PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	HAMANCE Co. Instrument Location Buschin	
Instrument S	Serial No. 008812 267 W. Front S	E Buslington
The prevent four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be for are:	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;	a transfer of the second of th
8.	Print test record;	
9.	Verify Diagnostic Program; and	en en
10.	Verify that the ethanol gas canister is being changed before expiration date simulator solution is being changed every four months or after 125 Alcohowhichever occurs first.	e, or the alcoholic breath olic Breath Simulator tests,
	on the	ing preventive maintenance egulations of the N.C.
STATE STATE	S NOCKE CONTROL OF THE CONTROL OF TH	

Signature of Certifying Official

Certificate Number

ALAMANCE COUNTY BURLINGTON FD 000

Serial Number: 008812

Test Record Number: 2488

Test Date: 10/20/2015

Test Time: 11:32am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:33am

Printer Tests

Test	Status	Time
PRNT	Pass	11:33am

CRC Tests

Test	Status	Time
COMP	Pass	11:33am
CAL	Pass	11:33am

Preventive Maintenance Status: Pass

Analyst

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008812 Test Date: 10/20/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	11:23am
AIR BLK	.00	11:24am
ACCY CHK	. 08	11:25am
AIR BLK	. 0.0	11:26am
SUB TEST	.00	11:27am
AIR BLK	.00	11:28am
SUB TEST	.00	11:29am
AIR BLW	.00	11:30am

Reported Act .00/g/2101

Signature of Chemical Analyst

Court CVR

Analyst

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County A	erial No. 008724 Instrument Location Banner E/K PD
Instrument Se	erial No. <u>008724</u> <u>Baner E/K, NC</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.
I certify that procedures w	on the
STATE OF STA	
	Signature of Certifying Official Certificate Number

AVERY COUNTY BANNER ELK PD 050

Serial Number: 008724 Test Date: 10/15/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2015-05/01/2017

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG 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
AIR BLK	.00	10:21am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

AVERY COUNTY BANNER ELK PD 050

Serial Number: 008724 Test Record Number: 435

Test Date: 10/15/2015 Test Time: 10:22am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:23am
SRC	Pass	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	10:23am

Preventive Maintenance Status: Pass

Pass

10:23am

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County A	lexander Instrument Location Alexander County SD
Instrument S	erial No. 008813 91 Commercial Park Ave., Taylory
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department of	on the 13 day of 0000, 20 15 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
OF THE STATE	



Signature of Certifying Official

Certificate Number

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County A	SDY	Instrument Location O	mobile Unita
Instrument Seri	ial No 8939	Wadesboro P.	0
The preventive four months are		he Intoximeters, Model Intox EC/IR II t	o be followed at least once every
1.	Verify the ethanol gas cani 34 degrees, plus or minus .	ster displays pressure, or the alcoholic b 2 degree centigrade;	reath simulator thermometer show
2.	Verify instrument displays	time and date;	
3.	Initiate breath test sequence	e;	
4.	Enter information as promp	pted;	
5.	Verify instrument accuracy	<i>y</i> ;	
6.	When "PLEASE BLOW"	appears, collect breath sample;	•
7.	When "PLEASE BLOW"	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program	; and	
10.		canister is being changed before expirate changed every four months or after 125	
I certify that on procedures wer Department of	e performed on the instrument	the tindicated above, in accordance with cu	forgoing preventive maintenance rrent regulations of the N.C.
TARE COLUMNION	Donga	Signature of Certifying Official	Certificate Number

ANSON COUNTY BAT MOBILE UNIT 2 030

Serial Number: 008929 Test Date: 10/23/2015

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	Pass .00	9:18pm 9:19pm
ACCY CHK	.07	9:20pm
AIR BLK SUB TEST	.00 .00	9:21pm 9:21pm
AIR BLK	.00	9:22pm
SUB TEST	.00	9:24pm
AIR BLK	.00	9:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Onya B Skunu Analyst

ANSON COUNTY BAT MOBILE UNIT 2 030

Serial Number: 008929 Test Date: 10/23/2015 Test Record Number: 940
Test Time: 9:26pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test Status Time
AIR Pass 9:27pm

Printer Tests

Test Status Time
PRNT Pass 9:27pm

CRC Tests

Test Status Time

COMP Pass 9:27pm
CAL Pass 9:27pm

Preventive Maintenance Status: Pass

Donya B Skynn

ALEXANDER COUNTY ALEXANDER COUNTY SD 010

Serial Number: 008813

Test Record Number: 1405 Test Time: 10:09am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ATR.	Pass	10·10am

Printer Tests

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

rest	Status	Time
COMP	Pass	10:11am
CAL	Pass	10:11am

Preventive Maintenance Status: Pass

Analyst/

ALEXANDER COUNTY ALEXANDER COUNTY SD 010

Serial Number: 008813 Test Date: 10/13/2015

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: 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
	Pass	10:14am
AIR BLK	.00	10:14am
ACCY CHK	.07	10:15am
AIR BLK	.00	10:16am
SUB TEST	.00	10:16am
AIR BLK	.00	10:18am
SUB TEST	.00	10:19am
AIR BLK	.00	10:20am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008812 Test Date: 10/20/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2014-02/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	11:23am 11:24am 11:25am 11:26am
SUB TEST	.00	11:27am
AIR BLK	.00	11:28am
SUB TEST	.00	11:29am
ATR BLK	.00	11:30am

Signature of Chémical 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

PREVENTIVE MAINTENANCE RECORD

1	INTOXIMETERS, MODEL INTOX EC/IR	
County 71/	AMANCE Co. Instrument Location Burling to	VY I. D
Instrument Seria	al No. 008907 267 W. Front Si	- Burlington, M
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be f	followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	•
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration desimulator solution is being changed every four months or after 125 Alcowhichever occurs first.	ate, or the alcoholic breath holic Breath Simulator tests,
I certify that on procedures were Department of I	the day of hove, 20/5 the forgo performed on the instrument indicated above, in accordance with current lealth and Human Services, and the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
		,
OF THE STATE OF A		
E O		·
12 12 TB		f
LOE QUAM VIDER	CAX. Head	_654
	Signature of Certifying Official	Certificate Number

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

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008907 Test Date: 10/20/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

02/01/2014-02/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:22am 11:23am 11:24am
AIR BLK	.00	11:25am
SUB TEST	.00	11:26am
AIR BLK	.00	11:27am
SUB TEST	.00	11:28am
AIR BLK	.00	11:29am

Reported AC: .00 g/210

Signature of Chemical Analyst

Court CVR

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

Analyst

Rev. 12/2007

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008907 Test Record Number: 731 Test Date: 10/20/2015 Test Time: 11:32am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:32am
SRC	Pass	11:32am
DET	Pass	11:32am
BAR	Pass	11:32am
\mathtt{BT}	Pass	11:32am

Blank Tests

Test	Status	Time
AIR	Pass	11:33am

Printer Tests

Test	Status	Ťime
PRNT	Pass	11:33am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:33am

11:33am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County_	HAMANCE Co. Instrument Location Hamance Co. Jail
Instrumen	Serial No. 008913 1895. Maple ST ORAHAM, MC
The prevention	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify th procedures Departmen	at on theday of
STORY OF THE CAREAT STORY	Signature of Certifying Official Certificate Number

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913 Test Date: 10/20/2015

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	12:20pm
AIR BLK	.00	12:21pm
ACCY CHK	. 08	12:22pm
AIR BLK	.00	12:23pm
SUB TEST	.00	12:24pm
AIR BLK	.00	12:25pm
SUB TEST	.00	12:26pm
AIR BLK	.00	12:27pm

Reported AC: 00 g/21

Signature of Chemical Analyst

Court CVR

Analyst

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Test Record Number: 2332 Serial Number: 008913

Test Time: 12:28pm EDT Test Date: 10/20/2015

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:28pm
FLO	Pass	12:28pm
FC	Pass	12:28pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:28pm
SRC	Pass	12:28pm
DET	Pass	12:28pm
BAR	Pass	12:28pm
BT .	Pass	12:28pm

Blank Tests

TEST SLAIUS IIU	Test		Status	Time
-----------------	------	--	--------	------

Pass

Printer Tests

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

PRNT Pass

CRC Tests

Time Status Test

COMP Pass 12:29pm 12:29pm CAL Pass

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	?	ERS, MODEL INTOX EC/IR II
County ///	emance Co.	Instrument Location Alamance Co. Jail
Instrument Se	rial No. <u>(20</u> 8853_	109 S. Maple ST GRAham, MC
The preventive four months as		Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic breath simulator thermometer show egree centigrade;
2.	Verify instrument displays tin	ne and date;
3.	Initiate breath test sequence;	
4.	Enter information as prompted	d;
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" app	pears, collect breath sample;
7.	When "PLEASE BLOW" app	pears, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; a	nd
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	nister is being changed before expiration date, or the alcoholic breath anged every four months or after 125 Alcoholic Breath Simulator tests,
procedures we	re performed on the instrument in	the forgoing preventive maintenance dicated above, in accordance with current regulations of the N.C. the instrument is functioning properly.
STATE OF THE STATE	L CAROLINA 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

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008853 Test Date: 10/20/2015

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

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

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

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

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

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	12:21pm
AIR BLK	.00	12:22pm
ACCY CHK	.08	12 22pm
AIR BLK	0.0	12 24pm
SUB TEST	.00	12:24pm
AIR BLK	. 0 0:	12:25pm
SUB TEST	.00	12:26pm
AIR BLK	.00	12:27pm

Reported Ac: 100 g/2101

Signature of Chemical Amalyst

Court CVR

Analyst

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Test Record Number: 1813 Serial Number: 008853 Test Time: 12:28pm EDT Test Date: 10/20/2015

System Check: Passed

Baseline Tests

Test	Status	Ţime
IR	Pass	12:29pm
FLO	Pass	12:29pm
FC	Pass	12:29pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:29pm
\$RC	Pass	12:29pm
ФЕŢ	Pass	12:29pm
BAR	Pass	12:29pm
BT	Pass	1,2:29pm

Blank Tests

Test	Status	Time
		:
AIR	Pass	12:30pm

Printer Tests

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

Preventive Maintenance Status: Pass

Pass Pass

12:30pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

CountyA	Ins	trument Location AUSON	CO. SHERIFS OF
Instrument Serial	1No. <u>008597</u>	WAVESBORD 1	١.८.
The preventive m four months are:	naintenance procedures for the Intoxim	eters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas canister display 34 degrees, plus or minus .2 degree co		th simulator thermometer shows
· 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	ellect breath sample;	
7.	When "PLEASE BLOW" appears, co	ellect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is simulator solution is being changed even whichever occurs first.	being changed before expiration very four months or after 125 Al	date, or the alcoholic breath coholic Breath Simulator tests,
I certify that on the procedures were Department of He	he day of	above, in accordance with curre rument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
STATE OF NO. 20 1775		OAUZEL of Certifying Official	Certificate Number

ANSON COUNTY ANSON COUNTY SO. 030

Serial Number: 008597 Test Date: 10/01/2015

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

Driver's License Number: NONE

Analyst's Name: QUARANTELLO, NICHOLAS J Permit Number: 21536E Effective: 07/01/2015-07/01/2017

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

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

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

Reported AC: .00 g/210L

of Chemical Analyst Signature

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

ANSON COUNTY ANSON COUNTY SO. 030

Serial Number: 008597 Test Record Number: 1378
Test Date: 10/01/2015 Test Time: 11:11am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:12am

Printer Tests

Test	Status	Time
PRNT	Pass	11:12am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:12am 11:12am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ANSON	Instrument Location And	20 CC	, SHELLITS O
Instrumer	nt Serial No. <u>OO 8739</u>	WANESB	<u>೧೪೧</u>	N.C.
			~	
The preve four mont	• • • • • • • • • • • • • • • • • • •	the Intoximeters, Model Intox EC/IR	II to be folk	owed at least once every
1.	Verify the ethanol gas can 34 degrees, plus or minus	nister displays pressure, or the alcoholi .2 degree centigrade;	ic breath sin	nulator thermometer shows
2.	Verify instrument display	s time and date;		
3.	Initiate breath test sequen	ce;		
4.	Enter information as pron	npted;		•
5.	Verify instrument accurac	cy;		
6.	When "PLEASE BLOW"	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW"	appears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program	m; and		
10.		s canister is being changed before expi g changed every four months or after 1		
	s were performed on the instrume	nt indicated above, in accordance with and the instrument is functioning prop	current reg	g preventive maintenance ulations of the N.C.
THE GREAT THE STATE OF THE STAT	ATE OF NO.			
APRIL SESSE QUI	AN VIDEN Y	Signature of Certifying Official		Certificate Number

ANSON COUNTY ANSON COUNTY S.O. 030

Serial Number: 008739 Test Date: 10/01/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name:
QUARANTELLO, NICHOLAS J
Permit Number: 21536E
Effective:
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: 09/10/2016

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ANSON COUNTY ANSON COUNTY S.O. 030

Serial Number: 008739 Test Record Number: 224
Test Date: 10/01/2015 Test Time: 11:15am EDT

System Check: Passed

Baseline Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:16am

Printer Tests

Test	Status	Time
PRNT	Pass	1 1:16am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:16am 11:16am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	BUNCOMBE Instrument Location BAT MOBILE 5
Instrument	Serial No. 008600
The prever	ative 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.
procedures	t on the 29 day of OCFOBER, 20 15 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STAND OF THE S	659
	Signature of Certifying Official Certificate Number

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

DHHS 4080 (11/07)

BUNCOMBE BAT MOBILE UNIT 5 100

Serial Number: 008600 Test Date: 10/29/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: 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	9:10pm 9:11pm 9:12pm 9:13pm 9:13pm 9:14pm 9:16pm

Reported AC:

 $0.0 \sqrt{a} / 2/1.0$

Signature of Chemigal Analyst

Court /

ÆVR.

Ánalvst

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

Rev. 12/2007

BUNCOMBE BAT MOBILE UNIT 5 100

Serial Number: 008600 Test

Test Record Number: 1739

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:19pm
FLO	Pass	9:19pm
FC	Pass	9:19pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:19pm
SRC	Pass	9:19pm
DET	Pass	9:19pm
BAR	Pass	9:19pm
BT	Pass	9:19pm

Blank Tests

Test	Status	Time
AIR	Pass	9:20pm

Printer Tests

Toat

1650	Status	TIME
PRNT	Pass	9:20pm

Ctotuc

m-i m-a

CRC Tests

Test	Status	Time
COMP	Pass	9:20pm
CAL	Pass	9:20pm

Preventive Maintenance Starus: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	BEAUFORT Instrument Location BAT MOBILE UNIT
Instrument Ser	TIAL No. 008707 Instrument Location BAT MOBILE UNIT WASHINGTON, NC
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 <u>30</u> day of <u>0 C T O B E I</u> , 20 15 the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF THE STATE	Ole Ry Barnes (648) Signature of Certifying Official Certificate Number 3

BEAUFORT COUNTY BAT MOBILE UNIT 3 060

Serial Number: 008707 Test Date: 10/30/2015

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: BARNES, ALVIN R

Permit Number: 15671E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE N

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	10:23pm 10:25pm
ACCY CHK	.08	10:25pm
AIR BLK	.00	10:26pm
SUB TEST	.00	10:27pm
AIR BLK	.00	10:28pm
SUB TEST	.00	10:29pm
AIR BLK	.00	10:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alun Ray Barres

BEAUFORT COUNTY BAT MOBILE UNIT 3 060

Serial Number: 008707 Test Record Number: 2244
Test Date: 10/30/2015 Test Time: 10:31pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:31pm
FLO	Pass	10:31pm
FC	Pass	10:31pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:31pm 10:31pm 10:31pm 10:31pm 10:31pm

Blank Tests

Test	Status	Time
	*	
AIR	Pass	10:32pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:32pm
	CRČ Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:32pm 10:32pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	/ /	
County C	herolete Instrument Location C	Cherokee Co. Juil
Instrument S	erial No. <u>008711</u> Murphy	NC
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC	/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alco 34 degrees, plus or minus .2 degree centigrade;	holic breath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	· · · · · · · · · · · · · · · · · · ·
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before a simulator solution is being changed every four months or aft whichever occurs first.	
I certify that opposed we procedures we Department o	on the	the forgoing preventive maintenance with current regulations of the N.C. properly.
THE STATE OF THE S	A ORDING CAROLINA	
# ESSE QUAM VIDE	Dif K luth	635
	Signature of Certifying Official	Certificate Number

CHEROKEE COUNTY CHEROKEE COUNTY JAIL
190

Serial Number: 008711 Test Date: 10/15/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX Driver's License Number: MOME

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	T'ime
DIAG	Pass	11:50am
AIR BLK	.00	11:51am
ACCY CHK	.07	11:52am
AIR BLK	.00	11:53am
SUB TEST	.00	11:53am
AIR BLK	.00	11:54am
SUB TEST	.00	11:56am
ATR BLK	. 0 0	11:57am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

Serial Number: 008711

Test Record Number: 828

Test Date: 10/15/2015

Test Time: 11:58am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:58am
FLO	Pass	11:58am
FC	Pass	11:58am

Temperature Tests

Status	Time
Pass	11:58am
Pass	11:58am
Pass	11:58am
?ass	11:58am
Pass	11:58am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	11:59am

Printer Tests

Test	Status	Time
PRNT'	Pass	11:59am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:59am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ch.	erokee Instrument Location Cherokee Co. Juil
Instrument Seria	Instrument Location Cherokee Co. Juil No. 008622 Murphy, NE
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t procedures were Department of H	he / 5 day of
THE STATE OF N. CO. T. C.	Signature of Certifying Official Certificate Number

CHEROKEE COUNTY CHEROKEE COUNTY JAIL
190

Serial Number: 008622 Test Date: 10/15/2015

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

Analyst's Name: 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

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m i m o

Test	g/210L	Time
DIAG AIR BLK	Pass	11:46am 11:47am
ACCY CHK	.08	11:47am
AIR BLK	.00	11:48am
SUB TEST	.00	11:49am
AIR BLK	.00	11:50am
SUB TEST	.00	11:51am
AIR BLK	.00	11:52am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

Serial Number: 008622 Test Date: 10/15/2015 Test Record Number: 907
Test Time: 11:53am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	11:54am 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	Pass	11:54am

Pass

11:54am

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

\circ	INTOXIMETERS, MODEL INTOXICAN II	ILE ()NIT
County	ARTERET Instrument Location BAT MOB	
4.	NO. 008707 NEWPORT	, DC
The preventive i	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed:	i at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simular 34 degrees, plus or minus .2 degree centigrade;	or thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or t simulator solution is being changed every four months or after 125 Alcoholic B whichever occurs first.	he alcoholic breath reath Simulator tests,
I certify that on procedures were Department of I	theday ofCTCBE22015 the forgoing preperformed on the instrument indicated above, in accordance with current regulated Health and Human Services, and the instrument is functioning properly.	eventive maintenance ions of the N.C.
THE STATE OF THE S	Signature of Certifying Official Co	Co48

CARTERET COUNTY BAT MOBILE UNIT 3 150

Serial Number: 008707 Test Date: 10/09/2015

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: 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 AIR BLK	Pass .00 .08 .00 .00	11:24pm 11:25pm 11:25pm 11:26pm 11:27pm 11:28pm
SUB TEST	.00	11:29pm
AIR BLK	.00	11:30pm
	•	_

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alun Ray Barnes
Analyst

CARTERET COUNTY BAT MOBILE UNIT 3 150

Serial Number: 008707 Test Date: 10/09/2015

Test Record Number: 2235 Test Time: 11:31pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:31pm
FLO	Pass	11:31pm
FC	Pass	11:31pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:32pm
SRC	Pass	11:32pm
DET	Pass	11:32pm
BAR	Pass	11:32pm
\mathtt{BT}	Pass	11:32pm

Blank Tests

Test	Status	Time
AIR	Pass	11:32pm

Printer Tests

Test

CAL

PRNT	Pass	11:32pm
	CRC Tests	
Test	Status	Time
COMP	Pass	11:32pm

Status

Time

11:32pm

Preventive Maintenance Status: Pass

Pass

Olun Ray Barres

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II	
County (AMDEN Instrument Location BAT MOBILE UNI	<u></u>
Instrument Seria	INTOXIMETERS, MODEL INTOX ECTR II AMDEN Instrument Location BAT MOBILE UNI ALNO. 008647 CAMDEN, NC	
The preventive r four months are:	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever:	у
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sh 34 degrees, plus or minus .2 degree centigrade;	ows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.	ts,
I certify that on opposedures were Department of H	the 10 day of 0c TOBER, 2015 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.	ice
CO WAN 20, 1775 AV	Signature of Certifying Official Certificate Number	

CAMDEN COUNTY BAT MOBILE UNIT 3 140

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

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

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

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

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
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 AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	10:02pm 10:04pm 10:04pm 10:05pm 10:06pm 10:08pm 10:09pm
	and the second s	

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Olun Ray Barres

CAMDEN COUNTY BAT MOBILE UNIT 3 140

Serial Number: 008647 Test Record Number: 2148
Test Date: 10/10/2015 Test Time: 10:10pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:11pm

Status Time

10:12pm

Printer Tests

Test

CAL

PRNT	Pass	10:11pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:12pm

Preventive Maintenance Status: Pass

Pass

alun Ray Barres

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CRAVEN	Instrument Location BAT	- MUBICE UNIT :
Instrument Ser	rial No. <u>008647</u>	RIV	ER BEND, DC
The preventive four months as	· · · · · · · · · · · · · · · · · · ·	intoximeters, Model Intox EC/IR II t	to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic begree centigrade;	preath simulator thermometer shows
2.	Verify instrument displays tim	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	,	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" app	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	ad	
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	ister is being changed before expiratinged every four months or after 125	tion date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify that o procedures we Department of	n theday of re performed on the instrument inc Health and Human Services, and	TOBER, 2015 the dicated above, in accordance with cuthe instrument is functioning proper	e forgoing preventive maintenance urrent regulations of the N.C.
THE STATE OF THE S	Alexander of the second	nature of Certifying Official	Could be seen to be se
	Sign	nature of Certifying Official	Certificate Number

CRAVEN COUNTY BAT MOBILE UNIT 3 240

Serial Number: 008647 Test Date: 10/17/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

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 AIR BLK ACCY CHK	Pass .00 .08	11:13pm 11:14pm 11:14pm
AIR BLK	.00	11:15pm
SUB TEST	.00	11:16pm
AIR BLK	.00	11:17pm
SUB TEST	.00	11:18pm
AIR BLK	.00	11:19pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alun Kay Baines

CRAVEN COUNTY BAT MOBILE UNIT 3 240

Serial Number: 008647 'Test Date: 10/17/2015

Test Record Number: 2153 Test Time: 11:21pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
	•	
AIR	Pass	11:22pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:22pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:22pm 11:22pm

Preventive Maintenance Status: Pass

alun Kay Barne

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_C/	harm Instrument Location Processon Police De	10 fee
Instrument Ser	rial No. <u>008591</u> <u>PRITSBORD NC</u>	
The preventive four months ar	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:	у
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer should degree, plus or minus .2 degree centigrade;)WS
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.	ts,
I certify that o procedures we Department of	on the	ice
THE STATE OF THE S	Signature of Certifying Official Certificate Number	_

CHATHAM COUNTY PITTSBORO PD 180

Serial Number: 008591 Test Date: 10/15/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: 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: AG434901 Exp Date: 12/15/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	3:35pm 3:36pm 3:37pm 3:38pm
SUB TEST	.00	3:39pm
AIR BLK	.00	3:40pm
SUB TEST	.00	3:41pm
ATR BLK	.00	3:42pm

Reported AC: .00-g/210L

Signature of Chemical Analyst

Court CVR

CHATHAM COUNTY PITTSBORO PD 180

Serial Number: 008591

Test Record Number: 1634

Test Date: 10/15/2015

Test Time: 3:44pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	3:45pm
SRC	Pass	3:45pm
DET	Pass	3:45pm
BAR	Pass	3:45pm
BT	Pass	3:45pm

Blank Tests

Test	Status	Time
AIR	Pass	3:46pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:46pm
	CRC Tests	· ~ *
Test	Status	Time
COMP	Pass	3:46pm

Preventive Maintenance Status: Pass

Pass

3:46pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County(NHATHAM Instrument Location SIER (177 Police Det
Instrument Seri	al No. 008811 SILER CITY 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 procedures wer Department of I	the day of 00000000000000000000000000000000000
THE STATE OF THE S	Signature of Certifying Official Certificate Number

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

DHHS 4080 (11/07)

CHATHAM COUNTY SILER CITY PD. 180

Serial Number: 008811 Test Date: 10/12/2015

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

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name:
QUARANTELLO, NICHOLAS J
Permit Number: 21536E
Effective:
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	11:33am 11:35am
ACCY CHK	.08	11:35am
AIR BLK	.00	11:36am
SUB TEST	.00	11:37am
AIR BLK	.00	11:38am
SUB TEST	.00	11:39am
AIR BLK	.00	11:40am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CHATHAM COUNTY SILER CITY PD. 180

Serial Number: 008811 Test Record Number: 1184 Test Date: 10/12/2015 Test Time: 11:41am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:42am
FLO	Pass	11:42am
FC	Pass	11:42am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:43an

Printer Tests

Status

Test

CAL

PRNT	Pass	11:43am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:43am

Time

11:43am

Preventive Maintenance Status: Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location 50346N The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. Initiate breath test sequence; 3. Enter information as prompted; 4. Verify instrument accuracy; 5. When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. Print test record; 8. 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

DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807 Test Date: 10/15/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, LINDA A
Permit Number: 11646E

Effective:

08/01/2015-08/01/2017

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	Pass	4:50pm 4:51pm
ACCY CHK	.08	4:52pm
AIR BLK	.00	4:53pm
SUB TEST	.00	4:54pm
AIR BLK	.00	4:55pm
SUB TEST	.00	4:56pm
AIR BLK	.00	4:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807

Test Record Number: 704

Test Date: 10/15/2015

Test Time: 4:59pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:00pm
FLO	Pass	5:00pm
FC	Pass	5:00pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:00pm
SRC	Pass	5:00pm
DET	Pass	5:00pm
BAR	Pass	5:00pm
BT	Pass	5:00pm

Blank Tests

Test	Status	Time
AIR	Pass	5:00pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:01pm
	CRC Tests	
Test	Status	Time
COMP	Pass	5:01pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

		PREVENTIVE MAINTENANCE RECORD	
		INTOXIMETERS, MODEL INTOX EC/IR II	
	County	Instrument Location Kill Will Wills V. P.	•
	Instrument Seria	INO. 008844 102 Town HAIL Dr., KILL DEVIL HI	- American
•	The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every	
	1. 1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	N:
٠	2.	Verify instrument displays time and date;	1,
	3.	Initiate breath test sequence;	
	4.	Enter information as prompted;	
	,5,	Verify instrument accuracy;	
	6.	When "PLEASE BLOW" appears, collect breath sample;	
	7.	When "PLEASE BLOW" appears, collect breath sample;	
	· 8.	Print test record;	
	9.	Verify Diagnostic Program; and	
	10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.	,
	I certify that on t procedures were Department of H	he day of 000 BCA, 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.	3
	No. of the last of		1

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

Signature of Certifying Official

DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844 Test Date: 10/29/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, 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 .00 .08	12:26pm 12:27pm 12:28pm
AIR BLK	.00	12:29pm
SUB TEST	.00	12:30pm
AIR BLK	.00	12:31pm
SUB TEST	.00	12:33pm
AIR BLK	.00	12:33pm

Reported AC; .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844 Test Record Number: 1678
Test Date: 10/29/2015 Test Time: 12:34pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:34pm
FLO	Pass	12:34pm
FC	Pass	12:34pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:35pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:35pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:35pm 12:35pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Do	Instrument Location BAT Mobile Unit 5
Instrument Se	rial No. 008600
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	the 23 day of October, 2015 the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

DAVIE BAT MOBILE UNIT 5 290

Serial Number: 008600 Test Record Number: 1732 Test Date: 10/23/2015 Test Time: 4:22pm EDT

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 CAL	Pass Pass	4:23pm 4:23pm

Preventive Maintenance Status: Pass

Analyst

DAVIE BAT MOBILE UNIT 5 290

Serial Number: 008600 Test Date: 10/23/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: TOWERY, CHAD V
Permit Number: 26632E
Effective:
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 ACCY CHK	Pass .00 .08	4:13pm 4:14pm 4:14pm
AIR BLK	.00	4:15pm
SUB TEST	.00	4:16pm
AIR BLK	.00	4:17pm
SUB TEST	.00	4:19pm
AIR BLK	.00	4:20pm

00/g/210L م //Reported

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Durham Co. Instrument Location Durham Co. Tail
Instrument S	erial No. OD 8859 211 Markeyum St. Durcham, NC
The prevention four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
· 2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the
THE STATE OF THE S	CAROLL CA

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859 Test Date: 10/21/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

02/01/2014-02/01/2016

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	11:44am 11:45am 11:46am 11:47am 11:48am 11:49am
SUB TEST	.00	11:50am
AIR BLK	.00	11:51am

Reported AC: .00

.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859 Test Date: 10/21/2015

Test Record Number: 1970 Test Time: 11:53am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	11:54am 11:54am
DET	Pass	11:54am
BAR BT	Pass Pass	11:54am
D1	Labb	11.010

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

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Durham Co. Instrument Location Durham Co. Fail
Instrume	nt Serial No. 60 8891 2M S. MANGUM ST. Ducham NO
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	nat on the 2/hday of October, 20/5 the forgoing preventive maintenance s were performed on the instrument indicated above, in accordance with current regulations of the N.C. nt of Health and Human Services, and the instrument is functioning properly.
CREAT SEA	IATE COARD

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

Signature of Certifying Official

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891 Test Date: 10/21/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2014-02/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	11:43am 11:44am 11:45am 11:46am 11:47am 11:48am 11:49am
SUB TEST AIR BLK	.00 .00	11:50am
HTK DUV	.00	11.50am

Reported AC:

00.a/210T

Signature of Chemical Analyst

Court CVR

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891

Test Record Number: 3064

Test Date: 10/21/2015

Test Time: 11:51am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:52am

Printer Tests

Test	Status	Time
	•	
PRNT	Pass	11:52am

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Durham Co. Instrument Location Durham Co. Jail
Instrumer	t Serial No. 008878 217 5 MANGUM 57 Ducham A
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	nat on the, 20, 20, the forgoing preventive maintenance is were performed on the instrument indicated above, in accordance with current regulations of the N.C. int of Health and Human Services, and the instrument is functioning properly.
SERVICE CREAT SERVICE	Signature of Certifying Official Certificate Number

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878 Test Date: 10/21/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2014-02/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA
Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	11:42am 11:43am 11:44am
AIR BLK	.00	11:45am
SUB TEST	.00	11:45am
AIR BLK	.00	11:46am
SUB TEST	.00	11:48am
ATR BLK	.00	11:49am

Reported AC .00/g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878 Test Record Number: 3417 Test Date: 10/21/2015 Test Time: 11:50am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:50am 11:50am
FC	Pass	11:50am

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:50am 11:50am 11:50am 11:50am
- -		

Blank Tests

Test	Status	Time
AIR	Pass	11:51am

Printer Tests

Test	Status	Time
PRNT	Pass	11:51am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:51am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

11:51am

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Durhan Instrument Location Bat Mobile Uni
Instrument	Serial NOO8736 Duchan 70
The preven	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify the procedures Departmen	at on theday of, 20the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. t of Health and Human Services, and the instrument is functioning properly.
COREAT SE	NE or No.

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

Signature of Certifying Official

DURHAM COUNTY BAT MOBILE UNIT 2 310

Serial Number: 008736 Test Date: 10/09/2015

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: AG409709 Exp Date: 04/07/2016

Test	g/210L	Time
DIAG	Pass	11:18pm
AIR BLK	.00	11:19pm
ACCY CHK	.08	11:19pm
AIR BLK	.00	11:20pm
SUB TEST	.00	11:21pm
AIR BLK	.00	11:22pm
SUB TEST	.00	11:23pm
ATR BLK	.00	$11:24\mathrm{pm}$

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

DURHAM COUNTY BAT MOBILE UNIT 2 310

Serial Number: 008736 Test Date: 10/09/2015 Test Record Number: 777 Test Time: 11:27pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:27pm 11:27pm
FC	Pass	11:27pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:27pm
SRC	Pass	11:27pm
DET	Pass	11:27pm
BAR	Pass	11:27pm
BT	Pass	11:27pm

Blank Tests

Test	Status	Time
AIR	Pass	11:28pm

Printer Tests

rest	Status	Time
PRNT	Pass	11:28pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:28pm 11:28pm

Preventive Maintenance Status: Pass

11:28pm

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	enellement in	INTOXIMETI	ERS, MODEL INTOX EC/IR	(11
Cou	nty DU	t poul	Instrument Location 50+	modik Mi
Instr	rument Seria	1 No 008929	Durham PC)
	preventive r months are:		Intoximeters, Model Intox EC/IR II to be f	ollowed at least once every
· .	1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic breath legree centigrade;	simulator thermometer show
	2.	Verify instrument displays tin	ne and date;	
	3.	Initiate breath test sequence;		
.:	4.	Enter information as prompte	d;	
	5.	Verify instrument accuracy;		
	6.	When "PLEASE BLOW" app	pears, collect breath sample;	
	7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
	8.	Print test record;		
	9.	Verify Diagnostic Program; a	nd	
	10.	Verify that the ethanol gas car simulator solution is being ch whichever occurs first.	nister is being changed before expiration da anged every four months or after 125 Alcol	ate, or the alcoholic breath molic Breath Simulator tests,
proc	rtify that on edures were artment of I	performed on the instrument in	the forgo	oing preventive maintenance regulations of the N.C.
	OF THE STATE OF A			
THE GREAT SE		CAROLLINA CAROLLINA		•
W. Company	APRIL 12, 1778	Dillos	gnature of Certifying Official	Certificate Number

DURHAM COUNTY BATMOBILE UNIT 2 310

Serial Number: 008601 Test Date: 10/09/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAITENANCE

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	Pass	11:04pm 11:05pm
ACCY CHK	.08	11:06pm
AIR BLK	.00	11:07pm
SUB TEST	.00	11:09pm
AIR BLK	.00	11:11pm
SUB TEST	.00	11:12pm
AIR BLK	.00	11:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Drya B Skinner Analysi

DURHAM COUNTY BATMOBILE UNIT 2 310

Serial Number: 008601

Test Record Number: 1120

Test Date: 10/09/2015

Test Time: 11:16pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time

AIR Pass 11:18pm

Printer Tests

Test	Status	Time

PRNT Pass 11:18pm

CRC Tests

Test	Status	Time
COMP	Pass	11:18pm

CAL Pass 11:18pm

Preventive Maintenance Status: Pass

Donya B Skynner

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX ECIR II
County	Instrument Location Bat Mobile Wolle
Instrument Ser	rial No Ducham PD
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer should degree, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister 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 or procedures we Department of	on the day of, 20 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
STATE OF THE STATE	CAROLL CA

DURHAM COUNTY BAT MOBILE UNIT 2 310

Serial Number: 008929 Test Date: 10/09/2015

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	Pass	9:46pm
AIR BLK	.00 .07	9:47pm 9:48pm
AIR BLK SUB TEST	.00 . 00	9:49pm 9:50pm
AIR BLK SUB TEST	.00 . 00	9:50 pm 9:52pm
AIR BLK	.00	9:53pa

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Onya Both Manager Mana

DURHAM COUNTY BAT MOBILE UNIT 2 310

Serial Number: 008929 Test Record Number: 934
Test Date: 10/09/2015 Test Time: 9:56pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:56pm
FLO FC	Pass Pass	9:56pm 9:56pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:57pm
SRC	Pass	9:57pm
DET	Pass	9:57pm
BAR	Pass	9:57pm
BT	Pass	9:57pm

Blank Tests

Test	Status	Time
AIR	Pass	9:57pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:57pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	9:57pm 9:57pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ecombe Instrument Location Edge combe 6. Magistr
Instrument Seria	Instrument Location Edge combe 6. Magistr INO. DO8603 Office, 300 S. Araconda Rd., Tarboro,
The preventive s	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 procedures were Department of I	the
THE STATE OF A THE ST	CAROLLI A ()
	JSignature of Certifying Official Certificate Number

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008603 Test Date: 10/21/2015

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

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

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

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
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	9:36am
AIR BLK	.00	9:37am
ACCY CHK	.08	9:38am
AIR BLK	.00	9:39am
SUB TEST	.00	9:39am
AIR BLK	.00	9:40am
SUB TEST	.00	9:42am
AIR BLK	.00	9:42am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008603

Test Record Number: 1490

Test Date: 10/21/2015

Test Time: 9:43am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:44am
FLO	Pass	9:44am
FC	Pass	9:44am

Temperature Tests

Status	Time
Pass	9:44am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	9:45am

Printer Tests

Test	Status	Time
PRNT	Pass	9:45am
	CRC Tests	
Test	Status	Time

COMP	Pass	9:45am
CAL	Pass	9:45am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County Ed	Gerombe Instrument Location Edgerom be (O. Mojistva)
Instrument Se	erial No. DO8663 Office, 300 Anaconda Rd., Tackon
The preventiv	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that of procedures we Department of	on the Oldon day of Oldon , 20 15 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATE OUR TANK	Signature of Certifying Official Certificate Number

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008663 Test Date: 10/21/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	9:58am 9:59am 10:00am
AIR BLK	.00	10:01am
SUB TEST AIR BLK	.00 .00	10:01am 10:02am
SUB TEST AIR BLK	.00	10:04am 10:05am
CATAL DAIL		10.00am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008663

Test Record Number: 2434

Test Date: 10/21/2015

Test Time: 10:06am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	10:06am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	10:07am

Printer Tests

Test	Status	Time
PRNT	Pass	10:07am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:07am 10:07am

Preventive Maintenance Status: Pass

Analyst

그 아이들 아는 사람이 아이를 가고 하는 것을 살아야 하는 것이다.

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

I certify that on the ______ day 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

GUILFORD COUNTY HIGH POINT PD 401

Serial Number: 008828 Test Date: 10/26/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: DEAN, L K

Permit Number: 11598E Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

L. Lui Ceon
Analyst

GUILFORD COUNTY HIGH POINT PD 401

Serial Number: 008828 Test Date: 10/26/2015

Test Record Number: 1884
Test Time: 2:07pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	2:08pm
SRC	Pass	2:08pm
DET	Pass	2:08pm
BAR	Pass	2:08pm
BT	Pass	2:08pm

Blank Tests

Test	Status	Time
AIR	Pass	2:08pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:08pm
	CRC Tests	
Test	Status	Time

COMP Pass 2:08pm CAL Pass 2:08pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	RANIVINE Instrument Location Creed mark P.D.
Instrument Ser	ial No. 008641 /11 MASONIC ST CREED MOOR 1
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of H	the 3 day of 0,000, ,20 6 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 A PART OF A P	Signature of Certifying Official Certificate Number

GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641 Test Date: 10/13/2015

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	12:30pm 12:31pm 12:32pm 12:33pm 12:33pm 12:34pm
SUB TEST	.00	12:35pm
AIR BLK	.00	12:36pm
//		

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

GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641 Test Date: 10/13/2015 Test Record Number: 861 Test Time: 12:38pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:38pm
FLO	Pass	12:38pm
FC	Pass	12:39pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:39pm
SRC	Pass	12:39pm
DET	Pass	12:39pm
BAR	Pass	12:39pm
BT	Pass	12:39pm

Blank Tests

Test	Status	Time
AIR	Pass	12:39pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:39pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:40pm

Preventive Maintenance Status: Pass

Pass

12:40pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD

	INTOXIMETERS, MODEL INTOX EC/IR II
County 9	Entitle Co Instrument Location Ox Ford P. D.
Instrument Se	erial No. 008923 204 F Mc CANAhan ST Oxford
The preventiv	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
four months a	ге:
1. 1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures we Department of	n the
TOTAL STATE OF THE PARTY OF THE	654
	Signature of Certifying Official Certificate Number

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

GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008923 Test Date: 10/13/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2014-02/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG405702

Exp Date: 02/26/2016

Test	g/210L	Time
DIAG AIR BLK	Pass	11:49am 11:50am
ACCY CHK	.07	11:50am
AIR BLK	.00	11:51am
SUB TEST	.00	11:52am
AIR BLK	.00	11:53am
SUB TEST	.00	11:54am
AIR BLK	.00	11:55am

Reported AC,

.00 4/2/0I

Signature of Chémical 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

GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008923

Test Record Number: 1283

Test Date: 10/13/2015

Test Time: 11:56am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:56am 11:56am
FC	Pass	11:56am

Temperature Tests

Test	Status	Time
FC1	Pass	11:56am
SRC	Pass	11:56am
DET	Pass	11:56am
BAR	Pass	11:56am
BT	Pass	11:56am

Blank Tests

Test	Status	Time
ATR	Pagg	11.57am

Printer Tests

Test	Status	Trille
PRNT	Pass	11:57am

CRC Tests

Test	Status	Time
COMP	Pass	11:57am
CAL	Pass	11:57am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once exfour months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer is 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first. 1 certify that on the // day of // Debe // 20/5 the forgoing preventive maintena 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.	County G	Pates	Instrument Location	tes Co. 5.0.
1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer s 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first. 1 certify that on the	Instrument S	Serial No. <u>DO 888</u> 4	202 Court_	St, Gatesuille, N.C
34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first. I certify that on the	•	•	the Intoximeters, Model Intox EC/I	R II to be followed at least once every
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first. I certify that on the // day of // Dee // 20/5 the forgoing preventive maintena 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.			olic breath simulator thermometer show
 Enter information as prompted; Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; Print test record; Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first. I certify that on the	2.	Verify instrument display	s 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 breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first. I certify that on the day of day of 20/5 the forgoing preventive maintena 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 sequen	ce;	
6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first. I certify that on the	4.	Enter information as pron	npted;	
7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first. I certify that on the	5.	Verify instrument accurac	y;	
9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te 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 breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te 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 breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first. I certify that on the	<i>≈</i> : 8.	Print test record;	*	
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first. I certify that on the	9.	Verify Diagnostic Program	n; and	
procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.	10.	simulator solution is being		
TARE 12. THE STATE OF THE STATE	procedures v	were performed on the instrume	nt indicated above, in accordance wi	th current regulations of the N.C.
Signature of Certifying Official Certificate Number	STATE OF THE STATE	Le or North Carolina Rollina Rel		643

GATES COUNTY GATES CO SO 360

Serial Number: 008884 Test Date: 10/14/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

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 AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	12:16pm 12:16pm 12:17pm 12:18pm 12:19pm 12:20pm
SUB TEST	.00	12:21pm
ATR BLK	.00	12:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GATES COUNTY GATES CO SO 360

Serial Number: 008884 Test Record Number: 688

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:24pm
FLO	Pass	12:24pm
FC	Pass	12:24pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:24pm
SRC	Pass	12:24pm
DET	Pass	12:24pm
BAR	Pass	12:24pm
\mathtt{BT}	Pass	12:24pm

Blank Tests

Test	Status	Time
AIR	Pass	12:24pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:25pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:25pm 12:25pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ha	enderson	Instrument Location Hencless	on Co. Detention
Instrument S	erial No. <u>OO 89//</u>	Instrument Location Henclesson Henclesson	Wille, NC
The preventi		oximeters, Model Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr	splays pressure, or the alcoholic breath see centigrade;	simulator thermometer show
2.	Verify instrument displays time a	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		٠.
6.	When "PLEASE BLOW" appea	rs, collect breath sample;	
7.	When "PLEASE BLOW" appea	rs, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.	er is being changed before expiration da ed every four months or after 125 Alcoh	te, or the alcoholic breath holic Breath Simulator tests,
I certify that procedures w	on the day of Oct	ated above, in accordance with current reinstrument is functioning properly.	ing preventive maintenance egulations of the N.C.
OF THE STATE			
A MAND SELLEN	S CAROLINA C		Lun
Total Control	The state of the s	rure of Certifying Official	Cortificate Number

HENDERSON COUNTY DETENTION 440

Serial Number: 008911 Test Date: 10/01/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE,

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	11:51am 11:52am 11:53am 11:54am 11:55am 11:56am
AIR BLK	.00	11:56am
SUB TEST AIR BLK	.00 .00	11:50am
HTV DUV	. 00	11. J J CILL

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HENDERSON COUNTY DETENTION 440

Serial Number: 008911

Test Record Number: 408

Test Date: 10/01/2015 Test Time: 12:00pm EDT

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	Pass	12:00pm
SRC	Pass	12:00pm
DET	Pass	12:00pm
BAR	Pass	12:00pm
BT	Pass	12:00pm

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

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

HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008918 Test Date: 10/05/2015

Citation Number: M0000000-0.
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: KEESLER, 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	'l'ime
DIAG AIR BLK	Pass	1:37pm 1:37pm
ACCY CHK AIR BLK	.08 .00	1:38pm 1:39pm
SUB TEST	.00	1:39pm
AIR BLK	.00	1:40pm
SUB TEST	.00	1:42pm
AIR BLK	.00	1:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

- Jind A. Kush.
Analyst

HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008918

Test Record Number: 461

Test Date: 10/05/2015

Test Time: 1:33pm EDT

System Check: Passed 👙

Baseline Tests

Test	Status	Time
IR	Pass	1:34pm
FLO	Pass	1:34pm
FC	Pass	1:34pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:34pm
SRC	Pass	1:34pm
DET	Pass	1:34pm
BAR	Pass	1:34pm
BT	Pass	1:34pm

Blank Tests

Test	Status	Time
AIR	Pass	1:35pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:35pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:35pm
CAL	Pass	1:35pm

Preventive Maintenance Status: Pass

net N-

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 11+	entford Instrument Location Ahoskie P.D.		
Instrument So	erial No. 008848 705 W. Main St., Alioskie, N.		
The preventive four months a	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
	The state of the s		
I certify that	on the 3 day of Ocho 20 /5the forgoing preventive maintenance vere performed on the instrument indicated above, in accordance with current regulations of the N.C.		
Department of	of Health and Human Services, and the instrument is functioning properly.		
OTH STATE OF THE S	643		
	\Signature of Certifying Official Certificate Number		

HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848 Test Date: 10/13/2015

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: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	12:14pm 12:15pm 12:15pm
ACCY CHK AIR BLK	.08 .00	12:16pm
SUB TEST	.00	12:17pm
AIR BLK	.00	12:18pm
SUB TEST	.00	12:19pm
AIR BLK	.00	12:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Yeu Analyst

HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848

Test Record Number: 1130

Test Date: 10/13/2015

Test Time: 12:21pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:22pm 12:22pm
FC	Pass	12:22pm

Temperature Tests

FC1 Pass 12:22pm SRC Pass 12:22pm
CPC Dage 12.22mm
DIC FASS IZ.ZZDII
DET Pass 12:22pm
BAR Pass 12:22pm
BT Pass 12:22pm

Blank Tests

Test	Status	Time
AIR	Pass	12:23pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:23pm

CRC Tests

Test	Status	Time
COMP	Pass	12:23pm
CAL	Pass	12:23pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR	I II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoho 34 degrees, plus or minus .2 degree centigrade;	lic 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	1.124 1.124 1.124
10.	Verify that the ethanol gas canister is being changed before ex simulator solution is being changed every four months or after whichever occurs first.	piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,



Signature of Certifying Official

Certificate Number

HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797 Test Date: 10/15/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

08/01/2015-08/01/2017

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	Pass	2:22pm
AIR BLK	.00	2:23pm
ACCY CHK	.07	2:23pm
AIR BLK	.00	2:24pm
SUB TEST	.00	2:25pm
AIR BLK	.00	2:26pm
SUB TEST	.00	2:28pm
AIR BLK	.00	2:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797 Test Date: 10/15/2015

Test Record Number: 429

Test Time: 2:31pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:31pm
FLO	Pass	2:31pm
FC	Pass	2:32pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:32pm
SRC	Pass	2:32pm
DET	Pass	2:32pm
BAR	Pass	2:32pm
BT	Pass	2:32pm

Blank Tests

Test	Status	Time
AIR	Pass	2:32pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:32pm

CRC Tests

Test	Status	Time
COMP	Pass	2:32pm
CAL	Pass	2:32pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX ECONO
County	Instrument Location Hyde Co. 5.0.
Instrument S	erial No. DD 8401 1233 Main 41., SWAN RUM
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department of	1-th 1/200
STATE STATE	CAROLL CA

Signature of Certifying Official

Certificate Number

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801 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: 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: AG513101 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	11:16am 11:17am 11:17am 11:19am
SUB TEST	.00	11:19am
AIR BLK	.00	11:20am
SUB TEST	.00	11:22am
AIR BLK	.00	11:22am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Hindly Keel

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801 Test Re

Test Record Number: 378
Test Time: 11:24am EST

Test Date: 11/05/2015 Test Time: 11:24am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:24am
FLO	Pass	11:24am
FC	Pass	11:24am

Temperature Tests

FC1 Pass 11:24 SRC Pass 11:24 DET Pass 11:24	am am
BAR Pass 11:24	am
BT Pass 11:24	am

Blank Tests

Test	Status	Time
AIR	Pass	11:25am

Printer Tests

Test	Status	Time
PRNT	Pass	11:25am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:25am

Preventive Maintenance Status: Pass

Pass

CAL

Jinda Melse

11:25am

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Instrument Serial No. The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. Initiate breath test sequence; 3. Enter information as prompted; 4. Verify instrument accuracy; 5. When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. Print test record; 8. 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.

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008691 Test Record Number: 5705 Test Date: 10/14/2015 Test Time: 10:36am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:36am
SRC	Pass	10:36am
DET	Pass	10:36am
BAR	Pass	10:36am
BT	Pass	10:36am

Blank Tests

Test	Status	'l'ime
AIR	Pass	10:37am

Printer Tests

Test	Status	Time
PRNT	Pass	10:37am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:37am 10:37am

Preventive Maintenance Status: Pass

Analyst

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008691 Test Date: 10/14/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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	10:41am 10:41am 10:42am
AIR BLK	.00	10:43am
SUB TEST	.00	10:44am
AIR BLK	.00	10:45am
SUB TEST	.00	10:46am
AIR BLK	.00	10:47am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County M	'tchell Instrument Location Spluce Pine P.D.
Instrument Ser	ial No. <u>008726</u> Spruce Pine, NC
The preventive four months ar	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures we Department of	the <u>formed on the instrument indicated above, in accordance with current regulations of the N.C.</u> Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008726 Test Date: 10/09/2015

Citation Number: C0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2015-05/01/2017

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	3:02pm 3:03pm
ACCY CHK	.08	3:04pm
AIR BLK	.00	3:04pm
SUB TEST	.00	3:05pm
AIR BLK	.00	3:06pm
SUB TEST	.00	3:07pm
AIR BLK	.00	3:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008726

Test Record Number: 788

Test Date: 10/09/2015

Test Time: 3:09pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:10pm
FLO	Pass	3:10pm
FC	Pass	3:10pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:10pm
SRC	Pass	3:10pm
DET	Pass	3:10pm
BAR	Pass	3:10pm
BT	Pass	3:10pm

Blank Tests

Test	Status	Time
AIR	Pass	3:10pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:10pm
	CRC Tests	
Test	Status	Time

Test	Status	Time
COMP	Pass	3:11pm
CAL	Pass	3:11pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Instrument Serial No. 008698 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; Verify instrument accuracy; 5. When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record: Verify Diagnostic Program; and 9. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

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

Signature of Certifying Official

Certificate Number

MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008698 Test Date: 10/22/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: 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	9:29pm 9:30pm
ACCY CHK AIR BLK	.07 .00	9:30pm 9:31pm
SUB TEST	.00	9:32pm
AIR BLK	.00	9:33pm
SUB TEST	.00	9:34pm

AIR BLK /00

Reported AC:

00

Signature of Chemical Analyst

Court/CVR

Analyst

MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008698 Test Record Number: 1283 Test Date: 10/22/2015 Test Time: 9:39pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:39pm
FLO	Pass	9:39pm
FC	Pass	9:40pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:40pm
SRC	Pass	9:40pm
DET	Pass	9:40pm
BAR	Pass	9:40pm
BT	Pass	9:40pm

Blank Tests

⁰ Test	Status	Time
AIR	Pass	9:40pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:40pm

CRC Tests

Test	Status	Time
COMP	Pass	9:40pm
CAL	Pass	9:40pm

Preventive Maintenance

Status; Pass

Analyst

	PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II
County	1000 8288 Instrument Location SAF MOBILE S
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the 22 day of OcroBEL, 20 15 the forgoing preventive maintenance experformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

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

DHHS 4080 (11/07)

MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008788 Test Date: 10/22/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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 .07 .00	9:50pm 9:51pm 9:52pm 9:53pm 9:53pm
AIR BLK	.00	9:54pm
SUB TEST	.00	9:56pm
AIR BLK	.00	9:57pm

Reported AC

00 q/210L

Signature of Chemical Analyst

Court/CVR

Analyst

MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008788 Test Record Number: 1306

Test Date: 10/22/2015 Test Time: 10:01pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:02pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:02pm

CRC Tests

Test	Status	Time
COMP	Pass	10:02pm
CAL	Pass	10:02pm

Preventive Maintenance

Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR IL Instrument Location Instrument Serial No. 00860 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record: Verify Diagnostic Program; and 9. 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

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

Signature of Certifying

Official

MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008600 Test Date: 10/24/2015

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: 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	Pass .00 .07	7:55pm 7:56pm 7:56pm
AIR BLK	.00	7:57pm
SUB TEST	.00	7:58pm
AIR BLK	.00	7:59pm
SUB TEST	.00	8:00pm
AIR BLK	.øo	8:0120m/

Reported AC:

 $00 \, \varpi / 2101$

Signature of Chemical Analyst

Court GVR

Analyst

MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008600 Test Record Number: 1735

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:03pm
FLO	Pass	8:03pm
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	8:04pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:04pm

CRC Tests

Test	Status	Time
COMP	Pass	8:05pm
CAL	Pass	8:05pm

Preventive Maintenance

Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Macl	Instrument Location Madison Co. Jail
Instrument Serial	No. 008599 Marshall, NC
The preventive m	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on the procedures were Department of Ho	neday of
STATE ON OF STATE ON OTHER	A CAROLLI
ARRIZE TO	Signature of Certifying Official Certificate Númber

MADISON COUNTY MADISON COUNTY JAIL 560

Serial Number: 008599 Test Date: 10/01/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2015-05/01/2017

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	2:34pm 2:35pm
ACCY CHK	.07	2:35pm 2:36pm
AIR BLK SUB TEST	.00 .00	2:36pm
AIR BLK	.00	2:37pm
SUB TEST	.00	2:39pm
ATR BLK	.00	2:40pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MADISON COUNTY MADISON COUNTY JAIL 560

Serial Number: 008599

Test Record Number: 676

Test Date: 10/01/2015

Test Time: 2:41pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:41pm
FLO	Pass	2:41pm
FC	Pass	2:41pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:41pm
SRC	Pass	2:41pm
DET	Pass	2:41pm
BAR	Pass	2:41pm
BT ₁	Pass	2:41pm

Blank Tests

Test	Status	Time
AIR	Pass	2:42pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:42pm
	CRC Tests	
Test	Status	Time

COMP	Pass	2:42pm
CAL	Pass	2:42pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_M		strument Location Martin 6.5.0.
Instrument Se	Serial No. 0089/2 30	DS E. Main St., Williamston,
The preventive four months a		eters, 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 shows entigrade;
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	
	simulator solution is being changed ev whichever occurs first. on the 2 day of 0 bev	above, in accordance with current regulations of the N.C.
THE STATE OF THE S	Kell A A	f Certifying Official Certificate Number

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Date: 10/02/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

07/01/2015-07/01/2017

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	9:33am 9:34am
ACCY CHK	.08	9:34am
AIR BLK	.00	9:36am
SUB TEST	.00	9:36am
AIR BLK	.00	9:37am
SUB TEST	.00	9:39am
ATR BLK	. 00	9:40am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912

Test Record Number: 1038

Test Date: 10/02/2015

Test Time: 9:41am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:41am
FLO	Pass	9:41am
FC	Pass	9:41am

Temperature Tests

Test	Status	Time
FC1	Pass	9:41am
SRC	Pass	9:41am
DET	Pass	9:41am
BAR	Pass	9:41am
BT	Pass	9:41am

Blank Tests

Test	Status	Time
AIR	Pass	9:42am

Printer Tests

Test	Status	Time
PRNT	Pass	9:42am
	CRC Tests	
Test	Status	Time

Pass 9:42am CAL Pass

9:42am

Preventive Maintenance Status: Pass

COMP

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	MONTG	OMERY	Inst	rument Location	MONTE	OMENY	G. JAIL
Instrument S	erial No	00870	<u>9</u>	TRUY	N.C.		
The preventi		ce procedures f	or the Intoxime	ters, Model Intox	x EC/IR II to b	e followed at le	east once every
1.			eanister displays us .2 degree cen		alcoholic brea	th simulator the	ermometer show
2.	Verify i	nstrument displ	ays time and da	te;			
. 3.	Initiate	breath test seque	ence;				
4.	Enter in	formation as pro	ompted;				
5.	Verify i	nstrument accur	acy;			·	
6.	When "	PLEASE BLOV	V" appears, col	lect breath samp	le;		
7.	When "	PLEASE BLOV	V" appears, col	lect breath samp	le;		
8.	Print te	t record;					
9.	Verify l	Diagnostic Progr	ram; and				
10.	simulate	hat the ethanol gor solution is being the control of the control o	gas canister is boing changed eve	eing changed bet ery four months o	fore expiration or after 125 Al	date, or the ald coholic Breath	coholic breath Simulator tests,
	ere performe	d on the instrun	nent indicated a	bove, in accorda	nce with curre	rgoing prevent nt regulations o	ive maintenance of the N.C.
TATE STATE OF VIEW TO TO THE STATE OF VIEW TO TO THE STATE OF VIEW TO TH	CARO		Signature of	Auto	sial	650 Certifica	ate Number

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008709 Test Date: 10/14/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name:
QUARANTELLO, NICHOLAS J
Permit Number: 21536E
Effective:
07/01/2015-07/01/2017

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	10:25am 10:26am 10:26am 10:27am 10:28am
AIR BLK	.00	10:29am
SUB TEST	.00	10:30am
AIR BLK	.00	10:31am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008709 Test Date: 10/14/2015 Test Record Number: 915 Test Time: 10:32am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:33am
FLO	Pass	_ 10:33am
FC	Pass	10:33am

Temperature Tests

Test	Status	Time
FC1	Pass	10:33am
SRC	Pass	10:33am
DET	Pass	10:33am
BAR	Pass	10:33am
BT	Pass	10:33am

Blank Tests

Test	Status	Time
ATR	Pass	10:33am

Printer Tests

Test	Status	Time
PRNT	Pass	10:33am
	CRC Tests	
Test	Status	Time

COMP	Pass	10:34am
CAL	Pass	10:34am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County M	ONTGOMENY Instrument Location MONTGOMENY
Instrument Seri	al No. 008657 TROY 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.
I certify that on procedures wer Department of	theday of
STATE OF THE STATE	A CORPUTATION OF THE CARDON
ASTR COURT ADDRESS	Signature of Certifying Official Certificate Number

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

> Serial Number: 008657 Test Date: 10/14/2015

Citation Number: M0000000-0

Subject's Name: .

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name:

QUARANTELLO, NICHOLAS J

Permit Number: 21536E

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	10:27am 10:28am
ACCY CHK	.07	10:28am
AIR BLK	.00	10:29am
SUB TEST	.00	10:30am
AIR BLK	.00	10:31am
SUB TEST	.00	10:32am
AIR BLK	.00	10:33am

Reported AC:

Chemical Analyst Signature

Court CVR

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008657

Test Record Number: 1133

Test Date: 10/14/2015

Test Time: 10:35am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
I.R FLO	Pass Pass	10:35am 10:35am
FC	Pass	10:35am

Temperature Tests

Test	Status	Time
FC1	Pass	10:35am
SRC	Pass	10:35am
DET	Pass	10:35am
BAR	Pass	10:35am
BT	Pass	10:35am

Blank Tests

'l'est	Status	Time	

AIR Pass 10:36am

Printer Tests

1621	Status	TTIIIG	
PRNT	Pass	10:36am	

CRC Tests

Test	Status	Time
COMP	Pass	10:36am
CAL	Pass	10:36am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	100re	Instrument Location	edurst P.1.
Instrument Se	5 600 7 10	Pinehur	st, N.C.
		1 n 1 g	
The preventiv		e Intoximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ter displays pressure, or the alcoholic degree centigrade;	breath simulator thermometer shows
2.	Verify instrument displays t	ime and date;	
3.	Initiate breath test sequence	• • • • • • • • • • • • • • • • • • •	
4.	Enter information as prompt	ted;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" a	ppears, collect breath sample;	
7.	When "PLEASE BLOW" a	ppears, collect breath sample;	
8	Print test record;		
9.	Verify Diagnostic Program;	and	
10.	Verify that the ethanol gas c simulator solution is being c whichever occurs first.	anister is being changed before expire changed every four months or after 12	ation date, or the alcoholic breath 5 Alcoholic Breath Simulator tests,
procedures we	ere performed on the instrument	indicated above, in accordance with ond the instrument is functioning prope	current regulations of the N.C.
ALL STATE OF THE CREAT OF THE C	CAROLL	enter Cen	Ca Succession
	Salar	lignature of Certifying Official	Certificate Number

MOORE COUNTY PINEHURST PD. 620

Serial Number: 008710 Test Date: 10/29/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: 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: AG513101 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	12:27pm 12:28pm 12:28pm 12:29pm 12:30pm
AIR BLK	.00	12:31pm
SUB TEST	.00	12:32pm
AIR BLK	.00	12:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Signature of Chemical Miar

Court CVR

Analy

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 PINEHURST PD. 620

Serial Number: 008710

Test Record Number: 1229

Test Date: 10/29/2015

Test Time: 12:35pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	12:35pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
ATR	Pass	12:36pm

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

Analyst

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

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	A INTOXIMETE	RS, MODEL INT	OX EC/IF	RII	And the same
County	100/e-	Instrument Location_	504	thern	Tim
Instrument Se	erial No. 00 8720	Po 1	Continue 1	Depart	man
		Sout	har m	Pine	SIV
The preventive four months a	ve maintenance procedures for the In	toximeters, Model Intox E	EC/IR II to be f	followed at least o	once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg		coholic breath	simulator thermo	meter shows
2.	Verify instrument displays time	and date;			that Maria
3.	Initiate breath test sequence;				er e i
4.	Enter information as prompted;				
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" appe	ars, collect breath sample;			
7.	When "PLEASE BLOW" appe	ars, collect breath sample;			
8.	Print test record;				
9.	Verify Diagnostic Program; and				
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ter is being changed beforged every four months or	re expiration da after 125 Alcol	ate, or the alcohol holic Breath Simi	ic breath ılator tests,
I certify that of procedures we Department o	on theday ofere performed on the instrument indiff Health and Human Services, and the	cated above, in accordance instrument is functioning	the forgo	oing preventive n regulations of the	naintenance N.C.
THE STATE OF THE S	S NO GAROUM	la La dos		655	· State Contract Cont
	Signa	nture of Certifying Officia	1	Certificate N	umber
		والإمارة والمصادرة والتداري المصادرة والمصادرة والمسادرة والمسادرة المسادرة المسادرة المسادرة المسادرة والمسادرة وال	TANK TANK W. March		

MOORE COUNTY SOUTHERN PINES PD. 620

Serial Number: 008720 Test Date: 10/29/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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 AIR BLK	Pass .00 .07 .00 .00	11:05am 11:06am 11:07am 11:08am 11:08am 11:09am
SUB TEST	.00	11:11am
AIR BLK	.00	11:12am

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 SOUTHERN PINES PD. 620

Serial Number: 008720 Test Record Number: 859
Test Date: 10/29/2015 Test Time: 11:13am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	11:14am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
ΔΤΡ	Dago	11 · 15 am

Printer Tests

Test	Status	Time
PRNT	Pass	11:15am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:15am

11:15am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Pasa	Instrument Location Pasquotank Co. Public Safety
Instrument Seria	Instrument Location Pasquotank Co. Public Safety al No. 008950 Bldg., 200 E. Colonial St., Elizabeth City, 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 procedures were Department of F	the
STATE OF	OR THE CARDINATION OF THE CARDIN
THE QUANT VIDES A	Signature of Certifying Official Certificate Number

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008950 Test Date: 10/01/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

07/01/2015-07/01/2017

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008950

Test Record Number: 1218

Test Date: 10/01/2015

Test Time: 11:16am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:17am 11:17am 11:17am 11:17am 11:17am
ът	rass	11.1/QIII

Blank Tests

Test	Status	Time
AIR	Pass	11:18am

Printer Tests

Test	Status	Time
PRNT	Pass	11:18am
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

and the	INTUATMETERS, MODEL INTUA EC	
County Co S	Sudenk Instrument Location 18566	VENK Co. Kublic Safet
Instrument S	erial No. 008941 Bldg., 200 E. Colon	ral St. 51; zaboth City
The prevention	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to are:	be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic by 34 degrees, plus or minus .2 degree centigrade;	reath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	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 expirati simulator solution is being changed every four months or after 125 whichever occurs first.	
certify that or cedures we Department of	on the	rrent regulations of the N.C.
TARE 21. THE STATE OF THE STATE	Signature of Certifying Official	Certificate Number

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

> Serial Number: 008941 Test Date: 10/01/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	11:19am 11:20am 11:21am 11:22am 11:23am 11:25am
AIR BLK	.00	11:26am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008941 Test Record Number: 1141
Test Date: 10/01/2015 Test Time: 11:28am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:30am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_P	· charter	Instrument Location RH	
Instrument S	erial No. <u>1086/16</u>	124 Detention	Dr., Greenville, N
The preventi	ve maintenance procedures for the I are:	Intoximeters, Model Intox EC/IR I	I 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 tim	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	l;	·
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; an	ıd	
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	ister is being changed before expir inged every four months or after 12	ration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
DIOCCULIES M	on the OS day of OCA	dicated above, in accordance with	the forgoing preventive maintenance current regulations of the N.C. erly.
OTHE STATE OF THE	KILL M	nature of Certifying Official	643 Certificate Number

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646 Test Date: 10/28/2015

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: 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: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG	Pass	9:36am
AIR BLK	.00	9:37am
ACCY CHK	.08	9:37am
AIR BLK	.00	9:38am
SUB TEST	.00	9:39am
AIR BLK	.00	9:40am
SUB TEST	.00	9:41am
AIR BLK	.00	9:42am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646

Test Record Number: 3015

Test Date: 10/28/2015

Test Time: 9:43am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:44am 9:44am
FC	Pass	9:44am

Temperature Tests

Test	Status	Time
FC1	Pass	9:44am
SRC	Pass	9:44am
DET	Pass	9:44am
BAR	Pass	9:44am
BT	Pass	9:44am

Blank Tests

Test	Status	Time
AIR	Pass	9:44am

Printer Tests

Test	Status	Time
PRNT	Pass	9:44am
	CRC Tests	
Test	Status	Time

COMP	Pass	9:45am
CAL	Pass	9:45am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County	Rocking NAM Instrument Location Keids VII/e
Instrum	ent Serial No. 0087/8 Police Department
The pre	ventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every onths 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.
procedui	that on the 28 day of Cotober, 20/5 the forgoing preventive maintenance res were performed on the instrument indicated above, in accordance with current regulations of the N.C. ent of Health and Human Services, and the instrument is functioning properly.
GREAT SE	STATE ON NO. 1770 NO.

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

Signature of Certifying Official

ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008718 Test Date: 10/28/2015

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: DEAN, L K

Permit Number: 11598E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG411202

Exp Date: 04/22/2016

Test g/2	10L Time
----------	----------

DIAG	Pass	12:24pm
AIR BLK	.00	12:25pm
ACCY CHK	.08	12:26pm
AIR BLK	.00	12:27pm
SUB TEST	.00	12:27pm
AIR BLK	.00	12:28pm
SUB TEST	.00	12:30pm
AIR BLK	.00	12:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Ánalyst

ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008718 Test Date: 10/28/2015 Test Record Number: 1445
Test Time: 12:31pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:31pm
FLO	Pass	12:31pm
FC	Pass	12:32pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:32pm
SRC	Pass	12:32pm
DET	Pass	12:32pm
BAR	Pass	12:32pm
BT	Pass	12:32pm

Blank Tests

Test	Status	Time
AIR	Pass	12:33pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:33pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:33pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

- Andrews	P INTOXIMETE	RS, MODEL I	NTOX EC/IR	Н	water growing .
County	andulph	Instrument Locati	onKandle 1	may.	rolic
Instrument S	erial No. <u>00 & 7 3 7</u>	Pan	deman		Comment
The preventi four months	ve maintenance procedures for the Inare:	toximeters, Model In	tox EC/IR II to be fol	llowed at least	once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg		he alcoholic breath si	mulator therm	ometer shows
2.	Verify instrument displays time	and date;		B ₁ 1 ₃	est :
3.	Initiate breath test sequence;	*. ***********************************			
4.	Enter information as prompted;				: ₁₀
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" appear	ars, collect breath sam	pple;		
7.	When "PLEASE BLOW" appear	ırs, collect breath sam	ple;		
8.	Print test record;				
9.	Verify Diagnostic Program; and				
10.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.				
procedures w	on the day of day of Health and Human Services, and the	cated above, in accord	lance with current reg	ig preventive n gulations of the	naintenance N.C.
THE STATE OF THE S	CAROUNT CAROUNT	- Anna Waller Property Control of the Control of th			and the state of t
The state of the s	(n ale	- Jarlen	<u> </u>	655	
	Signat	ure of Certifying Off	icial	 Certificate N 	umher

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

DHHS 4080 (11/07)

RANDOLPH COUNTY RANDLEMAN PD 750

Serial Number: 008737 Test Date: 10/28/2015

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: 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: AG411202 Exp Date: 04/22/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	12:33pm 12:34pm 12:34pm 12:35pm 12:36pm 12:37pm
SUB TEST AIR BLK	.00 .00	12:38pm 12:39pm
		4.

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

RANDOLPH COUNTY RANDLEMAN PD 750

Serial Number: 008737 Test Date: 10/28/2015

Test Record Number: 861 Test Time: 12:40pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:40pm
FLO	Pass	12:40pm
FC	Pass	12:41pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:41pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:41pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:42pm

Preventive Maintenance Status: Pass

Pass

CAL

12:42pm

12:42pm

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	DBESON Instrument Location ST. Fauls BLICE DEP.
Instrument Se	erial No. 008814 ST. Pouls, NC
ing the state of t	
The preventive four months a	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the <u>OB</u> day of <u>OCTOBER</u> , 20 <u>/5</u> the forgoing preventive maintenance per 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.
THE STATE OF THE S	Signature of Certificial Certificate Number

ROBESON COUNTY ST. PAULS PD. 770

Serial Number: 008814 Test Date: 10/08/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Driver's License Number: NONE

Analyst's Name: 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: AG513101 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	1:03pm 1:04pm 1:04pm 1:05pm 1:08pm 1:09pm
SUB TEST	.00	1:10pm
AIR BLK	.00	1:11pm

Reported A6:

Signature Chemical Analyst

Court CVR

ROBESON COUNTY ST. PAULS PD. 770

Serial Number: 008814

Test Record Number: 552

Test Date: 10/08/2015

Test Time: 1:13pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:14pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:14pm

CRC Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County	KOBESON Instrument Location FEMONDIE FOLICE DEPT.
Instrument S	erial No. 008837 Pembroxe NC
•. * •	
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department o	on the
STATE OF THE STATE	Signature of Certifying Official Certificate Number

ROBESON COUNTY PEMBROKE POLICE DEPT

Serial Number: 008837 Test Date: 10/08/2015

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: 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: AG513101 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	2:14pm 2:15pm 2:15pm
AIR BLK	.00	2:16pm
SUB TEST	.00	2:16pm
AIR BLK	.00	2:17pm
SUB TEST	.00	2:19pm
AIR BLK	.00	2:20pm

Reported AG: .00 g/210L

Signature (of Chemical Analyst

Court CVR

ROBESON COUNTY PEMBROKE POLICE DEPT 770

Serial Number: 008837 Test Date: 10/08/2015

Test Record Number: 710
Test Time: 2:21pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	2:21pm
SRC	Pass	2:21pm
DET	Pass	2:21pm
BAR	Pass	2:21pm
\mathtt{BT}	Pass	2:21pm

Blank Tests

Test	Status	Time
AIR	Pass	2:22pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:22pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:22pm 2:22pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	SESON Instrumen	t Location /SED SPRIATES TOLICE LEV
Instrument Se	rial No. <u>008857</u>	SEDISPRINGS NC
		•
The preventive four months a		lodel Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays press 34 degrees, plus or minus .2 degree centigrad	ure, or the alcoholic breath simulator thermometer showe;
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect br	eath sample;
. 7.	When "PLEASE BLOW" appears, collect br	eath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.		nanged before expiration date, or the alcoholic breath r months or after 125 Alcoholic Breath Simulator tests,
	n the <u>OB</u> day of <u>OCTOBER</u> re performed on the instrument indicated above, if Health and Human Services, and the instrument	, 20 / 5 the forgoing preventive maintenance n accordance with current regulations of the N.C. is functioning properly.
THE STATE OF THE CREAT STATE OF	Signature of Certification	201 Straig Certificate Number

ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008857 Test Date: 10/08/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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 AIR BLK ACCY CHK	Pass .00 .07	3:56pm 3:57pm 3:58pm
AIR BLK SUB TEST	.00 . 00	3:59pm 3:59pm
AIR BLK	.00	4:00pm
SUB TEST	.00	4:02pm
AIR BLK	.00	4:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008857 Test Rec Test Date: 10/08/2015 Test Ti

Test Record Number: 462 Test Time: 4:04pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	4:05pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:05pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4:05pm

Preventive Maintenance Status: Pass

Pass

4:05pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	RAND	OLPH		· 	Instrument Location_	RAN	DOLPH	(o.	JA-1C
Instrument Serial No. 00 8860			ASHER	040	N	· C:			
				 .					
The preve		enance pr	ocedures i	for the Int	oximeters, Model Intox	EC/IR II	to be followe	ed at leas	it once every
1.					isplays pressure, or the ree centigrade;	alcoholic t	oreath simula	ator ther	nometer show
2.	Ver	ify instrui	nent displ	ays time	and date;	٠			
3.	Init	iate breatl	ı test sequ	ence;	•				
4.	Ent	er informa	ition as pr	ompted;					
5.	Ver	ify instrui	nent accu	гасу;					•
6.	Wh	When "PLEASE BLOW" appears, collect breath sample;							
7.	Wh	en "PLEA	SE BLOV	N" appea	rs, collect breath sample	e;			
8.	Prin	t test reco	ord;						
9.	Ver	ify Diagn	ostic Prog	ram; and					
10.	sim	ify that thulator solu chever oc	ition is be	gas canist ing chang	er is being changed befored every four months o	ore expirat r after 125	tion date, or Alcoholic E	the alcol Breath Si	nolic breath mulator tests,
	were perfo		he instrun	nent indic	ated above, in accordance instrument is function	nce with cu	irrent regula	reventive tions of t	maintenance the N.C.
ST.	ATE OF A OP ATE CAROLI				· · · · · · · · · · · · · · · · · · ·				
* cose One	2. TTB			O) (Signar	DATE ture of Certifying Offici	ial	(C	650 ertificate	Number

RANDOLPH COUNTY RANDOLPH COUNTY JAIL
750

Serial Number: 008860 Test Date: 10/13/2015

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: QUARANTELLO, NICHOLAS J Permit Number: 21536E 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 12:31pm

AIR BLK .00 12:32pm

ACCY CHK .07 12:33pm

AIR BLK .00 12:34pm SUB TEST .00 12:34pm AIR BLK .00 12:35pm SUB TEST .00 12:37pm

AIR BLK .00 12:38pm

.00 g/210L

MARCHAT

Reported

Signature of Chemical Analyst

Court CVR

Analyst

RANDOLPH COUNTY RANDOLPH COUNTY JAIL 750

Serial Number: 008860

Test Record Number: 2323

Test Date: 10/13/2015

Test Time: 12:39pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:39pm 12:39pm
FC	Pass	12:39pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:40pm
SRC	Pass	12:40pm
DET	Pass	12:40pm
BAR	Pass	12:40pm
BT	Pass	12:40pm

Blank Tests

Test	Status	Time
AIR	Pass	12:40rom

Printer Tests

Test	Status	Time
PRNT	Pass	12:40pm
	CRC Tests	
Test	Status	Time
COMP	Pagg	12.40nm

Pass 12:40pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (Chrys	LDH	Instrument Location_	PAND	off	Lo.	IAL
Instrument S	Serial No	00889	ASHEBOA				
The preventi four months		ance procedures for the	e Intoximeters, Model Intox	EC/IR II to	be followe	d at least	once every
1.		the ethanol gas canist grees, plus or minus .2	ter displays pressure, or the a degree centigrade;	ılcoholic br	eath simula	tor therm	ometer show
2.	Verify	instrument displays ti	ime and date;				
3.	Initiat	e breath test sequence;					
4.	Enter	information as prompt	ed;				
5.	Verify	instrument accuracy;					i .
6.	When	"PLEASE BLOW" ap	ppears, collect breath sample);			
7.	When	"PLEASE BLOW" a	ppears, collect breath sample) ;	•		
8.	Print to	est record;				٠	•
9.	Verify	Diagnostic Program;	and			٠	
10.	simula		anister is being changed befor hanged every four months or				
•	ere perform	ed on the instrument i	ndicated above, in accordance d the instrument is functioning	ce with curr	ent regulat	eventive n	naintenance : N.C.
OF WAY 30, 177	CAROLL						
The same of the sa			gnature of Certifying Officia			rtificate N	umber
		4.	Simulation of County his Cition	13		inivate 14	uilloci .

RANDOLPH COUNTY RANDOLPH CO. JAIL 750

Serial Number: 008899 Test Date: 10/13/2015

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:
QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	12:29pm
AIR BLK	.00	12:29pm
ACCY CHK	.07	12:30pm
AIR BLK	.00	12:31pm
SUB TEST	.00	12:32pm
AIR BLK	.00	12:33pm
SUB TEST	.00	12:34pm
AIR BLK	.00	12:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

RANDOLPH COUNTY RANDOLPH CO. JAIL 750

Serial Number: 008899

Test Record Number: 2209

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:37pm
SRC	Pass	12:37pm
DET	Pass	12:37pm
BAR	Pass	12:37pm
BT	Pass	12:37pm

Blank Tests

Test	Status	Time
AIR	Pass	12:38pm

Printer Tests

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

12:38pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

ar orași.	INTUALWETERS, MODEL INTUA EC/IR II
County	Hanly Instrument Location Stanly County SD
Instrument Se	rial No. 008842 1265.354St. Albemark
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays'time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	on the 15th day of October, 20 15 the forgoing preventive maintenance are performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
ALL STATES THE CONTROL OF THE CONTRO	Walter CS6

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008842

Test Record Number: 1634

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
	D	2 2 Csom
FC1	Pass	3:36pm
SRC	Pass	3:36pm
DET	Pass	3:36pm
BAR	Pass	3:36pm
BT	Pass	3:36pm

Blank Tests

Test	Status	типе
AIR	Pass	3:37pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:37pm
	CRC Tests	
Test	Status	Time

Test	Status	Time
COMP	Pàss	3:37pm
CAL	Pass	3:37pm

Preventive Maintenance Status: Pass

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008842 Test Date: 10/15/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2014-01/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:40pm
AIR BLK	.00	3:41pm
ACCY CHK	.07	3:41pm
AIR BLK	.00	3:42pm
SUB TEST	.00	3:43pm
AIR BLK	.00	3:44pm
SUB TEST	.00	3:45pm
AIR BLK	.00	3:46pm

Reported AC: .00 g/210L

Signature of Chem cal Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Wain Instrument Location Swain	Co. Jail
Instrument S	Gerial No. <u>OOR723</u> Bryson City,	NC
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to bare:	pe followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic brea 34 degrees, plus or minus .2 degree centigrade;	ath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Al whichever occurs first.	date, or the alcoholic breath coholic Breath Simulator tests,
I certify that opposedures we Department of	on the	orgoing preventive maintenance nt regulations of the N.C.
September 1		e e e e e e e e e e e e e e e e e e e
OF THE STATE		
APRIL 12. THE	Dail R. Luth	635
	Signature of Certifying Official	Certificate Number

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008723 Test Date: 10/19/2015

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: 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: AG404101 Exp Date: 02/10/2016

Test	g/210L	Time
DIAG AIR BLK	Pass	3:41pm 3:42pm
ACCY CHK	.07	3:42pm
AIR BLK SUB TEST	.00 .00	3:43pm 3:44pm
AIR BLK	.00	3:45pm
SUB TEST	.00	3:46pm
AIR BLK	.00	3:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008723

Test Record Number: 616

Test Date: 10/19/2015

Test Time: 4:00pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	4:01pm 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	4:02pm

Printer Tests

Status	Time
Pass	4:02pm
CRC Tests	
Status	Time
	Pass CRC Tests

Pass Preventive Maintenance Status: Pass

Pass

4:02pm

4:02pm

COMP

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Cou	nty	wain Instrument Location Swain Co. Jail
Instr	ument Seri	ial No. <u>008727</u> Bryson City, NC
	preventive months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
	1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
	2.	Verify instrument displays time and date;
	3.	Initiate breath test sequence;
	4.	Enter information as prompted;
el s'	5.	Verify instrument accuracy;
	6.	When "PLEASE BLOW" appears, collect breath sample;
	7.	When "PLEASE BLOW" appears, collect breath sample;
er Pagen	8.	Print test record;
* 4	9.	Verify Diagnostic Program; and
	10.	Verify that the ethanol gas canister is being changed before 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		the
THE GREAT SE	ME STATE OF THE ST	Signature of Certifying Official Certificate Number

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008727 Test Date: 10/19/2015

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: 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

Test	g/210L	Time
DIAG AIR BLK	Pass	3:42pm 3:43pm
ACCY CHK	.07	3:43pm
AIR BLK SUB TEST	.00 .00	3:44pm 3:45pm
AIR BLK SUB TEST	.00 .00	3:46pm 3:47pm
AIR BLK	.00	3:48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008727

Test Record Number: 1017

Test Date: 10/19/2015

Test Time: 3:49pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	3:50pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	3:50pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:50pm
	CRC Tests	
Test	Status	Time

COMP	Pass	3:51pm
CAL	Pass	3:51pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County \underline{S}	coffand 1	Instrument Location Scot	Hand Colla
nstrument Se	rial No	Cauribur	5 N.C.
<u> </u>			
The preventive our months a	e maintenance procedures for the Intoxi re:	meters, Model Intox EC/IR II t	to be followed at least once every
1.	Verify the ethanol gas canister disp 34 degrees, plus or minus .2 degree		preath simulator thermometer sho
2.	Verify instrument displays time and	date;	
3.	Initiate breath test sequence;		in a second
4.	Enter information as prompted;		en e
5.	Verify instrument accuracy;	4. 84p}	
6.	When "PLEASE BLOW" appears,	collect breath sample;	
7.	When "PLEASE BLOW" appears,	collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	1115	
10.	Verify that the ethanol gas canister simulator solution is being changed whichever occurs first.	is being changed before expirate every four months or after 125	ion date, or the alcoholic breath Alcoholic Breath Simulator test
rocedures w	n the day of day of free performed on the instrument indicate free Health and Human Services, and the in	ed aboye, în accordance with cu	irrent regulations of the N.C.
		34 / A. A.	
OF THE STATE	WO TO THE RESERVE TO THE PARTY OF THE PARTY		
STATE OF THE STATE	PROPERTY OF THE PROPERTY OF TH		
STATE OF THE STATE	Note the Carrow	e-Tarlan	Comment Survivore

SCOTLAND COUNTY SHERIFF'S OFFICE 820

Serial Number: 008861 Test Date: 10/26/2015

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

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

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

Analyst's Name: 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: AG425303 Exp Date: 09/10/2016

Test	g/210F	Time
DIAG AIR BLK	Pass	2:15pm 2:16pm
ACCY CHK	.07	2:16pm
AIR BLK	.00	2:17pm
SUB TEST	.00	2:18pm
AIR BLK	.00	2:19pm
SUB TEST	.00	2:22pm
AIR BLK	.00	2:22pm

Reported AC: .00_g/210L

Signature of Chemical Analyst

Court CVR

Analyst

SCOTLAND COUNTY SHERIFF'S OFFICE 820

Serial Number: 008861

Test Record Number: 1152

Test Date: 10/26/2015

Test Time: 2:24pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:24pm
FLO	Pass	2:24pm
FC	Pass	2:25pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:25pm
SRC	Pass	2:25pm
DET	Pass	2:25pm
BAR	Pass	2:25pm
BT	Pass	2:25pm

Blank Tests

Test	Status	Time
AIR	Pass	2:25pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:25pm

CRC Tests

Test	Status	Time
COMP	Pass	2:26pm
CAL	Pass	2:26pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETE	RS, MODEL INTOX	*
County	xofland_	Instrument Location	urinburs 1
Instrument S	erial No. <u>00883</u> 4	Laurinb	nrs A.C.
The preventi four months	we maintenance procedures for the In	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		ic breath simulator thermometer show
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	ars, collect breath sample;	
. 7.	When "PLEASE BLOW" appear	ars, collect breath sample;	
·/ 8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.			iration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests
l certify that of procedures we Department of	on the day of day of feet ere performed on the instrument indicates of Health and Human Services, and the	cated above, in accordance with the instrument is functioning prop	the forgoing preventive maintenance current regulations of the N.C. perly.
STATE TO STATE OF THE STATE OF	S NO GENTLE CAROLINA		
FISE QUAM VI	- Jele	- Farlen	655
	Signa	ture of Certifying Official	Certificate Number

SCOTLAND COUNTY LAURINBURG PD. 820

Serial Number: 008834 Test Date: 10/26/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG425303 Exp Date: 09/10/2016

Test	g/210L	Time
DIAG	Pass	12:36pm
AIR BLK ACCY CHK	.00	1.2:37pm 1.2:37pm
AIR BLK	.00	12:39pm
SUB TEST	.00	12:39pm
AIR BLK	.00	12:40pm
SUB TEST	.00	12:42pm
AIR BLK	.00	12:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

SCOTLAND COUNTY LAURINBURG PD. 820

Serial Number: 008834

Test Record Number: 718

Test Date: 10/26/2015 Test Time: 12:47pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:48pm
FLO	Pass	12:48pm
FC	Pass	12:48pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	12:48pm 12:48pm 12:48pm 12:48pm
BT	Pass	12:48pm

Blank Tests

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

AIR Pass 12:49pm

Printer Tests

Test	Status	Time
TCSC	Status	TTIME

PRNT 12:49pm Pass

CRC Tests

Test	Status	Time
COMP	Pass	12:49pm

12:49pm CAL Pass

Preventive Maintenance Status: Pass

Analys

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ur	ion	Instrument Location () niov	County SD
Instrument Se	rial No. <u>OO8866</u>	3344 Presson Ru	1., Monroe
The preventive four months a	•	ntoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breegree centigrade;	eath simulator thermometer show
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	,	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample;	
7.	When "PLEASE BLOW" appo	ears, collect breath sample;	,
8.	Print test record;		
9.	Verify Diagnostic Program; an	d	
10.		ister is being changed before expiration nged every four months or after 125 A	
	re perioritied on the instrument ma	the ficated above, in accordance with currected instrument is functioning properly.	
CHANGE TO THE STATE OF THE STAT	Mars 1	nature of Gertifying Official	656 Certificate Number

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008866 Test Record Number: 2145
Test Date: 10/02/2015 Test Time: 1:27pm EDT

System Check: Passed

Baseline Tests

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

Printer Tests

Test	Status	Time
PRNT	Pass	1:28pm
	CRC Tests	; ;
Test	Status	Time
COMP	Pass	1:29pm

1:29pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008866 Test Date: 10/02/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2014-01/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Wa	tauga Inst	rument Location <u>Boone</u>	e PD
Instrument Se	erial No. <u>10087/6</u>	Boone	NC
The preventive four months a	ve maintenance procedures for the Intoxime	ters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister displays 34 degrees, plus or minus .2 degree cen		simulator thermometer show
2.	Verify instrument displays time and da	te;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, coll	lect breath sample;	
7.	When "PLEASE BLOW" appears, coll	lect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is be simulator solution is being changed eve whichever occurs first.		
procedures we	on theday ofone of ere performed on the instrument indicated all f Health and Human Services, and the instru	bove, in accordance with current	oing preventive maintenance regulations of the N.C.
O'ME STATE OF WAY 20, 1773	SOUND CARDON CONTROL C	And the state of t	649
	Signature of	Certifying Official	Certificaté Number

WATAUGA COUNTY BOONE P D 940

Serial Number: 008716 Test Date: 10/14/2015

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	10:24am 10:25am
ACCY CHK AIR BLK	.08 .00	10:25am 10:26am
SUB TEST	.00	10:27am
AIR BLK	.00	10:28am
SUB TEST	.00	10:29am
AIR BLK	.00	10:30am

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

WATAUGA COUNTY BOONE P D 940

Serial Number: 008716 Test Record Number: 1822 Test Date: 10/14/2015 Test Time: 10:32am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:33am

Printer Tests

Test	Status	Time
PRNT	Pass	10:33am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:33am 10:33am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR.II Instrument Location Instrument Serial No. 200866 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the forgoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

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

Certificate Number

Signature of Certifying Official

WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008660 Test Date: 10/28/2015

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: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

09/01/2014-09/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	12:53pm 12:54pm 12:54pm 12:55pm 12:56pm
AIR BLK	.00	12:57pm
SUB TEST	.00	12:58pm
AIR BLK	. 000	12:59pm

Reported AC: .00 g/21

Signature of Chemical Analyst

Court CVR

Analyst

WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008660 Test Record Number: 3814
Test Date: 10/28/2015 Test Time: 12:50pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:50pm
SRC	Pass	12:50pm
DET	Pass	12:50pm
BAR	Pass	12:50pm
BT	Pass	12:50pm

Blank Tests

Test	Status	Time
AIR	Pass	12:51pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:51pm
	CRC Tests	
Test	Status	Time

CAL Pass 12:51pm

Pass

12:51pm

Preventive Maintenance Status: Pass

COMP

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Instrument Ser	ial No. <u>608970</u>		
	•	XI	
The preventive four months ar	e maintenance procedures for the Inte	oximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr		breath simulator thermometer shows
2.	Verify instrument displays time a	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		:
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	rs, collect breath sample;	
7.	When "PLEASE BLOW" appear	rs, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas caniste simulator solution is being change whichever occurs first.		tion date, or the alcoholic breath Alcoholic Breath Simulator tests,
rocedures were	the <u>36</u> day of <u>6</u> e performed on the instrument indica Health and Human Services, and the	ated above, in accordance with cu	rrent regulations of the N.C.
Of the STATE OF TH	CAROLINI STATE OF THE STATE OF	are of Certifying Official	Certificate Number

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008970 Test Record Number: 98 Test Date: 10/30/2015 Test Time: 10:03pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:04pm

Printer Tests

Test

CAL

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

Status

Time

10:04pm

Preventive Maintenance Status: Pass

Pass

0:11

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008970 Test Date: 10/30/2015

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: 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	Pass	9:54pm 9:55pm
ACCY CHK AIR BLK	.08	9:56pm 9:56pm
SUB TEST	.00	9:57pm
AIR BLK	.00	9:58pm
SUB TEST	.00	9:59pm
AIR BLK	.00	10:00pm

Reperted AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	NAKE	Instrument Location	MOBILE LOUIT
Instrument Se	rial No. <u>COS92</u> 2	- A	oz-x
The preventiv	e maintenance procedures for the In	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 baree centigrade;	preath 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.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.	ter is being changed before expirat ged every four months or after 125	ion date, or the alcoholic breath Alcoholic Breath Simulator tests,
	theday ofc re performed on the instrument indic Health and Human Services, and the	cated above, in accordance with cu	
OF THE STATE OF	NO N		
ARE 12, THE	Signat	6 /// January of Certifying Official	Certificate Number

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008972 Test Record Number: 152
Test Date: 10/30/2015 Test Time: 10:10pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

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

Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008972 Test Date: 10/30/2015

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: 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 .07	9:59pm 9:59pm 10:00pm
AIR BLK	.00	10:01pm
SUB TEST	.00	10:02pm
AIR BLK	.00	10:03pm
SUB TEST	.00	10:05pm
AIR BLK	.00	10:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location BUT WWB. LOLLWIT
Instrument S	erial No. 008973 Antx
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.
	on the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008973 Test Record Number: 100 Test Date: 10/30/2015 Test Time: 9:52pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:53pm
FLO	Pass	9:53pm
FC	Pass	9:53pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:53pm
SRC	Pass	9:53pm
DET	Pass	9:53pm
BAR	Pass	9:53pm
BT	Pass	9:53pm

Blank Tests

Test	Status	Time
AIR	Pass	9:54pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:54pm

CRC Tests

Test	Status	Time
COMP	Pass	9:54pm
CAL	Pass	9:54pm

Preventive Maintenance Status: Pass

Son Gillogal Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008973 Test Date: 10/30/2015

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: 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	9:44pm
AIR BLK	.00	9:45pm
ACCY CHK	.08	9:45pm
AIR BLK	.00	9:46pm
SUB TEST	.00	9:47pm
AIR BLK	.00	9:48pm
SUB TEST	.00	9:50pm
AIR BLK	.00	9:51pm

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Wake Instru	ument Location Sal N	yobile hout
Instrument S	Serial No. <u>00897/</u>	Apes	<
The preventi	tive maintenance procedures for the Intoximetes are:	ers, Model Intox EC/IR II to be	e followed at least once every
1.	Verify the ethanol gas canister displays p 34 degrees, plus or minus .2 degree cent		th simulator thermometer shows
2.	Verify instrument displays time and date	;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;	·	
6.	When "PLEASE BLOW" appears, colle	ect breath sample;	
7.	When "PLEASE BLOW" appears, colle	ect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is bei simulator solution is being changed ever- whichever occurs first.		
procedures w	t on the 3/ day of 2007 and the were performed on the instrument indicated about of Health and Human Services, and the instrum	ove, in accordance with currer	rgoing preventive maintenance nt regulations of the N.C.
THE STATE OF THE S	Signature of G	Sertifying Official	Certificate Number

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008971 Test Record Number: 94 Test Date: 10/31/2015 Test Time: 1:51am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:51am
FLO	Pass	1:51am
FC	Pass	1:51am

Temperature Tests

Test	Status	Time
FC1	Pass	1:51am
SRC	Pass	1:51am
DET	Pass	1:51am
BAR	Pass	1:51am
${f BT}$	Pass	1:51am

Blank Tests

Test	Status	Time
AIR	Pass	1:52am

Printer Tests

Test	Status	Time
PRNT	Pass	1:52am
	CRC Tests	
Test	Status	Time

COMP Pass 1:52am CAL Pass 1:52am

Preventive Maintenance Status: Pass

Analvet

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008971 Test Date: 10/31/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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	Pass	1:42am 1:43am
ACCY CHK	.08	1:44am
AIR BLK	.00	1:44am
SUB TEST	.00	1:46am
AIR BLK	.00	1:47am
SUB TEST	.00	1:49am
AIR BLK	.00	1:49am

Reported AC: .00 g/21QL

Signature of Chemical Analyst

Court CVR

Seas 6:1115 Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Wake Instrument Location BATNIDB, Le Land, T
Instrument Se	Pali, and
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 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.
•	of the constant of the constan
	on the
STATE OF THE STATE	NO CAROLINA
* ESTE QUAM VIDE	Signature of Certifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008968 Test Record Number: 108
Test Date: 10/09/2015 Test Time: 10:33pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:33pm 10:33pm
FC	Pass	10:33pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:33pm
SRC	Pass	10:33pm
DET	Pass	10:33pm
BAR	Pass	10:33pm
BT	Pass	10:33pm

Blank Tests

Test	Status	Time
AIR	Pass	10:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:34pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:34pm 10:34pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008968 Test Date: 10/09/2015

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: 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	10:22pm 10:23pm 10:23pm 10:24pm
SUB TEST	.00	10:25pm
AIR BLK	.00	10:25pm
SUB TEST	.00	10:27pm
AIR BLK	.00	10:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analysi

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	104ke Instrument Location BAT MOBILE LEIT-II
Instrument	Serial No. 608972 Roleion
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures	at on the
ONE AT SECTION OF SECT	Signature of Certifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008972 Test Record Number: 147 Test Date: 10/09/2015 Test Time: 10:37pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:39pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:39pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:39pm 10:39pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008972 Test Date: 10/09/2015

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: 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 .07	10:24pm 10:25pm 10:25pm
AIR BLK	.00	10:26pm
SUB TEST AIR BLK	.00 .00	10:27pm 10:27pm
SUB TEST ATR BLK	.00	10:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Water	Instrument Location	7,7	find you the
Instrument	Serial No. <u>65577</u>		Fl Adorbor	
The prever	ntive maintenance procedures for the last are:	Intoximeters, Model Intox I	EC/IR II to be followed at I	east once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the a	lcoholic breath simulator th	nermometer 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; ar	ıd		
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	ister is being changed before nged every four months or	re expiration date, or the al after 125 Alcoholic Breath	coholic breath Simulator tests,
I certify that procedures Departmen	were performed on the instrument inc t of Health and Human Services, and	dicated above, in accordance the instrument is functioning	the forgoing prevent be with current regulations ag properly.	tive maintenance of the N.C.
STATE STATE OF THE		nature of Certifying Officia	Z 60° 0	ate Number

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008971 Test Record Number: 89 Test Date: 10/09/2015 Test Time: 10:47pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:48pm

Printer Tests

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

10:49pm

10:49pm

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Anglyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008971 Test Date: 10/09/2015

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: 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	Pass .00	10:35pm 10:36pm
ACCY CHK	.08	10:37pm
AIR BLK	.00	10:38pm
SUB TEST	.00	10:40pm
AIR BLK	.00	10:41pm
SUB TEST	.00	10:42pm
ATR BLK	. 0.0	10:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	114/26 Instrument Location Sal MOBILE Lait T
Instrument Seria	al No. DD 8969 Role Torr
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1,	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the day of 2000, 2000 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 NOTICE OF NOT	Signature of Certifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008969 Test Record Number: 116

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:28pm

10:28pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:28pm

CRC Tests

Test	Status	Time
COMD	Dogg	10.00

10:28pm Pass CAL Pass 10:28pm

Preventive Maintenance Status: Pass

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008969 Test Date: 10/09/2015

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: 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	Pass	10:18pm 10:19pm
ACCY CHK	.08	10:20pm
AIR BLK Süb Test	.00	10:21pm 10:22pm
AIR BLK	.00	10:23pm
SUB TEST	.00	10:24pm
AIR BLK	.00	`10:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Step 6.1115 pm

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Water	_		Disily Lan inthos
Instrument	Serial No. <u>608970</u>		Raleis	74
The prever	ntive maintenance procedures for the Ir	toximeters, Model Intox	EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister and degrees, plus or minus .2 degrees.		ilcoholic breath	simulator thermometer shows
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appe	ars, collect breath sample	;	
7.	When "PLEASE BLOW" appe	ars, collect breath sample);	
8.	Print test record;			
9.	Verify Diagnostic Program; and	I		
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ster is being changed before ged every four months or	ore expiration da after 125 Alcoh	te, or the alcoholic breath solic Breath Simulator tests,
I certify the procedures Departmen	at on the	icated above, in accordant	ce with current r	ing preventive maintenance egulations of the N.C.
NAME OF STREET O	NE OR ADOLLAR CAROLAR Signal S	5. / / Salar of Certifying Officia	ai	636 Certificate Number

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008970 Test Record Number: 94 Test Date: 10/09/2015 Test Time: 11:07pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:08pm

Printer Tests

lest	Status	ттше
PRNT	Pass	11:08pm
	CRC Tests	

rest	Status	Time
COMP	Pass	11:08pm
CAL	Pass	11:08pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008970 Test Date: 10/09/2015

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: 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	Pass	10:57pm 10:58pm
ACCY CHK AIR BLK	.08	10:58pm 10:59pm
SUB TEST AIR BLK	.00 .00	11:00pm 11:01pm
SUB TEST	.00	11:01pm
AIR BLK	.00	11:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	WAKE Instrument Location BAL MOBILE Law, TH
Instrumen	t Serial No. DO 8973 RALEIGH
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	at on the
S I I I I I I I I I I I I I I I I I I I	

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

Signature of Certifying Official

Certificate Number

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008973 Test Record Number: 94 Test Date: 10/09/2015 Test Time: 11:07pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	11:08pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	11:09pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008973 Test Date: 10/09/2015

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: 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 .08 .00	10:50pm 10:51pm 10:52pm 10:53pm 10:55pm
AIR BLK SUB TEST	.00	10:56pm 10:58pm
AIR BLK	.00	10:59pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD

•	INTOXIMETERS	s, model intox ec/if	RII
County WA	KE	Instrument Location WAKE Co	DETENTION CTR
Instrument Serie	ial No. <u>008778</u> 3	301 HAMMOND	RD RALEIGH,
The preventive four months are	maintenance procedures for the Intox	imeters, Model Intox EC/IR II to be f	ollowed at least once every
1.	Verify the ethanol gas canister disp 34 degrees, plus or minus .2 degree	elays pressure, or the alcoholic breath centigrade;	simulator thermometer shows
2.	Verify instrument displays time and	i date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears,	collect breath sample;	
7.	When "PLEASE BLOW" appears,	collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		is being changed before expiration da every four months or after 125 Alcoh	
procedures were	the OS day of October performed on the instrument indicate Health and Human Services, and the in	ed above, in accordance with current r	oing preventive maintenance regulations of the N.C.
OF THE STATE OF A			
	E S	•	
Age Corn Angula	Justine Signature	of Certifying Official	Certificate Number

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

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008778 Test Date: 10/05/2015

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: SMITH, BRIAN D
Permit Number: 8937E
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	Pass .00 .08	4:30pm 4:31pm 4:32pm
AIR BLK SUB TEST	.00 .00	4:33pm 4:33pm
AIR BLK SUB TEST	.00	4:34pm 4:36pm
AIR BLK	.00	4:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008778

Test Record Number: 1853

Test Date: 10/05/2015

Test Time: 4:37pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	4:38pm 4:38pm
FC	Pass	4:38pm

Temperature Tests

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

Blank Tests

Test	Status	Time	
ATR	Pagg	4 : 3 9 mm	

Printer Tests

Test	Status	Time
PRNT	Pass	4:39pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4:39pm

4:39pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II		
County	ASNINGTON Instrument Location WASV	ington Co.S.
Instrument Ser	andera Alimi es	Plymouth N.
The preventive four months are	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to e:	be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic bre 34 degrees, plus or minus .2 degree centigrade;	eath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 A whichever occurs first.	
I certify that on procedures wer Department of	the day of October, 20/5 the fore performed on the instrument indicated above, in accordance with current Health and Human Services, and the instrument is functioning properly.	orgoing preventive maintenance ent regulations of the N.C.
THE STATE OF THE S	NORTH CAROLLING	
A ESSE QUAM VIDEN	Time A Muse	641
	Signature of Certifying Official	Certificate Number

WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829

Test Date: 10/22/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: KEESLER, 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

g/210L	Time
Pass	12:52pm 12:53pm
.08	12:53pm
.00	12:54pm
.00	12:55pm
.00	12:56pm
.00	12:58pm
.00	12:59pm
	Pass .00 .08 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Anglyst

WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829

Test Record Number: 677

Test Date: 10/22/2015

Test Time: 1:00pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:01pm 1:01pm
FC ·	Pass	1:01pm

Temperature Tests

Test	Status	T'ime
FC1	Pass	1:01pm
SRC	Pass	1:01pm
DET	Pass	1:01pm
BAR	Pass	1:01pm
BT	Pass	1:01pm

Blank Tests

Test	Status	Time	
AIR	Pass	1:01.pm	

Printer Tests

rest	Status	Time
PRNT	Pass	1:02pm
	CRC Tests	
Test	Status	Time

1690	Status	TTRIC
COMP	Pass	1:02pm
CAL	Pass	1:02pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Thy Maur 008746 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record; 9. Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: 008786 Test Date: 10/30/2015

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: 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: ABC123 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG	Pass	3:33pm
AIR BLK	.00	3:34pm
ACCY CHK	.07	3:35pm
AIR BLK	.00	3:35pm
SUB TEST	.00	3:36pm
AIR BLK	.00	3:37pm
SUB TEST	.00	3:38pm
AIR BLK	.00	3:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Finchs Keese Analyst

WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: 008786 Test Date: 10/30/2015 Test Record Number: 229
Test Time: 3:41pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:41pm
FLO	Pass	3:41pm
FC	Pass	3:41pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:41pm
SRC	Pass	3:41pm
DET	Pass	3:41pm
BAR	Pass	3:41pm
BT	Pass	3:41pm

Blank Tests

Test	Status	Time
AIR	Pass	3:42pm

Printer Tests

rest	Status	Time
PRNT	Pass	3:42pm
	CRC Tests	

Test	Status	Time
COMP	Pass	3:42pm
CAL	Pass	3:42pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

,	INTOXIMET	TERS, MODEL INTOX E	
County (V)	Ison	Instrument Location Wilso	in Co. Detention (An.
Instrument S	erial No. <u>OO 81052</u>	100 E. Green St	Wilson, NC.
The preventi	•	e Intoximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ter displays pressure, or the alcoholic degree centigrade;	breath simulator thermometer shows
2.	Verify instrument displays t	ime and date;	
3.	Initiate breath test sequence	;	
4.	Enter information as prompt	ted;	
5.	Verify instrument accuracy;		•
6.	When "PLEASE BLOW" a	ppears, collect breath sample;	
7.	When "PLEASE BLOW" a	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.		anister is being changed before expira hanged every four months or after 125	
	ere performed on the instrument	indicated above, in accordance with conditional definition of the instrument is functioning proper	
THE STATE OF THE S	Zan 1	11	643
	' Si	ignature of Certifying Official	Certificate Number

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008652 Test Date: 10/08/2015

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: 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	Pass	10:41am
AIR BLK	.00	10:42am
ACCY CHK	.07	10:42am
AIR BLK	.00	10:43am
SUB TEST	.00	10:45am
AIR BLK	.00	10:46am
SUB TEST	.00	10:47am
ATR RIK	. 0.0	10:48am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008652 Test Record Number: 2772
Test Date: 10/08/2015 Test Time: 10:51am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:52am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (N)	INTOXIMET	ERS, MODEL INTOX	son (o. Detention (en
	erial No. <u>008627</u>		t, Wilson, N.C.
The preventive four months a	-	e Intoximeters, Model Intox EC/IR	II to be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2		c breath simulator thermometer shows
2.	Verify instrument displays ti	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	opears, collect breath sample;	
7.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	and	
10.		nnister is being changed before expi nanged every four months or after 1	ration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
	ere performed on the instrument in	ndicated above, in accordance with the instrument is functioning prop	
TATE STATE STATE OF THE STATE O	CAROLL Silver	gnature of Certifying Official	

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008627 Test Date: 10/08/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: 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: AG434901 Exp Date: 12/15/2016

Test	g/210L	Time
DIAG AIR BLK	Pass	10:57am 10:58am
ACCY CHK	.08	10:58am
AIR BLK	.00	11:00am
SUB TEST	.00	11:01am
AIR BLK	.00	11:02am
SUB TEST	.00	11:04am
ATP BLK	0.0	11 · 05am

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

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008627 Test Record Number: 1825 Test Date: 10/08/2015 Test Time: 11:06am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:08am

Printer Tests

Test	Status	Time
PRNT	Pass	11:08am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:08am

Preventive Maintenance Status: Pass

Pass

11:08am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Va	re/	Instrument Location Vanc	ex Co. Jail
Instrument Ser	rial No. <u>00 865 3</u>	Burn	sville NC
The preventive four months ar		ntoximeters, Model Intox EC/IR I	I to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		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;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	a d	
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	ister is being changed before expir nged every four months or after 12	ration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
I certify that or procedures we Department of	n the <u>28</u> day of <u>07</u> re performed on the instrument inc Health and Human Services, and t	dicated above, in accordance with the instrument is functioning prop	the forgoing preventive maintenance current regulations of the N.C. erly.
OTHE STATE OF THE PARTY OF THE	CARON STATE OF THE		
ESSE QUAM VIDE			649
	Sigi	nature of Ceftifying Official	Certificate Number

YANCEY COUNTY YANCEY COUNTY JAIL 990

Serial Number: 008653 Test Date: 10/28/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2015-05/01/2017

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	4:36pm 4:37pm 4:38pm 4:39pm 4:39pm 4:40pm
SUB TEST	.00	4:41pm
AIR BLK	.00	4:42pm

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

YANCEY COUNTY YANCEY COUNTY JAIL 990

Serial Number: 008653

Test Record Number: 1120

Test Date: 10/28/2015

Test Time: 4:44pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:44pm
FLO	Pass	4:44pm
FC	Pass	4:44pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:44pm
SRC	Pass	4:44pm
DET	Pass	4:44pm
BAR	Pass	4:44pm
\mathtt{BT}	Pass	4:44pm

Blank Tests

Test	Status	Time
AIR	Pass	4:45pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:45pm

CRC Tests

Test	Status	Time
COMP	Pass	4:45pm
CAL	Pass	4:45pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Cabaccus	Instrument Location Cabaccus County SD	
Instrumer	nt Serial No. <u>008792</u>	30 Corban Ave, Concord	
The preve		e Intoximeters, Model Intox EC/IR II to be followed at least once every	,
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	ter displays pressure, or the alcoholic breath simulator thermometer sho degree centigrade;	W
2.	Verify instrument displays ti	me and date;	
3.	Initiate breath test sequence;	ent in the second of the secon	
4.	Enter information as prompt	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
7.	When "PLEASE BLOW" ag	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.		anister is being changed before expiration date, or the alcoholic breath nanged every four months or after 125 Alcoholic Breath Simulator tests	,
	s were performed on the instrument i	the forgoing preventive maintenance and the instrument is functioning properly.	е
- COLUMN	and the same of th	· • •	
OF THE ST	ATE OF A CO.		
OREA!			
A ESSE QU	AN VIDENT LANGE TO SERVICE STATE OF THE SERVICE STA	Fully 650	
	// ii Si	gnature of Certifying Official Certificate Number	

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008792 Test Date: 10/15/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG525303 Exp Date: 09/10/2017

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008792 Test Record Number: 1956 Test Date: 10/15/2015 Test Time: 12:14pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass	12:14pm
FC	Pass Pass	12:14pm
rC	rass	12:14pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:14pm 12:14pm 12:14pm 12:14pm 12:14pm
	_ 01.0.0	<u>-</u>

Blank Tests

Test	Status	Time
AIR	Pass	12:15pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C	barrus	Instrument	Location C	channe	Gunty	ر کی
Instrument Seri	al No. 008625	_30	Corban	A	Conco	rd
The preventive four months are	maintenance procedures for the Int	oximeters, M	odel Intox EC/l	IR II to be fo	llowed at leas	it once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 degr			olic breath s	imulator theri	nometer show
2.	Verify instrument displays time a	and date;				And the second
3.	Initiate breath test sequence;					#
4.	Enter information as prompted;					* ·
5.	Verify instrument accuracy;					į, ^ε
6.	When "PLEASE BLOW" appea	rs collect bre	ath sample			
*			•			
7. • • • • • • • • • • • • • • • • • • •	When "PLEASE BLOW" appea	rs, conect bre	ain sample;	Sand Sand	150	
• 8.	Print test record;	1				v 1
9.	Verify Diagnostic Program; and	nemet i jago Se	,			
10.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.	er is being ch ed every four	anged before ex months or after	epiration date r 125 Alcohe	e, or the alcoholic Breath Si	olic breath nulator tests,
I certify that on procedures were Department of I	the 15th day of Octor performed on the instrument indicated that and Human Services, and the	ated above, ii	i acçordance wi	ith current re	ng preventive gulations of t	maintenance he N.C.
STATE OF ALL STATE	Malh & d	A.T.			650	8
	// // Signati	ure of Certify	ing Official	1	Certificate	Number

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008625 Test Date: 10/15/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG434901 Exp Date: 12/15/2016

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008625 Test Record Number: 4120 Test Date: 10/15/2015 Test Time: 12:14pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:15pm
SRC	Pass	12:15pm
DET	Pass	12:15pm
BAR	Pass	12:15pm
\mathtt{BT}	Pass	12:15pm

Blank Tests

Test	Status	Time
AIR	Pass	12:16pm

Printer Tests

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

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

CountyC_\	eveland	Instrument	Location Ki	ngs Mour	tain PD	. :
Instrument Seria	INO. <u>008900</u>				Kings Mour	<u>.t</u>
The preventive r	naintenance procedures for the Ir	ntoximeters, M	odel Intox EC/II	R II to be followe	d at least once every	γ
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de			olic breath simula	tor thermometer sho)W
2.	Verify instrument displays time	and date;	*			
3.	Initiate breath test sequence;			· in		
4.	Enter information as prompted;	9. 26			·	
5.	Verify instrument accuracy;	. *				
6.	When "PLEASE BLOW" appe	ars, collect bre	ath sample;	e ² B		
7.	When "PLEASE BLOW" appe	ars, collect bre	ath 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.					s,
I certify that on t		ober			eventive maintenance	e.
	performed on the instrument indicates and the calth and Human Services, and the				ons of the N.C.	
		en e		er alle		
OF ALL STATE OF ALL STATES AND ALL S	A CAR		and the second s	Secretary of the second		
APRIL 12, 1778 * GSE CHAM VIDEN *	Sorgh & \$	Lutt	ing Official	<u></u>	5 ϕ	

CLEVELAND COUNTY KINGS MOUNTAIN PD 220

Serial Number: 008900 Test Date: 10/15/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: 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	2:00pm
AIR BLK	.00	2:01pm
ACCY CHK	.08	2:02pm
AIR BLK	.00	2:03pm
SUB TEST	.00	2:03pm
AIR BLK	.00	2:04pm
SUB TEST	.00	2:06pm
ATR BLK	0.0	2 · 0 6 m

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

CLEVELAND COUNTY KINGS MOUNTAIN PD 220

Serial Number: 008900

Test Record Number: 551

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:08pm
FLO	Pass	2:08pm
FC	Pass	2:08pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:08pm
SRC	Pass	2:08pm
DET	Pass	2:08pm
BAR	Pass	2:08pm
BT	Pass	2:08pm

Blank Tests

Test	Status	Time
0		
AIR	Pass	2:09pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:09pm
	CRC Tests	

Test	Status	Time
COMP	Pass	2:09pm
CAL	Pass	2:09pm

Preventive Maintenance Status: Pass

Analyst Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (Instrument Location Waxhaw PD
Instrument Se	erial No. 008598 3620 Providence Rd South, Waxhan
:	704-843-0353
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	n the 13th day of Ochober , 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.
STATE OF STA	ACCULATION OF THE PARTY OF THE
* GUAM VIDE	Joseph E. Statt 650
	Signature of Certifying Official Certificate Number

UNION COUNTY WAXHAW PD 890

Serial Number: 008598 Test Date: 10/13/2015

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: 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: 02/16/2016

Test g/210L Time DIAG Pass 10:46am AIR BLK .00

10:47am ACCY CHK .07 10:47am AIR BLK .00 10:48am SUB TEST .00 10:49am AIR BLK .00 10:50am

SUB TEST .00 10:51am

AIR BLK .00 10:52am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst.

UNION COUNTY WAXHAW PD 890

Serial Number: 008598 Test Record Number: 600 Test Date: 10/13/2015 Test Time: 10:42am

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	10:43am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time	
AIR	Pass	10:43am	

Printer Tests

Test

CAL

PRNT	Pass	10:43am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:44am

Pass

Status

Time

10:44am

Preventive Maintenance Status: Pass

Analyst