	.08	12:29pm
AIR BLK	.00	12:30pm
SUB TEST	.00	12:31pm
AIR BLK	.00	12:32pm
SUB TEST	.00	12:34pm
AIR BLK	.00	12:35pm

Reported AC: .00 g/2201

Signature of Chemical Analyst

Court CVR

Analysi Analysi

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583

Test Record Number: 5832

Test Date: 11/09/2015

Test Time: 12:36pm EST

System Check: Passed

Baseline Tests

s 12:36pm s 12:36pm s 12:36pm

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	12:36pm 12:36pm
DET	Pass	12:36pm
BAR BT	Pass Pass	12:36pm 12:36pm
<u> </u>	1000	TZ.30Piii

Blank Tests

Test	Status	Time
AIR	Pass	12:37pm

Printer Tests

Test	Status	Time
PRNT	Pagg	12.37nm

CRC Tests

Test	Status	Time
COMP	Pass	12:37pm
CAL	Pass	12:37pm

Preventive Maintenance Status: Pass

A Tollered

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County FOX	Rsyth	Instrument Location	Total (A) 1. D. 1
Instrument Ser	rial No. <u>008925</u>	,,,,r,±	Winston-Salem, N.C.
The preventive four months as		or the Intoximeters, Model Intox	x EC/IR II to be followed at least once every
1.	Verify the ethanol gas co 34 degrees, plus or minu		alcoholic breath simulator thermometer show
2.	Verify instrument displa	ys time and date;	
3.	Initiate breath test seque	nce;	
4.	Enter information as pro	mpted;	
5.	Verify instrument accura	ncy;	
6.	When "PLEASE BLOW	" appears, collect breath sample	le;
7.	When "PLEASE BLOW	" appears, collect breath sample	le;
8.	Print test record;		
9.	Verify Diagnostic Progra	am; and	
10. I certify that or	simulator solution is being whichever occurs first.	ng changed every four months o	the respond proventive mannerality
		ent indicated above, in accordant and the instrument is function	nce with current regulations of the N.C. ing properly.
THE STATE OF THE PART OF THE P	NOCHINI CAROLINI	Signature of Certifying Offici	ial Certificate Number

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008925 Test Date: 11/09/2015

Citation Number: M0000000-0 Subject's Name:

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

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

Analyst's Name: BENFIELD II, KENNETH R
Permit Number: 22067E
Effective:
09/01/2014-09/01/2016

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:09pm 12:10pm
ACCY CHK	.00	12:10pm
AIR BLK	.00	12:11pm
SUB TEST	.00	12:12pm
AIR BLK	0.0	12:13pm
SUB TEST	.00	12:15pm
AIR BLK	00 ر	12:15pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008925 Test Record Number: 1126
Test Date: 11/09/2015 Test Time: 12:17pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:18pm 12:18pm
FC	Pass	12:18pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:18pm
SRC	Pass	12:18pm
DET	Pass	12:18pm
BAR	Pass	12:18pm
BT	Pass	12:18pm

Blank Tests

Test	Status	Time
AIR	Pass	12:19pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:19pm

CRC Tests

Ťest	Status	Time
COMP	Pass	12:19pm
CAL	Pass	12:19pm

Preventive Maintenance Stapus: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Cou	<u>, </u>	Instrument Location Greenshord A
Instr	ument Ser	ial No. <u>O() O(0) B</u>
	preventive months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
	1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	2.	Verify instrument displays time and date;
	3.	Initiate breath test sequence;
	4.	Enter information as prompted;
	5.	Verify instrument accuracy;
	6.	When "PLEASE BLOW" appears, collect breath sample;
1	7.	When "PLEASE BLOW" appears, collect breath sample;
	8.	Print test record;
	9.	Verify Diagnostic Program; and
	10.	Verify that the ethanol gas canister is being changed before 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		theday of
THE GREAT SEA	THE STATE OF THE STATE OF THE STATE OF GUARANDER AS THE STATE OF GUARA	1 (On and) 64-2

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

Signature of Certifying Official

Certificate Number

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008638 Test Date: 11/09/2015

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008638 Test Record Number: 2166
Test Date: 11/09/2015 Test Time: 2:18pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	2:18pm
SRC	Pass	2:18pm
DET	Pass	2:18pm
BAR	Pass	2:18pm
\mathtt{BT}	Pass	2:18pm

Blank Tests

Test	Status	Time
AIR	Pass	2:19pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:19pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	111-Ford Instrument Location Bot Mobile Unit
Instrument Se	rial No 08929 Guilford CO 50
The preventive four months as	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1:	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	n the
THE STATE OF THE S	
	Signature of Certifying Official Certificate Number

GUILFORD COUNTY BAT MOBILE UNIT 2 400

Serial Number: 008929 Test Date: 11/20/2015

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	9:50pm
AIR BLK	.00	9:51pm
ACCY CHK	.07	9:52pm
AIR BLK	.00	9:53pm
SUB TEST	.00	9:53pm
AIR BLK	.00	9:54pm
SUB TEST	.00	9:56pm
AIR BLK	.00	9:57om

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Janya B Skynny Analyst

GUILFORD COUNTY BAT MOBILE UNIT 2 400

Serial Number: 008929 Test Date: 11/20/2015

Test Record Number: 950 Test Time: 9:59pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:01pm

Printer Tests

Test	Status -	ï'ime
PRNT	Pass	10:01pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:01pm

Preventive Maintenance Status: Pass

Dong B Stunn

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ilford	Instrument Location Bat M	nobile Unit
Instrument Serie	ai No. 008 (00	Guilford Co	150
The preventive four months are		toximeters, Model Intox EC/IR II to be 1	followed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	lisplays pressure, or the alcoholic breath ree centigrade;	simulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		Į.
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	ars, collect breath sample;	
7.	When "PLEASE BLOW" appear	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.	ter is being changed before expiration da ged every four months or after 125 Alcoh	te, or the alcoholic breath nolic Breath Simulator tests,
	performed on the instrument indic	the forgo cated above, in accordance with current re instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
A COLUMN TO STATE OF A COLUMN	CAROLL CA		
* ARIL 12, 1778	Dona	B 5 Kunnon	644

GUILFORD COUNTY BATMOBILE UNIT 2 400

Serial Number: 008601 Test Date: 11/20/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GUILFORD COUNTY BATMOBILE UNIT 2 400

Serial Number: 008601 Test Date: 11/20/2015

Test Record Number: 1134
Test Time: 10:01pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

FC1 Pass 10:02pr	
SRC Pass 10:02pr DET Pass 10:02pr BAR Pass 10:02pr BT Pass 10:02pr	m m m

Blank Tests

Test	Status	Time

AIR Pass 10:02pm

Printer Tests

Test	Status	Time	

PRNT Pass 10:03pm

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County 7	111Ford Instrument Location Dat Mobile Unit
Instrument Se	rial No 008736 Guilford CD 50
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 theday of
OF THE STATE OF THE OWNER OWNER OF THE OWNER OWN	Signature of Certifying Official Certificate Number

GUILFORD COUNTY BAT MOBILE UNIT 2 400

Serial Number: 008736 Test Date: 11/20/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

Test Type: Breath Test

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

Test	g/210L	Time
	Pass	10:21pm
AIR BLK	.00	10:22pm
ACCY CHK	.08	10:22pm
AIR BLK	.00	10:23pm
SUB TEST	.00	10:24pm
AIR BLK	.00	10:25pm
SUB TEST	.00	10:26pm
AIR BLK	.00	10:27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Donya B Skynen

GUILFORD COUNTY BAT MOBILE UNIT 2 400

Serial Number: 008736

Test Record Number: 786

Test Date: 11/20/2015

Test Time: 10:28pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:30pm

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

Ma B Stynnes Analysi

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

ge ^c	, INTOXIMETERS, MODEL INTOX EC/IR II
County (Maston Instrument Location Belmont PD
Instrument S	Serial No. 008733 201 Chronicle St., Belmon
The prevent	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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 <u>H+D</u> day of <u>NUMBO</u> , 20 <u>15</u> the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATE STATE	SACULAR CAROLINA CARO

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

Signature of Ceftifying Official

GASTON COUNTY BELMONT PD 350

Serial Number: 008733 Test Record Number: 924
Test Date: 11/04/2015 Test Time: 2:13pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:13pm
FLO	Pass	2:13pm
FC	Pass	2:14pm

Temperature Tests

Test	: Status	Time
FC1	Pass	2:14pm
SRC	Pass	2:14pm
DET BAR	Pass Pass	2:14pm
BAR	Pass	2:14pm
\mathtt{BT}	Pass	2:14pm

Blank Tests

Test	Status	Time
ATR	Pass	2:14pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:14pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:14pm 2:14pm

Preventive Maintenance Status: Pass

Analyst

GASTON COUNTY BELMONT PD 350

Serial Number: 008733 Test Date: 11/04/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG517501 Exp Date: 06/24/2017

Test	g/210L	Time
DIAG	Pass	2:18pm
AIR BLK	.00	2:18pm
ACCY CHK	.08	2:19pm
AIR BLK	.00	2:20pm
SUB TEST	.00	2:21pm
AIR BLK	.00	2:21pm
SUB TEST	.00	2:23pm
AIR BLK	.00	2:24pm

Reparted AC . .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

and the first of the control of the

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Gaston In	strument Location Bod Mobile Umit 5
Instrument	t Serial No. <u>DD8698</u>	
The prevent four months		eters, 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 co	ys pressure, or the alcoholic breath simulator thermometer showentigrade;
2.	Verify instrument displays time and d	ate;
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, co	llect breath sample;
7.	When "PLEASE BLOW" appears, co	llect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is simulator solution is being changed ev whichever occurs first.	being changed before expiration date, or the alcoholic breath very four months or after 125 Alcoholic Breath Simulator tests,
procedures v	were performed on the instrument indicated at of Health and Human Services, and the instru	the forgoing preventive maintenance above, in accordance with current regulations of the N.C. rument is functioning properly.
STATI STATI	Chiv 20	f Certifying Official Certificate Number

GASTON BAT MOBILE UNIT 5 350

Serial Number: 008698
Test Date: 11/28/2015

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:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
-		î.
DIAG	Pass.	8:54pm
AIR BLK	.00	8:55pm
ACCY CHK	.07	8:55pm
AIR BLK	.00	8:56pm
SUB TEST	.00	8:57pm
AIR BLK	.00	8:58pm
SUB TEST	.00	8:59pm
AIR BLK	.00	9:0.0pm

Reported AC: _00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

*GASTON BAT MOBILE UNIT 5 350

Serial Number: 008698 Test Record Number: 1302 Test Date: 11/28/2015 Test Time: 9:05pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:06pm
FLO	Pass	9:06pm
FC	Pass	9:06pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:06pm
SRC	Pass	9:06pm
DET	Pass	9:06pm
BAR	Pass	9:06pm
BT	Pass	9:06pm

Blank Tests

Test	Status	Time
AIR	Pass	9:06pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:06pm
w w	CRC Tests	

iest	Scacus	111116
COMP	Pass	9:07pm
CAL	Pass	9:07pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County(Saston Instrument Location Bot Mibile Unit 5
Instrument S	Serial No
The preventi	ve 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.
certify that o rocedures we epartment of	n the 28 day of November, 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.
OT THE STATE OF TH	(a)
	Signature of Certifying Official Certificate Number

GASTON BAT MOBILE UNIT 5 350

Serial Number: 008600 Test Date: 11/28/2015

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:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	8:52pm
AIR BLK	.00	8:53pm
ACCY CHK	.07	8:53pm
AIR BLK	.00	8:54pm
SUB TEST	.00	8:55pm
AIR BLK	.00	8:56pm
SUB TEST	.00	8:58pm
AIR BLK	.00	mc82:8

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GASTON BAT MOBILE UNIT 5 350

Serial Number: 008600

Test Record Number: 1767

Test Date: 11/28/2015

Test Time: 9:00pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:00pm
FLO	Pass	9:00pm
FC	Pass	9:00pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:00pm
SRC	Pass	9:00pm
DET	Pass	9:00pm
BAR	Pass	9:00pm
BT	Pass	9:00pm

Blank Tests

Test	Status	Time
AIR	Pass	9:01pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:01pm
	CRC Tests	

Test	Status	Time
COMP	Pass	9:01pm
CAL	Pass	9:01pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Pertford Instrument Location Market Source PD
Instrument	Serial No. 008851 115 E. Broad St. Murfresbors
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.
I certify that of procedures we Department of	on the
STATE STATE OF THE OWNER OWNER OF THE OWNER	CAROLINIA CAROLI

HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008851 Test Date: 11/17/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC:

.00 g/210L

Signature

of Chemical Analyst

Court CVR

HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008851 Test Record Number: 530 Test Date: 11/17/2015 Test Time: 11:16am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:17am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Hoke Courte
Instrument S	erial No. 008855 Defention Conference
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o procedures we Department of	on the 34 day of 10 ven be 20 the forgoing preventive maintenance are performed on the instrument indicated above, in accordance with current regulations of the N.C. If Health and Human Services, and the instrument is functioning properly.
STATE OF STA	Silver Commence (655
· ······	Signature of Certifying Official Certificate Number

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855 Test Date: 11/13/2015

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: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2014-11/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	5:31pm
AIR BLK	.00	5:32pm
ACCY CHK	.07	5:32pm
AIR BLK	.00	5:33pm
SUB TEST	.00	5:34pm
AIR BLK	.00	5:35pm
SUB TEST	.00	5:36pm
AIR BLK	.00	5:37pm

Reported AC: .00 g/210L

Signature of Chemical Apalyst

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

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855 Test Rec Test Date: 11/13/2015 Test T

Test Record Number: 1095 Test Time: 5:41pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:41pm
FLO	Pass	5:41pm
F'C	Pass	5:41pm

Temperature Tests

Test	Status	Time
FCL	Pass	5:41pm
SRC	Pass	5:41pm
DET	Pass	5:41pm
BAR	Pass	5:41pm
BT	Pass	5:41pm

Blank Tests

Test	Status	Time
AIR	Pass	5:42pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:42pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	5:42pm 5:42pm

Preventive Maintenance Status: Pass

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

11	INTOXIMETERS	S, MODEL INTOX, EC/I	RII ,
County /) Killmann	Instrument Location / 10/6	e Courte
Instrument Se	rial No. 00 8852	Detentia	- Confer
		12 aefer 2	N.C.
The preventive four months a	e maintenance procedures for the Into: e:	ximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degre	plays pressure, or the alcoholic breatle centigrade;	h simulator thermometer show
2.	Verify instrument displays time ar	ıd date;	
3.	Initiate breath test sequence;	•	
4.	Enter information as prompted;	•	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears	s, collect breath sample;	
7.	When "PLEASE BLOW" appears	s, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		r is being changed before expiration of d every four months or after 125 Alco	
	the 13 th day of Nov	Parka - 1	
	n theday of re performed on the instrument indicat Health and Human Services, and the	ted above, in accordance with current	going preventive maintenance regulations of the N.C.
OF THE STATE OF	No		
SE S	CAROLI CAROLI		
ARR. 12, 173	JSJ ALL	Forles	653
	Signatu	re of Certifying Official	Certificate Number

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852 Test Date: 11/13/2015

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: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2014-11/01/2016

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	5:07pm
AIR BLK	.00	5:08pm
ACCY CHK	.08	5:09pm
AIR BLK	.00	5:10pm
SUB TEST	.00	5:11pm
AIR BLK	.00	5:12pm
SUB TEST	.00	5:14pm
AIR BLK	.00	5:15pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analvst

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

Department of Health and Human Services

Rev. 12/2007

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852

Test Record Number: 732

Test Date: 11/13/2015

Test Time: 5:18pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:18pm
FLO	Pass	5:18pm
FC	Pass	5:18pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:18pm
SRC	Pass	5:18pm
DET	Pass	5:18pm
BAR	Pass	5:18pm
\mathtt{BT}	Pass	5:18pm

Blank Tests

Test	Status	Time
AIR	Pass	5:19pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:19pm

CRC Tests

Test	Status	Time
COMP CAL	Pass Pass	5:19pm 5:19pm
CAL	rass	D: Tabu

Preventive Maintenance Status: Pass

Analyst-

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County H	Milay Co. Instrument Location Halifax Co. 5.0
Instrument So	erial No. <u>00 8685</u>
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the
OF THE STATE OF THE PLANT OF TH	Signatúre of Certifying Official Certificate Number

HALIFAX CO. HALIFAX CO. SD 410

Serial Number: 008695 Test Date: 11/24/2015

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

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

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

Analyst's Name: KEESLER, GRAYHAM (
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: AG517402 Exp Date: 06/23/2017

rest	9/210H	Time :
	14 1	
DIAG	Pass	1:35pm
AIR BLK	.00	1:36pm
ACCY CHK	.08	1:37pm
AIR BLK	.00	1:38pm
SUB TEST	.00	1:39pm
AIR BLK	.00	1:40pm
SUB TEST	.00	1:41pm
AIR BLK	.00	1:42pm

Reported AC:

.00 g/210L

Signature of Chemical Analyst

Court CVR

NM /

Analyst

HALTFAX CO. HATTEAN CO. SD 410

Serial Mumber: 008695 | Test Record Number: 1930 | Test Date: 11/24/2015 | Test Dime: 1:45pm EST

System Theck: Passed

Paseline Tests

むまとうけつ 経 動機能 一家	经保险额 电压线线 电电流电流	では、後の大きの大きの大きには、	
To district	- Weballe.	Sales of the real cases	
Test	Stati	ıs Time	
翻译的 医二角性骨髓囊膜的 网络	定"精彩"。引到指挥导注:		
P. D. S. Bright C. S.	设施制 经经 税的	35分别的数量数量 1000	
		19.84转换扩泛机器10.2011	
IR	Pass	1.45pm	ì
·祝赐《海传》中,"是"模式的第三人称	一、"我想得一只看到就看家屋里。"		•
FLO	Pass	1.45pm	ı
		然。据数数数 据: 据点 与4" "	٠,
FC!	Pass	1:45pm	
(語): 👝 🦫 (本) [#報 Anni	The state of the s	المالح إلى تحت والمبلوث والأراب الم	1

Temperature Tests

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	В	ΑI	₹		43	777	32	Œ	а	\$	S		14.3	4.3	1	: 4	6 r	m
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	ь	Τ,	57	11	-17	100	7	L	a	3	5			14	1,	: 4	6p	m
	10	1 (.			. : }		i.		1	8 1	•				21.3	100		
			3.53	1	٠-٠١.	15	100	11 - 3	33	4.3	-		1	11	1.7			

Blank Tests

Test Status Time

AIR Pass 11:46pm

Printer Tests

Test Status Time

PRNT Pass 1:46pm

CRC Tests

Test Status Time

COMP Pass 1:46pm CAL Pass 1:46pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

. 11	INTOXIMETERS, MODEL INTOX EC/IR	
County / Pu	Instrument Location Longworks	Africals F.D.
Instrument Serie	11 No. 008635 1040 Romokalek	pid HC
		,
The preventive i	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath s 34 degrees, plus or minus .2 degree centigrade;	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.	
	the day of November , 20 6 the forgoi performed on the instrument indicated above, in accordance with current relealth and Human Services, and the instrument is functioning properly.	ing preventive maintenance egulations of the N.C.
OF THE STATE OF A PART OF	Signature of Certifying Official	Certificate Number

HALIFAX CO ROANOKE RAPIDS PD 410

Serial Number: 008635 Test Date: 11/24/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HALIFAX CO ROANOKE RAPIDS PD 410

Serial Number: 008635 Test Record Number: 1478
Test Date: 11/24/2015 Test Time: 11:40am EST

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	Pass	11:40am
SRC	Pass	11:40am
DET	Pass	11:40am
BAR	Pass	11:40am
BT	Pass	11:40am

Blank Tests

Test	Status	Time
AIR	Pass	11:41am

Printer Tests

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

11:41am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County H	ALIFAX Co.	Instrument Location	α (Λ 🥆
Instrument Ser	rial No. <u>(X)8656</u>	1040 Rosnoke A	ve Ropyoke Knyrds Y
The preventive four months ar	•	e Intoximeters, Model Intox EC/I	R II to be followed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2		olic breath simulator thermometer show
2.	Verify instrument displays ti	me and date;	
3.	Initiate breath test sequence;		•
4.	Enter information as prompt	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
7.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.			epiration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
	re performed on the instrument i	ndicated above, in accordance will the instrument is functioning pr	
OF THE STATE OF TH	SAROUNA SAROUN		654

HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656 Test Date: 11/24/2015

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	11:27am 11:28am 11:29am
ACCY CHK AIR BLK	.07	11:29am 11:30am
SUB TEST	.00	11:30am
AIR BLK	.00	11:31am
SUB TEST	.00	11:33am
AIR BLAK	.00	11:34am

Reported M: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656

Test Record Number: 529

Test Date: 11/24/2015

Test Time: 11:35am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:35am
FLO	Pass	11:35am
FC	Pass	11:36am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:36am

Printer Tests

rest	Status	Time
PRNT	Pass	11:36am

CRC Tests

Test	Status	Time
COMP	Pass	11:37am
CAL	Pass	11:37am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II	0
County //	Extrapo Instrument Location Muffees Bons f.	D.
Instrument Seri	rial No. 008906 115 E. BROAD ST., MURFURES	180. V. C
The preventive four months are	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ere:	very
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 34 degrees, plus or minus .2 degree centigrade;	shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5,	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.	
procedures were	the day of 20/5 the forgoing preventive maintered 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.	nance
THE STATE OF MENT OF THE STATE		· ~

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

Signature of Certifying Official

Certificate Number

HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906 Test Date: 11/23/2015

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

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

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

Analyst's Name: KEESLER, LINDA A
Permit Number: 11646E
Effective:
08/01/2015-08/01/2017

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	2:32pm 2:33pm 2:34pm 2:35pm
SUB TEST	.00	2:35pm
AIR BLK	.00	2:36pm
SUB TEST	.00	2:37pm
AIR BLK	.00	2:38pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Sin 197 Ceel

HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906

Test Record Number: 537

Test Date: 11/23/2015

Test Time: 2:40pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	2:40pm
SRC	Pass	2:40pm
DET	Pass	2:40pm
BAR	Pass	2:40pm
\mathtt{BT}	Pass	2:40pm

Blank Tests

Test	Status	Time
7 TD .	Da	. 0 41
AIR	Pass	2:41pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:41pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:41pm

2:41pm

Preventive Maintenance Status: Pass

Pass

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOAIMETE.	NS, MODEL INTOX E	C/IR II
County	redell	Instrument Location MOO	iresuille PD
Instrument Se	rial No. <u>008685</u>	750 W. Itea	dell Ave Mooresinle 4-3311
The preventive four months as	e maintenance procedures for the Ir	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		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	l	
10.		ster is being changed before expirat ged every four months or after 125	
I certify that or procedures we Department of	n the 10 the day of No re performed on the instrument ind Health and Human Services, and the	cated above, in accordance with cu	e forgoing preventive maintenance urrent regulations of the N.C.
THE STATE OF THE S	Carlo Manie	ature of Certifying Official	Certificate Number

IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008685 Test Record Number: 2430 Test Date: 11/10/2015 Test Time: 10:55pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:56pm
FLO	Pass	10:56pm
FC	Pass	10:56pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:56pm
SRC	Pass	10:56pm
DET	Pass	10:56pm
BAR	Pass	10:56pm
BT	Pass	10:56pm

Blank Tests

Test	Status	Time
AIR	Pass	10:57pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:57pm
C	RC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:57pm 10:57pm

Preventive Maintenance Status: Pass

Analyst

IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008685Test Date: 11/10/2015

Citation Number: M0000000 0
Subject's Name:
PREVENTIVE, MAINTENANCE
ubject's Date of Birth: 11/11/19

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

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

Analyst's Name: HAYS, MARK D Permit Number: 15924E Effective: 01/01/2014-01/01/2016

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

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

Test	g/210L	Time
DIAG	Pass	11:01pm
AIR BLK	.00	11:01pm
ACCY CHK	.07	11:02pm
AIR BLK	.00	11:03pm
SUB TEST	,00	11:03pm
AIR BLK	.00	11:04pm
SUB TEST	0.0	11:06pm
AIR BLK	.00	11:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Jac	Instrument Location Sylva PD
Instrument Seria	11 No. <u>608606</u> Sylva, NC
The preventive of 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 24 day of November, 20/5 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

JACKSON COUNTY SYLVA PD 490

Serial Number: 008606 Test Date: 11/24/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R

Permit Number: 8457E

Effective:

09/01/2015-09/01/2017

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG526401

Exp Date: 09/21/2017

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

JACKSON COUNTY SYLVA PD 490

Serial Number: 008606 Test Date: 11/24/2015 Test Record Number: 261
Test Time: 10:13am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:14am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETE	ks, model in 10x ec/1	KII ()
County /2	Alexander	Instrument Location	(untila
Instrument So	erial No. <u>008645</u>	Shanford,	N.C.
The preventive four months a		toximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	lisplays pressure, or the alcoholic breat gree centigrade;	h simulator thermometer show
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ars, collect breath sample;	
7.	When "PLEASE BLOW" appe	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		ster is being changed before expiration of ged every four months or after 125 Alco	
	ere performed on the instrument indi	the for cated above, in accordance with current in the instrument is functioning properly.	going preventive maintenance t regulations of the N.C.
THE STATE OF THE S	CAROLLI CAROLL		and the same of th
AND QUANTO	Colle	Tarley	655
	Signa	ature of Certifying Official	Certificate Number

LEE COUNTY LEE CO. LEC. 520

Serial Number: 008645 Test Date: 11/09/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2014-11/01/2016

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	4:14pm 4:15pm
ACCY CHK	.07	4:16pm
AIR BLK	.00	4:17pm
SUB TEST	.00	4:17pm
AIR BLK	.00	4:18pm
SUB TEST	.00	4:20pm
AIR BLK	.00	4:21pm

Reported AC:

Signature

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

LEE COUNTY LEE CO. LEC. 520

Serial Number: 008645

Test Record Number: 1559

Test Date: 11/09/2015

Test Time: 4:22pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:22pm
FLO	Pass	4:22pm
FC	Pass	4:22pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:22pm
SRC	Pass	4:22pm
DET	Pass	4:22pm
BAR	Pass	4:22pm
BT	Pass	4:22pm

Blank Tests

Test	Status	Time
AIR	Pass	4:23pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:23pm

CRC Tests

Test	Status	Time
COMP	Pass	4:23pm
CAL	Pass	4:23pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Li	ncoln	Instrument Location Lincoln	County Courthous
Instrument Ser	ial No. <u>008837</u>	# 1 Court Square,	i e
The preventive four months are	- 147₩3	ntoximeters, Model Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath gree centigrade;	simulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ears, collect breath sample;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	i	
10.	Verify that the ethanol gas canisimulator solution is being charwhichever occurs first.	ster is being changed before expiration da aged every four months or after 125 Alcoh	te, or the alcoholic breath nolic Breath Simulator tests,
I certify that on procedures wer Department of	the <u>a5 Haday of Novel</u> e performed on the instrument ind Health and Human Services, and t	<u>Jember</u> , 20 <u>15</u> the forgoticated above, in accordance with current rehe instrument is functioning properly.	ing preventive maintenance egulations of the N.C.
67.47	or.		
THE STATE OF THE S	CAROUM CAROUM		
AND CONTRACTOR	Jan E. E	uld	65¢
	Sign	ature of Certifying Official	Certificate Number

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008827 Test Date: 11/25/2015

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

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

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

Analyst's Name: HUTCHINSON, JOSEPH E
Permit Number: 19951E
Effective:
08/01/2015-08/01/2017

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

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

Test g/210L Time

DIAG	Pass	2:46pm
AIR BLK	.00	2:47pm
ACCY CHK	.08	2:47pm
AIR BLK	.00	2:49pm
SUB TEST	.00	2:49pm
AIR BLK	.00	2:50pm
SUB TEST	0.0	2:52pm

Reported AC: .00 g/210L

AIR BLK .00

Signature of Chemical Analyst

Court CVR

Analyst

2:53pm

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008827

Test Record Number: 2239

Test Date: 11/25/2015

Test Time: 2:54pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	2:56pm

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

2:56pm

Analyst

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	• •	astrument Location Macon Co. Mag is train
Instrument S	Serial No. 008795 /	Vighlands, NC
The preventi four months	ative maintenance procedures for the Intoxim is are:	neters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister display 34 degrees, plus or minus .2 degree ce	ys pressure, or the alcoholic breath simulator thermometer show entigrade;
2.	Verify instrument displays time and d	late;
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, co	ollect breath sample;
7.	When "PLEASE BLOW" appears, co	ollect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is a simulator solution is being changed ev whichever occurs first.	being changed before expiration date, or the alcoholic breath very four months or after 125 Alcoholic Breath Simulator tests,
I certify that of procedures we Department of	t on the <u>//</u> day of <u>//ovcr</u> were performed on the instrument indicated a of Health and Human Services, and the instr	mber, 20 /5 the forgoing preventive maintenance above, in accordance with current regulations of the N.C. rument is functioning properly.
OF THE STATE OF TH	Cuf R	Coth 635 f Certifying Official Certificate Number

MACON COUNTY MACON CO MAGISTRATE 550

Serial Number: 008795 Test Date: 11/10/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: CUTLER, DANIEL R

Permit Number: 8457E

Effective:

09/01/2015-09/01/2017

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:21am 11:22am 11:23am
AIR BLK	.00	11:24am
SUB TEST	.00	11:24am
AIR BLK	.00	11:25am
SUB TEST	.00	11:27am
AIR BLK	.00	11:28am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MACON COUNTY MACON CO MAGISTRATE 550

Serial Number: 008795 Test Record Number: 380 Test Date: 11/10/2015 Test Time: 11:30am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:30am
FLO	Pass	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	11:31am

Printer Tests

Test	Status	Time
PRNT	Pass	11:31am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:31am 11:31am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Macon Co. Jail
Instrument S	Macon Instrument Location Macon Co. Jail Serial No. 008789 Franklin, NC
The prevent four months	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every stare:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department of	on the day of, 20 / 5 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number
	Signature of Certifying Official Certificate Number

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008789 Test Date: 11/05/2015

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: CUTLER, DANIEL R

Permit Number: 8457E

Effective:

09/01/2015-09/01/2017

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:58am
AIR BLK	00	9:59am
ACCY CHK	.07	9:59am
AIR BLK	.00	10:00am
SUB TEST	.00	10:01am
AIR BLK	.00	10:02am
SUB TEST	.00	10:03am
ATD BIK	nΛ	10 • 04 am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst.

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008789 Test Date: 11/05/2015 Test Record Number: 479
Test Time: 10:05am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:05am
FLO	Pass	10:05am
FC	Pass	10:05am

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	10:05am 10:05am
DET	Pass	10:05am
BAR	Pass	10:05am
BT	Pass	10:05am

Blank Tests

Test	Status	Time
AIR	Pass	10:06am

Printer Tests

Test	Status	Time
PRNT	Pass	10:06am
	CRC Tests	÷
Test	Status	Time
COMP	Pass	10:06am

10:06am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Macon Instrument Location Macon Co. Jail
Instrument S	Serial No. <u>008618</u>
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
TO STATE OF THE ST	
The same of the sa	Signature of Certifying Official Certificate Number

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008618 Test Date: 11/05/2015

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: CUTLER, DANIEL R

Permit Number: 8457E

Effective:

09/01/2015-09/01/2017

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG411202

Exp Date: 04/22/2016

g/210L	Time
Pass .00 .07 .00 .00	9:55am 9:56am 9:57am 9:58am 9:58am
.00	9:59am
.00	10:01am
.00	10:02am
	Pass .00 .07 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008618 Test Date: 11/05/2015

Test Record Number: 1613

Test Time: 10:02am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:03am 10:03am
FC	Pass	10:03am

Temperature Tests

Test	Status	Time
FC1	Pass	10:03am
SRC	Pass	10:03am
DET	Pass	10:03am
BAR	Pass	10:03am
BT	Pass	10:03am

Blank Tests

Test	Status	Time
ATR	Pass	10:04am

Printer Tests

Test	Status	Time
PRNT	Pass	10:04am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:04am

Preventive Maintenance Status: Pass

Pass

10:04am

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County M	Now 2 Instrument Lo	ocation Wood	- Co. Ja: 1
Instrument Seri	100 00 8735 307	M. M	211 St.
	Car	thege	N. C.
The preventive four months are	e maintenance procedures for the Intoximeters, Mode		
1.	Verify the ethanol gas canister displays pressure, 34 degrees, plus or minus .2 degree centigrade;	or the alcoholic breath	simulator thermometer show
2.	Verify instrument displays time and date;		24
3.	Initiate breath test sequence;		No. of
4.	Enter information as prompted;	· Son a	
5.	Verify instrument accuracy;	-	ert i
6.	When "PLEASE BLOW" appears, collect breath	ı 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 change simulator solution is being changed every four m whichever occurs first.	ged before expiration de onths or after 125 Alco	ate, or the alcoholic breath holic Breath Simulator tests,
procedures wer	on the 30 41 day of Novembarere performed on the instrument indicated above, in a f Health and Human Services, and the instrument is fi	ccordance with current	oing preventive maintenance regulations of the N.C.
ONE STATE OF THE S	Signature of Certifylin	o Official	Certificate Number

MOORE COUNTY MOORE COUNTY JAIL 620

Serial Number: 008735 Test Date: 11/30/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2014-11/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	1:51pm 1:52pm 1:52pm 1:53pm 1:55pm
AIR BLK	.00	1:55pm
SUB TEST	.00	1:57pm
AIR BLK	.00	1:58pm

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

MOORE COUNTY MOORE COUNTY JAIL 620

Serial Number: 008735

Test Record Number: 1708

Test Date: 11/30/2015

Test Time: 1:59pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:59pm 1:59pm
FC	Pass	1:59pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:59pm
SRC	Pass	1:59pm
DET	Pass	1:59pm
BAR	Pass	1:59pm
BT	Pass	1:59pm

Blank Tests

Test	Status	Time
AIR	Pass	2:00pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:00pm

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County	Mode Instrument Location / SOBBINS / DUCE 1 SOFT
Instrument	Gerial No. <u>M8728</u> <u>SBINS, NC</u>
The prever	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 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.
	on the
AND STATE OF THE CONTROL OF THE CONT	371
	Signature of Certifying Official Certificate Number

MOORE COUNTY ROBBINS PD 620

Serial Number: 008728 Test Date: 11/30/2015

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	2:25pm 2:26pm 2:26pm 2:27pm 2:28pm 2:30pm
SUB TEST	.00	2:31pm
AIR BLK	.00	2:31pm
		- T-

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Analyst

MOORE COUNTY ROBBINS PD 620

Serial Number: 008728 Test Record Number: 277
Test Date: 11/30/2015 Test Time: 2:32pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	2:33pm
SRC	Pass	2:33pm
DET	Pass	2:33pm
BAR	Pass	2:33pm
\mathtt{BT}	Pass	2:33pm

Blank Tests

Test	Status	Time
AIR	Pass	2:34pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ma	1.500 Instrument Location Mars Hill PD		
Instrument Seria	INO. 008582 Mars Hill, NC		
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
procedures were	the		
STATE O'N STATE	Signature of Certifying Official Certificate Number		

MADISON COUNTY MARS HILL PD 560

Serial Number: 008582 Test Date: 11/02/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2015-05/01/2017

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	3:09pm 3:11pm 3:11pm 3:12pm
SUB TEST	.00	3:13pm
AIR BLK SUB TEST	.00 .00	3:14pm 3:15pm
AIR BLK	.00	3:15pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MADISON COUNTY MARS HILL PD 560

Serial Number: 008582 Test Record Number: 1055 Test Date: 11/02/2015 Test Time: 3:19pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FIO	Pass	3:19pm
FLO	Pass	3:19pm
FC	Pass	3:20pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:20pm
SRC	Pass	3:20pm
DET	Pass	3:20pm
BAR	Pass	3:20pm
BT	Pass	3:20pm

Blank Tests

Test	Status	Time
AIR	Pass	3:20pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:20pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:21pm 3:21pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County M	ecklenburg Instrument Location Mecklenburg County SD
Instrument Ser	across Chair Hand () - late
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer	the 23 day of 101000 , 20 5 the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
O'ME STATE OF THE	CAROUND A CONTROL OF THE CONTROL OF

MECKLENBURG COUNTY SHERIFFS DEPARTMENT 590

Serial Number: 008690

Test Record Number: 5088

Test Date: 11/23/2015

Test Time: 12:00pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:00pm 12:00pm
FC	Pass	12:00pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:01pm
SRC	Pass	12:01pm
DET	Pass	12:01pm
BAR	Pass	12:01pm
BT	Pass	12:01pm

Blank Tests

Test	Status	Time
AIR	Pass	12:01pm

Printer Tests

Test	Status	Time
PRNT'	Pass	12:01pm

CRC Tests

Test	Status	Time
COMP	Pass	12:01pm
CAL	Pass	12:01pm

Preventive Maintenance Status: Pass

Analyst

MECKLENBURG COUNTY SHERIFFS DEPARTMENT 590

Serial Number: 008690 Test Date: 11/23/2015

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

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

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

Analyst's Name: HAYS, MARK D
Permit Number: 15924E
Effective:
01/01/2014-01/01/2016

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:09pm 12:10pm
ACCY CHK	.08	12:11pm
AIR BLK	.00	12:12pm
SUB TEST	.00	12:13pm
AIR BLK	.00	12:14pm
SUB TEST	.00	12:15pm
AIR BLK	.00	12:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

. ^	INTOXIMETERS, MODEL INTOX EC/IR II
County \(\)	ecklenburg Instrument Location Mecklenburg County SJ
Instrument Seri	al No. 0008665 801 E. 4th St. Charlotte
<u></u>	
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1,	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the 3 day of \(\text{New LV bl} \), 20 15 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
STATE OF N STATE OF N	Signature of Certifying Official Certificate Number

MECKLENBURG COUNTY SHERIFFS DEPARTMENT 590

Serial Number: 008665

Test Record Number: 3820

Test Date: 11/23/2015

Test Time: 11:59am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:00pm
FLO	Pass	12:00pm
FC	Pass	12:00pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:00pm 12:00pm 12:00pm 12:00pm 12:00pm
		_

Blank Tests

Test	Status	Time
ATR	Pass	12:01pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:01pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:01pm

Preventive Maintenance Status: Pass

Pass

12:01pm

CAL

MECKLENBURG COUNTY SHERIFFS DEPARTMENT 590

Serial Number: 008665 Test Date: 11/23/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HAYS, MARK D
Permit Number: 15924E
Effective:
01/01/2014-01/01/2016

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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 Alloholic day of the N.C.	The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before 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 Add day of Apple 100 (March 1), 20 5 the forgoing preventive maintenance	1.	
4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.	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. 1 certify that on the 22 day of 100 mb (r , 20) 5 the forgoing preventive maintenance	3.	Initiate breath test sequence;
 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. 	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;
10. Verify that the ethanol gas canister is being changed before 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
	10.	simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests,
Department of Health and Human Services, and the instrument is functioning properly.	procedures we	ere performed on the instrument indicated above, in accordance with current regulations of the N.C.

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

Signature of Certifying Official

Certificate Number

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008594 Test Record Number: 3113 Test Date: 11/23/2015 Test Time: 12:41pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	12:42pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	12:43pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:43pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:43pm 12:43pm

Preventive Maintenance Status: Pass

Analyst-

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008594 Test Date: 11/23/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2014-01/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	12:46pm 12:47pm 12:47pm
AIR BLK	.00	12:48pm
SUB TEST	.00	12:49pm
AIR BLK	.00	12:50pm
SUB TEST	.00	12:51pm
AIR BLK	.00	12:52pm

Reparted AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analysi

		MAINTENANCE REC	
N	INTOXIMETE	RS, MODEL INTOX EC	C/IR II
County \	lecklenburg	Instrument Location Corne	lius Police Depot
Instrument Se	AARCAA	21440 Catawa	Ave Cornelius
		704-892-1363	
The preventive four months a	ive maintenance procedures for the In are:	toximeters, Model Intox EC/IR II to	o be followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	displays pressure, or the alcoholic by gree centigrade;	reath 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" appe	ars, collect breath sample;	
7.	When "PLEASE BLOW" appe	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	1	₩
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ster is being changed before expirat aged every four months or after 125	ion date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify that procedures w	on the 30th day of 10 were performed on the instrument ind of Health and Human Services, and the	icated above, in accordance with cube instrument is functioning proper	rrent regulations of the N.C.
AMPRIL STALLS THE CONTROL OF THE CON	E OF NORTH SIGN	ature of Gertifying Official	656 Certificate Number

MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: 008692

Test Record Number: 2416

Test Date: 11/30/2015

Test Time: 10:37am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:38am
FLO	Pass	10:38am
FC	Pass	10:38am

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	10:38am 10:38am 10:38am 10:38am 10:38am
\mathtt{BT}	Pass	10.30am

Blank Tests

Test	Status	Time
AIR	Pass	10:39am

Printer Tests

Test	Status	Time
PRNT	Pass	10:39am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:39am

10:39am

Preventive Maintenance Status: Pass

Pass

CAL

Analysi

MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: 008692 Test Date: 11/30/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:42am 10:43am 10:43am
AIR BLK	.00	10:44am
SUB TEST	.00	10:45am
AIR BLK	.00	10:46am
SUB TEST	.00	10:48am
AIR BLK	.00	10:49am

Reported AC .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	Necklanbury Instrument Location But	misile Unit 5
Instrument S	Gerial No. <u>DO8600 CMPD</u>	
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II are:	to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic 34 degrees, plus or minus .2 degree centigrade;	breath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expira simulator solution is being changed every four months or after 12 whichever occurs first.	
I certify that procedures v Department	on the	ne forgoing preventive maintenance urrent regulations of the N.C. rly.
STATION OF THE STATE OF THE STA	CAROLL CA	
Warana .	Signature of Certifying/Official	Certificate Number
	Signature of County mg Carrotal	Outilions Halling

MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008600 Test Date: 11/13/2015

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: TOWERY, CHAD V

Permit Number: 26632E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	7:33pm
AIR BLK	.00	7:34pm
ACCY CHK	.08	7:35pm
AIR BLK	.00	7:36pm
SUB TEST	.00	7:36pm
AIR BLK	.00	7:37pm
SUB TEST	.00	7:39pm
ATR BLK	. 0.0	7:40pm

Reported AC; \500 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008600

Test Record Number: 1751

Test Date: 11/13/2015

Test Time: 7:41pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	7:41pm 7:41pm
FC	Pass	7:41pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:41pm
SRC	Pass	7:41pm
DET	Pass	7:41pm
BAR	Pass	7:41pm
\mathtt{BT}	Pass	7:41pm

Blank Tests

Test	Status	Time
AIR	Pass	7:42pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:42pm
	CRC Tests	

Test	Status	Time
COMP	Pass	7:42pm
CAL	Pass	7:42pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Mecklenburg Instrument Location BAT MOBILE 5
Instrumen	t Serial No. <u>008698</u> <u>CMPO</u>
The preve	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 show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
I certify the procedure:	Verify that the ethanol gas canister is being changed before 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 second of the instrument indicated above, in accordance with current regulations of the N.C. and of Health and Human Services, and the instrument is functioning properly.
COREAT OREAT OF STATE	

MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008698 Test Date: 11/13/2015

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: INGLE, LARRY W

Permit Number: 7281E

Effective:

02/01/2014-02/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	7:33pm
AIR BLK	.00	7;35pn

ACCY CHK .07 7:35pm AIR BLK .00 7:36pm SUB TEST .00 7:37pm

AIR BLK .00 7:38pm SUB TEST .00 7:39pm

AIR BLK .00 7/40pm

Reported AC: .00/g/2/10L

Signature of Chemical Analyst

Court CVK

Analyst

MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008698 Test Record Number: 1291 Test Date: 17/13/2015 Test Time: 7:43pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
ĪR	Pass	7:43pm
FLO	Pass	7:43pm
FC	Pass	7:44pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:44pm
SRC	Pass	7:44pm
DET	Pass	7:44pm
BAR	Pass	7:44pm
BT	Pass .	7:44pm

Blank Tests

Test	:	Status	Time
AIR	:	Pass	7:44pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:44pm
	CRC Tests	
Test	Status	Time
1		

Pass

Pass

7:45pm

7:45pm

Preventive Maintenance Status: Pass

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Leckcenburg Instrument Location BAT MOBILE 5
Instrument Se	erial No. <u>008788</u> <u>CMPO</u>
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer should degree, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.
I certify that of procedures we Department o	on theday of
STATE OREAL TO THE STATE OF THE CREAT STATE OF THE	Signature of Certifying Official Certificate Number

MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008788 Test Date: 11/13/2015

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: INGLE, LARRY W

Permit Number: 7281E

Effective:

02/01/2014-02/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG434901

Exp Date: 12/15/2016

DIAG	Pass	7:35pm
AIR BLK	.00	7:36pm
ACCY CHK	.07	7:37pm
AIR BLK	.00	7:37pm
SUB TEST	.00	7:38pm
ATP BIK	በበ	7 • 3 9 mm

q/210L

SUB TEST .00 AIR BLK / .00

7:4070m 7:470m

Time

Reported AC:

Test

g/2/1<u>01</u>

Signature of Chemical Analyst

Court/CVI

Analyst

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

Rev. 12/2007

MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008788 Test Date: 11/13/2015

Citation Number: M000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: INGLE, LARRY W

Permit Number: 7281E

Effective:

02/01/2014-02/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	7:35pm 7:36pm 7:37pm 7:37pm 7:38pm 7:39pm 7:40pm
//		1/ /

Reported AC:

Signature of Chemi Analyst

Court

Analyst

MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008788 Test Date: 11/13/2015

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: INGLE, LARRY W

Permit Number: 7281E

Effective:

02/01/2014-02/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00 .00	7:35pm 7:36pm 7:37pm 7:37pm 7:38pm 7:39pm 7:40pm
AIR BLK	<i>[</i> .00	7/41pm/

Reported AC:

00/g/21**%**L

Signature of Chemical

L Analyst

Court CVR

Analyşt

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County 1	JEW HANOVER Instrument Location BAT MOBILE U.
Instrument S	Serial No. 008647 WILMINGTON N
The preventi	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sho 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
certify that or coredures we Department o	on theday of NOUE MBEIZ, 20_15 the forgoing preventive maintenance vere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATE STATE	



Signature of Certifying Official

Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

> Serial Number: 008647 Test Date: 11/20/2015

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: BARNES, ALVIN R
Permit Number: 15671E
Effective:
08/01/2015-08/01/2017

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

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

Toat

 $\alpha/210T_{\rm c}$

lest	9/2100	TIME
DIAG	Pass	11:27pm
AIR BLK	.00	11:28pm
ACCY CHK	.08	11:28pm
AIR BLK	.00	11:29pm
SUB TEST	.00	11:30pm
AIR BLK	.00	11:31pm
SUB TEST	.00	11:33pm
AIR BLK	.00	11:34pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Olun Ray Barnes

NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

Serial Number: 008647 Test Record Number: 2164 Test Time: 11:35pm EST Test Date: 11/20/2015

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:36pm
FLO	Pass	11:36pm
FC	Pass	11:36pm

Temperature Tests

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

Blank Tests

Test	Status	Time
	÷	
AIR	Pass	11:36pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:36pr
	CRC Tests	
Test	Status	Time

1000	Doadab	220
COMP	Pass	11:37pm
CAL	Pass	11:37pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County N	EN HANDVER	Instrument Location	BAT MOBILE UNIT
Instrument Se	rial No. <u>008575</u>		BAT MOBILE UNIT WILMINGTON NO
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		lcoholic breath simulator thermometer show
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample	;
7.	When "PLEASE BLOW" app	ears, collect breath sample	Ç
8.	Print test record;		
9.	Verify Diagnostic Program; an	đ	
10.			ore expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
procedures we	n the <u>20</u> day of <u>0</u> ore performed on the instrument ind f Health and Human Services, and t	icated above, in accordant	the forgoing preventive maintenance ce with current regulations of the N.C. ng properly.
STATE COUNTY TO THE STATE OF TH	TA COLUMN CAROLL		"·
APR. 12. 177		1300	<u>648</u>
	Sign	ature of Certifying Officia	d Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

Serial Number: 008575 Test Date: 11/20/2015

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: BARNES, ALVIN R
Permit Number: 15671E
Effective:
08/01/2015-08/01/2017

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

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

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	11:15pm 11:16pm 11:16pm 11:17pm 11:18pm 11:18pm 11:20pm 11:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Olun Ray Barnes

NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

Serial Number: 008575

Test Record Number: 881

Test Date: 11/20/2015

Test Time: 11:22pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:23pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:23pm
	CRC Tests	

Test	Status	Time
COMP	Pass	11:23pm
CAL	Pass	11:23pm

Preventive Maintenance Status: Pass

Olun Ray Barnes

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR	,11
County NEU	U HAMOVER Instrument Location BAT M	OBILE UNIT
Instrument Serie	al No. 008826 Instrument Location BATM	INGTON NO
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be for:	ollowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath s 34 degrees, plus or minus .2 degree centigrade;	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 a procedures were Department of H	the	ing preventive maintenance egulations of the N.C.
OF THE STATE OF A	Control Carlo	
ASTE GLAM VIDEN	Que Ray Banco	648
	Signature of Certifying Official	Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

> Serial Number: 008826 Test Date: 11/20/2015

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: BARNES, ALVIN R
Permit Number: 15671E
Effective:
08/01/2015-08/01/2017

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:13pm 11:14pm 11:14pm
AIR BLK	.00	11:15pm
SUB TEST	.00	11:15pm
AIR BLK	.00	11:16pm
SUB TEST	.00	11:18pm
AIR BLK	.00	11:19pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Olun Ray Barres

NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

Serial Number: 008826

Test Record Number: 7878

Test Date: 11/20/2015

Test Time: 11:19pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:20pm
FLÖ	Pass	11:20pm
FC	Pass	11:20pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:20pm
SRC	Pass	11:20pm
\mathtt{DET}	Pass	11:20pm
BAR	Pass	11:20pm
BT	Pass	11:20pm

Blank Tests

Test	Status	Time
	•	
AIR	Pass	11:21pm

Printer Tests

rest	Status	Time
	·	
PRNT	Pass	11:21pm

CRC Tests

Test	Status	Time
COMP	Pass	11:21pm
\mathtt{CAL}	Pass	11:21pm

Preventive Maintenance Status: Pass

Amalwst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Nok	thompton Co. Instrument Location / Jan themp	
Instrument Ser	ial No. 00 8601 105 W. Tefferson	5, TACKSON, NC
The preventive four months ar	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 show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	·
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration a simulator solution is being changed every four months or after 125 Alc whichever occurs first.	
	the	going preventive maintenance t regulations of the N.C.
THE STATE OF THE S	Signature of Certifying Official	Certificate Number

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008607, Test Date: 11/24/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2014-02/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Time Test g/210L DIAG Pass 10:11am 10:12am .00 AIR BLK ACCY CHK .07 10:13am .00 AIR BLK 10:14am SUB TEST .00 10:15am 10:16am AIR BLK .00 10:17am SUB TEST .00 .00 10:18am AIR BLK

Reported AC:

10/6/210L

signature of Chemical Analyst

Court CVR

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008607

Test Record Number: 806

Test Date: 11/24/2015 Test Time: 10:20am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:21am
FLO	Pass	10:21am
FC	Pass	10:21am

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	10:21am 10:21am 10:21am 10:21am
BT	Pass	10:21am

Blank Tests

Test	Status	Time	
•			

AIR Pass 10:21am

Printer Tests

Test	Status	Time
PRNT	Pass	10:21am

CRC Tests

Test	Status	Time
COMP	Pass	10:22am
CAL	Pass	10:22am

Preventive Maintenance

Status: Pass

nalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

·	INTOXIMETERS, MODEL INTOX EC/IR II
County Noeth	DANIPHON Co. Instrument Location North Amplan Co.
Instrument Serial N	NO. 008688 105 W. Jefferson ST JACKSON, NC
The preventive ma four months are:	intenance 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 4 degrees, plus or minus .2 degree centigrade;
2. V	Verify instrument displays time and date;
3. I	nitiate breath test sequence;
4. F	Enter information as prompted;
5. \	Verify instrument accuracy;
6. V	When "PLEASE BLOW" appears, collect breath sample;
7. V	When "PLEASE BLOW" appears, collect breath sample;
8. F	Print test record;
9. V	Verify Diagnostic Program; and
s	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.
I certify that on the procedures were pe Department of Hea	day of //o Verriber , 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.
TO THE STATE OF MORE AND A	Signature of Certifying Official Certificate Number

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008688 Test Date: 11/24/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2014-02/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:09am 10:10am 10:11am
AIR BLK	.00	10:12am
SUB TEST	.00	10:13am
AIR BLK	.00	10:14am
SUB TEST	.00	10:15am
ATR BLK	.00	10:16am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008688

Test Record Number: 715

Test Date: 11/24/2015

Test Time: 10:19am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FIO	Pass Pass	10:19am 10:19am
FC	Pass	10:19am

Temperature Tests

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

Blank Tests

Test	Status	Time

AIR Pass 10:20am

Printer Tests

Test	Status	Time

PRNT Pass 10:20am

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	DRANGE Instrument Location BOT MOBILE har IT #
Instrument Se	rial No. DOST 73 CHOPLE HILL
·.	
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 theday of
STATE O	
O C C C C C C C C C C C C C C C C C C C	The state of the s
A SUE QUAM VIDE	Stead Tiloga Gartifying Official Cartifying A Cartifying A Cartifying Official Cartify

ORANGE COUNTY BAT MOBILE UNIT 7 670

Test Record Number: 103 Serial Number: 008973 Test Date: 11/06/2015

Test Time: 10:10pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:10pm
SRC	Pass	10:10pm
DET	Pass	10:10pm
BAR	Pass	10:10pm
B T	Pass	10:10pm

Blank Tests

Test	Status	TIME
AIR	Pass	10:11pm

Printer Tests

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

Preventive Maintenance Status: Pass

ORANGE COUNTY BAT MOBILE UNIT 7 670

Serial Number: 008973 Test Record Number: 103 Test Time: 10:10pm EST Test Date: 11/06/2015

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:11pm

Printer Tests

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

Preventive Maintenance Status: Pass

ORANGE COUNTY BAT MOBILE UNIT 7 670

Serial Number: 008973 Test Date: 11/06/2015

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: MORGART, STEPHEN G
Permit Number: 9372E
Effective:
07/01/2015-07/01/2017

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	9:58pm 9:59pm 9:59pm
AIR BLK	.00	10:00pm
SUB TEST	.00	10:01pm
AIR BLK	.00	10:02pm
SUB TEST	.00	10:03pm
AIR BLK	.00	10:04pm

Signature of Chemical Amalyst

Court CVR

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PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	SRANGE	Instrument Location Bellu	, ,
Instrument Se	erial No. <u>DO 8968</u>	CHAME	Hick
			· · · · · · · · · · · · · · · · · · ·
The preventive four months a	-	toximeters, Model Intox EC/IR II to be	e followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	lisplays pressure, or the alcoholic breat tree centigrade;	h simulator thermometer show
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	ars, collect breath sample;	
7.	When "PLEASE BLOW" appear	ars, collect breath sample;	:
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		ter is being changed before expiration of ged every four months or after 125 Alc	
	re performed on the instrument indic	cated above, in accordance with currence instrument is functioning properly.	going preventive maintenance t regulations of the N.C.
- COLLEGE			
OF THE STATE	*ACA		
	GARO		
ARIL 12. 17%	Store	6-1110 yax	656
	Signar	ture of Certifying Official	Certificate Number

ORANGE COUNTY BAT MOBILE UNIT 7 670

Serial Number: 008968

Test Record Number: 117

Test Date: 11/06/2015

Test Time: 10:00pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:00pm
SRC	Pass	10:00pm
$\mathrm{DE}\mathbf{T}$	Pass	10:00pm
BAR	Pass	10:00pm
\mathtt{BT}	Pass	10:00pm

Blank Tests

Test	Status	Time

10:01pm AIR Pass

Printer Tests

Test	Status	Time

10:01pm PRNT Pass

CRC Tests

Test Status Ti	me
----------------	----

COMP Pass 10:01pm 10:01pm CAL Pass

Preventive Maintenance Status: Pass

ORANGE COUNTY BAT MOBILE UNIT 7 670

Serial Number: 008968 Test Date: 11/06/2015

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: MORGART, STEPHEN G
Permit Number: 9372E
Effective:
07/01/2015-07/01/2017

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 .07 .00	9:49pm 9:50pm 9:51pm 9:52pm 9:53pm
AIR BLK	.00	9:53pm
SUB TEST	.00	9:55pm
AIR BLK	.00	9:56pm

Reported AC: ,00 g

tynature of Chemical Analyst

Court CVR

Analys

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Instrument Serial No. OB 70 7 RICHARMOS, DC 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. 1 certify that on the	County	ONSLOW Instrument Location BAT MOBILE UNI		
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. 1 certify that on the	Instrument Se	erial No. 008707 RICHLANDS, NC		
34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before 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 NOVERAGER, 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.	•			
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before 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.			
4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before 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	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. 1 certify that on the	3.	Initiate breath test sequence;		
6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator 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 day of ADEMBER, 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.	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		
Department of Health and Human Services, and the instrument is functioning properly. STATE OF THE STATE OF T	10.	simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests,		
Marie Brand Cours 648	I certify that o procedures we Department of	on the day of		
	STATE CON THE STATE OF THE STAT	NORTH CARD		
Signature of Certifying Official Cartificate Number	Washington .	Signature of Certifying Official Certificate Number		

ONSLOW COUNTY BAT MOBILE UNIT 3 660

Serial Number: 008707 Test Date: 11/06/2015

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: BARNES, ALVIN R
Permit Number: 15671E

Effective:

08/01/2015-08/01/2017

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	10:57pm 10:58pm 10:59pm 10:59pm 11:00pm
AIR BLK	.00	11:01pm
SUB TEST	.00	11:03pm
AIR BLK	.00	11:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Olun Ray Barres

ONSLOW COUNTY BAT MOBILE UNIT 3 660

Serial Number: 008707

Test Record Number: 2247

Test Date: 11/06/2015

Test Time: 11:04pm EST

System Check: Passed

Baseline Tests

est	Time
2	11:05pm
	-
LO . ∑	11:05 11:05

Temperature Tests

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

Blank Tests

Test	Status	Time
ΔTR	Pass	11:05pm

Printer Tests

Test

Status -

Time

PRNT	Pass	11:06pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:06pm 11:06pm

Preventive Maintenance Status: Pass

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PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County P	H	Instrument Location Pitt (o	. Detention Cente
Instrument S	erial No. <u>008668</u>	Instrument Location Pitt (o	Greenville, MC
The prevention four months	_	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 br degree centigrade;	eath 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" appears, collect breath sample;		
7.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	and	
10.		anister is being changed before expiration anged every four months or after 125 A	
procedures w	ere performed on the instrument is	dember , 20 / 5 the ndicated above, in accordance with current definition the instrument is functioning properly	rent regulations of the N.C.
THE STATE OF THE S	Show San A		<i>643</i>
		gnature of Certifying Official	Certificate Number

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668 Test Date: 11/25/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

07/01/2015-07/01/2017

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	10:15am 10:16am
ACCY CHK	.07	10:16am
AIR BLK	.00	10:17am
SUB TEST	.00	10:18am
AIR BLK	.00	10:19am
SUB TEST	.00	10:20am
ATR BIK	0.0	10:21am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668

Test Record Number: 2653

Test Date: 11/25/2015

Test Time: 10:22am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:22am 10:22am
FC	Pass	10:23am

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	10:23am 10:23am
DET	Pass	10:23am
BAR	Pass	10:23am
BT	Pass	10:23am

Blank Tests

Test	Status	Time

AIR Pass 10:23am

Printer Tests

Test	Status	Time
PRNT	Pass	10:23am

CRC Tests

Test	Status	Time
COMP	Pass	10:24am
CAL	Pass	10:24am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_PH	Instrument Location Pitt Co. Detention Ce
Instrument Seria	al No. DO86662 124 Detention Dr., Greenville,
The preventive of four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
. 5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of H	the <u>25</u> day of <u>November</u> , 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.
TO THE STATE OF AN ACTION OF A STATE OF AN ACTION OF A STATE OF AN ACTION OF A STATE OF	Signature of Certifying Official Certificate Number

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008662 Test Date: 11/25/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time

DIAG	Pass	9:49am
AIR BLK	.00	9:50am
ACCY CHK	.08	9:50am
AIR BLK	.00	9:51am
SUB TEST	.00	9:52am
AIR BLK	.00	9:53am
SUB TEST	.00	9:54am
AIR BLK	.00	9:55am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008662

Test Record Number: 875

Test Date: 11/25/2015

Test Time: 10:05am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:06am
SRC	Pass	10:06am
DET	Pass	10:06am
BAR	Pass	10:06am
BT	Pass	10:06am

Blank Tests

Test	Status	Time
AIR	Pass	10:06am

Printer Tests

Test	Status	Time
PRNT	Pass	10:07am

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	ANDEX A. Instrument Location 18827 - Beice Detr.
Instrument Seri	al No. 00830 LIBERTY, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the <u>12</u> day of <u>November 2</u> , 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.
THE STATE OF THE S	Side of San

RANDOLPH LIBERTY POLICE DEPT 750

Serial Number: 008830 Test Date: 11/12/2015

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 State: XX Driver's License Number: NONE

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

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

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

Test	g/210L	Time
DIAG	Pass	3:00pm
AIR BLK	.00	3:01pm
ACCY CHK	.07	3:01pm
AIR BLK	.00	3:02pm
SUB TEST	.00	3:04pm
AIR BLK	.00	3:05pm
SUB TEST	.00	3:06pm
AIR BLK	.00	3:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

RANDOLPH LIBERTY POLICE DEPT 750

Serial Number: 008830

Test Record Number: 506

Test Date: 11/12/2015

Test Time: 3:22pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:23pm
FLO	Pass	3:23pm
FC	Pass	3:23pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	3:24pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:24pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:24pm

Preventive Maintenance Status: Pass

Pass

CAL

3:24pm

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Instrument Serial No. 100 880 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. Initiate breath test sequence; 3. Enter information as prompted; 4. 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. 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.

I certify that on the day of lowers of 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

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802 Test Date: 11/12/2015

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: 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: AG526401 Exp Date: 09/21/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	1:10pm 1:10pm 1:11pm 1:12pm
SUB TEST	.00	1:13pm
AIR BLK	.00	1:14pm
SUB TEST	.00	1:15pm
AIR BLK	2.00	1:16pm

Reported AC:

 $00\sqrt{3}/210L$

Signature of Chemical Analyst

Court CVR

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

Analyst

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802 Test R Test Date: 11/12/2015 Test

Test Record Number: 672 Test Time: 1:17pm EST

-

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:17pm
FLO	Pass	1:17pm
FC	Pass	1:17pm

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	1:18pm
	CPC Tests	

Test	Status	Time
COMP	Pass	1:18pm
CAL	Pass	1:18pm

Preventive Maintenance Status: Pass

Analys

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

d"	INTOXIMETERS, MODEL INTOX EC/IR	RII
County /	OWA W Instrument Location (N/N/F	1 Grove
Instrument S	erial No. 008862 Police De	parlment
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be fare:	ollowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer 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 da simulator solution is being changed every four months or after 125 Alcol whichever occurs first.	te, or the alcoholic breath nolic Breath Simulator tests,
I certify that procedures w Department of	on the day of Novomber, 20 5 the forgovere 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.
OTHE STATE OF THE		Certificate Number

ROWAN COUNTY CHINA GROVE PD 790

Serial Number: 008862 Test Date: 11/24/2015

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: DEAN, L K Permit Number: 11598E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:09pm
AIR BLK	.00	3:10pm
ACCY CHK	.07	3:11pm
AIR BLK	.00	3:12pm
SUB TEST	.00	3:13pm
AIR BLK	.00	3:14pm
SUB TEST	.00	3:15pm
AIR BLK	.00	3:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

J. June

ROWAN COUNTY CHINA GROVE PD 790

Serial Number: 008862

Test Record Number: 593

Test Date: 11/24/2015

Test Time: 3.17pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	3:17pm
SRC	Pass	3:17pm
DET	Pass	3:17pm
BAR	Pass	3:17pm
BT	Pass	3:17pm

Blank Tests

Test	Status	Time
AIR	Pass	3:18pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:18pm

CRC Tests

Test	Status	Time
COMP	Pass	3:18pm
CAL	Pass	3:18pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

) INTOXIMETERS, MODEL INTOX EC/IR II
County /	Instrument Location SA/15bury
Instrument Se	rial No. 008835 Police Department
The preventiv four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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
CORNES IN THE STATE OF THE STAT	ON COLUMN CAROLINA CA

Signature of Certifying Official

Certificate Number

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008835 Test Date: 11/24/2015

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: DEAN, L K
Permit Number: 11598E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	1:52pm 1:53pm
ACCY CHK	.08	1:53pm
AIR BLK	.00	1:55pm
SUB TEST	.00	1:55pm
AIR BLK	.00	1:56pm
SUB TEST	.00	1:58pm
AIR BLK	.00	1:59pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analysi

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008835

Test Record Number: 1707

Test Date: 11/24/2015

Test Time: 2:00pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:00pm
FLO FC	Pass Pass	2:00pm 2:00pm
I.C	Fass	2.000

Temperature Tests

Test	Status	Time
FC1	Pass	2:00pm
SRC	Pass	2:00pm
DET	Pass	2:00pm
BAR	Pass	2:00pm
BT	Pass	2:00pm

Blank Tests

Test	Status	Time
AIR	Pass	2:01pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:01pm
	CRC Tests	

Test	Status	Time
COMP	Pass	2:01pm
CAL	Pass	2:01pm

Preventive Maintenance Status: Pass

Analysi Down

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

,	TINTOXIMETERS, MODEL INTOX EC/IR II
County /	OWAN Instrument Location SA/136VIV
Instrument S	erial No. 008868 Police Department
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
	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. on the
OF THE STATE OF TH	Signature of Certifying Official Certificate Number

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868 Test Date: 11/24/2015

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: DEAN, L K
Permit Number: 11598E
Effective:

05/01/2015-05/01/2017

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	2:16pm 2:16pm 2:17pm 2:18pm 2:19pm 2:20pm
SUB TEST	.00	2:21pm
AIR BLK	.00	2:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

L. Hunden

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868 Test Record Number: 2474
Test Date: 11/24/2015 Test Time: 2:23pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass Pass	2:23pm 2:23pm 2:23pm

Temperature Tests

Status	Time
Pass	2:23pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
1. 4		i i
ATD	Dagg	2 · 24 mm

Printer Tests

Test	Status	Time
PRNT	Pass.	2:24pm
	CRC Tests	f
Test,	Status	Time
COMP CAL	Pass Pass	2:24pm 2:24pm

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: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows i. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. Initiate breath test sequence; 3. Enter information as prompted; 4. 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record; Verify Diagnostic Program; and 9. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. , 20 15 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.

RUTHERFORD COUNTY FOREST CITY PD 800

Serial Number: 008889 Test Record Number: 685 Test Date: 11/17/2015 Test Time: 11:14am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:15am
SRC	Pass	11:15am
DET	Pass	11:15am
BAR	Pass	11:15am
\mathtt{BT}	Pass	11:15am

Blank Tests

Test	Status	Time
AIR	Pass	11:16am

Printer Tests

Test	Status	Time
PRNT	Pass	11:16am

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

RUTHERFORD COUNTY FOREST CITY PD 800

Serial Number: 008889 Test Date: 11/17/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2014-01/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Angiyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County S(1)	RRV Instrument Location Fikin Police
Instrument Seri	ial No. 008926 Instrument Location / / / / / / / / / / / / / / / / / / /
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

SURRY COUNTY ELKIN PD 850

Serial Number: 008926 Test Date: 11/10/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

09/01/2014-09/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:04am
AIR BLK	.00	9:04am
ACCY CHK	.07	9:05am
AIR BLK	.00	9:06am
SUB TEST	.00	9:06 a m
AIR BLK	.00	9:07am
SUB TEST	, 00	9:09am
ATR RIK/	้ กก	9 - 10am

Reported AC: .00 af 101

Signature of Chemical Analyst

Court CVR

SURRY COUNTY ELKIN PD 850

Serial Number: 008926

Test Record Number: 684

Test Date: 11/10/2015

Test Time: 9:13am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:13am
FLO	Pass	9:13am
FC	Pass	9:14am

Temperature Tests

Test	Status	Time
FC1	Pass	9:14am
SRC	Pass	9:14am
DET	Pass	9:14am
BAR	Pass	9:14am
BT	Pass	9:14am

Blank Tests

Test	Status	Time
AIR	Pass	9:14am

Printer Tests

Test	Status	Time
PRNT	Pass	9:14am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:15am 9:15am

Preventive Maintenance Status: Pass

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

it of Health and Human Se Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD

S	tokec	RS, MODEL IN I	OX EC/I	
County	0 0 - (1)	Instrument Location_	Ning	ronce
Instrument S	erial No. <u>008610</u>		De par	tment_
·				
The prevention four months a	ve maintenance procedures for the Inare:	ntoximeters, Model Intox E	EC/IR II to be	followed at least once every
I.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the al	coholic breath	simulator thermometer show
2.	Verify instrument displays time	e and date;		-
3.	Initiate breath test sequence;			
4.	Enter information as prompted;	:		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appe	ears, collect breath sample;		
7.	When "PLEASE BLOW" appe	ears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and	l		
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ster is being changed before ged every four months or a	e expiration da after 125 Alcol	ate, or the alcoholic breath holic Breath Simulator tests,
I certify that o procedures we Department of	on theday ofon theday ofon the ere performed on the instrument indifferent Health and Human Services, and the	cated above, in accordance	with current r	oing preventive maintenance regulations of the N.C.
THE STATE OF THE PARK 12 TO THE PARK	June Lune) Lije ja		657
•	Signa	ture of Certifying Official		Certificate Number

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

Certificate Number

STOKES COUNTY KING PD 840

Serial Number: 008610 Test Date: 11/16/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

09/01/2014-09/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:34am
AIR BLK	.00	10:34am
ACCY CHK	.07	10:35am
AIR BLK	.00	10:36am
SUB TEST	.00	10:37am
AIR BLK	.00	10:38am
SUB TEST		10:39am
AIR BLK	Z.00	10:40am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

STOKES COUNTY KING PD 840

Serial Number: 008610

Test Record Number: 1655
Test Time: 10:41am EST

Test Date: 11/16/2015 Test Time: 10:41am

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:41am 10:41am
FC	Pass	10:41am

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	10:42am 10:42am 10:42am 10:42am
BT	Pass	10:42am

Blank Tests

Test	Status	Time
λΤЪ	Dagg	10.42am

Printer Tests

Test	Status	Time
PRNT	Pass	10:42am
	CRC Tests	

Test	Status	Time
COMP	Pass	10:42am
CAL	Pass	10:42am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Hokes Instrument Location Stokes County J.	<u>ai</u>
Instrument S	Serial No. 008576 Danbury, N.C.	
The prevent	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once even are:	эгу
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer s 34 degrees, plus or minus .2 degree centigrade;	how
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.	h sts,
I certify that or procedures we Department or the contract of	on theday of	nce
TO SERVICE STATE SERVICE SERVI		

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

Signature of Certifying Official

Certificate Number

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596 Test Date: 11/12/2015

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: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

09/01/2014-09/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:51pm
AIR BLK	.00	2:52pm
ACCY CHK	.07	2:52pm
AIR BLK	.00	2:53pm
SUB TEST	.00	2:54pm
AIR BLK	.00	2:55pm
SUB TEST	.00	2:56pm
AIR BLK	/ .00	2:57pm

Reported AC:

.00/g/220I

Signature of Chemical Analyst

Court CVR

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596

Test Record Number: 787

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	2:59pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
•		
ΔTR	Pagg	$3 \cdot 0.0 \text{rm}$

Printer Tests

Test	Status	Time
PRNT	Pass	3:00pm

CRC Tests

Test	Status	Time
COMP	Pass	3:00pm
CAL	Pass	3:00pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	-lanly	Instrument Location	nly Country SD
Instrument Se	rial No. <u>(2088). 4</u>	1265.35t, 1	1) bemarle
The preventive four months a	e maintenance procedures for the re:	Intoximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	er displays pressure, or the alcoholic legree centigrade;	breath simulator thermometer show
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; as	nd	
10.	Verify that the ethanol gas car simulator solution is being cha whichever occurs first.	nister is being changed before expirat anged every four months or after 125	tion date, or the alcoholic breath Alcoholic Breath Simulator tests,
	e performed on the instrument in	dicated above, in accordance with cuthe instrument is functioning proper	
THE GUAM VIDE	The care of the ca	nature of Certifying Official	6-56 Certificate Number

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008824

Test Record Number: 1047

Test Date: 11/24/2015

Test Time: 1:27pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:28pm 1:28pm
FC	Pass	1:28pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:29pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:29pm
	CRC Tests	

Test	Status	Time
.COMP	Pass	1:29pm
CAL	Pass	1:29pm

Preventive Maintenance Status: Pass

Analyst

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008824 Test Date: 11/24/2015

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

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

Analyst's Name: HAYS, MARK D
Permit Number: 15924E
Effective:
01/01/2014-01/01/2016

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	1:32pm 1:33pm 1:34pm 1:35pm 1:35pm 1:36pm
SUB TEST	.00	1:38pm
AIR BLK	.00	1:39pm

Reported AC: .00 g/210L

Signature of Chemidal Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II County Transy Vania Instrument Location Transy Vania Co. Jail Brevard, NC 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 ŧ. 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample: Print test record; 9. Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the 12 day of November, 2015 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

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

> Serial Number: 008609 Test Date: 11/12/2015

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:
09/01/2015-09/01/2017

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00 .00 .00	12:27pm 12:28pm 12:28pm 12:29pm 12:30pm 12:30pm 12:32pm 12:33pm
ETTY DITY	.00	12.000

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Cuther

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

Serial Number: 008609 Test Record Number: 664
Test Date: 11/12/2015 Test Time: 12:34pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	12:35pm 12:35pm 12:35pm 12:35pm
BT	Pass	12:35pm

Blank Tests

Test	Status	Time
AIR	Pass	12:35pm

Printer Tests

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

12:36pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

	PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II	
County	1/1/(e) Instrument Location Tyre 11 CV.	<u>5.0.</u>
Instrument S		nsia, N
The preventi	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at as are:	least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator 34 degrees, plus or minus .2 degree centigrade;	thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	•
6.	When "PLEASE BLOW" appears, collect breath sample;	×
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the simulator solution is being changed every four months or after 125 Alcoholic Breathick and the same series of the same	alcoholic breath th Simulator tests,
	whichever occurs first.	
I certify that procedures videont	at on the day of <u>Aloue More</u> , 20 15 the forgoing prevers were performed on the instrument indicated above, in accordance with current regulation at of Health and Human Services, and the instrument is functioning properly.	ntive maintenance s of the N.C.
OF THE STATE OF TH	ATE OF ALONDON	

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

Signature of Certifying Official

TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008851 Test Date: 11/24/2015

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

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

Analyst's Name: KEESLER, LINDA A
Permit Number: 11646E
Effective:
08/01/2015-08/01/2017

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

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

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

Reported AC: ..00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008851

Test Record Number: 533

Test Date: 11/24/2015

Test Time: 1:07pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:08pm
SRC	Pass	1:08pm
DET	Pass	1:08pm
BAR	Pass	1:08pm
BT	Pass	1:08pm

Blank Tests

Test	Status	Time
ATR	Pass	1:09pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:09pm

CRC Tests

Test	Status	Time
COMP	Pass	1:09pm
CAL	Pass	1:09pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Uni	on Instrument Location Union County 5D
Instrument Serial N	10. 008876 3344 Presson Road, Monrue
four months are:	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 show 4 degrees, plus or minus .2 degree centigrade;
2. V	erify instrument displays time and date;
3. In	nitiate breath test sequence;
4. E	inter information as prompted;
5. V	erify instrument accuracy;
6. V	When "PLEASE BLOW" appears, collect breath sample;
7. V	When "PLEASE BLOW" appears, collect breath sample;
8. P	rint test record;
9. V	rerify Diagnostic Program; and
si	Terify 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.
procedures were pe	15th day of November, 2015 the forgoing preventive maintenance rformed on the instrument indicated above, in accordance with current regulations of the N.C. Ith and Human Services, and the instrument is functioning properly.
OF THE STATE OF NO	
	CAROLL
AFER 12. THE	Joseph E. Halchin 650
	Signature of Certifying Official Certificate Number

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008876 Test Date: 11/25/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HUTCHINSON, JOSEPH E Permit Number: 19951E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS Test Type: Breath Test

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

Test

) '	
DIAG .	Pass		12:33pm
AIR BLK	.00	10.	12:34pm
ACCY CHK	.07	7.5	12:35pm
AIR BLK	.00		12:36pm

g/210L Time

SUB TEST .00 12:37pm 12:37pm AIR BLK .00 SUB TEST .00 12:39pm

12:40pm .00 AIR BLK

.00 g/210L Reported AC:

Signature of Chemical Analyst

Court CVR

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008876 Test Record Test Date: 11/25/2015 Test Time

Test Record Number: 3843
Test Time: 12:42pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test Status Time

AIR Pass 12:43pm

Printer Tests

Test Status Time

PRNT Pass 12:43pm

CRC Tests

Test Status Time

COMP Pass 12:43pm CAL Pass 12:43pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ni	150m	Instrument Location <u>Bat</u> Mo	Sile Unit 2
Instrument Seria	INODO8(00)	WilsonPD	· · · · · · · · · · · · · · · · · · ·
The preventive n four months are:	-	ntoximeters, Model Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	displays pressure, or the alcoholic breath s gree centigrade;	imulator thermometer show
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ears, collect breath sample;	
7.	When "PLEASE BLOW" appe	ars, collect breath sample;	
8.	Print test record;		t
9.	Verify Diagnostic Program; and	I	
10.		ster is being changed before expiration dat ged every four months or after 125 Alcoh	
	performed on the instrument indi	the forgoicated above, in accordance with current rene instrument is functioning properly.	ing preventive maintenance egulations of the N.C.
OT THE STATE OF NO.	Donya I	3 Skynes	641

WILSON COUNTY BATMOBILE UNIT 2 970

Serial Number: 008601 Test Date: 11/21/2015

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	10:19pm 10:20pm 10:21pm 10:21pm 10:23pm 10:24pm 10:26pm
AIR BLK	.00	10:27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

WILSON COUNTY BATMOBILE UNIT 2 970

Serial Number: 008601 Test Record Number: 1140 Test Date: 11/21/2015 Test Time: 10:29pm EST

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 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:29pm 10:29pm 10:29pm 10:29pm 10:29pm
	2000	_

Blank Tests

Test	Status	Time
AIR	Pass.	10:30pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:30pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:30pm 10:30pm

Preventive Maintenance Status: Pass

Analyst Skynning

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County ()	Instrument Location Rot Mobile (Mit
Instrument Seri	al No. 008736 Wilson PD
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the day of the forgoing preventive maintenance 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.
SEE CILAWANDA SEE	Signature of Certifying Official Certificate Number

WILSON COUNTY BAT MOBILE UNIT 2 970

Serial Number: 008736 Te Test Date: 11/21/2015 Te

Test Record Number: 789
Test Time: 10:36pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:36pm
FLO	Pass	10:36pm
FC	Pass	10:37pm

Temperature Tests

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

Blank Tests

Test Status Time

AIR Pass 10:37pm

Printer Tests

Test Status Time

PRNT Pass 10:37pm

CRC Tests

Test Status Time

COMP Pass 10:38pm CAL Pass 10:38pm

Preventive Maintenance Status: Pass

Days B Stunger

WILSON COUNTY BAT MOBILE UNIT 2 970

Serial Number: 008736 Test Date: 11/21/2015

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:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	10:25pm 10:26pm 10:27pm 10:28pm
SUB TEST	.00	10:28pm
AIR BLK	.00	10:29pm
SUB TEST	.00	10:31pm
AIR BLK	.00	10:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Donya B Skinner

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	11/4ke 6	Instrument Location SAT MD	Bile Kenit 7
Instrument	Serial No. <u>008969</u>	Holly	
The prevent four months		Intoximeters, Model Intox EC/IR II to be f	followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath egree centigrade;	simulator thermometer show
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	l;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample;	
7.	When "PLEASE BLOW" app	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	nd	
10,	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	nister is being changed before expiration de anged every four months or after 125 Alco	ate, or the alcoholic breath holic Breath Simulator tests,
I certify that procedures Department	t on the day of day of day of of Health and Human Services, and	dicated above, in accordance with current the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
STA VIEW TO THE TOTAL THE	E OF ALOUAND CAROLINA		
* ESF QUAM	Violent	nature of Certifying Official	Certificate Number

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008969 Test Record Number: 125
Test Date: 11/13/2015 Test Time: 9:55pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:56pm
FLO	Pass	9:56pm
FC	Pass	9:56pm

Temperature Tests

FC1 Pass 9:56pm	
	n
SRC Pass 9:56pm	n
DET Pass 9:56pm	Ω
BAR Pass 9:56pm	Ω
BT Pass 9:56pm	a

Blank Tests

Test	Status	Time
AIR	Pass	9:57pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:57pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:57pm 9:57pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008969 Test Date: 11/13/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective: 07/01/2015-07/01/2017

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	9:41pm
AIR BLK	.00	9:42pm
ACCY CHK	.08	9:42pm
AIR BLK	.00	9:43pm
SUB TEST	.00	9:44pm
AIR BLK	.00	9:44pm
SUB TEST	.00	9:48pm
AIR BLK	.00	9:49pm

.00 g/210L Reported AC:

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County W	she	Instrument Location_	BAT WO	Sile Lawit # 7
Instrument Ser	ial No. 10 5972		Houry	Spanies
The preventive four months ar	maintenance procedures for the Inte	oximeters, Model Intox	EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg		lcoholic breath	simulator thermometer show
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appear	rs, collect breath sample	;	
7.	When "PLEASE BLOW" 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.			
I certify that or procedures wer Department of	theday ofday of	ated above, in accordance instrument is functioning	the forgo be with current r ng properly.	ing preventive maintenance egulations of the N.C.
STATE OF STA	NOSIN CAROLINA			
ANN 12, 1778	Jen Jen	\$ 67110	21	636
garante de la companya de la company	✓ Signat	ture of Certifying Officia	ı!	Certificate Number

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008972

Test Record Number: 159

Test Date: 11/13/2015

Test Time: 9:45pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:46pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:46pm
	CRC Tests	
		_

Test	Status	Time
COMP	Pass	9:46pm
CAL	Pass	9:46pm

Preventive Maintenance Status: Pass

Analysi of

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008972 Test Date: 11/13/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

07/01/2015-07/01/2017

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 .07	9:36pm 9:37pm 9:38pm 9:38pm
SUB TEST	.00	9:39pm
AIR BLK	.00	9:40pm
SUB TEST	.00	9:42pm
ATR BLK	.00	9:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Just 2,110

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

1.)	
County Was	Instrument Location (Nayne Co. 14tention (enter
Instrument Seria	Instrument Location Wayne Co. Defention Center INO. 008851 207 E. Chestnut St., Golds 6010, MC.
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	he
OTHE STATE OF A VICTOR A VICTO	364. M. 2 643
•	Signature of Certifying Official Certificate Number

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008851 Test Date: 11/03/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

07/01/2015-07/01/2017

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

Agency: DHHS

Test Type: Breath Test

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

DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	10:14am 10:15am 10:15am 10:16am 10:17am 10:18am
SUB TEST	.00	10:19am
AIR BLK	.00	10:20am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Lely Analyst

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008851 Test Date: 11/03/2015

Test Record Number: 523 Test Time: 10:21am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:21am 10:21am
FC	Pass	10:21am

Temperature Tests

Test	Status	Time
FC1	Pass	10:22am
SRC	Pass	10:22am
DET	Pass	10:22am
BAR	Pass	10:22am
\mathtt{BT}	Pass	10:22am

Blank Tests

Test	Status	Time
AIR	Pass	10:22am

Printer Tests

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

Preventive Maintenance Status: Pass

是基础的1000mm。1000mm,1000mm,1000mm,1000mm。

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Count	y Wilkes	Instrument Location_	Wilkes County Deter
Instrui	ment Serial No. <u>00 8843</u>		Wilkesboro, N.C.
	reventive maintenance procedures for the Into	ximeters, Model Intox	EC/IR II to be followed at least once every
	1. Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degrees		lcoholic breath simulator thermometer shows
	2. Verify instrument displays time ar	nd date;	
	3. Initiate breath test sequence;		
	4. Enter information as prompted;		
	5. Verify instrument accuracy;		
· · · ¡	6. When "PLEASE BLOW" appears	s, collect breath sample	;
· · · · · · · · · · · · · · · · · · ·	7. When "PLEASE BLOW" appears	s, collect breath sample;	;
	8. Print test record;		
•	9. Verify Diagnostic Program; and		
10			re expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
procedi	fy that on the day of		e with current regulations of the N.C.
GREAT GRA	THE STATE ON NO.		

WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008843 Test Date: 11/10/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

09/01/2014-09/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/21

Signature of Chemical Analyst

Court CVR

Analyst /

WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008843 Test Record Number: 1808
Test Date: 11/10/2015 Test Time: 11:24am EST

System Check: Passed

Baseline Tests

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

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	11:25am

Printer Tests

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

11:26am

Preventive Maintenance Status: Pass

Pass

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (1)	Jako Co. Instrument Location Wake Co Deterition	ory C
Instrument Seri	rial No. 008760 3301 Hammonel Rl. Roleigh,	NC_
The preventive four months are	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once re:	every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermomet 34 degrees, plus or minus .2 degree centigrade;	er show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic br simulator solution is being changed every four months or after 125 Alcoholic Breath Simulato whichever occurs first.	
procedures were	n the	enance
TABLE OLDER VIOLENT TO THE STATE OF THE STAT		
	Signature of Certifying Official Certificate Number	er

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008760 Test Date: 11/16/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2014-02/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:10am 11:11am 11:12am 11:13am
AIR BLK SUB TEST	.00	11:13am 11:14am
AIR BLK	.00	11:15am
SUB TEST	.00	11:16am
AIR BLK	.00	11:17am

Reported AC

.00 A 210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008760 Test Record Number: 1195
Test Date: 11/16/2015 Test Time: 11:18am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FCl	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	11:19am

Printer Tests

lest	Status	TIME
PRNT	Pass	11:19am

CRC Tests

Test	Status	Time
COMP	Pass	11:20am
CAL	Pass	11:20am

Preventive Maintenance Status: Pass

Analyst

Intox EC/IR-II: Test Diagnostics

WAKE COUNTY DETENTION CENTER 910
Serial Number: 008760
System Date: 11/16/2015
System Time: 11:20am EST

Flow Baseline: 0
Flow Peak: 0
Blow Time: 0.00
Flow Volume: 0
Ethanol Baseline: 3072
Ethanol Delta: .00
CO2 Baseline: 3113
CO2 Delta: 1596

Fuel Cell Gain: 2 Quick Zero Peak: 145 Cal Factor 1: 3589 Cal Factor 2: 7216

Fuel Cell Baseline: 482
Fuel Cell SB Baseline: 482
Integral: 0

Absolute Peak: 611

Peak 1: 0
Time 1: 0
Peak 2: 0
Time 2: 0
Peak 4: 0
Time 4: 0
FACT Result: .00

Test Status: Success

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County ()	instrument Location Wayne Co. Defention Ge
Instrument Serie	INO. OO8649 207E. Chestnut St., Goldsborg, MC
The preventive i	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4,	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the 13 day of 1000 day, 2015 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
OF THE STATE OF N. VATIO. 173.	764 U 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

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008649 Test Date: 11/13/2015

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: GUARD, KELLY G
Permit Number: 12955E
Effective:

07/01/2015-07/01/2017

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:34am 10:35am
ACCY CHK	.07	10:35am
AIR BLK	.00	10:36am
SUB TEST	.00	10:37am
AIR BLK	.00	10:38am
SUB TEST	.00	10:39am
ATR BLK	.00	10:40am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008649 Test

Test Record Number: 2773

Test Date: 11/13/2015

Test Time: 10:41am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:41am
FLO	Pass	10:41am
FC	Pass	10:41am

Temperature Tests

Test	Status	Time
FC1	Pass	10:41am
SRC	Pass	10:41am
DET	Pass	10:41am
BAR	Pass	10:41am
BT	Pass	10:41am

Blank Tests

Test	Status	Time
AIR	Pass	10:42am

Printer Tests

Test	Status	Time
PRNT	Pass	10:42am
	CRC Tests	
Test	Status	Time

COMP Pass 10:42am CAL Pass 10:42am

Preventive Maintenance Status: Pass

Zell S. Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II			
County Wo	ayne Instrument Location Wayne Co. Defention Center			
Instrument Seri	al No. 008671 207E. Chestnut St., Goldsboro, NC.			
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every			
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;			
2.	Verify instrument displays time and date;			
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears, collect breath sample;			
7.	When "PLEASE BLOW" appears, collect breath sample;			
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.			
I certify that on the				
TO THE STATE OF TH	Lety 3			
	Signature of Certifying Official Certificate Number			

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

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008671 Test Date: 11/13/2015

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: GUARD, KELLY G
Permit Number: 12955E
Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	10:17am 10:18am 10:18am 10:19am 10:20am
AIR BLK	.00	10:21am
SUB TEST	.00	10:22am
AIR BLK	.00	10:23am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008671

Test Record Number: 4017

Test Date: 11/13/2015

Test Time: 10:25am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:26am

Printer Tests

Test	Status	Time
PRNT	Pass	10:27am

CRC Tests

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

Preventive Maintenance Status: Pass

Analysi

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_ W	Instrument Location Bot mobile Unt 5	
Instrument Se	erial No. 008699	·
•	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once eve	
four months a	are:	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sl 34 degrees, plus or minus .2 degree centigrade;	how
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator temperature occurs first.	
	on the 25 day of Wovender , 20 15 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.	nce
THE STATE OF THE S		_

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

WILKES BAT MOBILE UNIT 5 960

Serial Number: 008600 Test Date: 11/25/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: TOWERY, CHAD V

Permit Number: 26632E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	7:59pm 8:00pm
ACCY CHK	.07	8:01pm
AIR BLK	.00	8:02pm
SUB TEST	.00	8:02pm
AIR BLK	.00	8:03pm
SUB TEST	.00	8:05pm
AIR BLK	.00	8:06pm

of Chemical Analyst

Court CVR

WILKES BAT MOBILE UNIT 5 960

Serial Number: 008600 Test Record Number: 1764
Test Date: 11/25/2015 Test Time: 8:07pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:07pm
FLO	Pass	8:07pm
FC	Pass	8:07pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:07pm
SRC	Pass	8:07pm
DET	Pass	8:07pm
BAR	Pass	8:07pm
BT	Pass	8:07pm

Blank Tests

Test	Status	Time
AIR	Pass	8:08pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:08pm
	CRC Tests	
Test	Status	Time
COMP	Pass	8:08pm

8:08pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County \d(INTOXIMETERS, MODEL INTOX ECTR II Instrument Location Vac Kin County Jan (
Instrument Se	A A COMMITTED IN THE SALE
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures w Department of	on the
THE STATE OF THE S	

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

Signature of Certifying Official

Certificate Number

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944 Test Date: 11/10/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

09/01/2014-09/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

~/21AT

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

Reported AC: .

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,09/g/219L

Time

Signature of Chemical Analyst

Court CVR

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944

Test Record Number: 1208

Test Date: 11/10/2015

Test Time: 10:10am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:11am

Printer Tests

Test	Status	Time
PRNT	Pass	10:11am
	CRC Tests	14 .
Test	Status	Time

		4.
COMP	Pass	10:11am
CAL	Pass	10:11am

Preventive Maintenance Status: Pass

Analys#

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOAIMETERS, MODEL INTOX EC/IR II
County Vacil	Instrument Location Vackin County Jail
Instrument Seri	al No. 008854 VadKinville, N.C.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
Tage QUANTURE TO THE STATE OF NO. 175	Signature of Certifying Official Certificate Number

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

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008854 Test Date: 11/10/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BENFIELD II, KENNETH R
Permit Number: 22067E
Effective:
09/01/2014-09/01/2016

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

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

iest	g/210h	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	10:05am 10:06am 10:07am 10:08am
SUB TEST	. 00	10:09am
AIR BLK	.00	10:10am
SUB TEST	.00	10:11am
AIR BLK	.00	10:12am

Reported AC:

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Signature of Chemical Analyst

Court CVR

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YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008854

Test Record Number: 390

Test Date: 11/10/2015

Test Time: 10:14am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

T'est	Status	Time
FC1	Pass	10:14am
SRC	Pass	10:14am
DET	Pass	10:14am
BAR	Pass	10:14am
BT	Pass	10:14am

Blank Tests

Test	Status	Time
ΔTR	Dadd	10.75am

Printer Tests

Test	Status	Time
PRNT	Pass	10:15am
	CRC Tests	
Test	Status	Time

COMP Pass 10:15am CAL Pass 10:15am

Preventive Maintenance Status: Pass

Analyst /