PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	MONTGONERY Instrument Location MONTGONERY CO. TA
Instrument	Serial No
The preven four month	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.
procedures v	t on the <u>SO</u> day of <u>APPL</u> , 2014 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 STAN TO THE STAN	Signature of Certifying Official Certificate Number

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008863 Test Date: 04/30/2014

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

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

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

Analyst's Name:
QUARANTELLO, NICHOLAS J
Permit Number: 21536E
Effective:
08/01/2013-08/01/2015

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	9:42am 9:43am
ACCY CHK	.08	9:43am
AIR BLK	.00	9:45am
SUB TEST	.00	9:45am
AIR BLK	.00	9:46am
SUB TEST	.00	9:47am
AIR BLK	.00	9:48am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

JAnalyst

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008863

Test Record Number: 198

Test Date: 04/30/2014

Test Time: 9:49am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:49am
FLO	Pass	9:49am
FC	Pass	9:50am

Temperature Tests

Test	Status	Time
FC1	Pass	9:50am
SRC	Pass	9:50am
DET	Pass	9:50am
BAR	Pass	9:50am
BT	Pass	9:50am

Blank Tests

Test	Status	Time
AIR	Pass	9:50am

Printer Tests

Test	Status	Time
PRNT	Pass	9:50am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:50am 9:50am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	MONTG OMERY	Instrument Location_	MONTGOMERY CO. JAI
Instrument	Serial No. 00 8721	TRUY	N.C.
The preven		Intoximeters, Model Intox	EC/IR II to be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 of		lcoholic breath simulator thermometer show
2.	Verify instrument displays tin	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample	,
7.	When "PLEASE BLOW" ap	pears, collect breath sample	•
8.	Print test record;		
9.	Verify Diagnostic Program; a	nd	
10.			re expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
procedures	t on the <u>30</u> day of AP(were performed on the instrument in of Health and Human Services, and	idicated above, in accordance	the forgoing preventive maintenance with current regulations of the N.C. ng properly.
STAR OKE A TO ST	TE OF VO PRINCE		
* ISSE QUAM	- NXI	mature of Certifying Officia	<u>(S)</u> I Certificate Number

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008721 Test Date: 04/30/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: *QUARANTELLO, NICHOLAS J* Permit Number: *21536E*

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008721

Test Record Number: 906

Test Date: 04/30/2014

Test Time: 9:59am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:59am
FLO	Pass	9:59am
FC	Pass	9:59am

Temperature Tests

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

Blank Tests

rest	Status	Time
AIR	Pass	10.00am

Printer Tests

Test	Status	Time
PRNT	Pass	10:00am
	CRC Tests	

COMP	Pass	10:00am
CAL	Pass	10:00am

Status Time

Preventive Maintenance Status: Pass

Test

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	NAKE Instrument Location BIT MDB, Le Chi, T
Instrument S	erial No. DO8778 Releigh
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.
	13th
TARE 12, ITALY VOE OF A STATE OF	Signature of Certifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008778 Test Record Number: 1135
Test Date: 04/11/2014 Test Time: 10:03pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:04pm
FLO	Pass	10:04pm
FC	Pass	10:04pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:04pm
SRC	Pass	10:04pm
DET	Pass	10:04pm
BAR	Pass	10:04pm
BT	Pass	10:04pm

Blank Tests

Test	Status	Time
AIR	Pass	10:05pm

Printer Tests

rest	Status	Time
PRNT	Pass	10:05pm
	CRC Tests	

Test	Status	Time
COMP	Pass	10:05pm
CAL	Pass	10:05pm

Preventive Maintenance Status: Pass

Hope 6.1110pl

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008778 Test Date: 04/11/2014

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:54pm 9:55pm
ACCY CHK	.07	9:56pm
AIR BLK	.00	9:57pm
SUB TEST	.00	9:58pm
AIR BLK	.00	9:58pm
SUB TEST	.00	10:01pm
AIR BLK	.00	10:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	WAKE Instrument Location But MOBILECTION
Instrument Seri	ial No. 808577 Ralies
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
THE STATE OF THE S	Sept 67110pl 656

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008577 Test Record Number: 997
Test Date: 04/11/2014 Test Time: 10:11pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:11pm 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	10:12pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:12pm
	CRC Tests	•

Test	Status	Time
COMP	Pass	10:12pm
CAL	Pass	10:12pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008577 Test Date: 04/11/2014

Citation Number: M0000000-0 Subject's Name: NONE, NONE Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

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

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

Test Type: Breath Test

Lot Number: AG305202 Exp Date: 02/21/2015

Test

a/210L

Time

	J,	
DIAG	Pass	9:59pm
AIR BLK	.00	10:00pm
ACCY CHK	.07	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

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	WASEE Instrument Location BUT WOBILE KINT
Instrument S	Serial No. 008704 Roleity
The prevent four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures v	on the
CONTROL OF THE STATE OF THE STA	Signature of Cartifician Official Continued by

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008704 Test R

Test Record Number: 247

Test Date: 04/12/2014

Test Time: 1:12am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time

AIR Pass 1:14am

Printer Tests

Test	Status	Time
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PRNT Pass 1:14am

CRC Tests

Test Status Time

COMP Pass 1:14am CAL Pass 1:14am

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008704 Test Date: 04/12/2014

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

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

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

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

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

Lot Number: AG308002 Exp Date: 03/21/2015

Test	g/210L	Time
DIAG	Pass	1:02am
AIR BLK	.00	1:04am
ACCY CHK	.08	1:04am
AIR BLK	.00	1:05am
SUB TEST	.00	1:06am
AIR BLK	.00	1:07am
SUB TEST	.00	1:09am
AIR BLK	.00	1:10am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	WAKE Instrument Location But Modifie Con, T = 1
Instrument S	Serial No. 08623
The preventi	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
	on the 12 day of 30,000, 20/4 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.
OTHE STATE OF THE	Signature of Certifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008623 Test Record Number: 2861 Test Date: 04/12/2014 Test Time: 1:13am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:15am

Printer Tests

Test	Status	Time
PRNT	Pass	1:15am

CRC Tests

Test	Status	Time
COMP	Pass	1:15am
CAL	Pass	1:15am

Preventive Maintenance Status: Pass

Stepl 6.1110 Sand Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008623

Test Date: 04/12/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG305202

Exp Date: 02/21/2015

Test	g/210L	Time
DIAG	Pass	1:05am
AIR BLK	.00	1:06am
ACCY CHK	.07	1:07am
AIR BLK	.00	1:08am
SUB TEST	.00	1:08am
AIR BLK	.00	1:09am
SUB TEST	.00	1:11am
AIR BLK	.00	1:12am

Reported AC: .00 q/2

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	RANDOLPH Instrument Location BATHOBILE WAIT
Instrumen	t Serial No. <u>008623</u>
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
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A CARPATAN OF THE CARPATAN OF	ATE OR DO TO THE OR THE
	Signature of Certifying Official Certificate Number

RANDOLPH COUNTY BAT MOBILE UNIT 7 750

Serial Number: 008623 Test Record Number: 2865 Test Date: 04/13/2014 Test Time: 12:41am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR ·	Pass	12:41am
FLO	Pass	12:41am
FC	Pass	12:41am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:42am

Printer Tests

Test	Status	Time
PRNT	Pass	12:42am

CRC Tests

Test	Status	Time
COMP	Pass	12:43am
CAL	Pass	12:43am

Preventive Maintenance Status: Pass

Analyst

RANDOLPH COUNTY BAT MOBILE UNIT 7 750

Serial Number: 008623 Test Date: 04/13/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG305202 Exp Date: 02/21/2015

Test	g/210L	Time
DIAG	Pass	12:28am
AIR BLK	.00	12:29am
ACCY CHK	.07	12:30am
AIR BLK	.00	12:31am
SUB TEST	.00	12:33am
AIR BLK	.00	12:34am
SUB TEST	.00	12:35am
AIR BLK	.00	12:36am

Reported AC: .00 q/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Randolph Instrument Location BATM	OBILE LEVIT
Instrument S	erial No. <u>008704</u>	
The prevention four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be forme:	llowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath s 34 degrees, plus or minus .2 degree centigrade;	imulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	•
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration dat simulator solution is being changed every four months or after 125 Alcohowhichever occurs first.	
	on the	ing preventive maintenance egulations of the N.C.
	⊸ '	
THE STATE		
THE PLANT VIDE	Sand 6. Tiloze X	621
	Signature of Certifying Official	Certificate Number

RANDOLPH COUNTY BAT MOBILE UNIT 7 750

Serial Number: 008704 Test Record Number: 251 Test Date: 04/12/2014 Test Time: 10:25pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:26pm
FLO	Pass	10:26pm
FC	Pass	10:26pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:26pm
SRC	Pass	10:26pm
DET	Pass	10:26pm
BAR	Pass	10:26pm
BT	Pass	10:26pm

Blank Tests

Test	Status	Time
AIR	Pass	10:26pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:27pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:27pm 10:27pm

Preventive Maintenance Status: Pass

Analyst

RANDOLPH COUNTY BAT MOBILE UNIT 7 750

Serial Number: 008704 Test Date: 04/12/2014

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

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

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

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

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

Test Type: Breath Test

Lot Number: AG308002 Exp Date: 03/21/2015

Test	g/210L	Time
	Pass	10:14pm 10:15pm
AIR BLK ACCY CHK	⇒.00 .08	10:15pm
AIR BLK	.00	10:16pm
SUB TEST	.00	10:17pm
AIR BLK	.00	10:18pm
SUB TEST	.00	10:19pm
AIR BLK	.00	10:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Ran Polph I	nstrument Location <u>BAT M</u>	OBILE LITT IT
Instrument S	erial No. <u>0086/2</u>		
The preventi	ve maintenance procedures for the Intoxii	meters, Model Intox EC/IR II to be f	ollowed at least once every
1.	Verify the ethanol gas canister displaced and degrees, plus or minus .2 degree	ays pressure, or the alcoholic breath centigrade;	simulator thermometer shows
2.	Verify instrument displays time and	date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, or	collect breath sample;	
7.	When "PLEASE BLOW" appears, o	collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is simulator solution is being changed whichever occurs first.		
	on theday ofAnd on the ere performed on the instrument indicated of Health and Human Services, and the instrument		oing preventive maintenance regulations of the N.C.
TATE WE CALL	S TORING CANONICATION OF THE PARTY OF THE PA		
The state of the s	Signature	of Certifying Official	Certificate Number

RANDOLPH COUNTY BAT MOBILE UNIT 7 750

Serial Number: 008612 Test Record Number: 1484
Test Date: 04/12/2014 Test Time: 9:50pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:51pm 9:51pm
FC	Pass	9:51pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:51pm
SRC	Pass	9:51pm
DET	Pass	9:51pm
BAR	Pass	9:51pm
BT	Pass	9:51pm

Blank Tests

Test	Status	Time
AIR	Pass	9:52pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:52pm

CRC Tests

Test	Status	Time
COMP	Pass	9:52pm
CAL	Pass	9:52pm

Preventive Maintenance Status: Pass

Analyst

RANDOLPH COUNTY BAT MOBILE UNIT 7 750

Serial Number: 008612 Test Date: 04/12/2014

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: MORGART, STEPHEN G
Permit Number: 9372E
Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG303502 Exp Date: 02/04/2015

Test	g/210L	Time
DIAG AIR BLK	Pass	9:37pm 9:38pm
ACCY CHK	.07	9:38pm
AIR BLK SUB TEST	.00 .00	9:39pm 9:41pm
AIR BLK SUB TEST	.00 .00	9:42pm 9:43pm
AIR BLK	.00	9:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	RANDOLAL Instrument Location BOT WOBILE UNIT
Instrument S	erial No
The prevention four months	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the /2 day of //// , 20/4 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
and the same of th	
SI S	
PER IZ. O'S	Signature of Certifying Official Certificate Number

RANDOLPH COUNTY BAT MOBILE UNIT 7 750

Serial Number: 008778

Test Record Number: 1140

Test Date: 04/12/2014

Test Time: 9:49pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ATR	Pass	9:50pm

Printer Tests

COMP

CAL

Test	Status	Time
PRNT	Pass	9:50pm
	CRC Tests	
Test	Status	Time

9:50pm

9:50pm

Preventive Maintenance Status: Pass

Pass

Pass

RANDOLPH COUNTY BAT MOBILE UNIT 7 750

Serial Number: 008778 Test Date: 04/12/2014

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	9:34pm
AIR BLK	.00	9:35pm
ACCY CHK	.07	9:35pm
AIR BLK	.00	9:37pm
SUB TEST	.00	9:38pm
AIR BLK	.00	9:39pm
SUB TEST	.00	9:41pm
ATR BLK	. 00	9:42pm

Reperted AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

43.

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	RANDOLPH Instrument Location BAT MOB	ite UNIT
Instrument Se	erial No. <u>808577</u>	
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be follow re:	ved at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simu 34 degrees, plus or minus .2 degree centigrade;	lator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	•
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, o simulator solution is being changed every four months or after 125 Alcoholic whichever occurs first.	
procedures we	n the	preventive maintenance ations of the N.C.
THE STATE OF THE S	Signature of Certifying Official	656 Certificate Number

RANDOLPH COUNTY BAT MOBILE UNIT 7 750

Serial Number: 008577 Test Record Number: 1002 Test Date: 04/12/2014 Test Time: 9:53pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:54pm
FLO	Pass	9:54pm
FC	Pass	9:54pm

Temperature Tests

Blank Tests

Test	Status	Time
AIR	Pass	9:55pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:55pm

CRC Tests

Test	Status	Time
COMP	Pass	9:55pm
CAL	Pass	9:55pm

Preventive Maintenance Status: Pass

Analyst

RANDOLPH COUNTY BAT MOBILE UNIT 7 750

Serial Number: 008577 Test Date: 04/12/2014

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG305202 Exp Date: 02/21/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	9:40pm 9:41pm 9:41pm
AIR BLK	.00	9:42pm 9:43pm
SUB TEST AIR BLK	.00	9:44pm
SUB TEST AIR BLK	.00 .00	9:46pm 9:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Whee Instrument Location But Works (wit
Instrument	Serial No. <u>CD8778</u>
The preven	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.
I certify that procedures Department	at on the
AND SERVICE OF THE CONTROL OF THE CO	Signature of Certifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008778

Test Record Number: 1129

Test Date: 04/04/2014

Test Time: 11:20pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:21pm

AIR Pass

Printer Tests

Test	Status	Time

11:22pm PRNT Pass

CRC Tests

Test	Status	Time
COMP	Pass	11:22pm

CALPass 11:22pm

Preventive Maintenance Status: Pass

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008778 Test Date: 04/04/2014

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:03pm 11:04pm 11:04pm
AIR BLK	.00	11:05pm
SUB TEST	.00	11:06pm
AIR BLK	.00	11:07pm
SUB TEST	.00	11:09pm
ATR BLK	. 00	11 · 10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Wake Instrument Location SAT MOBILE UNIT #7
Instrument	Serial No
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify th procedures Departmen	at on the
A GREAT OF STATE OF S	ATE ON THE OFFICIAL CONTROL OF Certificate Number

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008612

Test Record Number: 1478

Test Date: 04/04/2014 Test Time: 11:35pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:35pm
SRC	Pass	11:35pm
DET	Pass	11:35pm
BAR	Pass	11:35pm
BT	Pass	11:35pm

Blank Tests

Test	Status	Time
AIR	Pass	11:36pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:36pm

CRC Tests

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

Preventive Maintenance Status: Pass

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008612 Test Date: 04/04/2014

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG303502 Exp Date: 02/04/2015

Test	g/210L	Time
DIAG	Pass	11:22pm
AIR BLK	.00	11:23pm
ACCY CHK	.07	11:23pm
AIR BLK	.00	11:24pm
SUB TEST	.00	11:25pm
AIR BLK	.00	11:26pm
SUB TEST	.00	11:27pm
ATR BLK	0.0	11.28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	WAKE Instrument Location BAT MOBILE UNITH
Instrumen	Serial No. 208377
The preve	ative 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 the procedure Department	at on the
AND SERVICE OF SERVICES OF SER	Signature of Certifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008577 Test Record Number: 992
Test Date: 04/04/2014 Test Time: 11:36pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:37pm 11:37pm
FC	Pass	11:37pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:37pm
SRC	Pass	11:37pm
DET	Pass	11:37pm
BAR	Pass	11:37pm
BT	Pass	11:37pm

Blank Tests

Test	Status	Time
AIR	Pass	11:38pm

Printer Tests

resc	Status	TIME
PRNT	Pass	11:38pm

Time

CRC Tests

Test	Status	Time
COMP	Pass	11:38pm
CAL	Pass	11:38pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008577 Test Date: 04/04/2014

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, NONE Subject's Date of Birth: 11/11/1911

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

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

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

Lot Number: AG305202 Exp Date: 02/21/2015

rest	9/2101	TIME
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:23pm 11:24pm
AIR BLK	.00	11:25pm 11:26pm
SUB TEST AIR BLK	.00 .00	11:27pm 11:28pm
SUB TEST	.00	11:29pm
AIR BLK	.00	11:30pm

~/210T.

Time

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Catassi	Instrument Location BHT	Mobile Unit 5
Instrument	nt Serial No. 008600	Hickory we	
The prever	entive maintenance procedures for the Int	toximeters, Model Intox EC/IR I	I to be followed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg		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.			ation date, or the alcoholic breath 5 Alcoholic Breath Simulator tests,
	nat on the day of		
PAD SISTEMATION OF SI		ture of Certifying Official	Certificate Number

CATAWBA BAT MOBILE UNIT 5 170

Serial Number: 008600

Test Record Number: 1379

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:58pm
FLO	Pass	8:58pm
FC	Pass	8:58pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:58pm
SRC	Pass	8:58pm
DET	Pass	8:58pm
BAR	Pass	8:58pm
BT	Pass	8:58pm

Blank Tests

Test	Status	Time

8:59pm AIR Pass

Printer Tests

Test	Status	Time

PRNT Pass 8:59pm

CRC Tests

Time Test Status

8:59pm COMP Pass CAL 8:59pm Pass

Preventive Maintenance

Status: Pass

Analyst

CATAWBA BAT MOBILE UNIT 5 170

Serial Number: 008600 Test Date: 04/05/2014

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

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

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

Analyst's Name: TOWERY, CHAD V
Permit Number: 26632E
Effective:

10/18/2013-10/01/2015

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

Lot Number: AG322601 Exp Date: 08/14/2015

Test	g/210L	Time
DIAĞ	Pass	8:49pm
AIR BLK	.00	8:51pm
ACCY CHK	.07	8:51pm
AIR BLK	.00	8:52pm
SUB TEST	.00	8:53pm
AIR BLK	.00	8:54pm
SUB TEST	.00	8:55pm
AIR BLK	.00	8:56pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location BAT Mobile Unit F
Instrument S	Serial No. <u>008788</u>
The preventi	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer should be degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister 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 procedures w Department of	on the
STATION STATE OF STAT	Signature of Certifying Official Certificate Number

CATAWBA BAT MOBILE UNIT 5 170

Serial Number: 008788 Test Record Number: 938
Test Date: 04/05/2014 Test Time: 8:56pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:56pm
FLO	Pass	8:56pm
FC	Pass	8:56pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:56pm
SRC	Pass	8:56pm
DET	Pass	8:56pm
BAR	Pass	8:56pm
BT	Pass	8:56pm

Blank Tests

Test	Status	Time
AIR	Pass	8:57pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:57pm
	ana mt-	

CRC Tests

Test	Status	Time
COMP	Pass	8:57pm
CAL	Pass	8:57pm

Preventive Maintenance Status: Pass

Analyst

CATAWBA BAT MOBILE UNIT 5 170

Serial Number: 008788 Test Date: 04/05/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: TOWERY, CHAD V

Permit Number: 26632E

Effective:

10/18/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG309101 Exp Date: 04/01/2015

Test	g/210L	Time
DIAG AIR BLK	Pass .00	8:48pm 8:49pm
ACCY CHK	.07	8:50pm
AIR BLK	.00	8:51pm
SUB TEST AIR BLK	.00 .00	8:51pm 8:52pm
SUB TEST	.00	8:54pm
AIR BLK	.00	8:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_ M	Peck Jenburg Instrument Location But 1	Mabile Unit 5
	rial No. <u>008698</u>	· · · · · · · · · · · · · · · · · · ·
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic brea 34 degrees, plus or minus .2 degree centigrade;	th simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	•
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Ale whichever occurs first.	
	n theday of	rgoing preventive maintenance nt regulations of the N.C.
TARE QUENT		658
	Signature of Certifying Official	Certificate Number

MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008698

Test Record Number: 1088

Test Date: 04/24/2014

Test Time: 5:37pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:38pm
FLO	Pass	5:38pm
FC	Pass	5:38pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:38pm
SRC	Pass	5:38pm
DET	Pass	5:38pm
BAR	Pass	5:38pm
BT	Pass	5:38pm

Blank Tests

Test	Status	'l'ime
ATR	Pass	5:39pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:39pm

CRC Tests

Test	Status	Time
COMP	Pass	5:39pm
$_{ m CAL}$	Pass	5:39pm

Preventive Maintenance Status: Pass

Analyst

MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008698 Test Date: 04/24/2014

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
Ť		
DIAG	Pass	5:25pm
AIR BLK	.00	5:26pm
ACCY CHK	.07	5:27pm
AIR BLK	.00	5:28pm
SUB TEST	.00	5:28pm
AIR BLK	.00	5:29pm
SUB TEST	.00	5:31pm
AIR BLK	.00	5:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_/V	Decklen burg Instrument Location 13-4 Mobile Unit 5
Instrument So	erial No. 008600
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 of procedures we Department o	on the 2 day of 2 20/4 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008600

Test Record Number: 1405

Test Date: 04/24/2014

Test Time: 6:31pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:31pm
FLO	Pass	6:31pm
FC	Pass	6:31pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:31pm
SRC	Pass	6:31pm
DET	Pass	6:31pm
BAR	Pass	6:31pm
BT	Pass	6:31pm

Blank Tests

Test	Status	rrme
AIR	Pass	6:32pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:32pm

CRC Tests

Test	Status	Time
COMP	Pass	6:32pm
CAL	Pass	6:32pm

Preventive Maintenance Status: Pass

Analyst

MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008600 Test Date: 04/24/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: TOWERY, CHAD V

Permit Number: 26632E

Effective:

10/18/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG322601 Exp Date: 08/14/2015

Test	g/210L	Time
DIAG AIR BLK	Pass	6:22pm 6:23pm
ACCY CHK	.07	6:24pm
AIR BLK SUB TEST	.00 .00	6:25pm 6:26pm
AIR BLK	.00	6:27pm
SUB TEST	.00	6:28pm
AIR BLK	.00	6:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_/	Occil Im bury Instrument Location Bst	Mobile Unit 5
	Serial No	
The prevent	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II t are:	to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic based and degrees, plus or minus .2 degree centigrade;	oreath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expirate simulator solution is being changed every four months or after 125 whichever occurs first.	tion date, or the alcoholic breath Alcoholic Breath Simulator tests,
l certify that procedures v Department	on the <u>ZY</u> day of <u>IAPN'I</u> , 20 / the vere performed on the instrument indicated above, in accordance with cut of Health and Human Services, and the instrument is functioning proper	e forgoing preventive maintenance urrent regulations of the N.C. ly.
TATE STATE OF THE		
SE QUAM'		658
	Signature of Certifying Official	Certificate Number

MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008788 Test Date: 04/24/2014 Test

Test Record Number: 950
Test Time: 5:36pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:36pm
FLO	Pass	5:36pm
FC	Pass	5:36pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:37pm
SRC	Pass	5:37pm
DET	Pass	5:37pm
BAR	Pass	5:37pm
BT	Pass	5:37pm

Blank Tests

rest	Status	Time
AIR	Pass	5:37pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:37pm
	CRC Tests	
Test	Status	Time
COMP	Pass	5:37pm

Preventive Maintenance Status: Pass

Pass

5:37pm

CAL

Analyst

MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008788 Test Date: 04/24/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: TOWERY, CHAD V

Permit Number: 26632E

Effective:

10/18/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG309101 Exp Date: 04/01/2015

Test	g/210L	Time
DIAG	Pass	5:24pm
AIR BLK	.00	5:25pm
ACCY CHK	.07	5:26pm
AIR BLK	.00	5:27pm
SUB TEST	.00	5:27pm
AIR BLK	.00	5:28pm
SUB TEST	.00	5:29pm
AIR BLK	.00	5:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Anaiyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County V	Instrument Location Bat Mobile Unita
Instrument Se	erial No. 068601 Henderson PD
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	on the
STATE OF THE STATE	Jonya B Skuner (044)

VANCE COUNTY BATMOBILE UNIT 2 900

Serial Number: 008601 Test Date: 04/25/2014

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SKINNER, TONYA B
Permit Number: 13651E
Effective:

10/01/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Donya B Skunnen Analyst

VANCE COUNTY BATMOBILE UNIT 2 900

Serial Number: 008601 Test Record Number: 887 Test Date: 04/25/2014 Test Time: 11:12pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:12pm
FLO	Pass	11:12pm
FC	Pass	11:13pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:13pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:13pm
	CRC Tests	
Test	Status	Time

COMP	Pass	11:14pm
CAL	Pass	11:14pm

Preventive Maintenance Status: Pass

Day B Stund

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Wa	,	Instrument Location Band	e PD
Instrument Se	rial No. <u>008716</u>	Boone	, NC
The preventive four months as	- · · · · · · · · · · · · · · · · · · ·	ntoximeters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic brea egree centigrade;	th simulator thermometer show
2.	Verify instrument displays tim	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	· •	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample;	
7.	When "PLEASE BLOW" app	ears, collect breath sample;	
8.	Print test record;	·	
9.	Verify Diagnostic Program; an	d .	
10.		ister is being changed before expiration nged every four months or after 125 Ale	
I certify that o procedures we Department of	on theday ofon thefor the instrument income from the i	dicated above, in accordance with current the instrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
THE STATE OF THE PROPERTY OF T	CAROUN CAROUN CONTRACTOR CONTRACT	nature of Certifying Official	649 Certificate Number

WATAUGA COUNTY BOONE P D 940

Serial Number: 008716 Test Date: 04/11/2014

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2013-06/01/2015

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:25pm
AIR BLK	.00	3:25pm
ACCY CHK	.08	3:26pm
AIR BLK	.00	3:27pm
SUB TEST	.00	3:28pm
AIR BLK	.00	3:28pm
SUB TEST	.00	3:30pm
AIR BLK	.00	3:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WATAUGA COUNTY BOONE P D 940

Serial Number: 008716 Test Record Number: 1559

Test Date: 04/11/2014 Test Time: 3:31pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	3:32pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	3:33pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:33pm

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

paren		i ers, Model in i	A
County CA	1driell	Instrument Location	Caldwell Co. Jail
Instrument Seri	ial No. 8719	Z	Lenoir iNC
The preventive four months are	<u>=</u>	he Intoximeters, Model Intox E	C/IR II to be followed at least once every
1.	Verify the ethanol gas cania 34 degrees, plus or minus		coholic breath simulator thermometer show
2.	Verify instrument displays	time and date;	
3.	Initiate breath test sequence	e;	
4.	Enter information as promp	oted;	
5.	Verify instrument accuracy	7	
6.	When "PLEASE BLOW"	appears, collect breath sample;	
7.	When "PLEASE BLOW"	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program	; and	
10.			e expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
I certify that on procedures wer Department of	theday of te performed on the instrument Health and Human Services, a	f indicated above, in accordance and the instrument is functioning	the forgoing preventive maintenance with current regulations of the N.C. g properly.
THE STATE OF THE S	No.	Signature of Certifying Official	Certificate Number

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008719 Test Date: 04/16/2014

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

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

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

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

06/01/2013-06/01/2015

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

Lot Number: AG322601 Exp Date: 08/14/2015

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Test	g/210L	Time
DIAG	Pass	2:41pm
AIR BLK	.00	2:42pm
ACCY CHK	.07	2:43pm
AIR BLK	.00	2:44pm
SUB TEST	.00	2:44pm
AIR BLK	.00	2:45pm
SUB TEST	.00	2:47pm
AIR BLK	.00	2:48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Test Record Number: 1586 Serial Number: 008719

Test Time: 2:49pm EDT

Test Date: 04/16/2014

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:50pm
FLO	Pass	2:50pm
FC	Pass	2:50pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:50pm
SRC	Pass	2:50pm
DET	Pass	2:50pm
BAR	Pass	2:50pm
$\mathtt{B}\mathbf{T}$	Pass	2:50pm

Blank Tests

Test	Status	Time
AIR	Pass	2:51pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:51pm

CRC Tests

Test	Status	Time
COMP	Pass	2:51pm
CAL	Pass	2:51pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

_	INTOXIMETERS, MODEL INTOX ECINCII
County 6	aldwell Instrument Location Caldwell Co. Tail
Instrument Ser	ial No. 8803 Lenoir, NC
The preventive four months are	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the day of 4, 20/4 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.
OTHE STATE OF COUNTY OF THE STATE OF THE STA	Signature of Certifying Official Certificate Number

CALDWELL COUNTY CALDWELL COUNTY JAIL
130

Serial Number: 008803 Test Date: 04/16/2014

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

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

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

Analyst's Name: BURNETTE, ANTHONY J
Permit Number: 11304E
Effective:
06/01/2013-06/01/2015

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	2:42pm 2:42pm 2:43pm
ACCY CHK AIR BLK	.07 .00	2:44pm
SUB TEST AIR BLK	.00 .00	2:45pm 2:46pm
SUB TEST	.00	2:48pm
AIR BLK	.00	2:49pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008803

Test Record Number: 333

Test Date: 04/16/2014

Test Time: 2:50pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:50pm
FLO	Pass	2:50pm
FC	Pass	2:50pm

Temperature Tests

Status	Time
Pass	2:50pm
Pass	2:5 0p m
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	2:51pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:51pm

CRC Tests

Test	Status	Time
COMP	Pass	2:51pm
CAL	Pass	2:5 1 pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

****	INTOXIMETERS, MODEL INTOX EC/IR II
County /	Juplin Instrument Location Duplin Co.
Instrument Se	000000
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	on the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

DUPLIN COUNTY DUPLIN COUNTY SD 300

Serial Number: 008917 Test Date: 04/15/2014

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG321904 Exp Date: 08/07/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	11:31am 11:31am 11:32am 11:33am 11:34am 11:35am
AIR BLK	.00	11:37am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Jo-Calledon Analyst

DUPLIN COUNTY DUPLIN COUNTY SD 300

Serial Number: 008917 Test Record Number: 490 Test Date: 04/15/2014 Test Time: 11:37am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:38am
SRC	Pass	11:38am
DET	Pass	11:38am
BAR	Pass	11:38am
BT	Pass	11:38am

Blank Tests

Test	Status	'I' ı me
AIR	Pass	11:39am

Printer Tests

Test	Status	Time
PRNT	Pass	11:39am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:39am 11:39am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Λ	INTOXIMETERS, MODEL INTOX EC/IR II
County /	She Instrument Location Ashe County Jail
Instrument Ser	ial No. 008849 Jefferson, N.C.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	0 1-11
	theday of, 20 the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OF THE STATE OF	
APRIL 12, 078	
	Signature of Certifying Official Certificate Number

ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849 Test Date: 04/09/2014

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	12:17pm
AIR BLK	.00	12:17pm
ACCY CHK	.07	12:18pm
AIR BLK	.00	12:19pm
SUB TEST	.00	12:20pm
AIR BLK	.00	12:21pm
SUB TEST	.00	12:22pm
AIR BLK	.00	12:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849

Test Record Number: 819

Test Date: 04/09/2014

Test Time: 12:24pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:24pm
FLO	Pass	12:24pm
FC	Pass	12:25pm

Temperature Tests

C1	Pass	12:25pm
RC	Pass	12:25pm
EΤ	Pass	12:25pm
AR .	Pass	12:25pm
Г	Pass	12:25pm
RC ET AR	Pass Pass Pass	12:25p 12:25p 12:25p

Blank Tests

Test	Status	Time

AIR Pass 12:25pm

Printer Tests

Test	Status	Time

PRNT Pass 12:25pm

CRC Tests

Test	Status	Time
COMP	Pass	12:25pm

CAL Pass 12:25pm

Preventive Maintenance Status: Pass

Thry

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

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

Signature of Certifying Official

ALLEGHANY COUNTY ALLEGHANY CO JAIL 020

Serial Number: 008890 Test Date: 04/09/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	2:35pm 2:35pm 2:36pm
AIR BLK	.00	2:37pm
SUB TEST	.00	2:37pm
AIR BLK	.00	2:38pm
SUB TEST	,.00	2:41pm
AIR BLK	.00	2:41pm

Reported AC: .00 g/210L

gignature of Chemidal Analyst

Court CVR

ALLEGHANY COUNTY ALLEGHANY CO JAIL 020

Serial Number: 008890

Test Record Number: 473

Test Date: 04/09/2014 Test Time: 2:43pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	2:43pm
SRC	Pass	2:43pm
DET	Pass	2:43pm
BAR.	Pass	2:43pm
BT	Pass	2:43pm

Blank Tests

Test	Status	Time
AIR	Pass	2:44pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:44pm
	CRC Tests	
Test	Status	Time

COMP	Pass	2:44pm
CAL	Pass	2:44pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX Instrument Location Instrument Serial No. 008660 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; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. 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 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

WILKES COUNTY WILKES CO COURTHOUSE 960

Serial Number: 008660 Test Date: 04/25/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG305202 Exp Date: 02/21/2015

Test	g/210L	Time
DIAG AIR BLK	Pass	12:29pm 12:30pm
ACCY CHK	.08	12:30pm
AIR BLK	.00	12:32pm
SUB TEST	.00	12:32pm
AIR BLK	.00	12:33pm
SUB TEST	.00	12:35pm
ATP BIK	. ^^	12 · 36mm

Reported AC:

Signature of Chemical Analyst

Court CVR

WILKES COUNTY WILKES CO COURTHOUSE 960

Serial Number: 008660

Test Record Number: 3701 Test Time: 12:37pm EDT

Test Date: 04/25/2014 Test

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

Test	Status	Time
PRNT	Pass	12:38pm
	CRC Tests	

iest	Status	TIME
COMP	Pass	12:38pm
CAL	Pass	12:38pm

Preventive Maintenance Status: Pass

Anglet

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Gr	gham	Instrument Location Graha	m Co. S.O.
Instrument Seria	al No. <u>008915</u>	Robbinsville,	NC
The preventive four months are		toximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	lisplays pressure, or the alcoholic breat gree centigrade;	h simulator thermometer show
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	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.	ster is being changed before expiration of ged every four months or after 125 Alc	date, or the alcoholic breath oholic Breath Simulator tests,
I certify that on procedures were Department of I	the day of day of Health and Human Services, and the	the for cated above, in accordance with current is functioning properly.	going preventive maintenance t regulations of the N.C.
COLUMN TO THE PARTY OF THE PART			
STATE OF JUNE 20, 1778	VO PER LEVIS DE LA CONTRACTION		
	S AROLL		
THE IZ. UTA	Dail Dail	R. Cuth	635
	Sign	ature of Certifying Official	Certificate Number

GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008915 Test Date: 04/16/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: CUTLER, DANIEL R

Permit Number: 8457E

Effective:

10/01/2013-10/01/2015

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:23pm 12:24pm
ACCY CHK AIR BLK	.07 .00	12:24pm 12:25pm
SUB TEST	.00	12:26pm
AIR BLK	.00	12:27pm
SUB TEST AIR BLK	.00 .00	12:29pm 12:30pm
YIV DUV	.00	12.500

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008915 Test Record Number: 578
Test Date: 04/16/2014 Test Time: 12:31pm

System Check: Passed

Baseline Tests

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

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	12:32pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:32pm
	CRC Tests	4

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County S_{ℓ}	Name Instrument Location	Swain Co. Jail	
Instrument Se	erial No. <u>008727</u> <u>Bryson</u>	City, Ne	
The preventiv	re maintenance procedures for the Intoximeters, Model Into	x EC/IR II to be followed at least once every	
1.	Verify the ethanol gas canister displays pressure, or the 34 degrees, plus or minus .2 degree centigrade;	e alcoholic breath simulator thermometer show	
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed be simulator solution is being changed every four months whichever occurs first.	efore expiration date, or the alcoholic breath or after 125 Alcoholic Breath Simulator tests,	
l certify that of procedures we Department o	on the	the forgoing preventive maintenance ance with current regulations of the N.C. oning properly.	
OF THE STATE			
APRIL 12, 1715	PIDR MAN	6.35	
	Signature of Certifying Offi	icial Certificate Number	

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008727 Test Date: 04/16/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R

Permit Number: 8457E

Effective:

10/01/2013-10/01/2015

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

Agency: DHHS

Test Type: Breath Test

Lot Number: AG300202

Exp Date: 01/02/2015

Test

DIAG	Pass	10:55am
AIR BLK	.00	10:56am
ACCY CHK	.07	10:57am
AIR BLK	.00	10:57am
SUB TEST	.00	10:58am

g/210L

Time

AIR BLK .00 10:59am

SUB TEST .00 11:00am AIR BLK .00 11:01am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008727 Test Record Number: 864 Test Date: 04/16/2014

Test Time: 11:02am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:02am
FLO	Pass	11:02am
FC	Pass	11:02am

Temperature Tests

Test	Status	Time
FC1 SRC DET	Pass Pass Pass	11:02am 11:02am 11:02am
BAR	Pass Pass	11:02am
BT	Pass	11:02am

Blank Tests

Test	Status	Time
AIR	Pass	11:03am

Printer Tests

Test	Status	Time
PRNT	Pass	11:03am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:03am

Preventive Maintenance Status: Pass

Pass

11:03am

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County <u>S</u>	vain	Instrument Location 5/4/63 h	Co. Jail
Instrument Ser	ial No. <u>(708723</u>	Bryson City,	NE
The preventive four months ar		ntoximeters, Model Intox EC/IR II to be f	followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath gree centigrade;	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" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; an	d	
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	ister is being changed before expiration d nged every four months or after 125 Alco	ate, or the alcoholic breath holic Breath Simulator tests,
procedures we	re performed on the instrument inc	dicated above, in accordance with current the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
OF THE STATE OF TH			
APRIL 12, 1776		RUTH	335
	Sign	nature of Certifying Official	Certificate Number

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008723 Test Date: 04/16/2014

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

Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R
Permit Number: 8457E
Effective:
10/01/2013-10/01/2015

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

SWAIN COUNTY SWAIN COUNTY JAIL 860.

Serial Number: 008723 Test Record Number: 525 Test Date: 04/16/2014 Test Time: 11:00am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:00am
FLO	Pass	11:00am
FC	Pass	11:01am

Temperature Tests

Test	Status	Time
FC1	Pass	11:01am
SRC	Pass	11:01am
DET	Pass	11:01am
BAR	Pass	11:01am
BT	Pass	11:01am

Blank Tests

Test	Status	Time
AIR	Pass	11:01am

Printer Tests

Test	Status	Time
PRNT	Pass	11:01am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:02am 11:02am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

, ,	INTOXIMETERS, MODEL INTOX EC/IR II
County Ma	Instrument Location Wake (). 12 Hnta
Instrument Serial	1NO. 008615 3301 Hammond Rd.
The preventive m four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on to procedures were Department of H	the
OTHE STATE OF A STATE	Signature of Certifying-Official Certificate Number

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008615 Test Date: 04/25/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG323402 Exp Date: 08/22/2015

Test	=	g/210L	Time
DIAG		Pass	1:30pm
AIR	$_{ m BLK}$.00	1:31pm
ACC:	ү снк	.08 .00	<u>1:3</u> 2pm
AIŘ	BLK	.00	1:33pm
SUB	TEST	.00	1:34pm
AIR	BLK	.00	1:35pm
SUB	TEST	.00	1:37pm
ATR	BLK	. 0.0	1:37mm

Marity

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008615

หรือสุดสารทำสารที่ พ

William Salam Carlotte Control

Test Record Number: 4500

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:39pm 1:39pm
FC	Pass	1:40pm

Temperature Tests

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

Blank Tests

Test	Status	Time

1:40pm AIR Pass

Printer Tests

Test	Status	Time
PRNT	Pass	1:40pm

CRC Tests

Test	Status	Time
COMP	Pass	1:40pm
CAL	Pass	1:40pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location Wake (o. 1) etc. To
Instrument Seria	100.008826 3301 Hammond Rd. Racell NC
The preventive r	maintenance procedures for the Intoximeters, ModeLintox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the day of 20 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF STA	VOITH CAROLIN TO THE PARTY OF T

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

Signature of Certifying Official

Certificate Number

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008826 Test Date: 04/25/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

12/01/2012-12/01/2014

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	12:04pm
AIR BLK	.00	12:05pm
ACCY CHK	.07	12:06pm
AIR BLK	00	12:07pm
SUB TEST	.00	12:09pm
AIR BLK	.00	12:10pm
SUB TEST	.00	12:12pm
AIR BLK	.00	12:13pm

Reperted 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

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008826 Test Record Number: 6908 Test Date: 04/25/2014 Test Time: 12:15pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:16pm
SRC	Pass	12:16pm
DET	Pass	12:16pm
BAR	Pass	12:16pm
\mathtt{BT}	Pass	12:16pm

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	12:17pm
CAL	Pass	12:17pm

Preventive Maintenance Status: Pass

Analyst

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



Signature of Certifying Official

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.

Certificate Number

the forgoing preventive maintenance

GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008923 Test Date: 04/22/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Rev. 12/2007

GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008923

Test Record Number: 1075

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test		
AIR	Pass	2:10pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:10pm

CRC Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County Pas	Social Instrument Location (1,7aboth (14, P.1)
Instrument Se	rial No. 008950 300 Colonial Ave, Elizabeth City
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o procedures we Department of	on the day of April , 20 14 the forgoing preventive maintenance are performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
OF THE STATE OF TH	Signature of Certifying Official Certificate Number

PASQUOTANK COUNTY ELIZABETH CITY PD 690

Serial Number: 008950 Test Date: 04/09/2014

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

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

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
08/01/2013-08/01/2015

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

Lot Number: AG309105 Exp Date: 04/01/2015

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Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	1:13pm 1:14pm 1:14pm
AIR BLK	.00	1:15pm
SUB TEST	.00	1:16pm
AIR BLK	.00	1:17pm
SUB TEST	.00	1:18pm
AIR BLK	.00	1:19pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PASQUOTANK COUNTY ELIZABETH CITY PD 690

Serial Number: 008950

Test Record Number: 1002

Test Date: 04/09/2014

Test Time: 1:20pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:21pm
SRC	Pass	1:21pm
DET	Pass	1:21pm
BAR	Pass	1:21pm
BT	Pass	1:21pm

Blank Tests

Test	Status	Time
AIR	Pass	1:21pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:22pm

CRC Tests

Test	Status	Time
COMP	Pass	1:22pm
CAL	Pass	1:22pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTUXIMETERS, MODEL INTUX EC/IR II
County	Jave Instrument Location Dave (0.50 Hattere
Instrument S	Instrument Location Dave (0.5.0 Hattered Serial No. 008807 50346 NCHwy 12, Fri300, N.C.
The preventi four months	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. on the
TABLE GLIMMY	Signature of Certifying Official Certificate Number

DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807 Test Date: 04/22/2014

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
08/01/2013-08/01/2015

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

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

Test	g/210L	Time
DIAG	Pass	3:01pm
AIR BLK	.00	3:01pm
ACCY CHK	.07	3:02pm
AIR BLK	.00	3:03pm
SUB TEST	.00	3:03pm
AIR BLK	.00	3:04pm
SUB TEST	.00	3:06pm
AIR BLK	.00	3:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807 Test Date: 04/22/2014 Test Record Number: 537
Test Time: 3:08pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	3:08pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	3:09pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:09pm

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_M	Instrument Location Markin Co. 5.0,
Instrument S	Serial No. 008912 305 E. Main St., Williamston, M
The preventi	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
_ 3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department	on the day of April , 20 // the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
O'ME STATI, O'ME S	7/16 A A
,÷	Signature of Certifying Official Certificate Number

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Date: 04/16/2014

Citation Number: M0000000-0

Subject's Name:

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

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

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:

08/01/2013-08/01/2015

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

Test Type: Breath Test

Lot Number: AG309105 Exp Date: 04/01/2015

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Record Number: 803 Test Date: 04/16/2014 Test Time: 11:26am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	11:27am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	11:28am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

. 1	INTOXINIETERS, MODEL INTOX EC/IK II
County	Vde Instrument Location Hyde (v. S.O Ocraco
Instrument S	Serial No. DO8797 NC 12, Devacoke, N.C.
The preventi four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
F	on the
TATE OF THE STATE	
AFRIL 12, VI	VIII SA 0 643
	Signature of Certifying Official Certificate Number

HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797 Test Date: 04/22/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: GUARD, KELLY G Permit Number: 12955E Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	12:38pm 12:38pm 12:39pm
AIR BLK	.00	12:40pm
SUB TEST	.00	12:41pm
AIR BLK	.00	12:42pm
SUB TEST	.00	12:43pm
AIR BLK	.00	12:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797 Test Record Number: 358

Test Date: 04/22/2014 Test Time: 12:46pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:47pm
FLO	Pass	12:47pm
FC	Pass	12:47pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:47pm
SRC	Pass	12:47pm
DET	Pass	12:47pm
BAR	Pass	12:47pm
BT	Pass	12:47pm

Blank Tests

Test	Status	Time
AIR	Pass	12:47pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:47pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:48pm

Pass

12:48pm

Preventive Maintenance Status: Pass

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	intoxime Leas, Model intox	EC/IK II
County_/		GHTDALE P.S.
Instrument S	Serial No. <u>008838</u> 979 STEEPLE S.	QUARE CT. KNIGHTUN
The prevention four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR are:	II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholi 34 degrees, plus or minus .2 degree centigrade;	c breath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	•
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expi simulator solution is being changed every four months or after 1 whichever occurs first.	
I certify that of procedures we Department of	on the	the forgoing preventive maintenance current regulations of the N.C. erly.
THE STATE OF THE S	Signature of Certifying Official	637

WAKE COUNTY KNIGHTDALE PS 910

Serial Number: 008838 Test Date: 04/30/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG322601 Exp Date: 08/14/2015

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

WAKE COUNTY KNIGHTDALE PS 910

Serial Number: 008838

Test Record Number: 1030

Test Date: 04/30/2014

Test Time: 11:34am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:34am
FLO	Pass	11:34am
FC	Pass	11:34am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:35am

Printer Tests

Test	Status	Time
PRNT	Pass	11:35am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:35am 11:35am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County U	KE	Instrument Location 1913	O DETENTION CTR
Instrument Ser	rial No. <u>008738</u>	3301 HAMMIND RD	PALEIGH, NC
The preventive four months an		Intoximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d	displays pressure, or the alcoholic breat egree centigrade;	h simulator thermometer shows
2.	Verify instrument displays tim	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	l;	
5.	Verify instrument accuracy;		T
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; an	nd	
10.		nister is being changed before expiration anged every four months or after 125 Alc	
I certify that of procedures we Department of	n the day of	20 /4 the for dicated above, in accordance with currer the instrument is functioning properly.	going preventive maintenance at regulations of the N.C.
OF WASTATE OF THE STATE OF THE	Contract of the contract of th	D Amass	637
	Sig	nature of Certifying Official	Certificate Number

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008738

Test Record Number: 345

Test Date: 04/13/2014

Test Time: 2:38am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:38am 2:38am
FC	Pass	2:38am

Temperature Tests

Test	Status	Time
FC1	Pass	2:39am
SRC	Pass	2:39am
DET	Pass	2:39am
BAR	Pass	2:39am
BT	Pass	2:39am

Blank Tests

Test	Status	Time
AIR	Pass	2:39am

Printer Tests

Test	Status	Time
PRNT	Pass	2:39am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:39am 2:39am

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008738 Test Date: 04/13/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:30am
AIR BLK	.00	2:30am
ACCY CHK	.08	2:31am
AIR BLK	.00	2:32am
SUB TEST	.00	2:33am
AIR BLK	.00	2:34am
SUB TEST	.00	2:35am
AIR BLK	.00	2:36am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD

INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location County The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; 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 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. day of the forgoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

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

Signature of Certifying Official

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Date: 04/23/2014

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	11:53am 11:54am 11:54am 11:55am
AIR BLK	.00	11:57am
SUB TEST	.00	11:58am
AIR BLK	.00	11:59am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Record Number: 448 Test Date: 04/23/2014 Test Time: 12:00pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:00pm
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

Status Time

Test

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Dace	Instrument Location Dare Ca. Detention	
Instrument So	erial No. <u>608804</u>	1044 Dr. Ft Wood Dr., Mante	
The prevention		Intoximeters, Model Intox EC/IR II to be followed at least once every	
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath simulator thermometer shows egree centigrade;	
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" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; an	nd .	
10.		sister is being changed before expiration date, or the alcoholic breath anged every four months or after 125 Alcoholic Breath Simulator tests,	
	ere 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.	
TAN 12 DESTATE OF THE PROPERTY	ON TORREST OF THE STORY	A Cartifying Official Certificate Number	

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804 Test Date: 04/23/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:54am 11:55am 11:55am
AIR BLK	.00	11:56am
SUB TEST	.00	11:57am
AIR BLK	.00	11:58am
SUB TEST	.00	12:00pm
AIR BLK	.00	12:01pm

Reported AC: .00 g/210L

Chemical Analyst

Court CVR

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804 Test Record Number: 1319
Test Date: 04/23/2014 Test Time: 12:05pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:06pm
FLO	Pass	12:06pm
FC	Pass	12:06pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:06pm
SRC	Pass	12:06pm
DET	Pass	12:06pm
BAR	Pass	12:06pm
BT	Pass	12:06pm

Blank Tests

Test	Status	Time
ATR	Pass	12:07pm

Printer Tests

Status

Test

PRNT	Pass	12:07pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:07pm 12:07pm

Time

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Wake Instrument Location BAT/1108:16 KeVIT
Instrument Ser	ial No. 008612 Resign
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the
STATE OF A	Column Co
THE CLASSICAL VIOLATION AND AND AND AND AND AND AND AND AND AN	Signature of Certifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008612

Test Record Number: 1488 Test Date: 04/25/2014 Test Time: 11:57pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:58pm
SRC	Pass	11:58pm
DET	Pass	11:58pm
BAR	Pass	11:58pm
BT	Pass	11:58pm

Blank Tests

Test	Status	Time
AIR	Pass	11:59pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:59pm

CRC Tests

Test	Status	Time
COMP	Pass	11:59pm
CAL	Pass	11:59pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008612 Test Date: 04/25/2014

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

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

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

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

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

Lot Number: AG303502 Exp Date: 02/04/2015

Test	g/210L	Time
DIAG AIR BLK	Pass .00	11:40pm 11:41pm
ACCY CHK	.07	11:42pm
AIR BLK	.00	11:43pm
SUB TEST	.00	11:43pm
AIR BLK	.00	11:44pm
SUB TEST	.00	11:46pm
AIR BLK	- 00	11:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location BAT MDB, 7 & Gas,	<u> </u>
Instrument Se	erial No. 00 85 77 Refleich	
The preventiv	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once eve are:	ry
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer states 34 degrees, plus or minus .2 degree centigrade;	hows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
	ere performed on the instrument indicated above, in accordance with current regulations of the N.C.	sts,
Department of		 .

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008577 Test Record Number: 1009
Test Date: 04/25/2014 Test Time: 11:58pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:58pm
FLO	Pass	11:58pm
FC	Pass	11:59pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:59pm
SRC	Pass	11:59pm
DET	Pass	11:59pm
BAR	Pass	11:59pm
BT	Pass	11:59pm

Blank Tests

Test	Status	Time
AIR	Pass	11:59pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:59pm

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008577 Test Date: 04/25/2014

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG305202 Exp Date: 02/21/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	11:41pm 11:42pm 11:43pm 11:44pm 11:45pm
AIR BLK SUB TEST AIR BLK	.00 .00	11:46pm 11:48pm 11:50pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	NAGE Instru	ment Location /3/37 [M]	Bile levit
Instrument Seri	ial No. <u>668704</u>	Raleig	4.
The preventive four months are	maintenance procedures for the Intoximete	rs, Model Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister displays page 34 degrees, plus or minus .2 degree cent		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	ct breath sample;	
7.	When "PLEASE BLOW" appears, colle	ct 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 were	the day of American dependence performed on the instrument indicated above the latest and Human Services, and the instrument indicated above the latest and the latest a	ove, in accordance with current r	ing preventive maintenance egulations of the N.C.
TASE QUANT VIDENT	SAR COL	Sertifying Official	¥ 63

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008704 Test Record Number: 255 Test Date: 04/26/2014 Test Time: 12:39am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:40am
FLO	Pass	12: 4 0am
FC	Pass	12:40am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:41am

Printer Tests

Test	Status	Time
PRNT	Pass	12:41am
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

12:41am 12:41am

COMP

CAL

 $\bigcirc \ , \ // \ /^{3}$

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008704 Test Date: 04/26/2014

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

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

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

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

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

Lot Number: AG308002 Exp Date: 03/21/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	12:28am 12:29am 12:29am 12:30am 12:31am 12:32am
SUB TEST	.00	12:36am
AIR BLK	.00	12:37am

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		BILE CLANT
Instrument S	erial No. 008623	74
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followe:	owed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath sin 34 degrees, plus or minus .2 degree centigrade;	nulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, simulator solution is being changed every four months or after 125 Alcohol whichever occurs first.	
	on the	g preventive maintenance culations of the N.C.
THE STATE OF THE S		V ()

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

Signature of Certifying Official

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008623 Test Record Number: 2869

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:20am
SRC	Pass	1:20am
DET	Pass	1:20am
BAR	Pass	1:20am
BT	Pass	1:20am

Blank Tests

Test	Status	Time
AIR	Pass	1:21am

Printer Tests

Test	Status	Time
PRNT	Pass	1:21am

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008623 Test Date: 04/26/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG305202

Exp Date: 02/21/2015

Test	g/210L	Time
		TIME
DIAG	Pass	1:11am
AIR BLK	.00	1:12am
ACCY CHK	.07	1:13am
AIR BLK	.00	1:14am
SUB TEST	·• 00	1:15am
AIR BLK	.00	1:16am
SUB TEST	.00	1:17am
ATP BIK	በበ	1 • 1 8 a m

Reperted AC: .00 q/2

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Uske Instrument Location BUTMOBILE Law J
Instrument Seri	al No. 008778 Roleion
· .	
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1. No.	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.
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	theday of
OF THE STATE OF A	
ASSE GLAM AIDEN	(anh 4.) 656
	Signature of Certifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008778 Test Record Number: 1144
Test Date: 04/25/2014 Test Time: 11:55pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:55pm
FLO	Pass	11:55pm
FC	Pass	11:55pm

Temperature Tests

Status	Time
Pass	11:55pm
	Pass Pass Pass Pass

Blank Tests

rest	Status	Time
	-	
ATR	Pagg	11.56pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:56pm
	CRC Tests	

Test	Status	Time
COMP	Pass	11:56pm
CAL	Pass	11:56pm

Preventive Maintenance Status: Pass

Analyst

Intox EC/IR-II: Subject Test L007/ZI 'APH Desutment of Health and Human Services

Serial Number: 008778

Test Date: 04/25/2014

Analyst

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test g/210L Time

DIAG Pass 11:38pm AIR BLK .00 11:39pm ACCY CHK .07 11:40pm AIR BLK .00 11:41pm SUB TEST .00 11:42pm AIR BLK .00 11:42pm SUB TEST .00 11:44pm AIR BLK .00 11:45pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /a	PANDOLPH	Instrument Location \(\sqrt{2} \)	andowal Co. JAIL
Instrument S	erial No. <u>008299</u>	ASHEBORO N	la l
The prevention four months a	ve maintenance procedures for the Into	ximeters, Model Intox EC/II	R II to be followed at least once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degre		olic breath simulator thermometer show
2.	Verify instrument displays time a	nd date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	s, collect breath sample;	
7.	When "PLEASE BLOW" appears	s, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.			piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
	on the day of	ted above, in accordance wit	
The state of the s	Str.		
STATE STATE			
ASSE 12. WTS		A Pourse !!	371
	Signatu	re of Certifying Official	Certificate Number

RANDOLPH COUNTY RANDOLPH CO. JAIL 750

Serial Number: 008899 Test Date: 04/16/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RUSSELL, LARRY H

Permit Number: 6108E Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	5:06pm 5:07pm
AIR BLK ACCY CHK	.00 .08	5:07pm
ACCI CHK	.00	5:08pm
SUB TEST	.00	5:09pm
AIR BLK	.00	5:10pm
SUB TEST	.00	5:12pm
ATR BLK	.00	5:13pm

.00 g/210L Reported AC:

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 RANDOLPH CO. JAIL 750

Serial Number: 008899 Test Record Number: 1787

Test Date: 04/16/2014 Test Time: 5:14pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time

5:15pm AIR Pass

Printer Tests

Test	Status	Time
PRNT	Pass	5:15pm

CRC Tests

Test	Status	Time
COMP	Pass	5:15pm
CAL	Pass	5:15pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOAIMETERS, MODEL INTOA EC/IR II
County/	PANDOLPH Instrument Location RANDOLPH G. JAIL
Instrument S	erial No. DO 8860 ASHEBORO NC
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	on the
THE STATE	CARDINAL CAR
TOTAL 12. OTHER	Signature of Certifying Official Certificate Number

RANDOLPH COUNTY RANDOLPH COUNTY JAIL 750

Serial Number: 008860 Test Date: 04/16/2014

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00	5:09pm 5:10pm 5:10pm 5:11pm 5:12pm 5:13pm 5:14pm
AIR BLK	.00	5:15pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

RANDOLPH COUNTY RANDOLPH COUNTY JAIL 750

Serial Number: 008860 Test Date: 04/16/2014 Test Record Number: 2020 Test Time: 5:17pm EDT

,

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	5:17pm 5:17pm
FC	Pass	5:17pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:17pm
SRC	Pass	5:17pm
DET	Pass	5:17pm
BAR	Pass	5:17pm
BT	Pass	5:17pm

Blank Tests

Test	Status	Time
AIR	Pass	5:18pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:18pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	5:18pm 5:18pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Co	UMGERLAND Instrument Location FT.	38AGG
Instrument Se	rial No. 008787 P.M.O.	
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic 34 degrees, plus or minus .2 degree centigrade;	breath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	Section 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 expira simulator solution is being changed every four months or after 12: whichever occurs first.	tion date, or the alcoholic breath S Alcoholic Breath Simulator tests,
I certify that of procedures we Department of	on theday of, 20there performed on the instrument indicated above, in accordance with c f Health and Human Services, and the instrument is functioning prope	urrent regulations of the N.C.
OT THE STATE	No.	
COREA	To the state of th	· · · · · · · · · · · · · · · · · · ·
COE CIVA AD	Signature of Certifying Official	Certificate Number

CUMBERLAND CO. FORT BRAGG LEC. 250

Serial Number: 008787 Test Date: 04/24/2014

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

Driver's License Number: NONE

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	11:35am 11:35am 11:36am 11:37am 11:39am 11:40am
SUB TEST	.00	11:41am
AIR BLK	.00	11:42am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CUMBERLAND CO. FORT BRAGG LEC. 250

Serial Number: 008787

Test Record Number: 305

Test Date: 04/24/2014

Test Time: 11:44am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:45am
FLO	Pass	11:45am
FC	Pass	11:45am

Temperature Tests

Test	Status	Time
FC1	Pass	11:45am
SRC	Pass	11:45am
DET	Pass	11:45am
BAR	Pass	11:45am
BT .	Pass	11:45am

Blank Tests

Test	Status	Time
AIR	Pass	11:46am

Printer Tests

Test	Status	Time
PRNT	Pass	11:46am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:46am 11:46am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	Instrument Location RANCEMAN POLICE DEPT
Instrument Se	rial No. DO 8737 JOI HILLARY ST, RANDLEMAN NC
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.
I certify that or procedures wer Department of	theday of
THE STATE ON THE STATE OF THE S	CAROLLI CAROLL
The same of the sa	Thomas State of State Number
	Signature of Certifying Official Certificate Number

RANDOLPH COUNTY RANDLEMAN PD 750

Serial Number: 008737 Test Date: 04/16/2014

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:58pm
AIR BLK	.00	3:59pm
ACCY CHK	.07	4:00pm
AIR BLK	.00	4:01pm
SUB TEST	.00	4:01pm
AIR BLK	.00	4:02pm
SUB TEST	.00	4:04pm
AIR BLK	.00	4:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

RANDOLPH COUNTY RANDLEMAN PD 750

Serial Number: 008737

Test Record Number: 706

Test Date: 04/16/2014

Test Time: 4:13pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:14pm
FLO	Pass	4:14pm
FC	Pass	4:14pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:14pm
SRC	Pass	4:14pm
DET	Pass	4:14pm
BAR	Pass	4:14pm
\mathtt{BT}	Pass	4:14pm

Blank Tests

Test	Status	Time
ATR	Pass	4:14pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:14pm

CRC Tests

Test	Status	Time
COMP	Pass	4:15pm
CAL	Pass	4:15pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

/	intualmeters, model into a ec/ir ii
County C	-abarrus Instrument Location Kanna polis PD
Instrument S	erial No. 008589 314 S. Main St., Kannaph)
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1,	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the day of da
THE STATE OF THE S	Thomas Carlo
	Signature of Certifying Official Certificate Number

CABARRUS COUNTY KANNAPOLIS PD 120

Serial Number: 008589

Test Record Number: 2105

Test Date: 04/25/2014 Test Time: 10:02am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET	Pass Pass Pass	10:03am 10:03am 10:03am
BAR	Pass	10:03am
\mathtt{BT}	Pass	10:03am

Blank Tests

Test	Status	Time
AIR	Pass	10:04am

Printer Tests

Test	Status	Time
PRNT	Pass	10:04am
	CRC Tests	

Test	Status	Time	
COMP	Pass	10:04am	
CAL	Pass	10:04am	

Preventive Maintenance Status: Pass

CABARRUS COUNTY KANNAPOLIS PD 120

Serial Number: 008589 Test Date: 04/25/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2014-01/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00 .00	10:08am 10:09am 10:10am 10:11am 10:11am 10:14am
AIR BLK	.00	10:15am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Brunstolick Co. Instrument Location BAT Mobile Unit	4
Instrument Se	erial No. <u>008/11/7</u>	
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once evere:	ry
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sl 34 degrees, plus or minus .2 degree centigrade;	how
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.	h sts,
	n the	nce
STATE OF THE STATE		<u>-</u>
	Signature of Certifying Official Certificate Number	

BRUNSWICK COUNTY BAT MOBILE UNIT 4 090

Serial Number: 008717 Test Date: 04/11/2014

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

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

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

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

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

Lot Number: AG322601 Exp Date: 08/14/2015

g/210L	Time
Pass	8:47pm
.00	8:48pm
.07	8:49pm
.00	8:50pm
.00	8:50pm
.00	8:51pm
.00	8:53pm
.00	8:54pm
	Pass .00 .07 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

BRUNSWICK COUNTY BAT MOBILE UNIT 4 090

Serial Number: 008717 Test Record Number: 419
Test Date: 04/11/2014 Test Time: 8:55pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:55pm
FLO	Pass	8:55pm
FC	Pass	8:55pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:56pm
SRC	Pass	8:56pm
DET	Pass	8:56pm
BAR	Pass	8:56pm
BT	Pass	8:56pm

Blank Tests

Test	Status	Time
	•	
AIR	Pass	8:56pm

Printer Tests

PRNT Pass 8:56pm	Test	Status	Tilma
	PRNT	Pass	8:56pm

CRC Tests

Test	Status	Time
COMP	Pass	8:56pm
CAL	Pass	8:56pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

,,,,,,	INTOXIMETERS, MODEL INTOX EC/IR II
County 154	Eurswick Co. Instrument Location BAT Mbbile Un. +4
Instrument Ser	ial No. <u>208134</u>
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	theday of, 20 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OF THE STATE OF TH	Signature of Certifying Official Certificate Number

BRUNSWICK COUNTY BAT MOBILE UNIT 4 090

Serial Number: 008734 Test Date: 04/11/2014

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

Lot Number: AG322601 Exp Date: 08/14/2015

Test	g/210L	Time
DIAG AIR BLK	Pass	8:46pm 8:47pm
ACCY CHK AIR BLK	.08	8:47pm 8:48pm
SUB TEST	.00	8:49pm
AIR BLK	.00	8:50pm
SUB TEST	.00	8:51pm
AIR BLK	.00	8:52pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BRUNSWICK COUNTY BAT MOBILE UNIT 4 090

Serial Number: 008734 Test Record Number: 816 Test Date: 04/11/2014 Test Time: 8:53pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:53pm
FLO	Pass	8:53pm
FC	Pass	8:53pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:54pm
SRC	Pass	8:54pm
DET	Pass	8:54pm
BAR	Pass	8:54pm
BT	Pass	8:54pm

Blank Tests

Test	Status	Time
AIR	Pass	8:54pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:54pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	8:54pm 8:54pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Bu	Purswick Co. Instrument Location BAT 11	Obile Unit 4
	rial No. <u>2088 11</u>	
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to l re:	pe followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic bre 34 degrees, plus or minus .2 degree centigrade;	ath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 A whichever occurs first.	n date, or the alcoholic breath lcoholic Breath Simulator tests,
I certify that oprocedures we Department o	on theday of, 20/4 the force performed on the instrument indicated above, in accordance with current Health and Human Services, and the instrument is functioning properly.	orgoing preventive maintenance ent regulations of the N.C.
THE STATE OF THE S	TO CASO OF THE PARTY OF THE PAR	654
	Signature of Certifying Official	Certificate Number

BRUNSWICK COUNTY BAT MOBILE UNIT 4 090

Serial Number: 008871 Test Date: 04/11/2014

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

Subject'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: AG400603 Exp Date: 01/06/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	8:44pm 8:45pm 8:46pm 8:47pm
AIR BLK SUB TEST	.00	8:4/pm 8:48pm
AIR BLK	.00	8:49pm
SUB TEST	.00	8:50pm
AIR BLK	.00	8:51pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BRUNSWICK COUNTY BAT MOBILE UNIT 4 090

Serial Number: 008871

Test Record Number: 763

Test Date: 04/11/2014

Test Time: 8:52pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	8:52pm 8:52pm
FC	Pass	8:52pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:52pm
SRC	Pass	8:52pm
DET	Pass	8:52pm
BAR	Pass	8:52pm
BT	Pass	8:52pm

Blank Tests

Test	Status	Time
AIR	Pass	8:53pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:53pm

CRC Tests

Test	Status	Time
COMP	Pass	8:53pm
CAL	Pass	8:53pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ne	W HANDVER Instrument Location BAT Mobile Unit
Instrument Seri	al No. OSTIT
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.
Proto-mile man	the 12th day of AR, 2014 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 4 640

> Serial Number: 008717 Test Date: 04/12/2014

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: AG322601 Exp Date: 08/14/2015

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Test	g/210L	Time
DIAG	Pass	9:38pm
AIR BLK	.00	9:39pm
ACCY CHK	.07	9:40pm
AIR BLK	.00	9:40pm
SUB TEST	.00	9:41pm
AIR BLK	.00	9:42pm
SUB TEST	.00	9:44pm
AIR BLK	.00	9:45pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NEW HANOVER COUNTY BAT MOBILE UNIT 4 640

Serial Number: 008717

Test Record Number: 422

Test Date: 04/12/2014

Test Time: 9:46pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:47pm
FLO	Pass	9:47pm
FC	Pass	9:47pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:47pm
SRC	Pass	9:47pm
DET	Pass	9:47pm
BAR	Pass	9:47pm
BT	Pass	9:47pm

Blank Tests

Test	Status	Time
AIR	Pass	9:47pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:48pm
	CRC Tests	
Test	Status	Time

Pass

Pass

9:48pm

9:48pm

Preventive Maintenance Status: Pass

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County No.	W HANOVER Instrument Location 1347 1	Mobile Units
Instrument Seri	al No008134	
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 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration d simulator solution is being changed every four months or after 125 Alcowhichever occurs first.	
I certify that on procedures wer Department of	theday of, 20 // the forge performed on the instrument indicated above, in accordance with current Health and Human Services, and the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
STATE OF THE STATE		
AND 12, THE STATE OF THE STATE	Signature of Certifying Official	Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 4 640

Serial Number: 008734 Test Date: 04/12/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2014-02/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG322601 Exp Date: 08/14/2015

Test	g/210L	Time
DIAG	Pass	9:37pm
AIR BLK	.00	9:38pm
ACCY CHK	.07	9:39pm
AIR BLK	.00	9:39pm
SUB TEST	.00	9:40pm
AIR BLK	.00	9:41pm
SUB TEST	.00	9:43pm
AIR BLK	. 00	9:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

NEW HANOVER COUNTY BAT MOBILE UNIT 4 640

Serial Number: 008734

Test Record Number: 819

Test Date: 04/12/2014

Test Time: 9:45pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:45pm
FLO	Pass	9:45pm
FC	Pass	9:45pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:45pm
SRC	Pass	9:45pm
DET	Pass	9:45pm
BAR	Pass	9:45pm
BT	Pass	9:45pm

Blank Tests

Test	Status	Time
ΔTR	Pagg	9 · 4 6 mm

Printer Tests

Test	Status	Time
PRNT	Pass	9:46pm
	CRC Tests	

Test	Status	Time
COMP	Pass	9:46pm
\mathtt{CAL}	Pass	9:46pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County New	W HANOVER Instrument Location BAT Mbb. le Unit 4
Instrument Seria	1 - 1 - 1
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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	theday of, 20
TARE OF AN AND AN AND AND AND AND AND AND AND A	Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 4 640

Serial Number: 008871 Test Date: 04/12/2014

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG400603 Exp Date: 01/06/2016

Test	g/210L	Time
DIAG AIR BLK	Pass .00	9:36pm 9:37pm
ACCY CHK	.07	9:38pm
AIR BLK	.00	9:39pm
SUB TEST	.00	9:39pm
AIR BLK	.00	9:40pm
SUB TEST	.00	9:42pm
AIR BLK	.00	9:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

NEW HANOVER COUNTY BAT MOBILE UNIT 4 640

Serial Number: 008871

Test Record Number: 768

Test Date: 04/12/2014

Test Time: 9:44pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:45pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:45pm

CRC Tests

Status	Time
Pass Pass	9:45pm 9:45pm
1 000	2.125
	_

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	BRUNSwick Co. Instrument Location BAT Mobile Chief 4
Instrumen	Serial No
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
STATE OF STA	Signature of Cartificing Official Cartificate Number

BRUNSWICK COUNTY BAT MOBILE UNIT 4 090

Serial Number: 008871 Test Date: 04/25/2014

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

Subject'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: XX
Agency: FTA
Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	8:57pm
AIR BLK	.00	8:58pm
ACCY CHK	.07	8:59pm
AIR BLK	.00	9:00pm
SUB TEST	.00	9:00pm
AIR BLK	.00	9:01pm
SUB TEST	.00	9:03pm
AIR BLK	.00	9:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BRUNSWICK COUNTY BAT MOBILE UNIT 4 090

Serial Number: 008871 Test Record Number: 773
Test Date: 04/25/2014 Test Time: 9:04pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:06pm

Printer Tests

П- « -	Ot a true	mi mo
	CRC Tests	
PRNT	Pass	9:06pm
Test	Status	Time

COMP Pass 9:06p CAL Pass 9:06p

Preventive Maintenance Status: Pass

Ad. Land

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location BAT Mobile Muit 4 Instrument Serial No. The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; Enter information as prompted; Verify instrument accuracy; 5. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 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.

Signature of Certifying Official

BRUNSWICK COUNTY BAT MOBILE UNIT 4 090

Serial Number: 008734 Test Date: 04/25/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: XX

Agency: FTA

Test Type: Breath Test

Lot Number: AG322601 Exp Date: 08/14/2015

Test	g/210L	Time
DIAG	Pass	8:59pm
AIR BLK	.00	9:00pm
ACCY CHK	.07	9:01pm
AIR BLK	.00	9:02pm
SUB TEST	.00	9:02pm
AIR BLK	.00	9:03pm
SUB TEST	.00	9:05pm
AIR BLK	.00	9:05pm

Reported AC:

.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BRUNSWICK COUNTY BAT MOBILE UNIT 4 090

Serial Number: 008734 Test Record Number: 822 Test Date: 04/25/2014 Test Time: 9:06pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	9:07pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	9:07pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:07pm
	CRC Tests	

Test	Status	Time
COMP	Pass	9:07pm
CAL	Pass	9:07pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Z	Brunent Location BAT Mobile Unit	14
Instrument S	Serial No. <u>0087/</u> 7	
The prevent four months	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least on s are:	ce every
1	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermom 34 degrees, plus or minus .2 degree centigrade;	eter show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simul whichever occurs first.	
procedures v	at on the	intenance N.C.
TATE IN OF THE PARTY OF THE PAR	THE ONLY THE STATE OF THE STATE	
	Signature of Certifying Official Certificate Nu	mber

BRUNSWICK COUNTY BAT MOBILE UNIT 4 090

Serial Number: 008717 Test Date: 04/25/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: XX

Agency: FTA
Test Type: Breath Test

Lot Number: AG322601 Exp Date: 08/14/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	9:02pm 9:03pm 9:04pm
AIR BLK	.00	9:04pm
SUB TEST	.00	9:05pm
AIR BLK	.00	9:06pm
SUB TEST	.00	9:07pm
AIR BLK	.00	9:08pm

Reportéd AC:

00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BRUNSWICK COUNTY BAT MOBILE UNIT 4 090

Serial Number: 008717 Test Record Number: 425
Test Date: 04/25/2014 Test Time: 9:09pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:09pm
FLO	Pass	9: 09pm
FC	Pass	9:09pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:09pm
SRC	Pass	9:09pm
DET	Pass	9:09pm
BAR	Pass	9:09pm
BT	Pass	9:09pm

Blank Tests

Test	Status	Time
AIR	Pass	9:10pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:10pm
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

9:10pm

9:10pm

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	New Handel Instrument Location BAT Mobile Unit 4
Instrumen	New Hander Instrument Location Bat Mobile Unit 4 1 Serial No. 008414
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures	at on the
GREAT SEE	WE OF NORTH CARD
* rate Ora	Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 4
640

Serial Number: 008717 Test Date: 04/26/2014

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: XX

Agency: FTA

Test Type: Breath Test

Lot Number: AG322601 Exp Date: 08/14/2015

- /OI OT

Test	g/210L	Time
DIAG	Pass	8:57pm
AIR BLK	.00	8:58pm
ACCY CHK	.07	8:58pm
AIR BLK	.00	8:59pm
SUB TEST	.00	9:00pm
AIR BLK	.00	9:01pm
SUB TEST	.00	9:03pm
AIR BLK	.00	9:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NEW HANOVER COUNTY BAT MOBILE UNIT 4 640

Serial Number: 008717

Test Record Number: 427

Test Date: 04/26/2014

Test Time: 9:04pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	9:05pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	9:06pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:06pm
	CRC Tests	

Test	Status	Time
COMP	Pass	9:06pm
CAL	Pass	9:06pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County^	Vew Handler Instrument Location BAT Mapile Wart 4
Instrument S	erial No. DO 88 11
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 w Department of	on the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 4 640

> Serial Number: 008871 Test Date: 04/26/2014

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

Subject'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: XX
Agency: FTA

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	8:53pm 8:54pm
ACCY CHK	.07	8:54pm
AIR BLK	.00	8:55pm
SUB TEST	.00	8:56pm
AIR BLK	.00	8:57pm
SUB TEST	.00	8:58pm
AIR BLK	.00	8:59pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NEW HANOVER COUNTY BAT MOBILE UNIT 4 640

Serial Number: 008871 Test Date: 04/26/2014

Test Record Number: 779 Test Time: 9:00pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:01pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:01pm

CRC Tests

Test St	tatus '	Time
		9:01pm 9:01pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ve	20 HANOVER Instrument Location BAT Mobile Units
Instrument Ser	ial No. OD 8134 Instrument Location BAT Mabile Unit
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the day of , 20 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OF THE STATE OF THE OWN TO THE OW	Signature of Certificial Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 4 640

Serial Number: 008734 Test Date: 04/26/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: XX

Agency: FTA

Test Type: Breath Test

Lot Number: AG322601 Exp Date: 08/14/2015

Test	g/210L	Time
DIAG	Pass	8:54pm
AIR BLK	.00	8:55pm
ACCY CHK	.07	8:56pm
AIR BLK	.00	8:57pm
SUB TEST	.00	8:57pm
AIR BLK	.00	8:58pm
SUB TEST	.00	9:00pm
AIR BLK	.00	9:01pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NEW HANOVER COUNTY BAT MOBILE UNIT 4 640

Serial Number: 008734

Test Record Number: 826

Test Date: 04/26/2014 Test Time: 9:01pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:02pm
FĻO	Pass	9:02pm
FC	Pass	9:02pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:02pm
SRC	Pass	9:02pm
DET	Pass	9:02pm
BAR	Pass	9:02pm
BT	Pass	9:02pm

Blank Tests

Test	Status	Time
AIR	Pass	9:03pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:03pm
	CRC Tests	
Test	Status	Time

COMP	Pass	9:03pm
CAL	Pass	9:03pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 1-(A-	ENETT Instrument Location + HENETT CO. DETENTION
Instrument Ser	ial No. 008729 LILINGTON N.C
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1,	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the
O'THE STATE OF WAY 20, 1775	Departed 652
	Signature of Certifying Official Certificate Number

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729 Test Date: 04/29/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name:
QUARANTELLO, NICHOLAS J
Permit Number: 21536E
Effective:

08/01/2013-08/01/2015

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

Test Type: Breath Test

Lot Number: AG300202 Exp Date: 01/02/2015

-- /0101

m2 --- -

Test	g/210L	Time
DIAG AIR BLK	Pass	8:49am 8:49am
ACCY CHK	.08	8:50am 8:51am
SUB TEST	.00	8:52am
AIR BLK	.00	8:52am
SUB TEST	.00	8:54am
AIR BLK	.00	8:55am

Reported AC: .00 q/210L

Signature of Chemical Analyst

Court CVR

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729 Test Record Number: 1781

Test Date: 04/29/2014

Test Time: 8:56am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:57am
FLO	Pass	8:57am
FC	Pass	8:57am

Temperature Tests

Test	Status	Time
FC1	Pass	8:57am
SRC	Pass	8:57am
DET	Pass	8:57am
BAR	Pass	8:57am
BT	Pass	8:57am

Blank Tests

Test	Status	Time
AIR	Pass	8:57am

Printer Tests

Test	Status	Time
PRNT	Pass	8:58am

CRC Tests

Test	Status	Time
COMP	Pass	8:58am
CAL	Pass	8:58am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	WISERLAND Instrument Location FT. BRAGG	
Instrument Se	erial No	
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever are:	у
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sh 34 degrees, plus or minus .2 degree centigrade;	ow
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister 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.	
	on the	ıce
STATE OF STA	Signature of Certifying Official Certificate Number	_

CUMBERLAND COUNTY FORT BRAGG LEC. 250

Serial Number: 008903 Test Date: 04/24/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name:
QUARANTELLO, NICHOLAS J
Permit Number: 21536E
Effective:
08/01/2013-08/01/2015

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:46am 11:47am 11:48am
AIR BLK	.00	11:49am
SUB TEST	.00	11:50am
AIR BLK	.00	11:51am
SUB TEST	.00	11:52am
ATR BLK	.00	11:53am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CUMBERLAND COUNTY FORT BRAGG LEC. 250

Serial Number: 008903 Test Record Number: 1350 Test Date: 04/24/2014 Test Time: 11:55am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass Pass	11:55am 11:55am 11:55am
FC	Pass	TT:22am

Temperature Tests

Test	Status	Time
FC1	Pass	11:55am
SRC	Pass	11:55am
DET	Pass	11:55am
BAR	Pass	11:55am
BT	Pass	11:55am

Blank Tests

Test	Status	Time
AIR	Pass	11:56am

Printer Tests

Test	Status	Time	
PRNT	Pass	11:56am	
	CRC Tests		
Test	Status	Time	
COMP CAL	Pass Pass	11:56am 11:56am	

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	HARNETT	Instrument Location <u></u> \ \ \ \ \ \ \	PUETT	60.	Denos	יטונג
Instrumen	t Serial No. 00 8 730	LILLINGTON	N.C.	-		
The preve	ntive maintenance procedures for the In	toximeters, Model Intox EC/IR	R II to be foll	lowed at l	east once e	very
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg		lic breath sin	nulator th	ermometer	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;			v.		
9.	Verify Diagnostic Program; and					*
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ter is being changed before exp ged every four months or after	piration date 125 Alcoho	, or the al lic Breath	coholic bre Simulator	ath tests,
	at on the 29 day of Alexander day of Ale			ng preven gulations	tive mainte	nance
S CREAT S.C.	ATE OF NO.					
+ 122 GTA	Sign	ture of Certifying Official		6S Certific	ate Numbe	

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730 Test Date: 04/29/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name:

QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG312802

Exp Date: 05/08/2015

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

Reported AC: .00 g/2/10

Signature (of Chemical Analyst

Court CVR

Analyst

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730

Test Record Number: 1973

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:02am
FLO	Pass	9:02am
FC	Pass	9:02am

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass	9:02am 9:02am 9:02am 9:02am
BT	Pass	9:02am

Blank Tests

Test	Status	Time
AIR	Pass	9:03am

Printer Tests

Test	Status	Time
PRNT	Pass	9:03am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:03am 9:03am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	MIOAMETERS, MODEL INTOX EC/IX II
County	OHNSTON Instrument Location / BAT MOB, LE Law. T
Instrument Se	rial No. 008778 PRINCETON
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	n the
STATE OF STA	SCA 6. 11/2 636
	Signature of Certifying Official Certificate Number

JOHNSTON COUNTY BAT MOBILE UNIT 7 500

Serial Number: 008778

Test Record Number: 1149

Test Date: 04/26/2014

Test Time: 10:50pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time	

AIR Pass 10:51pm

Printer Tests

Test	Status	Time
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PRNT Pass 10:51pm

CRC Tests

COMP Pass 10:52pm CAL Pass 10:52pm

Preventive Maintenance Status: Pass

Analyet

JOHNSTON COUNTY BAT MOBILE UNIT 7 500

Serial Number: 008778 Test Date: 04/26/2014

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

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

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

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

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

Test	g/210L	Time
DIAG	Pass	10:39pm
AIR BLK	.00	10:40pm
ACCY CHK	.07	10:40pm
AIR BLK	.00	10:42pm
SUB TEST	.00	10:44pm
AIR BLK	.00	10:45pm
SUB TEST	.00	10:47pm
AIR BLK	.00	10:48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD

$\overline{\mathcal{D}}$	INTOXIMETERS, MODEL INTOX EC/	_
County K	OWAU Instrument Location	NA Grove
Instrument S	erial No. 008862 Police D	lepartmeal
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to bare:	e followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic brea 34 degrees, plus or minus .2 degree centigrade;	th simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Al whichever occurs first.	date, or the alcoholic breath coholic Breath Simulator tests,
procedures w	on the 24 day of 19, 20 4 the forere performed on the instrument indicated above, in accordance with curre of Health and Human Services, and the instrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
asint)		
Of THE STAT	TO A VORTE	
* FISE QUAM V	L'Hein Doan	642
	Signature of Certifying Official	Certificate Number

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

ROWAN COUNTY CHINA GROVE PD 790

Serial Number: 008862 Test Date: 04/24/2014

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

Lot Number: AG323402 Exp Date: 08/22/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	3:37pm 3:38pm 3:38pm 3:40pm 3:41pm 3:42pm
SUB TEST	.00	3:43pm
AIR BLK	.00	3:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ROWAN COUNTY CHINA GROVE PD 790

Serial Number: 008862

Test Record Number: 427

Test Date: 04/24/2014

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
CAL	Pass	3:46pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	COWAN	Instrument Location 5 A 115	bury
Instrument Se	erial No. <u>008835</u>	Police Depai	rlment
The preventive four months a		toximeters, Model Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	displays pressure, or the alcoholic breath sgree 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" appe	ears, collect breath sample;	•
7.	When "PLEASE BLOW" appe	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	I	* 1
10.		ster is being changed before expiration da ged every four months or after 125 Alcoh	
procedures we	on the 24 day of fere performed on the instrument indifferences, and the instrument indifferences and the services of the serv	icated above, in accordance with current rhe instrument is functioning properly.	ing preventive maintenance egulations of the N.C.
OF THE STATE OF TH	CAROLINI CAR	Kein Dean	642

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008835 Test Date: 04/24/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

06/01/2013-06/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG305202 Exp Date: 02/21/2015

Test	g/210L	Time
DIAG AIR BLK	Pass .00	2:52pm 2:53pm
ACCY CHK	.08	2:53pm
AIR BLK	.00	2:55pm
SUB TEST	.00	2:55pm
AIR BLK	.00	2:56pm
SUB TEST	.00	2:58pm
AIR BLK	.00	2:59pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Sear

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008835

Test Record Number: 1383

Test Date: 04/24/2014

Test Time: 3:00pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:00pm 3:00pm
FC	Pass	3:00pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:00pm
SRC	Pass	mq00:6
DET	Pass	3:00pm
BAR	Pass	3:00pm
BT	Pass	3:00pm

Blank Tests

Test	Status	Time
AIR	Pass	3:01pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:01pm
	CRC Tests	

Test	Status	Time
COMP	Pass	3:01pm
CAL	Pass	3:01pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ou A U Instr	rument Location 5A /13	bury
Instrument S	erial No. <u>008868</u>	Police I	2 partment
The preventive four months a	re maintenance procedures for the Intoximet	ers, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister displays 34 degrees, plus or minus .2 degree cen		simulator thermometer show
2.	Verify instrument displays time and dat	e;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, coll	ect breath sample;	
7.	When "PLEASE BLOW" appears, coll	ect 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 ever whichever occurs first.		
	on the 24 day of APP, 1 ere performed on the instrument indicated ab f Health and Human Services, and the instru	oove, in accordance with current	going preventive maintenance regulations of the N.C.
MAN AND STATE OF THE STATE OF T	Signature of	Dem Derifying Official	Certificate Number

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868 Test Date: 04/24/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

06/01/2013-06/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG305202 Exp Date: 02/21/2015

Test	g/210L	Time
DIAG	Pass	2:47pm
AIR BLK	.00	2:48pm
ACCY CHK	.07	2:48pm
AIR BLK	.00	2:49pm
SUB TEST	.00	2:50pm
AIR BLK	.00	2:51pm
SUB TEST	.00	2:53pm
AIR BLK	.00	2:53pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868

Test Record Number: 2098

Test Date: 04/24/2014

Test Time: 2:54pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:54pm
FLO	Pass	2:54pm
FC	Pass	2:54pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	2:55pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:55pm

CRC Tests

Test	Status	Time
COMP	Pass	2:55pm
CAL	Pass	2:55pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C	Uilford Instrument Location His	5H Point JAIL
Instrument Se	erial No. <u>00 8655</u>	
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II are:	to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic 34 degrees, plus or minus .2 degree centigrade;	breath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expira simulator solution is being changed every four months or after 12: whichever occurs first.	tion date, or the alcoholic breath 5 Alcoholic Breath Simulator tests,
procedures we	on the 24 day of APRI , 20 4 the vere performed on the instrument indicated above, in accordance with conf Health and Human Services, and the instrument is functioning proper	ne forgoing preventive maintenance urrent regulations of the N.C. rly.
OF THE STATE OF TH		Certificate Number

GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008655 Test Date: 04/24/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

06/01/2013-06/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG323402

Exp Date: 08/22/2015

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

11:45am

Reported AC: .00 g/210L

AIR BLK .00

Signature of Chemical Analyst

Court CVR

L. Kuen Slove Analyst

GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008655

Test Record Number: 2321

Test Date: 04/24/2014

Test Time: 11:46am EDT

System Check: Passed

Baseline Tests

Test	Status	41me
IR	Pass	11:46am
FLO	Pass	11:46am
FC	Pass	11:46am

Temperature Tests

Test	Status	Time
FC1	Pass	11:46am
SRC	Pass	11:46am
DET	Pass	11:46am
BAR .	Pass	11:46am
BT	Pass	11:46am

Blank Tests

Test	Status	Time
AIR	Pass	11:47am

Printer Tests

Status

Time

Test

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD

County G	Instrument Location High Ront JAIL
Instrument So	erial No. <u>008808</u>
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the Aday of Aday of 20 / Aday the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	

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

GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008828 Test Date: 04/24/2014

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

06/01/2013-06/01/2015

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

Test Type: Breath Test

Lot Number: AG323402 Exp Date: 08/22/2015

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008828

Test Record Number: 1495

Test Date: 04/24/2014

Test Time: 11:51am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:51am 11:51am
FC	Pass	11:51am

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	11:51am 11:51am 11:51am 11:51am
BT	Pass	11:51am

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 11:52am CAL Pass 11:52am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Guilford Instrument Location Greenspord JAI
Instrumen	t Serial No. <u>608794-</u>
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures	at on the
THE CREATE STATE OF THE STATE O	

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

Signature of Certifying Official

Certificate Number

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794 Test Date: 04/23/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

06/01/2013-06/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	3:12pm 3:12pm 3:13pm 3:15pm 3:15pm
AIR BLK	.00	3:16pm
SUB TEST	.00	3:18pm
AIR BLK	.00	3:19pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

form is used when performing Proventive Meintenance and

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794

Test Record Number: 3333

Test Date: 04/23/2014

Test Time: 3:21pm EDT

System Check: Passed

Baseline Tests

Status	Time
Pass	3:21pm 3:21pm
	3:21pm
	Status Pass Pass Pass

Temperature Tests

Status	Time
Pass	3:22pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	3:22pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:22pm
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

3:23pm

3:23pm

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Roc	Kingham Instrument Location Rockingham Co. JAil
Instrument Serie	al No. 008796 Weatureth, V.C.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the 22 day of 40721, 20 14 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OF THE STATE OF TH	Signature of Certifying Official Certificate Number

ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

Serial Number: 008796 Test Date: 04/22/2014

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

Lot Number: AG322601 Exp Date: 08/14/2015

Test	g/210L	Time
DIAG AIR BLK	Pass	2:54pm 2:55pm
ACCY CHK	.07	2:55pm
AIR BLK	.00	2:56pm
SUB TEST	.00	2:57pm
AIR BLK	.00	2:58pm
SUB TEST	.00	2:59pm
AIR BLK	.00	mcr00:E

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

Serial Number: 008796

Test Record Number: 1579

Test Date: 04/22/2014

Test Time: 3:01pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:01pm
FLO	Pass	3:01pm
FC	Pass	3:01pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:01pm
SRC	Pass	3:01pm
DET	Pass	3:01pm
BAR	Pass	3:01pm
BT	Pass	3:01pm

Blank Tests

Test	Status	Time
AIR	Pass	3:02pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:02pm
	CRC Tests	

Test	Status	Time
COMP	Pass	3:02pm
CAL	Pass	3:02pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

, and the same	in I Oalvie Leas, widdel in I Oa EC/IR I	
County 1	TOCKING HAIM Instrument Location Eden	
Instrument S	Serial No. 008636 Police DepA	rtmail
The prevention four months	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be folls are:	owed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath sir 34 degrees, plus or minus .2 degree centigrade;	nulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date simulator solution is being changed every four months or after 125 Alcohol whichever occurs first.	or the alcoholic breath ic Breath Simulator tests,
procedures w	day of ADR, 20 4 the forgoin were performed on the instrument indicated above, in accordance with current region of Health and Human Services, and the instrument is functioning properly.	g preventive maintenance gulations of the N.C.
OTH STATE	Signature of Certifying Official	Certificate Number

ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636 Test Date: 04/22/2014

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

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

06/01/2013-06/01/2015

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

Test Type: Breath Test

Lot Number: AG322601 Exp Date: 08/14/2015

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

L. Heen Mor

ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636

Test Record Number: 1406

Test Date: 04/22/2014

Test Time: 2:08pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	2:09pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:10pm

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Kt	Kingham Instrument Location Reids	alle
Instrument Sei	ial No. 008784 Police Depart	starent
The preventive	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 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;	(4) (4)
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	Å.
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration d simulator solution is being changed every four months or after 125 Alco whichever occurs first.	
	A ',	
I certify that or procedures we	the day of HPI , 20 H the forg	oing preventive maintenance regulations of the N.C.
Department of	Health and Human Services, and the instrument is functioning properly.	
·		
OF THE STATE OF		
	AROU	
ACUT QUAM VIDER		1 / 1 / n
The same of the sa	Signature of Certifying Official	Certificate Number

ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784 Test Date: 04/22/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

06/01/2013-06/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG300202 Exp Date: 01/02/2015

Test	g/210L	Time
DIAG	Pass	1:12pm
AIR BLK	.00	1:12pm
ACCY CHK	.07	1:13pm
AIR BLK	.00	1:14pm
SUB TEST	.00	1:15pm
AIR BLK	.00	1:16pm
SUB TEST	.00	1:17pm
AIR BLK	.00	1:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784 Test Date: 04/22/2014

Test Record Number: 775
Test Time: 1:19pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:19pm
FLO	Pass	1:19pm
FC	Pass	1:20pm

Temperature Tests

Test	Status	Time
FC1 SRC	Pass	1:20pm
DET	Pass Pass	1:20pm 1:20pm
BAR	Pass	1:20pm
BT	Pass	1:20pm

Blank Tests

Test	Status	Time
ATR	Pagg	1 • 20pm

Printer Tests

rest	Status	Time
PRNT	Pass	1:20pm
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

1:20pm

1:20pm

COMP

CAL

'Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Greensbor Instrument Serial No. 008725 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record; 9. Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 2 day of APRI , 20 4 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 GREENSBORO PD 400

Serial Number: 008725 Test Date: 04/21/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

06/01/2013-06/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Slan

GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725

Test Record Number: 3132

Test Date: 04/21/2014

Test Time: 2:59pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	2:59pm
SRC	Pass	2:59pm
DET	Pass	2:59pm
BAR	Pass	2:59pm
BT	Pass	2:59pm

Blank Tests

Test	Status	Time
AIR	Pass	3:00pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:00pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

L'Analyst Olas

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Randolph	Instrument Location Age A	dale
Instrument Serial No. 0087	91 Police Dep	Avent
The preventive maintenance procedure four months are:	s for the Intoximeters, Model Intox EC/IR II to b	e followed at least once every
	s canister displays pressure, or the alcoholic breaninus .2 degree centigrade;	th simulator thermometer sho
2. Verify instrument dis	splays time and date;	$\frac{Q_{ij}}{Q_{ij}}$
3. Initiate breath test sec	quence;	
4. Enter information as	prompted;	gradien en de la companya de la com La companya de la co
5. Verify instrument acc	curacy;	
6. When "PLEASE BLO	OW" appears, collect breath sample;	
7. When "PLEASE BLO	OW" appears, collect breath sample;	
8. Print test record;	Đ.	A second
9. Verify Diagnostic Pro	ogram; and	
10. Verify that the ethano simulator solution is whichever occurs firs	ol gas canister is being changed before expiration being changed every four months or after 125 Al st.	date, or the alcoholic breath coholic Breath Simulator test
certify that on the 234 day of	f APRIL 2014 the fo	rgoing preventive maintenand
rocedures were performed on the instr	rument indicated above, in accordance with curre ices, and the instrument is functioning properly.	
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
STATE OF ACTION		
A TABLE TO THE TAB	Signature of Certifying Official	Certificate Number

RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791 Test Date: 04/01/2014

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

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

Effective:

06/01/2013-06/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG312802 Exp Date: 05/08/2015

Test	g/210L	Time
DIAG	Pass	12:21pm
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/210L

Signature of Chemical Analyst

Court CVR

RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791

Test Date: 04/01/2014 Test Record Number: 905

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:29pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:29pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:29pm

Preventive Maintenance Status: Pass

Pass

12:29pm

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

<i>t</i> }	INTOXIMETERS, MOI	JEL INTUX EC/IR	. 11
County Ma	Instrume	nt Location Warver	Co. L. E.
Instrument Seri	rial No. <u>008793</u> <u>128</u> Wa	- Raffers vienton	MC.
The preventive four months are	e maintenance procedures for the Intoximeters,	/	ollowed at least once every
1.	Verify the ethanol gas canister displays pres 34 degrees, plus or minus .2 degree centigra		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 b	oreath sample;	
7.	When "PLEASE BLOW" appears, collect i	oreath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	·	
10.	Verify that the ethanol gas canister is being simulator solution is being changed every for whichever occurs first.	changed before expiration da our months or after 125 Alcol	ite, or the alcoholic breath holic Breath Simulator tests,
procedures were	on the 215t day of 1000 day of 1000 day of 1500 day of	, in accordance with current	oing preventive maintenance regulations of the N.C.
THE STATE OF THE S	Signature of Cer	tifying Official	Certificate Number
A signed origin	nal of the preventive maintenance record shall l	be kept on file for at least three	ee years.

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793 Test Date: 04/21/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:53pm
AIR BLK	.00	1:54pm
ACCY CHK	.08	1:55pm
AIR BLK	.00	1:56pm
SUB TEST	.00	1:57pm
AIR BLK	.00	1:58pm
SUB TEST	.00	2:00pm
AIR BLK	.00	2:01pm

Repeated AC: .00 q/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

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793

Test Record Number: 725

Test Date: 04/21/2014

Test Time: 2:02pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:02pm
FLO	Pass	2:02pm
FC	Pass	2:02pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:02pm
SRC	Pass	2:02pm
DET	Pass	2:02pm
BAR	Pass	2:02pm
BT	Pass	2:02pm

Blank Tests

Test	Status	Time

AIR Pass 2:03pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:03pm

CRC Tests

Test	Status	Time
COMP	Pass	2:03pm
CAL	Pass	2:03pm

Preventive Maintenance Status: Pass

Analyst

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

Department of Health and Human Services Rev. 12/2007

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

WARREN COUNTY NORLINA POLICE DEPT 920

Serial Number: 008945 Test Date: 04/21/2014

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:
12/01/2012-12/01/2014

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

Test Type: Breath Test

Lot Number: AG300202 Exp Date: 01/02/2015

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

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

WARREN COUNTY NORLINA POLICE DEPT 920

Serial Number: 008945

Test Record Number: 272

Test Date: 04/21/2014

Test Time: 11:17am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	11:18am
	Pass Pass Pass

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	11:19am
CAL	Pass	11:19am

Preventive Maintenance Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human-Services

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County Va	Le Instrument Location Wake Co. Detention Ce
Instrument Seria	Ralegh, NC
*******	Racegn, NC
The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the 17th day of 10v , 20 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF ANY IS ANY IN THE STATE OF ANY IS A	Signature of Certifying Official Certificate Number

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008686 Test Date: 04/17/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:11pm
AIR BLK	.00	3:12pm
ACCY CHK	.08	3:12pm
AIR BLK	.00	3:14pm
SUB TEST	.00	3:15pm
AIR BLK	.00	3:16pm
SUB TEST	.00	3:17pm
AIR BLK	.00	3:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008686 Test Record Number: 5524
Test Date: 04/17/2014 Test Time: 3:19pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	3:21pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:21pm

CRC Tests

Test	Status	Time
COMP	Pass	3:21pm
CAL	Pass	3:21pm

Preventive Maintenance Status: Pass

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

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

/ 1	INTOXIMETERS, MODEL INTOX EC/IR II
County	te Instrument Location Vake (o, Detention
Instrument Seria	11 No. 008816 3301 Hammond Rd. Raleth NC
	Raley A N C
The preventive r four months are:	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 to procedures were Department of H	the
THE STATE OF ME ST	Signature of Certifying Official Certificate Number

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008816 Test Date: 04/17/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE Subject'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:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:42pm
AIR BLK	.00	1:43pm
ACCY CHK	.08	1:44pm
AIR BLK	.00	1:45pm
SUB TEST	.00	1:46pm
AIR BLK	.00	1:47pm
SUB TEST	.00	1:49pm
ATR RIK	0.0	1.50pm

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

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008816 Test Record Number: 6198

Test Date: 04/17/2014 Test Time: 1:51pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:51pm
FLO	Pass	1:51pm
FC	Pass	1:52pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:52pm
SRC	Pass	1:52pm
DET	Pass	1:52pm
BAR	Pass	1:52pm
BT	Pass	1:52pm

Blank Tests

Test	Status	Tıme

1:52pm AIR Pass

Printer Tests

Test	Status	Time
PRNT	Pass	1:52pm

CRC Tests

Test	Status	Time
COMP	Pass	1:53pm
CAL	Pass	1:53pm

Preventive Maintenance Status: Pass

Analyst

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

Rev. 12/2007

	INTOXIMETERS, MODEL INTOX EC/IR II
County F	ranklin Instrument Location Franklin ton P.D
Instrument Se	rial No. 008815 #7 West Mason St.
*	Franklinton NC
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department o	on the day of 20 the forgoing preventive maintenance per 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.
al anamana	
STATE OF THE STATE	WORLD CAROL STATE OF THE STATE

FRANKLIN COUNTY FRANKLINTON PD 340

Serial Number: 008815 Test Date: 04/16/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	2:30pm 2:31pm
ACCY CHK	.08	2:31pm
AIR BLK	00	2:32pm
SUB TEST	.00	2:33pm
AIR BLK	.00	2:34pm
SUB TEST	.00	2:35pm
AIR BLK	.00	2:36pm

Reported AC: .00 g/210L

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

FRANKLIN COUNTY FRANKLINTON PD 340

Serial Number: 008815 Test Record Number: 856 Test Date: 04/16/2014

Test Time: 2:38pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:38pm 2:38pm
FC	Pass	2:38pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:38pm
SRC	Pass	2:38pm
DET	Pass	2:38pm
BAR	Pass	2:38pm
BT	Pass	2:38pm

Blank Tests

Test	Status	Time
AIR	Pass	2:39pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:39pm

CRC Tests

Test S	Status	Time
	Pass Pass	2:39pm 2:39pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMET	ERS, MODEL INTOX E		
County F	ranklin	Instrument Location FVG	nklin (o. k	
Instrument Se	erial No. <u>608942</u>	285 T. Ke	emp Ed.	
		Cousburg	MAN C	
The prevention four months a		Intoximeters, Model Intox EC/IR II	to be followed at least once every	
1.	Verify the ethanol gas canisto 34 degrees, plus or minus .2	er displays pressure, or the alcoholic lidegree centigrade;	breath simulator thermometer show	
2.	Verify instrument displays ti	Verify instrument displays time and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompts	ed;		
5.	Verify instrument accuracy;	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;			
7.	When "PLEASE BLOW" appears, collect breath sample;			
8.	Print test record;			
9.	Verify Diagnostic Program;	and		
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nister is being changed before expira nanged every four months or after 125	tion date, or the alcoholic breath S Alcoholic Breath Simulator tests,	
procedures w	on the day of Health and Human Services, and	the distrument is functioning proper	e forgoing preventive maintenance urrent regulations of the N.C.	
-cettim.			•	
OF THE STATE	ON			
APRIL IZ, ITH	DEN X	20 France.	65 Samuel	
	Si	gnature of Certifying Official	Certificate Number	
		/ /		

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008942 Test Date: 04/16/2014

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
12/01/2012-12/01/2014

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008942

Test Record Number: 703

Test Date: 04/16/2014

Test Time: 12:59pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:59pm
FLO	Pass	12:59pm
FC	Pass	12:59pm

Temperature Tests

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

Blank Tests

Test	Status	Time

AIR Pass 1:00pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:00pm

CRC Tests

Test	Status	Time
COMP	Pass	1:00pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County F b	an Llin Instrument Location Franklin Co. Ja
	rial No. 008933 285 T. Kemp Rd. Louisburg, NC
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	n the day of day
OTHE STATE OF THE PARTY OF THE	Joseph G55

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008933 Test Date: 04/16/2014

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:
12/01/2012-12/01/2014

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

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

Test	g/210F	TTIIIE
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:48am 11:49am 11:50am
AIR BLK	.00	11:51am
SUB TEST	.00	11:51am
AIR BLK	.00	11:52am
SUB TEST	.00	11:54am
ATR BLK	.00	11:55am

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

Analyst

Department of Health and Human Services Rev. 12/2007

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008933

Test Record Number: 617

Test Date: 04/16/2014

Test Time: 11:56am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:57am
FLO	Pass	11:57am
FC	Pass	11:57am

Temperature Tests

am
am
am
am
am

Blank Tests

Test	Status	Time
AIR	Pass	11:57am

Printer Tests

Test	Status	Time
PRNT	Pass	11:57am
	CRC Tests	
Test	Status	Time

COMP	Pass	11:58am
CAL	Pass	11:58am

Preventive Maintenance Status: Pass

Analyst

	INTOXIMETERS, MODEL INTOX EC/IR II
County	vange Instrument Location (1:115 hovorigh F.
Instrument Se	
	Hillshorough NC
The preventive four months as	re maintenance procedures for the Intoximeters, Model Intox EC/IR II-to be followed at least once every ure:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o procedures we Department of	on the
TATE OF THE STATE	Jose Farley 655
	Signature of Certifying Official Certificate Number

ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799 Test Date: 04/14/2014

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG322601 Exp Date: 08/14/2015

Test	g/210L	Time
DIAG	Pass	5:16pm
AIR BLK	.00	5:17pm
ACCY CHK	.07	5:18pm
AIR BLK	.00	5:19pm
SUB TEST	.00	5:20pm
AIR BLK	.00	5:21pm
SUB TEST	.00	5:23pm
ATR BLK	.00	5:23pm

Reported AC: .00 g/210L

Signature of Chemical Analy

Court CVR

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

Department of Health and Human Services

Rev. 12/2007

ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799 Test Record Number: 1632

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	5:25pm 5:25pm
FC	Pass	5:25pm

Temperature Tests

Status	Time
Pass	5:25pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	5:26pm

Printer Tests

Test	Status	Time
דאים	Dagg	5 · 26pm

CRC Tests

Test	Status	Time
COMP	Pass	5:26pm
CAL	Pass	5:26pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Aajse [Hill P. 1) Instrument Serial No.008856 828 Martin Luther King Or. Blvd.
Chapel Hill NCJ' / Blvd. The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. Initiate breath test sequence; 3. Enter information as prompted; 4. 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record; 9. Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the // day of // 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

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856 Test Date: 04/14/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG322601 Exp Date: 08/14/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	1:38pm 1:39pm 1:40pm
AIR BLK	.00	1:41pm
SUB TEST	.00	1:42pm
AIR BLK	.00	1:43pm
SUB TEST	.00	1:45pm
AIR BLK	.00	1:46pm

Reported AC: .00 g/210L

Signature of Chemical Amal

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

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856

Test Record Number: 1359

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:04pm 2:04pm
FC	Pass	2:04pm

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	2:04pm 2:04pm
DET	Pass	2:04pm
BAR	Pass	2:04pm
BT	Pass	2:04pm

Blank Tests

Test	Status	Time
AIR	Pass	2:05pm

Printer Tests

rest	Status	1 Tille
PRNT	Pass	2:05pm
	CRC Tests	
Test	Status	Time

COMP	Pass	2:05pm
CAL	Pass	2:05pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Instrument Serial No. 00883 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. 3. Initiate breath test sequence; 4. Enter information as prompted; Verify instrument accuracy; 5. When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record; 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 day of Ave day of da 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

ertificate Number

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008839 Test Date: 04/14/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG322601 Exp Date: 08/14/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	12:28pm 12:29pm 12:30pm 12:31pm
SUB TEST	.00	12:32pm
AIR BLK SUB TEST	.00 .00	12:33pm 12:35pm
AIR BLK	.00	12:35pm

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

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008839

Test Record Number: 1223

Test Date: 04/14/2014

Test Time: 12:38pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:38pm 12:38pm 12:38pm 12:38pm 12:38pm

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	12:39pm
CAL	Pass	12:39pm

Preventive Maintenance Status: Pass

Analysť

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	NEW HANOVER Instrument Location BAT MOBILE UNIT 3
Instrumen	NEW HANOVER Instrument Location BAT MOBILE UNIT 3 t Serial No. 008707 WILMINGTON, NC
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every his are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify the procedure Department	nat on theday of
CREAT	Signature of Certifying Official Certificate Number

NEW HANOVER BAT MOBILE UNIT 3 640

Serial Number: 008707 Test Date: 04/11/2014

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

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
09/01/2013-09/01/2015

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

Lot Number: AG309101 Exp Date: 04/01/2015

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

aluk 3.

Analyst

NEW HANOVER BAT MOBILE UNIT 3 640

Serial Number: 008707 Test Date: 04/11/2014 Test Record Number: 1989
Test Time: 11:29pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:30pm
FLO	Pass	11:30pm
FC	Pass	11:30pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:30pm
SRC	Pass	11:30pm
DET	Pass	11:30pm
BAR	Pass	11:30pm
BT	Pass	11:30pm

Blank Tests

Test	Status	Time
AIR	Pass	11:30pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:30pm
	CRC Tests	
Test	Status	Time
COMP	Pass	11:31pm

Pass

11:31pm

Preventive Maintenance Status: Pass

CAL

Ahalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR IJ Instrument Location BAT MOBILE UNIT 3
WILMINGTON, NC NEW HANOVER Instrument Serial No. <u>OO86</u>47 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. 3. Initiate breath test sequence; Enter information as prompted; 4. 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record; Verify Diagnostic Program; and 9. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the forgoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



648 Certificate Number

Signature of Certifying Official

NEW HANOVER BAT MOBILE UNIT 3 640

Serial Number: 008647 Test Date: 04/11/2014

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NEW HANOVER BAT MOBILE UNIT 3 640

Serial Number: 008647 Test Record Number: 1926
Test Date: 04/11/2014 Test Time: 11:13pm EDT

System Check: Passed

ş

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time	į
AIR	Pass	11:14pm	

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR I

County_	NEW HANOVER Instrument Location BAT MOBILE UNIT.
Instrume	NEW HANOVER Instrument Location BAT MOBILE UNIT. at Serial No. 008616 WILMINGTON, NC
The prevenue of the prevenue o	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	hat on the
A CAREAT SE	Signature of Certifying Official VAIE OF TOTAL STATE OF TOTAL STA

NEW HANOVER BAT MOBILE UNIT 3 640

Serial Number: 008616 Test Date: 04/11/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

09/01/2013-09/01/2015 .

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NEW HANOVER BAT MOBILE UNIT 3 640

Serial Number: 008616 Test Date: 04/11/2014

Test Record Number: 1899 Test Time: 11:14pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:14pm
FLO	Pass	11:14pm
FC	Pass	11:15pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:15pm
SRC	Pass	11:15pm
DET	Pass	11:15pm
BAR	Pass	11:15pm
BT	Pass	11:15pm

Blank Tests

Test	Status	Time
AIR	Pass	11:15pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:15pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:16pm 11:16pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	AZE	Instrument Location	BAT 1	HOBILE UNIT 3
Instrument Ser	ial No. <u>0086/6</u>		KITTY	HOBRE UNIT 3 HAWK, NC
The preventive four months ar	maintenance procedures for the Ir	ntoximeters, Model Intox	EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the gree centigrade;	alcoholic brea	th simulator thermometer show
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appe	ears, collect breath sample	e;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample	e;	:
8.	Print test record;			
9.	Verify Diagnostic Program; and	i		
10.	Verify that the ethanol gas cani simulator solution is being char whichever occurs first.	ster is being changed beinged every four months o	fore expiration or after 125 Al	date, or the alcoholic breath coholic Breath Simulator tests,
procedures we	the day of A / / reperformed on the instrument ind Health and Human Services, and t	icaled above, ili accorda	nce with curre	orgoing preventive maintenance nt regulations of the N.C.
CREAT STATE OF STATE	NOSAN CAROLL			
ARR. 12. TIB	alun Py	Bus		48
	Sign	ature of Certifying Offic	ial	Certificate Number

DARE COUNTY BAT MOBILE UNIT 3 270

Serial Number: 008616 Test Date: 04/05/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

² Analyst

DARE COUNTY BAT MOBILE UNIT 3 270

Serial Number: 008616 Test Date: 04/05/2014

Test Record Number: 1896 Test Time: 10:11pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:11pm 10:11pm
FC	Pass	10:12pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:12pm
SRC	Pass	10:12pm
DET	Pass	10:12pm
BAR	Pass	10:12pm
BT	Pass	10:12pm

Blank Tests

Test	Status	Time
AIR	Pass	10:12pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:12pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:13pm 10:13pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	DARE	Instrument Location BAT	MOBILE UNIT 3
Instrument Seria	INO. <u>008647</u>	Kitt,	y HAWK, NC
The preventive r		oximeters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr	splays pressure, or the alcoholic brea ree centigrade;	ath 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" 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 ed every four months or after 125 A	date, or the alcoholic breath lcoholic Breath Simulator tests,
I certify that on to procedures were Department of H	performed on the instrument indic	20/4 the forested above, in accordance with currer instrument is functioning properly.	orgoing preventive maintenance ent regulations of the N.C.
OF THE STATE OF A STAT	Colon Calon	ture of Certifying Official	Certificate Number

DARE COUNTY BAT MOBILE UNIT 3 270

Serial Number: 008647 Test Date: 04/05/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	11:01pm
AIR BLK	.00	11:02pm
ACCY CHK	.08	11:03pm
AIR BLK	.00	11:04pm
SUB TEST	.00	11:04pm
AIR BLK	.00	11:05pm
SUB TEST	.00	11:07pm
AIR BLK	.00	11:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DARE COUNTY BAT MOBILE UNIT 3 270

Serial Number: 008647 Test Record Number: 1922 Test Date: 04/05/2014 Test Time: 11:08pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:09pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	DARE	Instrument Location_	BAT	MOBILE	UNIT.
Instrument S	erial No. <u>008707</u>	Instrument Location_	KITTY	/ HAWK,	NC
The preventi four months	ve maintenance procedures for the lare:	ntoximeters, Model Intox	EC/IR II to b	e followed at least of	once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		alcoholic brea	ath simulator thermo	meter 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" app	ears, collect breath sample	e;		* .
7.	When "PLEASE BLOW" app	ears, collect breath sample	; ;		
8.	Print test record;				
9.	Verify Diagnostic Program; ar	nd	•		
10.	Verify that the ethanol gas can simulator solution is being chawhichever occurs first.	ister is being changed beforinged every four months of	ore expiration r after 125 Al	n date, or the alcoho Icoholic Breath Sim	lic breath ulator tests,
I certify that procedures w Department of	on the day of	クス / し	ice with curre	orgoing preventive rent regulations of the	naintenance e N.C.
STATI STATI	SA SOLINI CAROLINI		·		
APRIL IZ. 117	(let	Rg 5		Certificate N	<u>.</u>
	Sig	nature of Certifying Offici	aı	Certificate r	TUILIOUS

DARE COUNTY BAT MOBILE UNIT 3 270

Serial Number: 008707 Test Date: 04/05/2014

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

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

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

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E

Effective: 09/01/2013-09/01/2015

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

Agency: DHHS
Test Type: Breath Test

Lot Number: AG308002 Exp Date: 03/21/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	11:02pm 11:03pm 11:04pm 11:05pm
SUB TEST	.00	11:05pm
AIR BLK	.00	11:06pm
SUB TEST	.00	11:08pm
AIR BLK	.00	11:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DARE COUNTY BAT MOBILE UNIT 3 270

Serial Number: 008707 Test Date: 04/05/2014

Test Record Number: 1984
Test Time: 11:10pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:11pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County PA	SQUOTANK Instrument Location BAT MOISILE UNIT
	al No. 008707 ELIZABETH CITY, N
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the day of APRIL , 20 14 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.
OT THE STATE OF TH	Signature of Certifying Official Certificate Number

PASQUOTANK COUNTY BAT MOBILE UNIT 3 690

Serial Number: 008707 Test Date: 04/19/2014

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG309101 Exp Date: 04/01/2015

Test	g/210L	Time
DIAG AIR BLK	Pass	8:08pm 8:09pm
ACCY CHK	.08	8:10pm
AIR BLK	.00	8:11pm
SUB TEST	.00	8:11pm
AIR BLK	.00	8:12pm
SUB TEST	.00	8:14pm
AIR BLK	.00	8:15pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PASQUOTANK COUNTY BAT MOBILE UNIT 3 690

Serial Number: 008707

Test Record Number: 1992

Test Date: 04/19/2014

Test Time: 8:16pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:17pm
FLO	Pass	8:17pm
FC	Pass	8:17pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:17pm
SRC	Pass	8:17pm
DET	Pass	8:17pm
BAR	Pass	8:17pm
BT	Pass	8:17pm

Blank Tests

-TestS	tatus —	<u>Time</u>
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AIR Pass 8:18pm

Printer Tests

Time Test Status

PRNT 8:18pm Pass

CRC Tests

Time Test Status

COMP 8:18pm Pass 8:18pm

CAL Pass

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR IJ

Λ	INTOANIETERS, MODEL INTOA ECIR II	/ 1
County Pr	ASQUOTANK Instrument Location BAT MOR	ILE UNIT
	erial No. <u>008647</u> E212A13E	TH CITY,
The preventive four months ar	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed are:	at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulate 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 the simulator solution is being changed every four months or after 125 Alcoholic Br whichever occurs first.	e alcoholic breath eath Simulator tests,
procedures we	on the day of	ventive maintenance ons of the N.C.
STATE OF THE STATE	A Read	648
	Signature of Certifying Official Cer	tificate Number

PASQUOTANK COUNTY BAT MOBILE UNIT 3 690

Serial Number: 008647 Test Date: 04/19/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	8:23pm
AIR BLK	.00	8:24pm
ACCY CHK	.08	8:24pm
AIR BLK	.00	8:25pm
SUB TEST	.00	8:26pm
AIR BLK	.00	8:27pm
SUB TEST	.00	8:28pm
AIR BLK	.00	8:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Amalyst

PASQUOTANK COUNTY BAT MOBILE UNIT 3 690

Serial Number: 008647 Test Date: 04/19/2014

Test Record Number: 1931

Test Time: 8:31pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:32pm
FLO	Pass	8:32pm
FC	Pass	8:32pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:32pm
SRC	Pass	8:32pm
DET	Pass	8:32pm
BAR	Pass	8:32pm
BT	Pass	8:32pm

Blank Tests

Test	Status	Time
AIR	Pass	mc28:8

Printer Tests

Test	Status	Time
PRNT	Pass	8:33pm

CRC Tests

Test	Status	Time
COMP	Pass	8:33pm
CAL	Pass	8:33pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	MOORE	Instrument Location	ROBBINS	t. B.
Instrument S	erial No. <u>008728</u>		N.C.	
The preventi	ve maintenance procedures for the are:	Intoximeters, Model Intox E	C/IR II to be followed	d at least once every
1.	Verify the ethanol gas canisto 34 degrees, plus or minus .2	er displays pressure, or the ald degree centigrade;	coholic breath simula	tor thermometer show
2.	Verify instrument displays ti	me and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompte	ed;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" ap	pears, collect breath sample;		
7.	When "PLEASE BLOW" ap	pears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; a	and		
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nister is being changed befor anged every four months or a	e expiration date, or t after 125 Alcoholic B	he alcoholic breath reath Simulator tests,
procedures w	on the <u>A</u> day of <u>A</u> erer performed on the instrument in the day of the day	ndicated above, in accordance	e with current regulat	eventive maintenance ions of the N.C.
THE STATE OF THE S		gnature of Certifying Official)	rtificate Number

MOORE COUNTY ROBBINS PD 620

Serial Number: 008728 Test Date: 04/22/2014

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name:
QUARANTELLO, NICHOLAS J
Permit Number: 21536E
Effective:
08/01/2013-08/01/2015

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

Lot Number: AG309101 Exp Date: 04/01/2015

Test	g/210L	Time
DIAG	Pass	2:02pm
AIR BLK	.00	2:03pm
ACCY CHK	.08	2:04pm
AIR BLK	.00	2:04pm
SUB TEST	.00	2:05pm
AIR BLK	.00	2:06pm
SUB TEST	.00	2:08pm
AIR BLK	.00	2:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MOORE COUNTY ROBBINS PD 620

Serial Number: 008728 Test Date: 04/22/2014 Test Record Number: 244
Test Time: 2:09pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	2:10pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
ATR	Pass	2:11pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:11pm

CRC Tests

Test	Status	Time
COMP	Pass	2:11pm
CAL	Pass	2:11pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	LEE	Instrument Location 540	JFORD	Police	DEPT
Instrument S	Serial No. <u>OO 8867</u>	SANTORD	N.C.		
The preventi	ive maintenance procedures for the Intare:	oximeters, Model Intox EC/IR	II to be folk	owed at least of	nce every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr		c breath sin	ulator thermor	neter show
2.	Verify instrument displays time a	and date;	10. 44.	and the second of the second o	
3,.	Initiate breath test sequence;		·		
4.	Enter information as prompted;			•	
5.	Verify instrument accuracy;			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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.				
	on the day of APR vere performed on the instrument indic of Health and Human Services, and the	ated above, in accordance with	current reg	g preventive mulations of the	
STATE	CAROLINI CAROLINI				
OLAM VI	Signat	ure of Certifying Official	<u>)</u> _	65) Certificate Nu	ımber

LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: 008867 Test Date: 04/17/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name:

QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: 008867 Test Date: 04/17/2014 Test Record Number: 761
Test Time: 11:12am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
A TD	Dagg `	11.13am

Printer Tests

Test	Status	Time
PRNT	Pass	11:13am
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

11:13am

11:13am

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C	MATHAM	Instrument Location_	Siler Cit	1 P.D.
Instrument Ser	rial No. <u>008811</u>	SILER CI	7 , N.C	
The preventive four months ar	•	ne Intoximeters, Model Intox EC	C/IR II to be followed at le	east once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ter displays pressure, or the alc degree centigrade;	oholic breath simulator the	ermometer show
2.	Verify instrument displays t	time and date;	in the second	
3.	Initiate breath test sequence	,		
4.	Enter information as promp	ted;		• .
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" a	appears, collect breath sample;		
7. 7.	When "PLEASE BLOW" a	appears, 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.	canister is being changed before changed every four months or a	expiration date, or the alc fter 125 Alcoholic Breath	oholic breath Simulator tests,
	re performed on the instrument	indicated above, in accordance and the instrument is functioning		
STATE OF THE STATE	ROLLING CAROLING	A		
* STE QUAM VIDEN	S	dignature of Certifying Official	Certifica	ate Number

CHATHAM COUNTY SILER CITY PD. 180

Serial Number: 008811 Test Date: 04/17/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name:
QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG312802 Exp Date: 05/08/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	12:33pm 12:34pm 12:35pm 12:36pm 12:37pm 12:38pm
AIR BLK	.00	12:39pm 12:40pm

Reported AC: .00 g/210L

Signature(

Chemical Analyst

Court CVR

CHATHAM COUNTY SILER CITY PD. 180

Serial Number: 008811

Test Record Number: 1064

Test Date: 04/17/2014

Test Time: 12:41pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
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	12:42pm

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	HOKE		Instrument Location HO		מהלושו כלות
Instrument	Serial No	008855	RAFFORD		
The preven		nance procedures for the	e Intoximeters, Model Intox EC/II	R II to be followed at	least once every
1.		y the ethanol gas canist egrees, plus or minus .2	er displays pressure, or the alcohodegree centigrade;	olic breath simulator t	hermometer shows
2.	Verif	y instrument displays ti	me and date;	, sec	
3.	Initia	te breath test sequence;		**	
4.	Enter	information as prompt	ed;	÷	
5.	Verif	y instrument accuracy;			
6.	Wher	n "PLEASE BLOW" a	ppears, collect breath sample;		
7.	When	n "PLEASE BLOW" ap	ppears, collect breath sample;		
² 8.	Print	test record;			
9.	Verif	y Diagnostic Program;	and		
10.	simul	y that the ethanol gas ca ator solution is being ca never occurs first.	anister is being changed before ex hanged every four months or after	epiration date, or the a	lcoholic breath h Simulator tests,
procedures		med on the instrument i	indicated above, in accordance wi	th current regulations	ntive maintenance of the N.C.
STA STA	HE STORY CAROLL				
ASE GUAN	TA I VIDEN *	Lel z	Que de	65	2
		S	ignature of Certifying Official	Certifi	cate Number

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855 Test Date: 04/21/2014

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

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

Analyst's Name: QUARANTELLO, NICHOLAS J Permit Number: 21536E Effective: 08/01/2013-08/01/2015

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

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

Test	g/210L	Time
DIAG	Pass	1:08pm
AIR BLK	.00	1:08pm
ACCY CHK	.07	1:09pm
AIR BLK	.00	1:10pm
SUB TEST	.00	1:10pm
AIR BLK	.00	1:11pm
SUB TEST	.00	1:13pm
AIR BLK	.00	$1:14\mathrm{pm}$

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855 Test Date: 04/21/2014 Test Record Number: 956
Test Time: 1:15pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:15pm
FLO	Pass	1:15pm
FC	Pass	1:15pm

Temperature Tests

Status	Time
Pass	1:15pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	1:16pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:16pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:16pm

Preventive Maintenance Status: Pass

Pass

1:16pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	HOKE	Instrument Location + V K-E	CO. DETENTION CT
Instrument	Serial No. <u>008652</u>	PAEFORD	NC
The preven	ntive maintenance procedures for the last are:	Intoximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 degrees.	r displays pressure, or the alcoholic egree centigrade;	breath simulator thermometer shows
2.	Verify instrument displays tim	e and date;	and the second
3.	Initiate breath test sequence;		1
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	.	
10.	Verify that the ethanol gas can simulator solution is being charwhichever occurs first.	ister is being changed before expira nged every four months or after 125	tion date, or the alcoholic breath S Alcoholic Breath Simulator tests,
I certify that procedures v Department	t on the day of P were performed on the instrument ind of Health and Human Services, and t	the instrument is functioning proper	e forgoing preventive maintenance urrent regulations of the N.C.
STAN 20.1	TE OF NO.		
# ESSE QUAM V	<u> </u>	ature of Certifying Official	Certificate Number

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852 Test Date: 04/21/2014

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

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

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

Analyst's Name: QUARANTELLO, NICHOLAS J Permit Number: 21536E Effective: 08/01/2013-08/01/2015

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

Lot Number: AG309101 Exp Date: 04/01/2015

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

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

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852 Test Record Number: 579
Test Date: 04/21/2014 Test Time: 1:12pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:13pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:13pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:14pm

Preventive Maintenance Status: Pass

Pass

1:14pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

स्तु _र क	INTOXIMETERS, MODEL INTOX EC/IR II
County	Dervier Instrument Location Pencher Co-
Instrument Seria	INO. OOB 90/ Shepp Dept
The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
•	the <u>//</u> day of, 20. <u></u>
OF THE STATE OF N. OF THE STATE OF THE STATE OF N. OF THE STATE OF T	Signature of Certifying Official Certificate Number

PENDER COUNTY PENDER CO SD 700

Serial Number: 008901 Test Date: 04/10/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

g/210L	Time
Pass	4:08pm 4:09pm
.07	4:09pm
.00	4:11pm
.00	4:11pm
.00	4:12pm
.00	4:14pm
.00	4:15pm
	Pass .00 .07 .00 .00 .00 .00

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

PENDER COUNTY PENDER CO SD 700

Serial Number: 008901

Test Record Number: 573

Test Date: 04/10/2014

Test Time: 4:15pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:16pm
FLO	Pass	4:16pm
FC	Pass	4:16pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:16pm
SRC	Pass	4:16pm
DET	Pass	4:16pm
BAR	Pass	4:16pm
BT	Pass	4:16pm

Blank Tests

Test	Status	Time
ΔTR	Dagg	4 • 1 7 mm

Printer Tests

Test	Status	Time
PRNT	Pass	4:17pm

CRC Tests

COMP Pass	4:17pm
CAL Pass	4:17pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Per		Instrument Location Person	
Instrument Serial	1No. <u>008693</u>	120 Court Roxboro	St.
The preventive m four months are:	naintenance procedures for the Into	,	
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degre	plays pressure, or the alcoholic brea e centigrade;	ath simulator thermometer show
2.	Verify instrument displays time an	d date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears	s, collect breath sample;	
7.	When "PLEASE BLOW" appears	s, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister simulator solution is being change whichever occurs first.	r is being changed before expiration d every four months or after 125 A	n date, or the alcoholic breath lcoholic Breath Simulator tests,
I certify that on the procedures were Department of He	he day of Apr. performed on the instrument indica ealth and Human Services, and the	the forted above, in accordance with current is functioning properly.	orgoing preventive maintenance ent regulations of the N.C.
THE STATE OF INC. STATE OF INC	Signatu	re of Certifying Official	Certificate Number

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693 Test Date: 04/08/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyd

Court CVR

A -- -- 1-----

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693

Test Record Number: 1016

Test Date: 04/08/2014

Test Time: 12:13pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:13pm
FLO	Pass	12:13pm
FC	Pass	12:13pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:13pm
SRC	Pass	12:13pm
DET	Pass	12:13pm
BAR	Pass	12:13pm
BT	Pass	12:13pm

Blank Tests

Test	Status	Time	
λTD	Dagg	12.14nm	

Printer Tests

Test	Status	Time
PRNT	Pass	12:14pm
	CDC TI	

CRC Tests

Test	Status	Time
COMP	Pass	12:14pm
CAL	Pass	12:14pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

		INTOXIMETERS, MODEL INTOX EC/IR II
Cou	nty te	Instrument Location Person Co. L.E.C
Inst	rument Seri	al No. 008880 120 Court St. Roxboro, NC
	preventive months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
	1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
	2.	Verify instrument displays time and date;
	3.	Initiate breath test sequence;
	4.	Enter information as prompted;
	5.	Verify instrument accuracy;
4	6.	When "PLEASE BLOW" appears, collect breath sample;
	7.	When "PLEASE BLOW" appears, collect breath sample;
i i	8.	Print test record;
	9.	Verify Diagnostic Program; and
	10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
proc	edures were	the day of Apr
CREAT SEA	STATE OF A	OKH CAROUNA
WHAT .	* ESSE QUAM VIDER Y	Signature of Certifying Official Certificate Number

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880 Test Date: 04/08/2014

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:
12/01/2012-12/01/2014

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	11:23am 11:24am 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/210L

Signature of Chemical Analys

Court CVR

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

Department of Health and Human Services Rev. 12/2007

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880 Test Record Number: 684
Test Date: 04/08/2014 Test Time: 11:30am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:31am
SRC	Pass	11:31am
DET	Pass	11:31am
BAR	Pass	11:31am
BT	Pass	11:31am

Blank Tests

Test	Status	Time
AIR	Pass	11:31am

Printer Tests

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

COMP	Pass	11:32am
CAL	Pass	11:32am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	1.HCo	Instrument Location Bar	Mebile Uhit 4
Instrument S	erial No. <u>208 ¹ 34</u>		
The preventi	ve maintenance procedures for the Intoxi are:	meters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas canister displ 34 degrees, plus or minus .2 degree		breath simulator thermometer show
2.	Verify instrument displays time and	l date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears,	collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
I certify that procedures v Department	Verify that the ethanol gas canister simulator solution is being changed whichever occurs first. on the	thed above, in accordance with co	5 Alcoholic Breath Simulator tests, he forgoing preventive maintenance herent regulations of the N.C.
TOTAL STATE OF THE		e of Certifying Official	Certificate Number

PITT COUNTY BAT MOBILE UNIT 4 730

Serial Number: 008734 Test Date: 04/05/2014

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

Lot Number: AG322601 Exp Date: 08/14/2015

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

Reported AQ: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PITT COUNTY BAT MOBILE UNIT 4 730

Serial Number: 008734 Test Record Number: 813 Test Date: 04/05/2014 Test Time: 10:14pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:15pm

Printer Tests

Test

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

Status Time

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County &	AKE	Instrument Location WAKE	Co DETENTION CE
Instrument S	erial No. <u>OOS 686</u>	RALEIG	H, NC
The preventi		atoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	displays pressure, or the alcoholic bre gree centigrade;	ath 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" appear	ars, collect breath sample;	
7.	When "PLEASE BLOW" appear	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		ster is being changed before expiration ged every four months or after 125 A	
		, 20 the forcated above, in accordance with current is functioning properly.	
STATE STATE OF THE	3/4/2	> D Smith	6324
	Signa	ture of Certifying Official	Certificate Number

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008686 Test Date: 04/03/2014

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

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

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008686 Test Record Number: 5492

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:44pm
FLO	Pass	3:44pm
FC	Pass	3:44pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:44pm
SRC	Pass	3:44pm
DET	Pass	3:44pm
BAR	Pass	3:44pm
BT	Pass	3:44pm

Blank Tests

Test	Status	Time
AIR	Pass	3:45pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:45pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:45pm

Preventive Maintenance Status: Pass

Pass

3:45pm

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIVEE:	eks, Model mi	. 1	
County /	<u> AKE</u>	Instrument Location	VAKE CO.	DETENTION C
Instrument S	Gerial No. <u>008826</u>	Instrument Location_	MOND RD	RALVIGIL
			<u></u>	· · · · · · · · · · · · · · · · · · ·
The preventi	ive maintenance procedures for the are:	Intoximeters, Model Intox E	C/IR II to be follow	ed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2		coholic breath simul	ator 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	pears, collect breath sample;		
7.	When "PLEASE BLOW" ap	pears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; a	nd		
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.			
procedures w	on the <u>63</u> day of <u>African</u> were performed on the instrument in of Health and Human Services, and	ndicated above, in accordance	e' with current regula	reventive maintenance tions of the N.C.
		>	•	
STATE	CAROLL			
ESE QUAM VI		D Anuth		637

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

Signature of Certifying Official

Certificate Number

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008826

Test Date: 04/03/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG335201

Exp Date: 12/18/2015

Test	g/210L	Time
DIAG	Pass	2:45pm
AIR BLK	.00	2:46pm
ACCY CHK	.08	2:47pm
AIR BLK	.00	2:48pm
SUB TEST	.00	2:50pm
AIR BLK	.00	2:50pm
SUB TEST	.00	2:52pm
AIR BLK	.00	2:53pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Bus D Smith
Analyst

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008826 Test Record Number: 6852 Test Date: 04/03/2014 Test Time: 3:04pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	3:05pm
SRC	Pass	3:05pm
DET	Pass	3:05pm
BAR	Pass	3:05pm
BT	Pass	3:05pm

Blank Tests

Test	Status	Time
AIR	Pass	3:06pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:06pm

CRC Tests

Test	Status	Time
COMP	Pass	3:06pm
CAL	Pass	3 : 0 6 pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County No.	ETHAMPTON Instrument Location NOZTHAMPTON CO. SHERIFF	_
Instrument Ser	rial No. DO 8688 105 W. JEFFERSON ST. JACKSON	^.
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;	/S
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.	
I certify that on procedures wer Department of	n the	
STATE OF STA	Bus Small 637	
	Signature of Certifying Official Certificate Number	

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008688 Test Date: 04/01/2014

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

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

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

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

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

Lot Number: AG303502 Exp Date: 02/04/2015

-- / 0 3 0 7

m2 a

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

JUO DI

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008688

Test Record Number: 676

Test Date: 04/01/2014

Test Time: 1:50pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:50pm
FLO	Pass	1:50pm
FC	Pass	1:50pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:51pm
SRC	Pass	1:51pm
DET	Pass	1:51pm
BAR	Pass	1:51pm
BT	Pass	1:51pm

Blank Tests

Test	Status	Time
AIR	Pass	1:51pm

Printer Tests

Status	Time
Pass	1:51pm
CRC Tests	
	Pass

Test	Status	Time
COMP	Pass	1:51pm
CAL	Pass	1:51pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

ſ	, INTOANVETERS, MODEL INTOX EC/IR II	
	Instrument Location MORTHAMPTON CO. Sh	ERIFF'S
Instrument S	Serial No. 008607 105 W. JEFFERSON ST. JAC	KON,
The prevention four months a	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least of sare:	once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermo 34 degrees, plus or minus .2 degree centigrade;	meter shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcohol simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator occurs first.	
procedures we	on the	aintenance N.C.
STATE OF THE STATE	Bus D Anuts 63	
	Signature of Certifying Official Certificate N	umber

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008607 Test Date: 04/01/2014

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

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

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

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

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

Lot Number: AG323402 Exp Date: 08/22/2015

Test	g/210L	Time
DIAG AIR BLK	Pass	1:40pm 1:41pm
ACCY CHK	.08	1:41pm
AIR BLK	.00	1:42pm
SUB TEST	.00	1:43pm
AIR BLK	.00	1:44pm
SUB TEST	.00	1:45pm
AIR BLK	.00	1:46pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008607 Test Record Number: 735

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:50pm 1:50pm
FC	Pass	1:50pm

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	1:50pm 1:50pm
DET	Pass	1:50pm
BAR	Pass	1:50pm
BT	Pass	1:50pm

Blank Tests

Test	Status	Time	
AIR	Pass	1:51pm	

Printer Tests

rest	Status	Time
PRNT	Pass	1:51pm

CRC Tests

Test	Status	Time
COMP	Pass	1:51pm
CAL	Pass	1:51pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	. 1	INTOXIMETERS, MODEL INTOX EC/IR II	
Cou	inty_ <i></i>	ALIFAR Instrument Location /ALIFAX Co. 50	
Inst	rument Ser	rial No. 008695 FERRELL LANE, HALIFAK, A	JC
	preventive months are	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once e e:	very
	1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 34 degrees, plus or minus .2 degree centigrade;	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;	
er En	8.	Print test record;	
	9.	Verify Diagnostic Program; and	
	10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bresimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.	
proce	tify that on edures were urtment of I	theday of, 20 / / the forgoing preventive mainter 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.	nance
	OF THE STATE OF MAY 20, 1775		
21			
3 3 4			
All I	APRIL 12, 1776 *ESSE QUAM VIDEN	Lus D. Smith 637	
		Signature of Certifying Official Certificate Number	,

HALIFAX CO. HALIFAX CO. SD 410

Serial Number: 008695 Test Date: 04/01/2014

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

Lot Number: AG323402 Exp Date: 08/22/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00 .00	12:18pm 12:19pm 12:19pm 12:20pm 12:21pm
AIR BLK	.00	12:22pm
SUB TEST	.00	12:23pm
AIR BLK	.00	12:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HALIFAX CO. HALIFAX CO. SD 410

Serial Number: 008695

Test Record Number: 1566

Test Date: 04/01/2014

Test Time: 12:27pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:27pm
FLO	Pass	12:27pm
FC	Pass	12:27pm

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	12:27pm 12:27pm
DET	Pass	12:27pm
BAR	Pass	12:27pm
BT	Pass	12:27pm

Blank Tests

Test	Status	Time

AIR Pass 12:28pm

Printer Tests

PRNT 12:28pm Pass

CRC Tests

Test Status Time

COMP 12:28pm Pass CALPass 12:28pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	•	INTOAMETERS, MODEL INTOA EC/IR II	
Cou	inty <u>////</u>	Instrument Location ROANOKE RAPIDS PL)
Inst	rument Seri	ial No. <u>DO8635</u> 1040 ROANCHE AVE RUANOICE RAF	71DJ
	preventive months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once even:	∌гу
	1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer s 34 degrees, plus or minus .2 degree centigrade;	how
	2.	Verify instrument displays time and date;	
	3.	Initiate breath test sequence;	
	4.	Enter information as prompted;	
	5.	Verify instrument accuracy;	
	6.	When "PLEASE BLOW" appears, collect breath sample;	•
	7.	When "PLEASE BLOW" appears, collect breath sample;	
	8.	Print test record;	
	9.	Verify Diagnostic Program; and	
	10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator terwhichever occurs first.	
hiore	cuules wele	the	nce
THE GIVE AT SEA	O'THE STATE OF AN	CAROLLIA CAR	
The state of the s	EGE QUAM VIDER	1 1 Lus DAMUS 637	
		Signature of Certifying Official Certificate Number	

HALIFAX CO ROANOKE RAPIDS PD 410

Serial Number: 008635 Test Date: 04/01/2014

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

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

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

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

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

Lot Number: AG315701 Exp Date: 06/06/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	3:08pm 3:09pm 3:10pm
AIR BLK SUB TEST	.00 . 00	3:11pm
AIR BLK	.00	3:12pm 3:12pm
SUB TEST	.00	3:14pm
AIR BLK	.00	3:15pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

HALIFAX CO ROANOKE RAPIDS PD 410

Serial Number: 008635

Test Record Number: 1271

Test Date: 04/01/2014

Test Time: 3:22pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	3:24pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:24pm

CRC Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

,	INTUXIMETERS, MODEL INTUX EC/IR II
	9LIFAX 1 Instrument Location ROANOKE RAPIDS PD
Instrument Ser	rial No. <u>008656 1040 ROANOKE AVE ROANOKE RAPIDS,</u>
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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	theday of
STATE OF STA	NO CELLE CARE
ARE 12, TIP	Bus 1 Smath 637
	Signature of Certifying Official Certificate Number

HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656 Test Date: 04/01/2014

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

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

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

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

Lot Number: AG303502 Exp Date: 02/04/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	3:06pm 3:07pm 3:08pm 3:09pm
SUB TEST	.00	3:10pm
AIR BLK	.00	3:11pm
SUB TEST	.00	3:12pm
AIR BLK	.00	3:13pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656

Test Record Number: 474

Test Date: 04/01/2014

Test Time: 3:18pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:18pm
FLO	Pass	3:18pm
FC	Pass	3:19pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:19pm
SRC	Pass	3:19pm
DET	Pass	3:19pm
BAR	Pass	3:19pm
BT	Pass	3:19pm

Blank Tests

Test	Status	Time

AIR Pass 3:19pm

Printer Tests

rest	Status	Time
PRNT	Pass	3:20pm

CRC Tests

Test	Status	Time
COMP	Pass	3:20pm
CAL	Pass	3:20pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

, 1,		ens, MODEL INTOX E	· ·
County WA	KE	_ Instrument Location WAK	E FORFST PD
Instrument Serie	al No. 008700	2255. TAYLOR	ST. WIKE FOREST
The preventive four months are		Intoximeters, Model Intox EC/IR II t	o be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic b legree centigrade;	reath simulator thermometer show
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; ar	nd .	
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	nister is being changed before expiration anged every four months or after 125	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
procedures were	performed on the instrument in	2/\(\(\alpha\) , 20 \(\sigma\) the dicated above, in accordance with cut the instrument is functioning properly	rrent regulations of the N.C.
OF HE STATE OF NO.	Buz Buz	D Anata	637

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700 Test Date: 04/03/2014

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SMITH, BRIAN D Permit Number: 8937E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG300202 Exp Date: 01/02/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	11:48am 11:49am 11:50am
AIR BLK	.00	11:51am
SUB TEST	.00	11:54am
AIR BLK	.00	11:54am
SUB TEST	.00	11:56am
ATR BLK	. 00	11.57am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700

Test Record Number: 690

Test Date: 04/03/2014

Test Time: 11:59am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:59am
FLO	Pass	11:59am
FC	Pass	12:00pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:00pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:00pm
	CRC Tests	
Test	Status	Time

COMP	Pass	12:00pm
CAL	Pass	12:00pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County Ca	tawba Instrument Location Catawba County 5D
Instrument Seri	100 B Southwest Blvd, Newton 828-464-5271
	000-767-301
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the Human Services, and the instrument is functioning properly.
AFEL B. DIR.	Signature of Certifying Official Certificate Number

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008821 Test Date: 04/04/2014

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

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

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

Analyst's Name: HUTCHINSON, JOSEPH E
Permit Number: 19951E
Effective:
10/01/2013-10/01/2015

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008821

Test Record Number: 1206

Test Date: 04/04/2014

Test Time: 1:08pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:09pm
FLO	Pass	1:09pm
FC	Pass	1:09pm

Temperature Tests

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

Blank Tests

Test	Status	Time

AIR Pass 1:10pm

Printer Tests

rest	Status	Time
PRNT	Pass	1:10pm

CRC Tests

Test	Status	Time
COMP	Pass	1:10pm
CAL	Pass	1:10pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTO AIMETERS, MODEL INTO A EC/IR II		
County C	atawba Instrument Location Catawba County SD		
Instrument Se	rial No. 008687 100 B Southwest Blvd, Newton 828-464-5271		
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 wei	the Health and Human Services, and the instrument is functioning properly.		
THE STATE OF THE S	South E Hatt 656		
•	Signature of Certifying Official Certificate Number		

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008687 Test Date: 04/04/2014

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

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

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

Analyst's Name: HUTCHINSON, JOSEPH E
Permit Number: 19951E
Effective:
10/01/2013-10/01/2015

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

Lot Number: AG322601 Exp Date: 08/14/2015

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008687 Test Date: 04/04/2014 Test Record Number: 1823 Test Time: 1:09pm EDT

System Check: Passed

Baseline Tests

Test	Status	Tine
IR	Pass	1:09pm
FLO	Pass	1:09pm
FC	Pass	1:09pm

Temperature Tests

Test	statús i	me
FC1	Pass 1:	10pm
SRC	Pass 1:	10pm
DET	Pass 1	10pm
BAR	Pass 1:	10pm
BT	Pass 4	10pm
	 た。 ないのは、自然的は様 	14間象で運搬する

Blank Tests

Test Status Time

AIR Pass 1:10pm

Printer Tests

Test Status Time

PRNT Pass 1:10pm

CRC Tests

Test Status Time

COMP Pass 1:10pm CAL Pass 1:10pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOAIMETER	10, MODEL INI	OA EC/IR II	
CountyC	atawba	Instrument Location_	Hickory	PD
Instrument Seri	ial No. <u>008841</u>		ì	, Hickory
The preventive four months are	maintenance procedures for the Into	oximeters, Model Intox E	EC/IR II to be follow	wed at least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr	splays pressure, or the al	coholic breath simu	lator thermometer show
2.	Verify instrument displays time a	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			•
6.	When "PLEASE BLOW" appear	rs, collect breath sample;		
7.	When "PLEASE BLOW" appear	s, collect breath sample;		en e
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas caniste simulator solution is being change whichever occurs first.	er is being changed befor ed every four months or a	e expiration date, or after 125 Alcoholic	the alcoholic breath Breath Simulator tests,
procedures were	the HM day of April performed on the instrument indicated the dealth and Human Services, and the	ated above, in accordance	with current regula	preventive maintenance ations of the N.C.
ORE THE STATE OF T	CAROLLINA CAROLL			
ARRIL 12, 17th	Signature Signature	are of Certifying Official		650 Certificate Number

CATAWBA COUNTY HICKORY PD 170

Serial Number: 008841 Test Date: 04/04/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	1:57pm 1:58pm 1:59pm 2:00pm 2:01pm
AIR BLK SUB TEST AIR BLK	.00 .00	2:02pm 2:03pm 2:04pm

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

CATAWBA COUNTY HICKORY PD 170

Serial Number: 008841

Test Record Number: 1404

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:05pm
FLO	Pass	2:05pm
FC	Pass	2:06pm

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	2:06pm 2:06pm
DET	Pass	2:06pm
BAR	Pass	2:06pm
BT	Pass	2:06pm

Blank Tests

Test	Status	Time
ΔTR	Pagg	2 · 06pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:06pm
	CRC Tests	

Test	Status	Time
COMP	Pass	2:07pm
CAL	Pass	2:07pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Graston	Instrument Location	Belmont	PD
Instrumen	nt Serial No. <u>008733</u>	201 Chron 704-825	ide Stree	H. Belmon
The preve	ntive maintenance procedures for the has are:	Intoximeters, Model Intox I	EC/IR II to be follower	d at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d	displays pressure, or the a	lcoholic breath simula	tor thermometer show
2.	Verify instrument displays tim	e and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" app	ears, collect breath sample;	•	
7.	When "PLEASE BLOW" app	ears, collect breath sample;	•	
8.	Print test record;			
9.	Verify Diagnostic Program; an	đ		
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.			
procedures	at on the <u>144</u> day of <u>Apo</u> were performed on the instrument ind at of Health and Human Services, and	licated above, in accordanc		eventive maintenance ons of the N.C.
STATE CHEAT SEE AND SE	Joseph E.	ature of Certifying Officia		50 rtificate Number

GASTON COUNTY BELMONT PD 350

Serial Number: 008733 Test Date: 04/07/2014

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	11:16am 11:17am 11:17am 11:18am 11:19am
AIR BLK	.00	11:19am
SUB TEST	.00	11:21am
AIR BLK	.00	11:22am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GASTON COUNTY BELMONT PD 350

Serial Number: 008733

Test Record Number: 812

Test Date: 04/07/2014

Test Time: 11:24am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:24am 11:24am
FC	Pass	11:25am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:25an

Printer Tests

Test	Status	Time
PRNT	Pass	11:25am
	CRC Tests	

Test	Status	Time
COMP	Pass	11:26am
CATi	Pass	11.26am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

CountyC	abarrus Instrument Location Cabarrus County SI
Instrument Seri	101 No. 008590 30 Corban Ave., Concord 704-920-3000
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer	theday of, 20 / / the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OTHE STATE OF THE CONTROL OF THE CON	Signature of Certifying Official Certificate Number

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008590 Test Date: 04/07/2014

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG322601 Exp Date: 08/14/2015

Test '	g/210L	Time
DIAG	Pass	12:27pm
AIR BLK	.00	12:28pm
ACCY CHK	.08	12:29pm
AIR BLK	.00	12:30pm
SUB TEST	.00	12:30pm
AIR BLK	.00	12:31pm
SUB TEST	00 ه	12:33pm
AIR BLK	.00	12:34pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008590

Test Record Number: 2231

Test Date: 04/07/2014

Test Time: 12:35pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:36pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Li	ncoln	Instrument Location Lincoln Cour	nty Courthouse
Instrument Se	erial No. <u>008827</u>	#1 Gurt Saugre, L 704-732-9020	incolutor
The preventive four months a		ntoximeters, Model Intox EC/IR II to be followed	d at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath simulategree centigrade;	tor 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" app	ears, collect breath sample;	
7.	When "PLEASE BLOW" app	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	d	
10.		ister is being changed before expiration date, or the nged every four months or after 125 Alcoholic Br	
procedures we		the forgoing properly.	eventive maintenance ons of the N.C.
THE STATE OF THE S	South E	Attack Centifying Official Center of Certifying Official Center C	5 D

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008827 Test Date: 04/09/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG322601

Exp Date: 08/14/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	3:01pm 3:02pm 3:02pm 3:04pm
SUB TEST	.00	3:04pm
AIR BLK	.00	3:05pm
SUB TEST	.00	3:07pm
AIR BLK	.00	3:07pm

.00 g/210L Reported AC:

Signature of Chemical Analyst

Court CVR

Analyst

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008827 Test Date: 04/09/2014

Test Record Number: 1767

Test Time: 3:08pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	3:09pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:10pm

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

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

Official

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008842

Test Record Number: 1330

Test Date: 04/07/2014

Test Time: 9:46am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:47am
FLO	Pass	9:47am
FC	Pass	9:47am

Temperature Tests

Test	Status	Time
FC1	Pass	9:47am
SRC	Pass	9:47am
DET	Pass	9:47am
BAR	Pass	9:47am
BT	Pass	9:47am

Blank Tests

Test	Status	Time
ATR	Pass	9:47am

Printer Tests

Test	Status	Time
PRNT	Pass	9:47am
	CRC Tests	

Test	Status	Time
COMP	Pass	9:48am
CAL	Pass	9:48am

Preventive Maintenance Status: Pass

Analyst

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008842 Test Date: 04/07/2014

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG315701 Exp Date: 06/06/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	9:51am 9:51am 9:52am
AIR BLK	.00	9:53am
SUB TEST	.00	9:54am
AIR BLK	.00	9:55am
SUB TEŠT	.00	9:56am
AIR BLK	0, 00	9:57am

Reported AC: .00 g/210L

Signature of Chemikal Analyst

Court CVR

0 #

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Λſ	INTOXIMETERS, MODEL INTOX EC/IR II
County_\	<u>Necklenburg</u> Instrument Location Mecklenburg County S.D.
Instrument S	Berial No. 008665 80) E. 4th St. Charlotte
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the S day of April 20, 20 H the forgoing preventive maintenance vere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

MECKLENBURG COUNTY SHERIFFS DEPARTMENT 590

Serial Number: 008665

17-8-6 $= -i \mathcal{H}_{tr}^{\prime} \mathcal{H}_{tr}^{\prime}$

140°2

Section Section

1.3

1.00

September 1

Test Record Number: 3310

Test Date: 04/08/2014 Test Time: 11:50am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass Pass	11:51am 11:51am
FLO	Pass	TT: STam
FC	Pass	11:51am

Temperature Tests

Test	Status	Time
FC1	Pass	11:51am
SRC	Pass	11:51am
DET	Pass	11:51am
BAR	Pass	11:51am
BT	Pass	11:51am

Blank Tests

Test	Status	Time
λΤD	Dagg	11.52am

Printer Tests

Test	Status	Time
PRNT	Pass	11:52am
	CRC Tests	

Test	Status	Time
COMP	Pass	11:52am
CAT.	Pass	11:52am

Preventive Maintenance Status: Pass

MECKLENBURG COUNTY SHERIFFS DEPARTMENT 590

Serial Number: 008665 Test Date: 04/08/2014

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

 $= -i \frac{2 \log \log t}{\log t} = e^{t/t}$

Test	g/210L	Time
DIAG	Pass	11:56am
AIR BLK	.00	11:56am
ACCY CHK	.08	11:57am
AIR BLK	.00	11:58am
SUB TEST	.00	11:59am
AIR BLK	.00	11:59am
SUB TEST	.00	12:01pm
AIR BLK	.00	12:02pm

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Kings 1125 Redmont Ave., Kings Mountain Instrument Serial No. The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. Initiate breath test sequence; 3. 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; Print test record; 8. 9. Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

THE STATE OF MODELLY CARDINAL TO STATE OF THE CARDINAL TO STATE OF THE

I certify that on the

Signature of Certifying Official

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.

656
Certificate Number

_ the forgoing preventive maintenance

CLEVELAND COUNTY KINGS MOUNTAIN PD 220

Serial Number: 008900

Test Record Number: 459

Test Date: 04/09/2014

Test Time: 12:52pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:52pm
FLO	Pass	12:52pm
FC	Pass	12:53pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:53pm 12:53pm
SRC DET	Pass Pass	12:53pm
BAR	Pass	12:53pm
BT	Pass	12:53pm

Blank Tests

Test	Status	Time
AIR	Pass	12:53pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:53pm
	CRC Tests	

Test	Status	Time
COMP	Pass	12:53pm
CAL	Pass	12:53pm

Preventive Maintenance Status: Pass

Analyst

CLEVELAND COUNTY KINGS MOUNTAIN PD 220

Serial Number: 008900 Test Date: 04/09/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HAYS, MARK D Permit Number: 15924E

Effective:

01/01/2014-01/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	12:56pm
AIR BLK	.00	12:56pm
ACCY CHK	.07	12:57pm
AIR BLK	.00	12:58pm
SUB TEST	.00	12:59pm
AIR BLK	.00	1:00pm
SUB TEST	.00	1:01pm
AIR BLK	.00	1:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II	
County R1	Aherford Instrument Location Forest City PD	
Instrument Seri	al No. 008889 187 S.Church St. Forest City 828-245-5555	
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 should degree, plus or minus .2 degree centigrade;	w
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.	s,
	the 16th day of 10th , 20 14th 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.	:е
THE STATE OF A STATE O	Signature of Certifying Official Certificate Number	-

RUTHERFORD COUNTY FOREST CITY PD 800

Serial Number: 008889

Test Record Number: 567

Test Date: 04/16/2014

Test Time: 11:05am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:06am
SRC	Pass	11:06am
DET	Pass	11:06am
BAR	Pass	11:06am
BT	Pass	11:06am

Blank Tests

Test	Status	Time
AIR	Pass	11:06am

Printer Tests

Test	Status	Time
PRNT	Pass	11:06am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:06am

Preventive Maintenance Status: Pass

Pass

CAL

11:06am

Analyst

RUTHERFORD COUNTY FOREST CITY PD 800

Serial Number: 008889 Test Date: 04/16/2014

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

Lot Number: AG320602 Exp Date: 07/24/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	11:15am 11:16am 11:17am 11:18am 11:19am
AIR BLK	.00	11:19am
SUB TEST	.00	11:21am
AIR BLK	.00	11:22am

Reported AC 00 g/210L

Signature of Chemical/Analyst

Court CVR

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

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County //	Welfard Instrument Location But mobile Un. 25
Instrument Seri	al No. 60 8698
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
O'THE STATE OF THE	Signature of Configure Official Contigues Number

CLEVELAND BAT MOBILE UNIT 5 220

Serial Number: 008698

Test Record Number: 1077

Test Date: 04/17/2014

Test Time: 7:54pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:54pm
FLO	Pass	7:54pm
FC	Pass .	7:54pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:54pm
SRC	Pass	7:54pm
DET	Pass	7:54pm
BAR	Pass	7:54pm
\mathtt{BT}	Pass	7:54pm

Blank Tests

Test	Status	Time

AIR Pass 7:55pm

Printer Tests

Test	Status	Time
DD אזיידי	Dacc	7.55 n m

CRC Tests

Test	Status	Time
COMP	Pass	7:55pm
CAL	Pass	7:55pm

Preventive Maintenance Status: Pass

Analyst

CLEVELAND BAT MOBILE UNIT 5 220

Serial Number: 008698 Test Date: 04/17/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

· 有意思· 高層學為《過過學生與實際學院可以與實際所以與經濟學院經濟學的發展或一個實際

在海水田間日内田村 # 1

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

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

Analyst's Name: TOWERY, CHAD V

Permit Number: 26632E

Effective:

10/18/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	7:45pm 7:46pm
ACCY CHK	.08	7:47pm
AIR BLK	.00	7:48pm
SUB TEST	.00	7:49pm
AIR BLK	.00	7:49pm
SUB TEST	.00	7:51pm
AIR BLK	.00	7:52pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Instrument Serial No. Octobe 98 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus 2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the b day of Appl 20 19 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.	County/	McChleuburg Instrument Location But Mobile Unit 5		
1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. 1 certify that on the	Instrument Se	rial No		
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	•			
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;		
4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. 1 certify that on the day of day	2.	Verify instrument displays time and date;		
5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	3.	Initiate breath test sequence;		
6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. 1 certify that on the	4.	Enter information as prompted;		
7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	5.	Verify instrument accuracy;		
8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	6.	When "PLEASE BLOW" appears, collect breath sample;		
9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	7.	When "PLEASE BLOW" appears, collect breath sample;		
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	8.	Print test record;		
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	9.	Verify Diagnostic Program; and		
Department of Health and Human Services, and the instrument is functioning properly.	10.	simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests,		
CH V DOLP				
Signature of Certifying Official Certificate Number	STATE OF THE STATE			

MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008698 Test Date: 04/10/2014

Citation Number: M0000000-0 Subject's Name:

PEVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	7:50pm 7:51pm
AIR BLK ACCY CHK	.00 .08	7:51pm
AIR BLK	.00	7:52pm
SUB TEST	.00	7:54pm
AIR BLK	.00	7:55pm
SUB TEST	.00	7:56pm
AIR BLK	.00	7:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008698 Test Record Number: 1063
Test Date: 04/10/2014 Test Time: 8:02pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:03pm
FLO	Pass	8:03pm
FC	Pass	mqE0:8

Temperature Tests

Test	Status	Time
FC1	Pass	8:03pm
SRC	Pass	8:03pm
DET	Pass	8:03pm
BAR	Pass	8:03pm
BT	Pass	mqE0:8

Blank Tests

Test	Status	Time
AIR	Pass	mqE0:8

Printer Tests

Test	Status	Time
PRNT	Pass	8:03pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	8:04pm 8:04pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Watauga Instrument Location BAT MObile Units		
Instrume	nt Serial No. 00 4698		
The prev	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
I certify t procedure Departme	nat on theday of		
COREAL SET	Signature of Certificial Certificate Number		

WATAUGA BAT MOBILE UNIT 5 940

Serial Number: 008698 Test Date: 04/12/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: TOWERY, CHAD V
Permit Number: 26632E
Effective:

10/18/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	7:17pm
AIR BLK	.00	7:19pm
ACCY CHK	.07	7:19pm
AIR BLK	.00	7:20pm
SUB TEST	.00	7:21pm
AIR BLK	.00	7:22pm
SUB TEST	.00	7:24pm
AIR BLK	.00	7:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WATAUGA BAT MOBILE UNIT 5 940

Serial Number: 008698 Test Record Number: 1075 Test Date: 04/12/2014

Test Time: 7:30pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:30pm
FLO	Pass	7:30pm
FC	Pass	7:31pm

Temperature Tests

Status	Time
Pass	7:31pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	7:31pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:31pm
	CRC Tests	
Test	Status	Time
COMP	Pass	7:32pm

7:32pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Gazton	Instrument Location	But	Mosile	Und 5	7
Instrume	nt Serial No. <u>6696</u>					
The prev	entive maintenance procedures for the	he Intoximeters, Model Intox I	EC/IR II to	be followed	at least one	ce every
1.	Verify the ethanol gas cani 34 degrees, plus or minus	ster displays pressure, or the al 2 degree centigrade;	lcoholic br	eath simulat	or thermom	eter show
2.	Verify instrument displays	time and date;				
3.	Initiate breath test sequence	e;				
4.	Enter information as promp	pted;				
5.	Verify instrument accuracy	73				
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	; and				
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is being changed befo changed every four months or	re expirati after 125	on date, or t Alcoholic B	he alcoholic reath Simul	breath ator tests,
I certify procedur Departm	that on theday of es were performed on the instrumen ent of Health and Human Services, a	t indicated above, in accordanand the instrument is functioning	the ce with curing properl	forgoing properties of the following properties of the fol	eventive ma ions of the 1	uintenance N.C.
WAY CONEAN CO.	STATE OF STA	Vap			658	
	<u> </u>	Signature of Certifying Official	al	Ce	rtificate Nu	ımber

GASTON BAT MOBILE UNIT 5 350

Serial Number: 008698 Test Date: 04/19/2014

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:00pm
AIR BLK	.00	9:01pm
ACCY CHK	.07	9:02pm
AIR BLK	.00	9:03pm
SUB TEST	.00	9:03pm
AIR BLK	.00	9:04pm
SUB TEST	.00	9:06pm
AIR BLK	.00	9:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst So y

GASTON BAT MOBILE UNIT 5 350

Serial Number: 008698

Test Record Number: 1079

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:08pm
FLO	Pass	9:08pm
FC	Pass	9:08pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:08pm
SRC	Pass	9:08pm
DET	Pass	9:08pm
BAR	Pass	9:08pm
BT	Pass	9:08pm

Blank Tests

Test	Status	Time
AIR	Pass	9:09pm

Printer Tests

Test	Status	Time
PRNT	Pass	mae0:0

CRC Tests

lest	Status	rrme
COMP	Pass	9:09pm
CAL	Pass	9:09pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_W	atavya Instrument Location BAT mobile Unit 5
Instrument Se	orial No. <u>008788</u>
	Coult Interior No. 11 Interior EC/ID II to be followed at least once or once
four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o procedures we Department of	on the
STATE OF THE STATE	all VDOL 658
	Signature of Certifying Official Certificate Number

WATAUGA BAT MOBILE UNIT 5 940

Serial Number: 008788 Test Record Number: 946 Test Date: 04/12/2014 Test Time: 7:47pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:47pm
FLO	Pass	7:47pm
FC	Pass	7:47pm

Temperature Tests

Status	Time
Pass	7:48pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	7:48pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:48pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	7:48pm 7:48pm

Preventive Maintenance Status: Pass

Analyst

WATAUGA BAT MOBILE UNIT 5 940

Serial Number: 008788 Test Date: 04/12/2014

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

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

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

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

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

Lot Number: AG309101 Exp Date: 04/01/2015

Test	g/210L	Time
DIAG AIR BLK	Pass	7:19pm 7:20pm
ACCY CHK	.07	7:21pm
AIR BLK SUB TEST	.00 .00	7:22pm 7:22pm
AIR BLK	.00	7:22pm 7:23pm
SUB TEST	.00	7:25pm
AIR BLK	.00	7:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_//	MCLK I'm burg Instrument Location But 1	nobile Unit 5		
Instrument S	Serial No. <u>608788</u>			
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be are:	e followed at least once every		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic brea 34 degrees, plus or minus .2 degree centigrade;	th simulator thermometer show		
2.	Verify instrument displays time and date;			
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;			
7.	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 simulator solution is being changed every four months or after 125 Alc whichever occurs first.	date, or the alcoholic breath coholic Breath Simulator tests,		
	on the	rgoing preventive maintenance nt regulations of the N.C.		
OF THE STATE OF THE PARTY OF TH		658		
· ·	Signature of Certifying Official	Contificate Number		

MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008788

Test Record Number: 940

Test Date: 04/10/2014

Test Time: 9:48pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	mcr02:9

Printer Tests

Test	Status	Time
PRNT	Pass	9:50pm

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008788 Test Date: 04/10/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: TOWERY, CHAD V

Permit Number: 26632E

Effective:

10/18/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG309101 Exp Date: 04/01/2015

Test	g/210L	Time
DIAG AIR BLK	Pass	9:38pm 9:39pm
ACCY CHK	.07	9:39pm
AIR BLK	.00	9:40pm
SUB TEST	.00	9:41pm
AIR BLK	.00	9:42pm
SUB TEST	.00	9:43pm
AIR BLK	.00	9:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister 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. 1 certify that on the Day of Day of Day of the forgoing preventive maintenant 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 N	lecklen burg Instrument Location Bout Mobile Unit
1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer should degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister 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. 1 certify that on the day of	Instrument S	Serial No
1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer should degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister 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. 1 certify that on the day of		
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister 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. 1 certify that on the Day of Day of Day of the forgoing preventive maintenant procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.		
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. I certify that on the day of day of 20/9 the forgoing preventive maintenant procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.	1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. 1 certify that on the day of day of 20/9 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.	2.	Verify instrument displays time and date;
5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. 1 certify that on the	3.	Initiate breath test sequence;
6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. I certify that on the	4.	Enter information as prompted;
7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. 1 certify that on the	5.	Verify instrument accuracy;
8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. I certify that on the	6.	When "PLEASE BLOW" appears, collect breath sample;
9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. I certify that on the	7.	When "PLEASE BLOW" appears, collect breath sample;
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. I certify that on the	8.	Print test record;
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. I certify that on the	9.	Verify Diagnostic Program; and
Department of Health and Human Services, and the instrument is functioning properly.	10.	simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests,
CH VJan S	I certify that procedures v	on theday of, 20 // the forgoing preventive maintenance vere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
Signature of Certifying Official Certificate Number	CORFAT STATE OF THE STATE OF TH	

MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008600 Test Date: 04/10/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: TOWERY, CHAD V

Permit Number: 26632E

Effective:

10/18/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG322601 Exp Date: 08/14/2015

Test	g/210L	Time
DIAG	Pass	9:39pm
AIR BLK	.00	9:40pm
ACCY CHK	.07	9:40pm
AIR BLK	.00	9:42pm
SUB TEST	.00	9:42pm
AIR BLK	.00	9:43pm
SUB TEST	.00	9:45pm
AIR BLK	.00	9:45pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008600

Test Record Number: 1382

Test Date: 04/10/2014

Test Time: 9:47pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:47pm
FLO	Pass	9:47pm
FC	Pass	9:47pm

Temperature Tests

Status	Time
Pass	9:47pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	9:48pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:48pm

CRC Tests

Test	Status	Time
COMP	Pass	9:48pm
CAL	Pass	9:48pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Var	Instrument Location Bat Mobile Unit
Instrument Seria	al No. 008600
The preventive if four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the 12 day of 1000, 2014 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OF THE STATE OF TH	Signature of Certifying Official Certificate Number

WATAUGA BAT MOBILE UNIT 5 940

Serial Number: 008600

Test Record Number: 1391

Test Date: 04/12/2014 Test Time: 7:30pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:31pm
FLO	Pass	7:31pm
FC	Pass	7:31pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:31pm
SRC	Pass	7:31pm
DET	Pass	7:31pm
BAR	Pass	7:31pm
BT	Pass	7:31pm

Blank Tests

Test	Status	Time
AIR	Pass	7:31pm

Printer Tests

CAL

7:32pm

Test	Status	Time
PRNT	Pass	7:31pm
	CRC Tests	
Test	Status	Time
COMP	Pass	7:32pm

Preventive Maintenance Status: Pass

Pass

Analyst

WATAUGA BAT MOBILE UNIT 5 940

Serial Number: 008600 Test Date: 04/12/2014

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

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

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

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

Lot Number: AG322601 Exp Date: 08/14/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	7:22pm 7:23pm 7:23pm 7:24pm
SUB TEST	.00	7:25pm
AIR BLK	.00	7:26pm
SUB TEST	.00	7:28pm
AIR BLK	.00	7:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	INTOXIMETERS, MODEL INTOX EC/I	RII 106:10 Unit 5
Instrument S	erial No. O 86 00	
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be are:	e followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breat 34 degrees, plus or minus .2 degree centigrade;	th simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Alc whichever occurs first.	
	on the 19 day of	going preventive maintenance at regulations of the N.C.
STATE STATE OF STATE		
* ESE QUAM VI		658
	Signature of Certifying Official	Certificate Number

GASTON BAT MOBILE UNIT 5 350

Serial Number: 008600 Test Date: 04/19/2014

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

Lot Number: AG322601 Exp Date: 08/14/2015

Test	g/210L	Time
DIAG AIR BLK	Pass	9:02pm 9:04pm
ACCY CHK AIR BLK	.07 .00	9:04pm 9:05pm
SUB TEST	.00	9:06pm
AIR BLK	.00	9:07pm
SUB TEST	.00	9:08pm
AIR BLK	.00	9:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GASTON BAT MOBILE UNIT 5 350

Serial Number: 008600 Test Record Number: 1399 Test Date: 04/19/2014

Test Time: 9:10pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:11pm
FLO	Pass	9:11pm
FC	Pass	9:11pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:11pm
SRC	Pass	9:11pm
DET	Pass	9:11pm
BAR	Pass	9:11pm
BT	Pass	9:11pm

Blank Tests

Test	Status	Time
AIR	Pass	9:12pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:12pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:12pm

9:12pm

Preventive Maintenance Status: Pass

Pass

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ch	pup land	Instrument Location 186-1	mobile Unix 5
Instrument Ser	ial No. <u>008600</u>		
The preventive four months are	maintenance procedures for the Into	ximeters, Model Intox EC/IR I	I to be followed at least once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degrees		breath simulator thermometer show
2.	Verify instrument displays time as	nd date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas caniste simulator solution is being change whichever occurs first.	r is being changed before expired every four months or after 12	ration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
I certify that on procedures wer Department of	theday ofday of	, 20 // total above, in accordance with instrument is functioning proper	the forgoing preventive maintenance current regulations of the N.C. erly.
STATE OF THE STATE	NORTH CAROLIN		
ASU GENERAL STATES	<u>Cll v</u>	ac)	658
	Signatu	re of Certifying Official	Certificate Number

CLEVELAND BAT MOBILE UNIT 5 220

Serial Number: 008600 Test Date: 04/17/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: TOWERY, CHAD V

Permit Number: 26632E

Effective:

10/18/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG322601 Exp Date: 08/14/2015

Test	g/210L	Time
DIAG AIR BLK	Pass	7:44pm 7:45pm
ACCY CHK	.00	7:45pm
AIR BLK	.00	7:47pm
SUB TEST	.00	7:47pm
AIR BLK	.00	7:48pm
SUB TEST	.00	7:50pm
AIR BLK	.00	7:51pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CLEVELAND BAT MOBILE UNIT 5 220

Serial Number: 008600 Test Date: 04/17/2014

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

Lot Number: AG322601 Exp Date: 08/14/2015

Test	g/210L	Time
DIAG AIR BLK	Pass	7:44pm 7:45pm
ACCY CHK	.07	7:45pm
AIR BLK	.00	7:47pm
SUB TEST	.00	7:47pm
AIR BLK	.00	7:48pm
SUB TEST	.00	7:50pm
AIR BLK	.00	7:51pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Cle	Welqued Instrument Location Bark mobile Unit 5		
Instrument Seria	1No. 00 8600		
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		
CREATE OF WAR STATE OF WAR STAT	Signature of Certifying Official Certificate Number		

CLEVELAND BAT MOBILE UNIT 5 220

Serial Number: 008600 Test Date: 04/17/2014

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

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

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

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

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

Test Type: Breath Test

Lot Number: AG322601 Exp Date: 08/14/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07 .00	7:44pm 7:45pm 7:45pm 7:47pm
SUB TEST	.00	7:47pm
AIR BLK	.00	7:48pm
SUB TEST	.00	7:50pm
AIR BLK	.00	7:51pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

Intox EC/IR-II: Preventive Maintenance

CLEVELAND BAT MOBILE UNIT 5 220

Serial Number: 008600 Test Date: 04/17/2014

Test Record Number: 1396 Test Time: 7:53pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:54pm
FLO	Pass	7:54pm
FC	Pass	7:54pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:54pm
SRC	Pass	7:54pm
DET	Pass	7:54pm
BAR	Pass	7:54pm
BT	Pass	7:54pm

Blank Tests

Test	Status	Time
AIR	Pass	7 • 54 mm

Printer Tests

rest	Status	Time
PRNT	Pass	7:54pm

CRC Tests

Test	Status	Time
COMP	Pass	7:55pm
CAL	Pass	7:55pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II County Grap Ville Instrument Location Instrument Serial No. 608641 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; Enter information as prompted; 4. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 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.

I certify that on the 22 h day of 4, 20 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641 Test Date: 04/22/2014

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: FARLEY, CYNTHIA D

Driver's License Number: NONE

Permit Number: 24123E

Effective:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG308002 Exp Date: 03/21/2015

Test	g/210L	Time
DIAG	Pass	11:03am
AIR BLK	.00	11:04am
ACCY CHK	.07	11:05am
AIR BLK	.00	11:06am
SUB TEST	.00	11:07am
AIR BLK	.00	11:08am
SUB TEST	.00	11:09am
ATP BLK	0.0	11.10am

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

Intox EC/IR-II: Preventive Maintenance

GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641 Test Date: 04/22/2014 Test

Test Record Number: 775
Test Time: 11:11am EDT

•

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time	
ΔTR	Pagg	11·12am	

Printer Tests

Test	Status	Time
PRNT	Pass	11:12am
	CRC Tests	

rest	Status	rriie
COMP	Pass	11:13am
CAL	Pass	11:13am

Preventive Maintenance Status: Pass

Analyst

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

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOXICC/IR II

County	Inion	Instrumen	nt Location	Wowhaw	PD	
Instrument S	erial No. <u>008598</u>	3620	Provid	ence Rd	South,	Waxha
			704-8	43 -0353		
The preventive four months a	ve maintenance procedures for thare:	ne Intoximeters, N	Aodel Intox EC	/IR II to be follow	ed at least on	ce every
1.	Verify the ethanol gas canis 34 degrees, plus or minus 2			oholic breath simu	lator thermon	neter shows
2.	Verify instrument displays	time and date	The same of the sa	ing the second second		
3.	Initiate breath test sequence			esti. Sesti		
4.	Enter information as promp	ted;		A STATE OF THE STA	tu Turkan dan Turkan dan dan	
5.	Verify instrument accuracy		W. Apr.			1
6.	When "PLEASE BLOW" 2	appears, collect br	eath sample;			
7.	When "PLEASE BLOW" a	ippears, collect br	eath sample;			The second secon
8.	Print test record;					
9.	Verify Diagnostic Program;	and:				
10.	Verify that the ethanol gas o	anister is being c	hanged before	expiration date, or	the alcoholic	breath
	simulator solution is being of whichever occurs first.	changed every fou	r months or al	ter 125 Alcoholic	Breath Simul	ator tests,
			K.E.	1		
I certify that o	on the 2816 day of A		, 20 / l	the forgoing p	oreventive ma	intenance
	f Health and Human Services, ar				ations of the r	v.C.
				d.		
OF THE STATE						
		Mark .	A STATE OF THE STA			
Se Constitution						ij dêr G
100 12 10						
COE QUAM VID	Joseph C	the think		→	650	
786	71 1 34 0	ionatiirá of Cartif	vina Official		'autitiaata Ni	h

UNION COUNTY WAXHAW PD 890

Serial Number: 008598 Test Date: 04/28/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG303502 Exp Date: 02/04/2015

Test q/210L Time 10:01am DIAG Pass AIR BLK .00 10:02am ACCY CHK .08 10:02am 10:04am AIR BLK .00 SUB TEST .00 10:04am AIR BLK .00 10:05am SUB TEST .00 10:06am AIR BLK .00 10:07am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

rm is used when performing Preventive Maintenance

Intox EC/IR-II: Preventive Maintenance

UNION COUNTY WAXHAW PD 890

Serial Number: 008598 Test Record Number: 509
Test Date: 04/28/2014 Test Time: 10:08am

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:08am
FLO	Pass	10:08am
FC	Pass	10:09am

Temperature Tests

Test	Status	Time
FC1	Pass	10:09am
SRC	Pass	10:09am
DET	Pass	10:09am
BAR	Pass	10:09am
\mathtt{BT}	Pass	10:09am

Blank Tests

Test	Status	Time
AIR	Pass	10:09am

Printer Tests

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

CAL Pass 10:09am

Preventive Maintenance Status: Pass

Analyst