		HEALTH AND HUMAN SERVICES ESTS FOR ALCOHOL BRANCH	
	PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II		
County	MECKLENBURG	Instrument Location BAT MOBILE UNIT 3	
	nent Serial No. <u>008647</u>	CHARLOTTE, NC	

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

- 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- 2. Verify instrument displays time and date;
- 3. Initiate breath test sequence;
- Enter information as prompted;
- 5. Verify instrument accuracy;
- When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

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

I certify that on the <u>ZO</u> day of <u>FEBRUARY</u>, 20<u>14</u> 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.



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Ilm Rg Be Signature of Certifying Official

648

Certificate Number

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

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

> Serial Number: 008647 Test Date: 02/20/2014

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 9:31pm AIR BLK .00 9:32pm ACCY CHK .08 9:33pm AIR BLK .00 9:33pm SUB TEST .00 9:34pm AIR BLK .00 9:35pm SUB TEST .00 9:37pm AIR BLK .00 9:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number:008647Test Record Number:1894Test Date:02/20/2014Test Time:9:39pm EST

System Check: Passed

## Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	9:39pm 9:39pm
DET	Pass	9:39pm
BAR	Pass	9:39pm
BŢ	Pass	9:39pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:40pm

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Printer Tests

Test	Status	Time
PRNT	Pass	9:40pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

/Analyst

	EALTH AND HUMAN SERVICES TS FOR ALCOHOL BRANCH		
PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II			
County MECKLENBURG	Instrument Location BAT MOBILE UNIT 3		
Instrument Serial No. <u>008616</u>	CHARLOTTE, NC		

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

- 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- 2. Verify instrument displays time and date;
- 3. Initiate breath test sequence;
- Enter information as prompted;
- 5. Verify instrument accuracy;
- 6. When "PLEASE BLOW" appears, collect breath sample;
- 7. When "PLEASE BLOW" appears, collect breath sample;
- 8. Print test record;
- 9. Verify Diagnostic Program; and
- 10. Verify that the ethanol gas canister is being changed before 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 <u>20</u> day of FEBRUARY, 2014 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.



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648

Signature of Certifying Official

Certificate Number

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

DHHS 4080 (11/07)

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

> Serial Number: 008616 Test Date: 02/20/2014

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: 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 9:33pm Pass AIR BLK .00 9:34pm ACCY CHK .08 9:35pm AIR BLK .00 9:36pm SUB TEST .00 9:36pm AIR BLK .00 9:37pm SUB TEST .00 9:39pm AIR BLK .00 9:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616 Test Record Number: 1869 Test Date: 02/20/2014 Test Time: 9:40pm EST

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	9:42pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:42pm

CRC Tests

Test	Status	Time
COMP	Pass	9:42pm
CAL	Pass	9:42pm

Preventive Maintenance Status: Pass

Analyst

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

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

County MECKLENBURG Instrument Location BAT MOBILE UNIT 3 Instrument Serial No. 008707 CHARLOTTE, NC

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

- 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- 2. Verify instrument displays time and date;
- 3. Initiate breath test sequence;
- 4. Enter information as prompted;
- 5. Verify instrument accuracy;
  - When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

6.

- 9. Verify Diagnostic Program; and
- 10. Verify that the ethanol gas canister is being changed before 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 <u>20</u> day of <u>FEBRUAR</u>, 20<u>14</u> 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.



648

Signatuke of Certifying Official

Certificate Number

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

DHHS 4080 (11/07)

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

> Serial Number: 008707 Test Date: 02/20/2014

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 Pass 9:38pm AIR BLK .00 9:39pm ACCY CHK .08 9:40pm AIR BLK .00 9:41pm SUB TEST .00 9:41pm AIR BLK .00 9:42pm 9:44pm SUB TEST .00 AIR BLK .00 9:45pm

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

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008707 Test Record Number: 1947 Test Date: 02/20/2014 Test Time: 9:47pm EST

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 SRC	Pass Pass	9:47pm 9:47pm
DET	Pass	9:47pm
BAR	Pass	9:47pm
BT	Pass	9:47pm

#### 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

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

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

County	$ \bigcirc $

Instrument Location\_

Instrument Serial No. 008616

NJLOW

HOLLY RIDGE, NC

BAT MOBILE UNIT 3

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

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



Signature of Certifying Official

648

Certificate Number

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

DHHS 4080 (11/07)

ONSLOW COUNTY BAT MOBILE UNIT 3 660

Serial Number: 008616 Test Date: 02/28/2014

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: 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	11:12pm
AIR BLK ·	.00	11:13pm
ACCY CHK	.08	11:14pm
AIR BLK	.00	11:15pm
SUB TEST	.00	11:15pm
AIR BLK	.00	11:16pm
SUB TEST	.00	11:18pm
AIR BLK	.00	11:19pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ONSLOW COUNTY BAT MOBILE UNIT 3 660

Serial Number: 008616 Test Record Number: 1878 Test Date: 02/28/2014 Test Time: 11:20pm EST

System Check: Passed

## Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	11:20pm 11:20pm
DET	Pass	11:20pm
BAR	Pass	11:20pm
BT	Pass	11:20pm

#### Blank Tests

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Test	Status	Time
AIR	Pass	11:21pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:21pm

Pass

CRC Tests

Test	Status	Time
COMP	Pass	11:21pm
CAL	Pass	11:21pm

Preventive Maintenance Status: Pass

Analyst

	F HEALTH AND HUMAN SERVICES ESTS FOR ALCOHOL BRANCH
	E MAINTENANCE RECORD RS, MODEL INTOX EC/IR II
County_ONSLOW	Instrument Location BAT MOBILE UNIT 3
Instrument Serial No. 008707	HOLLY RIDGE, NC

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

- 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- 2. Verify instrument displays time and date;
- 3. Initiate breath test sequence;
- Enter information as prompted;
- 5. Verify instrument accuracy;
- 6. When "PLEASE BLOW" appears, collect breath sample;
- 7. When "PLEASE BLOW" appears, collect breath sample;
- 8. Print test record;
- 9. Verify Diagnostic Program; and
- 10. Verify that the ethanol gas canister is being changed before 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 <u>28</u> day of <u>FEBRUARY</u>, <u>20</u> <u>14</u> 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

648

Certificate Number

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

DHHS 4080 (11/07)

ONSLOW COUNTY BAT MOBILE UNIT 3 660

Serial Number: 008707 Test Date: 02/28/2014

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: 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	Pass	11:17pm
AIR BLK	.00	11:18pm
ACCY CHK	.08	11:19pm
AIR BLK	.00	11:20pm
SUB TEST	.00	11:20pm
AIR BLK	.00	11:21pm
SUB TEST	.00	11:23pm
AIR BLK	.00	11:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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ONSLOW COUNTY BAT MOBILE UNIT 3 660

Serial Number	: 008707	Test	Record	Number:	1958
Test Date: 0	2/28/2014	Test	: Time:	11:25pm	EST

System Check: Passed

## Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:25pm 11:25pm 11:25pm 11:25pm 11:25pm
Bl	ank Tests.	ł
Test	Status	Time
AIR	Pass	11:26pm
Pri	nter Test	S
Test	Status	Time
PRNT	Pass	11:26pm
С	RC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:26pm 11:26pm

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Preventive Maintenance Status: Pass

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

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

County

Instrument Location Pitt Co Detention Center 124 Detention Dr. Greenville, NC Instrument Serial No/)08668

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 2lo' day of  $\frac{f-plorac-9}{procedures}$ , 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.



Certificate Number

Signature of Certifying Official

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

DHHS 4080 (11/07)

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668 Test Date: 02/26/2014

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: 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: AG312802 Exp Date: 05/08/2015

Test	g/210L	Time
DIAG	Pass	10:32am
AIR BLK	.00	10:32am
ACCY CHK	.08	10:33am
AIR BLK	.00	10:34am
SUB TEST	.00	10:35am
AIR BLK	.00	10:36am
<b>SUB TEST</b>	.00	1 <b>0:37am</b>
AIR BLK	.00	10:38am

Reported AC: .00 g/210I

Signature of Chemical Analyst Court CVR

Analyst

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668 Test Record Number: 2313 Test Date: 02/26/2014 Test Time: 10:40am EST

System Check: Passed

Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:40am
SRC	Pass	10:40am
DET	Pass	10:40am
BAR	Pass	10:40am
BT	Pass	10:40am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:41am

Printer Tests

Test	Status	Time
PRNT	Pass	10:41am

CRC Tests

Test	Status	Time
COMP	Pass	10:41am
CAL	Pass	10:41am

Preventive Maintenance Status: Pass

Analyst

	F HEALTH AND HUMAN SERVICES ESTS FOR ALCOHOL BRANCH
	E MAINTENANCE RECORD ERS, MODEL INTOX EC/IR II
County P;H	Instrument Location Pitt (a Detention Center
Instrument Serial No. 008646	124 Detention Dr. Greenville, N.C.

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

- 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- 2. Verify instrument displays time and date;
- 3. Initiate breath test sequence;
- Enter information as prompted;
- 5. Verify instrument accuracy;
- 6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

- 8. Print test record;
- 9. Verify Diagnostic Program; and
- 10. Verify that the ethanol gas canister is being changed before 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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Certificate Number

Signature of Certifying Official

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

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646 Test Date: 02/26/2014

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: 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: AG312802 Exp Date: 05/08/2015

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

Reported AC: .00 g/210L Signature) of Chemical Analyst

Court CVR

Analyst

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646 Test Record Number: 2454 Test Date: 02/26/2014 Test Time: 10:13am EST

System Check: Passed

## Baseline Tests

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

#### Temperature Tests

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

Blank Tests

Test	Status	Time

AIR Pass 10:15am

Printer Tests

Test	Status	Time
PRNT	Pass	10:15am

CRC Tests

Test	Status	Time
COMP	Pass	10:15am
CAL	Pass	10:15am

Preventive Maintenance Status: Pass

Analyst

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

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

County Greene lo. S. O.

Instrument Serial No. DD 8670 301 N. Greene St. Snow Hill, NC.

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

- Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 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 10simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

th I certify that on the 27' day of <u>February</u>,  $20_{14}$  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

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

GREENE COUNTY GREENE CO SO 390

Serial Number: 008670 Test Date: 02/27/2014

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: AG315701 Exp Date: 06/06/2015

Test g/210L Time DIAG Pass 10:40am AIR BLK .00 10:41am ACCY CHK .08 10:41am AIR BLK .00 10:42am SUB TEST .00 10:43am AIR BLK .00 10:44am SUB TEST .00 10:45am AIR BLK .00 10:46am

Reported AC: .00 g/210L

Signature of Chemiçal Analyst

Court CVR

GREENE COUNTY GREENE CO SO 390

Serial Number: 008670 Test Record Number: 1406 Test Date: 02/27/2014 Test Time: 10:47am EST

System Check: Passed

### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:48am 10:48am 10:48am 10:48am 10:48am
В	lank Tests	3
Test	Status	Time
AIR	Pass	10:49am
Pr	inter Test	s
Test	Status	Time
PRNT	Pass	10:49am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:49am 10:49am

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Preventive Maintenance Status: Pass

Analyst

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

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

County <u>Pitt</u> Instrument Serial No. <u>DOSCOCO</u> <u>4144</u> <u>West Ave.</u> <u>A</u>

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  $27^{\text{m}}$  day of february,  $20 \underline{14}$  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.



ature of Certifying Official

cate Number

aden, NC

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

PITT AYDEN PD 730

Serial Number: 008666 Test Date: 02/27/2014

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: 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	9:41am
AIR BLK	.00	9:42am
ACCY CHK	.08	9:43am
AIR BLK	.00	9:44am
SUB TEST	.00	9:45am
AIR BLK	.00	9:45am
SUB TEST	.00	9: <b>4</b> 7am
AIR BLK	.00	9:48am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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#### PITT AYDEN PD 730

Serial Number:008666Test Record Number:717Test Date:02/27/2014Test Time:9:49am EST

System Check: Passed

### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	9:50am 9:50am 9:50am 9:50am 9:50am
E	lank Tests	3
Test	Status	Time
AIR	Pass	9:51am
Pı	inter Test	s
Test	Status	Time
PRNT	Pass	9:51am

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CRC Tests

Test	Status	Time
COMP	Pass	9:51am
CAL	Pass	9:51am

Preventive Maintenance Status: Pass

Analyst

		DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH
,		PREVENTIVE MAINTENANCE RECORD
		INTOXIMETERS, MODEL INTOX EC/IR II
C	ounty <u>Bec</u>	instrument Location Belhaven Police Dep
·In	nstrument Seria	INO. 008928 Belhaven N.C.
्रिस्टर		
	he preventive r our 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;
	1. 2.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date;
		34 degrees, plus or minus .2 degree centigrade;
	2.	34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date;
	2. 3.	<ul><li>34 degrees, plus or minus .2 degree centigrade;</li><li>Verify instrument displays time and date;</li><li>Initiate breath test sequence;</li></ul>
	2. 3. 4.	<ul><li>34 degrees, plus or minus .2 degree centigrade;</li><li>Verify instrument displays time and date;</li><li>Initiate breath test sequence;</li><li>Enter information as prompted;</li></ul>
	2. 3. 4. 5.	<ul> <li>34 degrees, plus or minus .2 degree centigrade;</li> <li>Verify instrument displays time and date;</li> <li>Initiate breath test sequence;</li> <li>Enter information as prompted;</li> <li>Verify instrument accuracy;</li> </ul>
	2. 3. 4. 5. 6.	<ul> <li>34 degrees, plus or minus .2 degree centigrade;</li> <li>Verify instrument displays time and date;</li> <li>Initiate breath test sequence;</li> <li>Enter information as prompted;</li> <li>Verify instrument accuracy;</li> <li>When "PLEASE BLOW" appears, collect breath sample;</li> </ul>
	2. 3. 4. 5. 6. 7.	<ul> <li>34 degrees, plus or minus .2 degree centigrade;</li> <li>Verify instrument displays time and date;</li> <li>Initiate breath test sequence;</li> <li>Enter information as prompted;</li> <li>Verify instrument accuracy;</li> <li>When "PLEASE BLOW" appears, collect breath sample;</li> <li>When "PLEASE BLOW" appears, collect breath sample;</li> </ul>

I certify that on the <u>day of</u> <u>hebruciny</u>, 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.



Certificate Number

Signature of Certifying Official

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

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928 Test Date: 02/25/2014

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

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

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

Test g/210L Time

DIAG	Pass	10:31am
AIR BLK	.00	10:31am
ACCY CHK	.08	10:32am
AIR BLK	.00	10:33am
SUB TEST	.00	10:34am
AIR BLK	.00	10:35am
SUB TEST	.00	10:37am
AIR BLK	.00	10:38am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928	Test Record Number: 2.	16
Test Date: 02/25/2014	Test Time: 10:43am E	ST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass Pass	10:44am 10:44am 10:44am

## Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	10:44am 10:44am
DET	Pass	10:44am
BAR	Pass	10:44am
BT	Pass	10:44am

## Blank Tests

Test	Status	Time
AIR	Pass	10:45am

Printer Tests

South the second

Test	Status	Time
PRNT	Pass	10:45am

CRC Tests

Test	Status	Time
COMP	Pass	10:45am
CAL	Pass	10:45am

Preventive Maintenance Status: Pass

Analyst

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

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

County Pitt

County Pitt Instrument Location Pitt County Defention Center Instrument Serial No. 00 8662 124 Detention D., Greenville, NC

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

- Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 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
- 10. Verify that the ethanol gas canister is being changed before 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 26 day of february, 2014 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

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

DHHS 4080 (11/07)

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008662 Test Date: 02/26/2014

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

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

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

Test g/210L Time

DIAG	Pass	10:59am
AIR BLK	.00	11:00am
ACCY CHK	.07	11:00am
AIR BLK	.00	11:01am
SUB TEST	.00	11:02am
AIR BLK	.00	11:03am
SUB TEST	.00	11:04am
AIR BLK	.00	11:05am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008662 Test Record Number: 801 Test Date: 02/26/2014 Test Time: 11:08am EST

System Check: Passed

Baseline Tests

Red Articles - 14

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

Temperature Tests

Test	Status	Time	
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:09am 11:09am 11:09am 11:09am 11:09am	
B	lank Tests	5	
Test	Status	Time	
AIR	Pass	11:09am	
Printer Tests			
Test	Status	Time	
PRNT	Pass	11:09am	
CRC Tests			
Test	Status	Time	
COMP CAL	Pass Pass	11:09am 11:09am	

Preventive Maintenance Status: Pass

Analyst

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

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

County Union	Instrument Location Waxhaw PD
Instrument Serial No. 008598	703 W. South Main Street, Wayhaw
	704-843-0353

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

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

I certify that on the 184 day of 166 166 166 14, 2014 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.



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Signature of Certifying Official

Certificate Number

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

UNION COUNTY WAXHAW PD 890

Serial Number: 008598 Test Date: 02/18/2014

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 g/210L Time

DIAG	Pass	10:17am
AIR BLK	.00	10:18am
ACCY CHK	.07	10:18am
AIR BLK	.00	10:20am
SUB TEST	.00	10:20am
AIR BLK	.00	10:21am
SUB TEST	.00	10:23am
AIR BLK	.00	10:24am

Reported AC: .00 g/210L

ature of Chemical Analyst

Court CVR

Analyst

### UNION COUNTY WAXHAW PD 890

Serial Number:		Test Record	Number:	484
Test Date: 02/	18/2014	Test Time:	10:13am	EDT

System Check: Passed

## Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:15am

Printer Tests

Test	Status	Time
PRNT	Pass	10:15am

CRC Tests

Test	Status	Time
COMP	Pass	10:15am
CAL	Pass	10:15am

Preventive Maintenance Status: Pass


DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH			
PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II			
County Mich Instrument Location Union County S.D.			
Instrument Serial No. 008866 3344 Pilsan RJ., Mande 704-283-370			

and the second secon

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

- 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- 2. Verify instrument displays time and date;
- 3. Initiate breath test sequence;

and the second second

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



Signature of Certifying Official

Certificate Number

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UNION COUNTY UNION COUNTY SD 890

Serial Number: 008866 Test Record Number: 1655 Test Date: 02/19/2014 Test Time: 12:00pm EST

System Check: Passed

Baseline Tests

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

Pass 12:01pm

Temperature Tests

-		
Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:01pm 12:01pm 12:01pm 12:01pm 12:01pm
BTS	ank Tests	
Test	Status	Time
AIR	Pass	12:01pm
Prin	nter Testa	5
Test	Status	Time
PRNT	Pass	12:01pm
CI	RC Tests	

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

Preventive Maintenance Status: Pass

Analyst



Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH			
	PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II		
	County Stanly Instrument Location Stanly Carty SD		
	Instrument Serial No. 008824 126 S. 34 St. Albemark		
-:	101-100 5701		

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

- 2. Verify instrument displays time and date;
- 3. Initiate breath test sequence;
- 4. Enter information as prompted;
- 5. Verify instrument accuracy;
  - When "PLEASE BLOW" appears, collect breath sample;

When "PLEASE BLOW" appears, collect breath sample;

- 8. Print test record;
- 9. Verify Diagnostic Program; and
- 10. Verify that the ethanol gas canister is being changed before 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  $19^{\pm 0}$  day of 5000 day of 5000 day of 1000 day of 10



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Signature of Cei fying Official

Certificate Number

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008824 Test Record Number: 921 Test Date: 02/19/2014 Test Time: 1:25pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass Pass erature Te	1:25pm 1:25pm 1:25pm
cmpc		

Test	Status	Time		
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	1:26pm 1:26pm 1:26pm 1:26pm 1:26pm 1:26pm		
Bl	ank Tests			
Test	Status	Time		
AIR	Pass	1:26pm		
Printer Tests				
Test	Status	Time		
PRNT	Pass	1:26pm		
C	RC Tests			
Test	Status	Time		
COMP CAL	Pass Pass	1:26pm 1:26pm		
Preventive Maintenance Status: Pass				
Man Marin				

NFJI Analyst

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008824 Test Date: 02/19/2014

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: 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: AG308002 Exp Date: 03/21/2015

Test g/210L Time DIAG Pass 1:29pm AIR BLK .00 1:29pm ACCY CHK .08 1:30pm AIR BLK .00 1:31pm SUB TEST 00 1:32pm

SOR	TEST	.00	⊥:3∠pm
AIR	BLK	.00	1:33pm
SUB	TEST	.00	1:34pm
AIR	BLK	.00	1:35pm

Reported AC: .00 g/210L

Court CVR

Analyst

		OF HEALTH AND HUMAN SERVICES FESTS FOR ALCOHOL BRANCH
		WE MAINTENANCE RECORD ERS, MODEL INTOX EC/IR II $Q_{A}$ $V_{A}$ $C_{A}$ $V_{A}$ $C_{A}$
	County TCIP	Instrument Location YOK COUNTY SU
	Instrument Serial No. 008832	46 Ward St. Columbus
		828-894-3001
-		

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

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

I certify that on the  $26^{\pm 0}$  day of February,  $20^{-14}$  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 Øfficial €

Certificate Number

POLK COUNTY POLK COUNTY SD 740

Serial Number: 008832 Test Record Number: 958 Test Date: 02/26/2014 Test Time: 8:46am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:46am
FLO	Pass	8:46am
FC	Pass	8:46am

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:46am
SRC	Pass	8:46am
DET	Pass	8:46am
BAR	Pass	8:46am
BT	Pass	8:46am

#### Blank Tests

Test	Status	Time
AIR	Pass	8:47am

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Printer Tests

Test	Status	Time
PRNT	Pass	8:47am

CRC Tests

Test	Status	Time
COMP	Pass	8:47am
CAL	Pass	8:47am

Preventive Maintenance Status: Pass

Analyst

## Intox EC/IR-II: Subject Test POLK COUNTY POLK COUNTY SD 740 Serial Number: 008832 Test Date: 02/26/2014 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: 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 Test g/210L Time 8:50am DIAG Pass 8:50am AIR BLK .00 ACCY CHK .07 8:51am AIR BLK .00 8:52am SUB TEST .00 8:53am AIR BLK .00 8:54am SUB TEST .00 8:55am AIR BLK .00 8:56am Reported AC: .00 g/210L Signature of Chemical Analyst Court CVR

Analyst

FORENSIC TESTS FOR ALCOHOL BRANCH PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II		
CountyEEE	Instrument Location LEE Co. TAIL	
Instrument Serial No. 008645	SANFORD N.C.	

four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

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

I certify that on the 25 day of  $\overline{163}RWAM$ , 2014 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 df Certifying Official

Certificate Number

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

DHHS 4080 (11/07)

LEE COUNTY LEE CO. LEC. 520

Serial Number: 008645 Test Date: 02/25/2014

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: *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

Test g/210L Time

DIAG	Pass	9:57am
AIR BLK	.00	9:58am
ACCY CHK	.08	9:59am
AIR BLK	.00	10:00am
SUB TEST	.00	10:00am
AIR BLK	.00	10:01am
SUB TEST	.00	10:03am
AIR BLK	.00	10:04am

Reported AC: .00 g/210L Signature Chemical Analyst

Court CVR

LEE COUNTY LEE CO. LEC. 520

Serial Number:008645Test Record Number:1328Test Date:02/25/2014Test Time:10:04am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

Test	Status	Time
AIR	Pass	10:05am

Printer Tests

Test	Status	Time
PRNT	Pass	10:05am

CRC Tests

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

Preventive Maintenance Status: Pass

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

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

County LIMENETT	Instrument Location	-PHETT (O. DETE	NTION CTI
Instrument Serial No. 008730	LILLINGTON	N-2. C.	· · · ·

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

I.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sh	ows
	34 degrees, plus or minus .2 degree centigrade;	

- 2. Verify instrument displays time and date;
- 3. Initiate breath test sequence;
- 4. Enter information as prompted;
- 5. Verify instrument accuracy;
- 6. When "PLEASE BLOW" appears, collect breath sample;
- 7. When "PLEASE BLOW" appears, collect breath sample;
- 8. Print test record;
- 9. Verify Diagnostic Program; and
- 10. Verify that the ethanol gas canister is being changed before 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 27 day of 7860444, 2014 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.



ignature of Certifying Official

Certificate Number

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

DHHS 4080 (11/07)

			· ·	
	Intox EC/IR-II: Subject Test		. · · ·	
	HARNETT COUNTY DETENTION CENTER 420			
	) Serial Number: 008730 Test Date: 02/27/2014		:	
-	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: <i>QUARANTELLO, NICHOLAS J</i> Permit Number: 21536E Effective: 08/01/2013-08/01/2015			
	Officer's Name: <i>NONE, NONE</i> Type of Agency: <i>FTA</i> Agency: <i>DHHS</i> Test Type: <i>Breath Test</i>			
	Lot Number: AG312802 Exp Date: 05/08/2015			
2	) Test g/210L Time			
	DIAGPass8:40amAIR BLK.008:41amACCY CHK.078:41amAIR BLK.008:42amSUB TEST.008:43amAIR BLK.008:44amSUB TEST.008:46amAIR BLK.008:46am			
	Reported AC: .00 g/210L Signature of Chemical Analyst Court CVR			
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HARNETT COUNTY DETENTION CENTER 420

Serial Number:008730Test Record Number:1913Test Date:02/27/2014Test Time:8:49am EST

System Check: Passed

Baseline Tests

	Test	Status	Time	• •
	IR	Pass	8:50am	
	FLO	Pass	8:50am	
	FC	Pass	8:50am	
	Те	mperature Te	sts	
	Test	Status	Time	
	FC1	Pass	8:50am	
	SRC	Pass	8:50am	
	DET	Pass	8:50am	
•	BAR	Pass	8:50am	
	BT	Pass	8:50am	
		Blank Tests	3	
	Test	Status	Time	
	AIR	Pass	8:50am	
		Printer Test	S	
	Test	Status	Time	
	PRNT	Pass	8:50am	
		CRC Tests		
	Test	Status	Time	
	COMP	Pass	8:51am	
	CAL	Pass	8:51am	

Solution of the second second

Preventive Maintenance Status: Pass

Analyst

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

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

.

County HARNETT

Instrument Location HARNETT CO. DETENTION CTV

Instrument Serial No. 008729

LILLINGTON N.C

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

- 2. Verify instrument displays time and date;
- 3. Initiate breath test sequence;
- Enter information as prompted;
- 5. Verify instrument accuracy;
- 6. When "PLEASE BLOW" appears, collect breath sample;
- 7. When "PLEASE BLOW" appears, collect breath sample;
- 8. Print test record;
- 9. Verify Diagnostic Program; and
- 10. Verify that the ethanol gas canister is being changed before 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 27 day of FEBRUARY, 2014 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

ertificate Number

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729 Test Date: 02/27/2014

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

Test g/210L Time

DIAG	Pass	8:49am
AIR BLK	.00	8:49am
ACCY CHK	.08	8:50am
AIR BLK	.00	8:51am
SUB TEST	.00	8:52am
AIR BLK	.00	8:53am
SUB TEST	.00	8:55am
AIR BLK	.00	8:56am

Reported AC: .00 g/210L Chemical Analyst Signature ЮĔ Court CVR

nalyst

HARNETT COUNTY DETENTION CENTER 420

Serial Number:008729Test Record Number:1760Test Date:02/27/2014Test Time:8:56am EST

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 SRC DET BAR BT	Pass Pass Pass Pass Pass	8:57am 8:57am 8:57am 8:57am 8:57am
	Blank Tests	
Test	Status	Time
AIR	Pass	8:58am

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

Analyst

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

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

County JOHNSTON

Instrument Location SELMA POLICE DEPT.

Instrument Serial No. 008595

SELHA N.C.

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

- 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- 2. Verify instrument displays time and date;
- 3. Initiate breath test sequence;
- 4. Enter information as prompted;
- 5. Verify instrument accuracy;
- 6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

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

I certify that on the 27 day of  $\overline{TEBWAW}$ , 2014 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.



ignature of Certifying Official

Certificate Number

JOHNSTON COUNTY SELMA PD 500

Serial Number: 008595 Test Date: 02/27/2014

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: AG317801 Exp Date: 06/27/2015

Test g/210L Time

DIAG	Pass	10:26am
AIR BLK	.00	10:27am
ACCY CHK	.07	10:28am
AIR BLK	.00	10:29am
SUB TEST	.00	10:29am
AIR BLK	.00	10:30am
SUB TEST	.00	10:32am
AIR BLK	.00	10:33am

Reported AC: .00 g/210L of Chemical Analyst Signature

Court CVR

nalyst

JOHNSTON COUNTY SELMA PD 500

Serial Number:008595Test Record Number:720Test Date:02/27/2014Test Time:10:33am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:34am
SRC	Pass	10:34am
DET	Pass	10:34am
BAR	Pass	10:34am
BT	Pass	10:34am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:35am

Printer Tests

Test	Status	Time
PRNT	Pass	10:35am

#### CRC Tests

Test	Status	Time
COMP	Pass	10:35am
CAL	Pass	10:35am

Preventive Maintenance Status: Pass

Analyst

	OF HEALTH AND HUMAN SERVICES TESTS FOR ALCOHOL BRANCH
	'E MAINTENANCE RECORD ERS, MODEL INTOX EC/IR II
County JOHNSTON	Instrument Location CIA-4700 Palice DEPT.
Instrument Serial No. 008658	CIAYTON N.C.
	Intoximeters. Model Intox EC/IR II to be followed at least once every

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

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

I certify that on the 27 day of  $\overline{TEBRUARY}$ , 2014 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

652 Certificate Number

.

JOHNSTON COUNTY CLAYTON PD. 500

Serial Number: 008658 Test Date: 02/27/2014

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: AG404101 Exp Date: 02/10/2016

Test g/210L Time

DIAG	Pass	12:55pm
AIR BLK	.00	12:55pm
ACCY CHK	.08	12:56pm
AIR BLK	.00	12:57pm
SUB TEST	.00	12:58pm
AIR BLK	.00	12:59pm
SUB TEST	.00	1:00pm
AIR BLK	.00	1:01pm

.00 g/210L Reported AC: Signature Chemical Analyst Off

Court CVR

JOHNSTON COUNTY CLAYTON PD. 500

يجرب والألف بالمشاهجين

Serial Number:008658Test Record Number:993Test Date:02/27/2014Test Time:1:02pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass Bagg	1:02pm 1:02pm
<b>T</b> * * *		

#### Temperature Tests

FC1Pass1:02pmSRCPass1:02pmDETPass1:02pmBARPass1:02pmBTPass1:02pm	Test	Status	Time
_	SRC	Pass	1:02pm
	DET	Pass	1:02pm
	BAR	Pass	1:02pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:03pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:03pm

CRC Tests

Test	Status	Time
COMP	Pass	1:03pm
CAL	Pass	1:03pm

Preventive Maintenance Status: Pass

Analyst

DEPARTMEN	IT OF HEALTH AND HUMAN SERVICES
FORENS	SIC TESTS FOR ALCOHOL BRANCH
PREVEN'	TIVE MAINTENANCE RECORD
INTOXIM	ETERS, MODEL INTOX EC/IR II
County HVARNETT	Instrument Location DUNN POLICE DEPT.
Instrument Serial No8644	DUNN N.C.

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

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

I certify that on the 28 day of FEBLUKR, 2014 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.



652 Certificate Number \$ignature of Certifying Official

HARNETT COUNTY DUNN POLICE DEPT. 420

Serial Number: 008644 Test Date: 02/28/2014

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: *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	Pass	10:15am
AIR BLK	.00	10:16am
ACCY CHK	.08	10:16am
AIR BLK	.00	10:18am
SUB TEST	.00	10:18am
AIR BLK	.00	10:19am
SUB TEST	.00	10:21am
AIR BLK	.00	10:21am

Reported AC: .00 g/210L Signature of Chemical Analyst

Court CVR

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HARNETT COUNTY DUNN POLICE DEPT. 420

Serial Number:008644Test Record Number:1036Test Date:02/28/2014Test Time:10:23am EST

System Check: Passed

Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:24am 10:24am 10:24am 10:24am 10:24am
Plank Toata		

#### Blank Tests

Test	Status	Time
AIR	Pass	10:25am

Printer Tests

Test	Status	Time
PRNT	Pass	10:25am

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location BENSON BLICE DEPT.

TOHNSTON

County

Instrument Serial No. 00 8885

RENSON N.C.

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

- Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade;
- 2. Verify instrument displays time and date;
- 3. Initiate breath test sequence;
- 4. Enter information as prompted;
- Verify instrument accuracy; 5.
- When "PLEASE BLOW" appears, collect breath sample; 6.
- When "PLEASE BLOW" appears, collect breath sample; 7.
- 8. Print test record;
- 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 28 day of FEBRAAY, 2014 the forgoing preventive mainter procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. the forgoing preventive maintenance Department of Health and Human Services, and the instrument is functioning properly.



ignature of Certifying Official

Certificate Number

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

DHHS 4080 (11/07)

JOHNSTON COUNTY BENSON POLICE DEPT. 500

Serial Number: 008885 Test Date: 02/28/2014

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: *QUARANTELLO, NICHOLAS J* Permit Number: 21536E Effective: 08/01/2013-08/01/2015

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

> Lot Number: AG317801 Exp Date: 06/27/2015

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

.00 g/2101 Reported AC: Chemical Analyst Signature( o∖£ Court CVR

Analyst

JOHNSTON COUNTY BENSON POLICE DEPT. 500

Serial Number: 008885 Test Record Number: 350 Test Date: 02/28/2014 Test Time: 11:17am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:18am
Printer Tests		

Test	Status	Time
PRNT	Pass	11:18am

#### CRC Tests

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

Preventive Maintenance Status: Pass

palyst

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

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

Ouplin County

Instrument Location\_

Instrument Serial No. 008864

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

- 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- 2. Verify instrument displays time and date;
- 3. Initiate breath test sequence;
- 4. Enter information as prompted;
- 5. Verify instrument accuracy;
- 6. When "PLEASE BLOW" appears, collect breath sample;

\_\_\_\_\_, \_\_\_\_, \_\_\_,

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

I certify that on the day of day = 2014 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

DUPLIN COUNTY DUPLIN CO SD 300

Serial Number: 008864 Test Date: 02/24/2014

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: 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 q/210L Time

DIAG	Pass	9:14am
AIR BLK	.00	9:15am
ACCY CHK	.08	9:16am
AIR BLK	.00	9:17am
SUB TEST	.00	9:17am
AIR BLK	.00	9:18am
SUB TEST	.00	9:20am
AIR BLK	.00	9:21am

Reported AC: .00 q/210L

Signature of Chemical Analyst

Court CVR

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

DUPLIN COUNTY DUPLIN CO SD 300

Serial Number: 008864 Test Record Number: 2142 Test Date: 02/24/2014 Test Time: 9:21am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:22am
FLO	Pass	9:22am
FC	Pass	9:22am

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:22am
SRC	Pass	9:22am
DET	Pass	9:22am
BAR	Pass	9:22am
BT	Pass	9:22am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:22am

Printer Tests

Test	Status	Time

PRNT Pass 9:22am

CRC Tests

Test	Status	Time
COMP	Pass	9:23am
CAL	Pass	9:23am

Preventive Maintenance Status: Pass

-Analyst

	HEALTH AND HUMAN SERVICES STS FOR ALCOHOL BRANCH
	MAINTENANCE RECORD RS, MODEL INTOX EC/IR II
County Dyplin	Instrument Location Ng/Igce P. P.
Instrument Serial No. <u>DOB858</u>	

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

- Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- 2. Verify instrument displays time and date;
- 3. Initiate breath test sequence;
- 4. Enter information as prompted;
- 5. Verify instrument accuracy;
- 6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

- 8. Print test record;
- 9. Verify Diagnostic Program; and
- 10. Verify that the ethanol gas canister is being changed before 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 24 day of 1-26, 2016 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



1.

Certificate Number

Signature of Certifying Official

DUPLIN COUNTY WALLACE PD 300

Serial Number: 008858 Test Date: 02/24/2014

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: 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: AG308002 Exp Date: 03/21/2015

g/210L Test Time

DIAG Pass 10:02am AIR BLK .00 10:03am ACCY CHK .07 10:03am AIR BLK .00 10:04am SUB TEST .00 10:05am AIR BLK .00 10:06am SUB TEST .00 10:07am AIR BLK .00 10:08am

Reported AC: .00 q/210L

Signature of Chemical Analyst

Court CVR

C. Ahoda Analyst

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#### DUPLIN COUNTY WALLACE PD 300

Serial	Numbe	r: 008858		ſest	Record	Number:	621
Test I	Date:	02/24/2014		Test	: Time:	10:09am	EST
		•	. ·				

System Check: Passed

## Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	10:09am
SRC	Pass	10:09am
$\operatorname{DET}$	Pass	10:09am
BAR	Pass	10:09am
BT	Pass	10:09am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:10am
	Printer Test	S
Test	Status	Time
PRNT	Pass	10:10am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:10am 10:10am

Preventive Maintenance Status: Pass

ada -. -Analyst
DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH			
PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II			
County_Pender	Instrument Location Percher Co.		
Instrument Serial No. 008946	Shariff Dept		

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

- 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- 2. Verify instrument displays time and date;
- 3. Initiate breath test sequence;
- 4. Enter information as prompted;
- 5. Verify instrument accuracy;
- 6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

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

I certify that on the 24 day of 1ebracci, 2014 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.



Certificate Number

Signature of Certifying Official

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

PENDER PENDER COUNTY SD 700

Serial Number: 008946 Test Date: 02/24/2014

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: RHODES, KENNETH C Permit Number: 5329E Effective: 09/01/2013-09/01/2015

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

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

Test g/210L Time

DIAG	Pass	10:57am
AIR BLK	.00	10:57am
ACCY CHK	.08	10:58am
AIR BLK	.00	10:59am
SUB TEST	.00	11:00am
AIR BLK	.00	11:01am
SUB TEST	.00	<b>11:02am</b>
AIR BLK	.00	11:03am

Reported AC: .00 g/210L Signature of Chemical Analyst

Court CVR

thale Analyst

### PENDER PENDER COUNTY SD 700

Serial Number: 008946	Test Record Number: 7	00
Test Date: 02/24/201	4 Test Time: 11:03am E	ST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:04am 11:04am
FC	Pass	11:04am

# Temperature Tests

Test	Status	Time
FC1	Pass	11:04am
SRC	Pass	11:04am
DET	Pass	11:04am
BAR	Pass	11:04am
BT	Pass	11:04am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:05am

Printer Tests

Test	Status	Time
PRNT	Pass	11:05am

CRC Tests

Test	Status	Time
COMP	Pass	11:05am
CAL	Pass	11:05am

Preventive Maintenance Status: Pass

rade

Analyst

 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH	
PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II County Pender Co.	
 Instrument Serial No. 008935 Sheliff Dept	

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

- 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- 2. Verify instrument displays time and date;
- 3. Initiate breath test sequence;
- 4. Enter information as prompted;
- 5. Verify instrument accuracy;
- 6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

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

l certify that on the 34 day of <u>February</u>, 2014 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

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

PENDER PENDER CO SD 700

Serial Number: 008935 Test Date: 02/24/2014

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: RHODES, KENNETH C Permit Number: 5329E Effective: 09/01/2013-09/01/2015

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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#### PENDER PENDER CO SD 700

Serial Number: 008935 Test Record Number: 1620 Test Date: 02/24/2014 Test Time: 11:05am EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	11:06am
FLO	Pass	11:06am
FC	Pass	11:06am

### Temperature Tests

Test	Status	Time
FC1	Pass	11:06am
SRC	Pass	11:06am
$\operatorname{DET}$	Pass	11:06am
BAR	Pass	11:06am
BT	Pass	11:06am

### Blank Tests

Test	Status	Time
ATR	Pass	11:07am

Printer Tests

Test	Status	Time
PRNT	Pass	11:07am

CRC Tests

Preventive Maintenance Status: Pass

Analyst

S.	DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH
	PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II
	County Sampson Instrument Location Sampson Co.
	Instrument Serial No. <u>008825</u> <u>Sheriff Dept</u>

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

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

 $20 \underline{/ / /}$  the forgoing preventive maintenance I certify that on the day of 4 C11 4 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

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

SAMPSON COUNTY SAMPSON CO SD 810

Serial Number: 008825 Test Date: 02/24/2014

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: 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: AG315701 Exp Date: 06/06/2015

Test g/210L Time

DIAG	Pass	12:30pm
AIR BLK	.00	12:31pm
ACCY CHK	.07	12:31pm
AIR BLK	.00	12:32pm
SUB TEST	.00	12:33pm
AIR BLK	.00	12:34pm
SUB TEST	.00	12:36pm
AIR BLK	.00	12:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

h. t. phoda Analyst

SAMPSON COUNTY SAMPSON CO SD 810

Serial Number: 008825 Test Record Number: 1768 Test Date: 02/24/2014 Test Time: 12:38pm EST

System Check: Passed

### Baseline Tests

Test Sta	atus Time
IR Pas FLO Pas FC Pas	ss 12:39pm

### Temperature Tests

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

#### Blank Tests

Test	Status	Time

AIR Pass 12:39pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:39pm

CRC Tests

Test	Status	Time
COMP	Pass	12:40pm
CAL	Pass	12:40c

Preventive Maintenance Status: Pass

noder Analyst

	HEALTH AND HUMAN SERVICES STS FOR ALCOHOL BRANCH
	MAINTENANCE RECORD RS, MODEL INTOX EC/IR II
County 59172501	Instrument Location Sampson Co.
Instrument Serial No. <u>008877</u>	Sheriff Dept

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

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

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



Signature of Certifying Official

Certificate Number

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

DHHS 4080 (11/07)

SAMPSON COUNTY SAMPSON COUNTY SD 810

Serial Number: 008877 Test Date: 02/24/2014

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: 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: AG308702 Exp Date: 03/28/2015

Test q/210L Time

DIAG	Pass	12:35pm
AIR BLK	.00	12:35pm
ACCY CHK	.08	12:36pm
AIR BLK	.00	12:37pm
SUB TEST	.00	12:37pm
AIR BLK	.00	12:38pm
SUB TEST	.00	12:40pm
AIR BLK	.00	12:40pm

Reported AC: .00 g/210L Signature of Chemical Analyst

Court CVR

Analyst

SAMPSON COUNTY SAMPSON COUNTY SD 810

Serial Number: 008877 Test Record Number: 1561 Test Date: 02/24/2014 Test Time: 12:41pm EST

System Check: Passed

# Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1	Pass	12:42pm
SRC	Pass	12: <b>4</b> 2pm
$\operatorname{DET}$	Pass	12:42pm
BAR	Pass	12:42pm
BT	Pass	12:42pm

#### Blank Tests

一日子的人名英格兰人 化合合剂

Test	Status	Time
ATR	Pagg	12·43mm

Printer Tests

Time Test Status PRNT Pass 12:43pm

CRC Tests

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

Preventive Maintenance Status: Pass

2

Analyst

2111		HEALTH AND HUMAN SERVICES STS FOR ALCOHOL BRANCH
		MAINTENANCE RECORD RS, MODEL INTOX EC/IR II
	County Bladen	Instrument Location_Blader Co.
	Instrument Serial No. <u>008818</u>	Sher: FF Dept

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

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

I certify that on the 24 day of 1-z brucer 4, 2014 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.



Certificate Number

Signature of Certifying Official

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

DHHS 4080 (11/07)

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008818 Test Date: 02/24/2014

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: RHODES, KENNETH C Permit Number: 5329E Effective: 09/01/2013-09/01/2015

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

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

Test q/210L Time

DIAG	Pass	2:41pm
AIR BLK	.00	2:41pm
ACCY CHK	.07	2:42pm
AIR BLK	.00	2:43pm
SUB TEST	.00	2:44pm
AIR BLK	.00	2:45pm
SUB TEST	.00	2:46pm
AIR BLK	.00	2:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

. C. Mada Analyst

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BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008818 Test Record Number: 762 Test Date: 02/24/2014 Test Time: 2:48pm EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	2:48pm
FLO		2:48pm
FC		2:48pm
<u>с</u> Паниса е		

# Temperature Tests

Test	Status	Time	
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	2:48pm 2:48pm 2:48pm 2:48pm 2:48pm 2:48pm	
Bl	ank Tests		
Test	Status	Time	
AIR	Pass	2:49pm	
Printer Tests			
Test	Status	Time	
PRNT	Pass	2:49pm	
С	RC Tests		
Test	Status	Time	
COMP CAL	Pass Pass	2:49pm 2:49pm	
Browenti	wa Mainta	2220	

Preventive Maintenance Status: Pass

C Analyst

in the second		HEALTH AND HUMAN SERVICES
	PREVENTIVE	MAINTENANCE RECORD RS, MODEL INTOX EC/IR II
		Instrument Location <u>Blacks</u> Co.
	Instrument Serial No. 008894	Sher: FF Dept

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

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

I certify that on the \_\_\_\_\_\_ day of \_\_\_\_\_\_ *fcbiucry\_\_\_*, 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.



6.

Signature of Certifying Official

Certificate Number

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

DHHS 4080 (11/07)

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008894 Test Date: 02/24/2014

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: RHODES, KENNETH C Permit Number: 5329E Effective: 09/01/2013-09/01/2015

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

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

Test g/210L Time

DIAG	Pass	2:42pm
AIR BLK	.00	2:43pm
ACCY CHK	.08	2:43pm
AIR BLK	.00	2:44pm
SUB TEST	.00	2:45pm
AIR BLK	.00	2:46pm
SUB TEST	.00	2:47pm
AIR BLK	.00	2:48pm

Reported AC: .00 g/210L Signatu**r**e of l Análvst

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

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008894	Test Record Number: 606
Test Date: 02/24/2014	4 Test Time: 2:51pm EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass Pass	2:51pm 2:51pm 2:51pm
Tempe	rature Te	sts
Test	Status	Time
FC1 SRC DET	Pass Pass Pass	2:51pm 2:51pm 2:51pm

BAR

BT

### Blank Tests

Pass

Pass

2:51pm

2:51pm

Test	Status	Time
AIR	Pass	2:52pm
Pr	inter Test	s
Test	Status	Time
PRNT	Pass	2:52pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:52pm 2:52pm

Preventive Maintenance Status: Pass

hole Analyst

	1 A.		
DEPARTMENT OF HEALTH AND HUMAN SERVICES		ł	
FORENSIC TESTS FOR ALCOHOL BRANCH			
PREVENTIVE MAINTENANCE RECORD			
INTOXIMETERS, MODEL INTOX EC/IR II			
County Columbus Instrument Location Columbus	Co.		
Instrument Serial No. 008875 Sheriff De	·D+-	-	
· · · · · · · · · · · · · · · · · · ·	1		
	FORENSIC TESTS FOR ALCOHOL BRANCH <b>PREVENTIVE MAINTENANCE RECORD</b> <b>INTOXIMETERS, MODEL INTOX EC/IR II</b> County Columbus Signature Location Columbus Signature Signat	FORENSIC TESTS FOR ALCOHOL BRANCH <b>PREVENTIVE MAINTENANCE RECORD</b> <b>INTOXIMETERS, MODEL INTOX EC/IR II</b> County Columbus Instrument Location Columbus Co.	FORENSIC TESTS FOR ALCOHOL BRANCH <b>PREVENTIVE MAINTENANCE RECORD</b> <b>INTOXIMETERS, MODEL INTOX EC/IR II</b> County Columbus Co. County Columbus Co.

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

- 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- 2. Verify instrument displays time and date;
- 3. Initiate breath test sequence;
- 4. Enter information as prompted;
- 5. Verify instrument accuracy;
- 6. When "PLEASE BLOW" appears, collect breath sample;
- 7. When "PLEASE BLOW" appears, collect breath sample;
- 8. Print test record;
- 9. Verify Diagnostic Program; and
- 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 o Department of Health and Human Services, and the instrument is functioning properly.



K. C. Chok Signature of Certifying Official

Certificate Number

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

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008875 Test Date: 02/24/2014

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: 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: AG315701 Exp Date: 06/06/2015

Test q/210L Time

DIAG	Pass	4:03pm
AIR BLK	.00	4:03pm
ACCY CHK	.08	4:04pm
AIR BLK	.00	4:05pm
SUB TEST	.00	4:06pm
AIR BLK	.00	4:07pm
SUB TEST	.00	4:08pm
AIR BLK	.00	4:09pm

Reported AC: .00 g/210L Signature of Chemical Analyst

Court CVR

: Chal Analyst

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008875 Test Record Number: 1213 Test Date: 02/24/2014 Test Time: 4:10pm EST

System Check: Passed

# Baseline Tests

- <b>.</b> .	Test	Status	Time
	IR	Pass	4:10pm
	FLO	Pass	4:10pm
	FC	Pass	4:10pm

### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	4:10pm 4:10pm 4:10pm 4:10pm
BAR	Pass	4:10pm
	Fabb	

#### Blank Tests

Test	Status	Time
AIR	Pass	4:11pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:11pm

CRC Tests

Test	Status	Time
COMP	Pass	4:11pm
CAL	Pass	4:11pm

Preventive Maintenance Status: Pass

Analyst

	HEALTH AND HUMAN SERVICES STS FOR ALCOHOL BRANCH
INTOXIMETER	MAINTENANCE RECORD RS, MODEL INTOX EC/IR II
County COTUMBUS	Instrument Location Columbus Co
Instrument Serial No	Shriff Dupt

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

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

I certify that on the 24 day of 60 and 60 day of 60 day



Signature of Certifying Official

Certificate Number

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

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008886 Test Date: 02/24/2014

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: 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: AG308002 Exp Date: 03/21/2015

Test g/210L Time

DIAG	Pass	4:05pm
AIR BLK	.00	4:06pm
ACCY CHK	.08	4:07pm
AIR BLK	.00	4:08pm
SUB TEST	.00	4:08pm
AIR BLK	.00	4:09pm
SUB TEST	.00	4:11pm
AIR BLK	.00	4:12pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

hade . C. Analyst

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number:008886Test Record Number:929Test Date:02/24/2014Test Time:4:12pm EST

System Check: Passed

### Baseline Tests

	Test	Status	Time	· ·	• . • •
· ·	IR FLO FC	Pass Pass Pass	4:13pm 4:13pm 4:13pm	:	

### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	SRC Pass DET Pass BAR Pass	
В	lank Tests	3
Test	Status	Time
AIR	Pass	4:14pm
Pr	inter Test	s
Test	Status	Time
PRNT	Pass	4:14pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:14pm 4:14pm
	·	

Preventive Maintenance Status: Pass

Analyst

and the second s	1	HEALTH AND HUMAN SERVICE: STS FOR ALCOHOL BRANCH	5
		MAINTENANCE RECORD RS, MODEL INTOX EC/IR II	
	County Brunswick	Instrument Location <u>Sunset</u>	Beach
	Instrument Serial No. $008874$	Palice	Dept

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

- 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- Verify instrument displays time and date;
- 3. Initiate breath test sequence;
- 4. Enter information as prompted;
- 5. Verify instrument accuracy;
  - When "PLEASE BLOW" appears, collect breath sample;
  - When "PLEASE BLOW" appears, collect breath sample;
- 8. Print test record;

9. Verify Diagnostic Program; and

10. Verify that the ethanol gas canister is being changed before 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 25 day of 574374, 2014 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.



6.

7.

Signature of Certifying Official

Certificate Number

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

DHHS 4080 (11/07)

BRUNSWICK COUNTY SUNSET BEACH PD 090

Serial Number: 008874 Test Date: 02/25/2014

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: 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

g/210L Test Time DIAG Pass 8:10am AIR BLK .00 8:11am ACCY CHK .08 8:11am AIR BLK .00 8:13am SUB TEST .00 8:13am AIR BLK .00 8:14am

Reported AC: .00 g/210L

.00

8:16am

8:17am

SUB TEST .00

AIR BLK

Signature of Chemical Analyst

Court CVR

h. C. Marle

BRUNSWICK COUNTY SUNSET BEACH PD 090

Serial Number:008874Test Record Number:331Test Date:02/25/2014Test Time:8:19am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:19am
FLO	Pass	8:19am
FC	Pass	8:19am

Temperature Tests

remperature rests			
Test	Status	Time	
FC1 SRC DET BAR BT	Pass	8:19am 8:19am 8:19am 8:19am 8:19am	
	Blank Tests		
Test	Status	Time	
AIR	Pass	8:20am	
	Printer Tests	3	
Test	Status	Time	
PRNT	Pass	8:20am	
	CRC Tests		
Test	Status	Time	

COMP	Pass	8:20am
CAL	Pass	8:20am

Preventive Maintenance Status: Pass

hole Analyst

¥	DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH
	PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II
	County Baunswick Instrument Location OAK ISLAND
	Instrument Serial No. 008648 Police Dept.

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
- 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

20 / 2 / 2 the forgoing preventive maintenance Sruary I certify that on the day of procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Numb

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

DHHS 4080 (11/07)

BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648 Test Date: 02/25/2014

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: RHODES, KENNETH C Permit Number: 5329E Effective: 09/01/2013-09/01/2015

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

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

Test g/210L Time

DIAG	Pass	9:46am
AIR BLK	.00	9:46am
ACCY CHK	.07	9:47am
AIR BLK	.00	9:48am
SUB TEST	.00	9:49am
AIR BLK	.00	9:50am
SUB TEST	.00	9:51am
AIR BLK	.00	9:52am

AC: .00 g/210L Reported AC:

Signature of Chemical Analyst

Court CVR

16. C. Main Analyst

BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number:008648Test Record Number:1177Test Date:02/25/2014Test Time:9:52am EST

System Check: Passed

### Baseline Tests

Test	Status	Time
	_	
IR	Pass	9:53am
FLO	Pass	9:53am
FC	Pass	9:53am
Tempe	rature Tea	sts
Test	Status	Time
ICDC	Deacus	11
FC1	Pass	9:53am
SRC	Pass	9:53am
DET	Pass	9:53am
BAR	Pass	9:53am
BT	Pass	9:53am
٦a	ank Tests	
ЪТ	ank lests	
Test	Status	Time
lest	Status	1 TIUG
AIR	Pass	9:54am
11110	1 465	J. J. dan
Pri	nter Test:	g
****		$\sim$
Test	Status	Time
1000	000000	
PRNT	Pass	9:54am
C	RC Tests	
Test	Status	Time
COMP	Pass	9:54am
CAL	Pass	9:54am
Preventi	ve Mainte	nance
	tus: Pass	
bla	-up. 1000	

K. C. Moder

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH		
PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II		
County BRUMSWick Instrument Location Brunswick Co.		
Instrument Serial No. 008602 Sher; FF Dept.		

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

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

I certify that on the <u>b</u> day of <u>f = b / 4 a r u, 20 / 4</u> 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

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

DHHS 4080 (11/07)

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008602 Test Date: 02/25/2014

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: 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: AG309101 Exp Date: 04/01/2015

Test g/210L Τime DIAG Pass 11:11am AIR BLK .00 11:11am ACCY CHK .08 11:12am AIR BLK .00 11:14am SUB TEST .00 11:14am AIR BLK .00 11:15am SUB TEST .00 11:17am AIR BLK .00 11:18am

.00 g/210L Reported AC:

Signature of Chemical Analyst

Court CVR

K. C. Phode

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number:	008602	Test	Record	Number:	2748
Test Date: 02	/25/2014	Test	: Time:	11:19am	EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass Pass	11:19am 11:19am 11:19am
_		1

### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	11:19am 11:19am
DET	Pass	11:19am
BAR	Pass	11:19am
BT	Pass	11:19am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:20am

AIR Pass

Printer Tests

Test	Status	Time

11:20am PRNT Pass

CRC Tests

Test	Status	Time
COMP	Pass	11:20am
CAL	Pass	11:20am

Preventive Maintenance Status: Pass

K. C. phon

Analyst

	F HEALTH AND HUMAN SERVICES ESTS FOR ALCOHOL BRANCH	
PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II		
County BRUNSWICK	Instrument Location BRUNSWICK CO.	
Instrument Serial No. 00 85-85	- Sheriff Dept	

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

- 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- 2. Verify instrument displays time and date;
- 3. Initiate breath test sequence;
- 4. Enter information as prompted;
- Verify instrument accuracy; 5.
- When "PLEASE BLOW" appears, collect breath sample; 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 26 day of 72564477, 2014 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.



<u>Signature of Certifying Officia</u>

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

DHHS 4080 (11/07)

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008585 Test Date: 02/25/2014

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: 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	Pass .00	11:14am 11:15am
ACCY CHK	.08	11:16am
AIR BLK	.00	11:17am
SUB TEST	.00	11:17am
AIR BLK	.00	11:18am
SUB TEST	.00	11:20am
AIR BLK	.00	11:21am

.00 g/210L Reported AC:

Chemical Analyst Signature of

Court CVR

h. C. phoch Analyst

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008585 Test Record Number: 2604 Test Date: 02/25/2014 Test Time: 11:21am EST

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:23am

Printer Tests

Test	Status	Time

PRNT Pass 11:23am

CRC Tests

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

Preventive Maintenance Status: Pass

hode Analyst
	HEALTH AND HUMAN SERVICES STS FOR ALCOHOL BRANCH
INTOXIMETER	MAINTENANCE RECORD RS, MODEL INTOX EC/IR II
County New Handver	Instrument Location New Hanover Co.
Instrument Serial No. 008617	SheriFF Dept.

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

I certify that on the 25 day of 1-cbruc.r.g., 20/14 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

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

DHHS 4080 (11/07)

### Intox EC/IR-II: Subject Test NEW HANOVER COUNTY NEW HANOVER CO SD 640 Serial Number: 008617 Test Date: 02/25/2014 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: 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: AG308702 Exp Date: 03/28/2015 g/210L Time Test DIAG Pass 1:00pm AIR BLK .00 1:00pm ACCY CHK .07 1:01pm AIR BLK .00 1:02pm SUB TEST .00 1:03pm AIR BLK .00 SUB TEST .00 1:03pm 1:05pm AIR BLK .00 1:06pm Reported AC: .00 g/210L

thol Signature of Chemical Analyst

Court CVR

K.C. Aluce

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number:008617Test Record Number:2237Test Date:02/25/2014Test Time:1:13pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	1:14pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:14pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

5.C. 16 Analyst

•	DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH		
PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II			
	County Neal Haniver Instrument Location New Itanover Co		
	Instrument Serial No. 008626 Sheriff Dept		

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

I certify that on the 23 day of 56666777, 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

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Certificate Number

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

DHHS 4080 (11/07)

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008626 Test Date: 02/25/2014

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: RHODES, KENNETH C Permit Number: 5329E Effective: 09/01/2013-09/01/2015

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

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

Test q/210L Time

DIAG	Pass	1:16pm
AIR BLK	.00	1:17pm
ACCY CHK	.07	1:17pm
AIR BLK	.00	1:18pm
SUB TEST	.00	1:19pm
AIR BLK	.00	1:20pm
SUB TEST	.00	1:22pm
AIR BLK	.00	1:23pm
Reported A	AC: . 9/0	g/210L
110.	Ala	du

Inder Signature of Chemical Analyst

Court CVR

K. C. Ahoda

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

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number:008626Test Record Number:4950Test Date:02/25/2014Test Time:1:30pm EST

System Check: Passed

#### Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:31pm
SRC	Pass	1:31pm
DET	Pass	1:31pm
BAR	Pass	1:31pm
BT	Pass	1:31pm

Blank Tests

Test	Status	Time
AIR	Pass	1:31pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:31pm

#### CRC Tests

Test	Status	Time
COMP	Pass Pass	1:32pm 1:32pm

Preventive Maintenance Status: Pass

16.C. A. Analyst

k	DEPARTMENT OF HEALTH AND HUMAN SEF FORENSIC TESTS FOR ALCOHOL BRANC	RVICES
	PREVENTIVE MAINTENANCE RECO INTOXIMETERS, MODEL INTOX EC	
	County New Hanover_ Instrument Location /1/11	mington P.D.
	Instrument Serial No	
		· · · · · · · · · · · · · · · · · · ·

- 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- 2. Verify instrument displays time and date;
- 3. Initiate breath test sequence;
- 4. Enter information as prompted;
- 5. Verify instrument accuracy;
- 6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

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

I certify that on the 25 day of 1-cbracery, 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.



K.C. Signature of Certifying Official

Certificaté Number

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

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628 Test Date: 02/25/2014

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: 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	Pass	2:13pm
AIR B <b>LK</b>	.00	2:14pm
ACCY CHK	.07	2:15pm
AIR BLK	.00	2:16pm
SUB TEST	.00	2:16pm
AIR BLK	.00	2:17pm
SUB TEST	.00	2:18pm
AIR BLK	.00	2:19pm

Reported AC: .00 g/210L Signature of Chemical Analyst

Court CVR

h. C. phode

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

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628	Test Record Number: 3035
Test Date: 02/25/2014	Test Time: 2:21pm EST

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System Check: Passed

### Baseline Tests

Test	Status	Time		
IR FLO FC	Pass Pass Pass	2:21pm 2:21pm 2:21pm 2:21pm		
Temper	rature Tea	sts		
Test	Status	Time		
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	2:21pm 2:21pm 2:21pm 2:21pm 2:21pm 2:21pm		
Bla	ank Tests			
Test	Status	Time		
AIR	Pass	2:22pm	na 11. tu	• • •
Pri	nter Test	S		
Test	Status	Time		
PRNT	Pass	2:22pm		
C	RC Tests			
Test	Status	Time		
COMP CAL	Pass Pass	2:22pm 2:22pm		
	ve Mainte tus: Pass	nance	· .	

K.C. Males

	HEALTH AND HUMAN SERVICES STS FOR ALCOHOL BRANCH	
	MAINTENANCE RECORD RS, MODEL INTOX EC/IR II	
County New Hanover	Instrument Location Caroling	Beach
 Instrument Serial No. 00866	Police	Dept.

- 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.

l certify that on the 25 day of 7cbraccy, 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

- d

Certificate Number

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

NEW HANOVER COUNTY CAROLINA BEACH PD 640

Serial Number: 008661 Test Date: 02/25/2014

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: 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: AG308702 Exp Date: 03/28/2015

Test g/210L Time

DIAG	Pass	3:21pm
AIR BLK	.00	3:22pm
ACCY CHK	.07	3:22pm
AIR BLK	.00	3:23pm
SUB TEST	.00	3:24pm
AIR BLK	.00	3:25pm
SUB TEST	.00	3:26pm
AIR BLK	.00	3:27pm

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

NEW HANOVER COUNTY CAROLINA BEACH PD 640

Serial Number: 008661 Test Record Number: 1722 Test Date: 02/25/2014 Test Time: 3:28pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:28pm
FLO	Pass	3:28pm
FC	Pass	3:28pm

#### Temperature Tests

Status	Time
Pass Pass Pass Pass Pass	3:29pm 3:29pm 3:29pm 3:29pm 3:29pm 3:29pm
Blank Tests	
Status	Time
Pass	3:29pm
	Pass Pass Pass Pass Pass Blank Tests Status

Printer Tests

Test	Status	Time
PRNT	Pass	3:29pm

CRC Tests

Test	Status	Time
COMP	Pass	3:29pm
CAL	Pass	3:29pm

Preventive Maintenance Status: Pass

- (. Analyst

and the second se		HEALTH AND HUMAN SERVICES STS FOR ALCOHOL BRANCH
PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II		S, MODEL INTOX EC/IR II
	County New Hapover	Instrument Location Mrights ville Beach
	Instrument Serial No. 008667	Police Dept

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

I certify that on the 25 day of 7cbrucery, 2014 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

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

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

> Serial Number: 008667 Test Date: 02/25/2014

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: 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

g/210L Time Test

DIAG	Pass	4:30pm
AIR BLK	.00	4:31pm
ACCY CHK	.08	4:31pm
AIR BLK	.00	4:32pm
SUB TEST	.00	4:33pm
AIR BLK	.00	4:33pm
SUB TEST	.00	4:35pm
AIR BLK	.00	4:36pm

.00 g/210L Reported AC:

Signature of Chemical Analyst

Court CVR

K. C. Mala

Analvst

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008667 Test Record Number: 1287 Test Date: 02/25/2014 Test Time: 4:37pm EST

System Check: Passed

Baseline Tests

 Test	Status	Time	· · · · · · · · · · · · · · · · · · ·	
IR FLO FC	Pass Pass Pass	4:37pm 4:37pm 4:37pm		

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	4:37pm 4:37pm 4:37pm 4:37pm 4:37pm
В	lank Tests	3
Test	Status	Time
AIR	Pass	4:38pm
Pr	inter Test	s
Test	Status	Time
PRNT	Pass	4:38pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:38pm 4:38pm

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Preventive Maintenance Status: Pass

K.C. nda Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH
PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II
County Pender Instrument Location Pender County
Instrument Serial No. 008948 Sheriff Dept Annex

- 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- 2. Verify instrument displays time and date;
- 3. Initiate breath test sequence;
- 4. Enter information as prompted;
- 5. Verify instrument accuracy;
- 6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

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

I certify that on the 23 day of 12074674, 20/44 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

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

PENDER COUNTY SHERIFF DEPT ANNEX 700

Serial Number: 008948 Test Date: 02/25/2014

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: 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	Pass	5:23pm
AIR BLK	.00	5:23pm
ACCY CHK	.08	5:24pm
AIR BLK	.00	5:25pm
SUB TEST	.00	5:25pm
AIR BLK	.00	5:26pm
SUB TEST	.00	5:28pm
AIR BLK	.00	5:28pm

Reported AC: .00 g/210L

Court CVR

<u>{</u>[.]

PENDER COUNTY SHERIFF DEPT ANNEX 700

Serial Number: 008948 Test Record Number: 649 Test Date: 02/25/2014 Test Time: 5:30pm EST

System Check: Passed

#### Baseline Tests

	Test	Status	Time
· · · · ·	IR	Pass	5:30pm
	FLO	Pass	5:30pm
	FC	Pass	5:30pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	5:30pm 5:30pm 5:30pm 5:30pm 5:30pm 5:30pm

#### Blank Tests

Test	Status	Time
AIR	Pass	5:31pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:31pm

CRC Tests

Test	Status	Time
COMP	Pass	5:31pm
CAL	Pass	5:31pm

Preventive Maintenance Status: Pass

hoch 5. C. Analyst

DI	EPARTMENT OF HEA FORENSIC TESTS	LTH AND HUMAN FOR ALCOHOL BR		
· · · · · · · · · · · · · · · · · · ·	PREVENTIVE MA NTOXIMETERS, 1			
County DNSLOW		strument Location CAM	PMO	
Instrument Serial No. C	08920			ŕ

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

I certify that on the 24 day of February, 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.



Certificate Number

Signature of Certifying Official

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

ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008920 Test Date: 02/24/2014

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: HALL, RANDY E Permit Number: 3462E Effective: 09/01/2013-09/01/2015

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

> Lot Number: AG315701 Exp Date: 06/06/2015

Test	g/210L	Time
DIAG AIR B ACCY AIR B <b>SUB T</b> AIR B <b>SUB T</b> AIR B	LK .00 CHK .08 LK .00 EST .00 LK .00 EST .00	10:14am 10:15am 10:15am <b>10:16am</b> 10:17am 10:17am 10:19am 10:20am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Karel E-Hall Analyst

ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008920 Test Record Number: 936 Test Date: 02/24/2014 Test Time: 10:20am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:22am

Printer Tests

Test	Status	Time
PRNT	Pass	10:22am
• •	CRC Tests	
Test	Status	Time

COMP Pass 10:22am CAL Pass 10:22am

Preventive Maintenance Status: Pass

Karel E-Hall Analyst

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

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

County ONSLOW

Instrument Location\_JACKSONUILLE A.D.

Instrument Serial No. 0089.30

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

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

I certify that on the 24 day of  $\underline{FEBRUAR}$ , 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

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

ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: 008930 Test Date: 02/24/2014

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: HALL, RANDY E Permit Number: 3462E Effective: 09/01/2013-09/01/2015

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

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

A CONTRACT OF	
DIAG Pass	11:04am
AIR BLK .00	11:05am
ACCY CHK .08	11:05am
AIR BLK .00	<b>11:06am</b>
<b>SUB TEST .00</b>	<b>11:07am</b>
AIR BLK .00	11:08am
<b>SUB TEST .00</b>	<b>11:09am</b>
AIR BLK .00	11:10am

Reported AC: .00,g/210L

Signature of Chemical Analyst

Court CVR

Karel E-Hall Analyst

ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: 008930 Test Record Number: 1986 Test Date: 02/24/2014 Test Time: 11:11am EST

System Check: Passed

Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

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Test	Status	Time
AIR	Pass	11:12am
Pr	inter Test	S
Test	Status	Time
PRNT	Pass	11:12am
CRC Tests		
Test	Status	Time

COMP	Pass	11:12am
CAL	Pass	11:12am

Preventive Maintenance Status: Pass

Karl E Half Analyst

	HEALTH AND HUMAN SERVICES
	E MAINTENANCE RECORD RS, MODEL INTOX EC/IR II
County ONSLOW	Instrument Location Ouslow County
Instrument Serial No. 008932	SHERIFFS OFFICE

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

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

I certify that on the 24 day of  $\underline{FebRaAR}$ , 20 day 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

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

DHHS 4080 (11/07)

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008932 Test Date: 02/24/2014

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: HALL, RANDY E Permit Number: 3462E Effective: 09/01/2013-09/01/2015

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

Lot Number: AG309101 Exp Date: 04/01/2015 Test g/210L Time DIAG Pass 11:46am AIR BLK .00 11:47am ACCY CHK .07 11:47am AIR BLK .00 11:48am SUB TEST .00 11:49am .00 AIR BLK 11:50am SUB TEST .00 11:52am AIR BLK .00 11:52am

Reported AC: .00 g/210L 4a

Signature of Chemical Analyst

Court CVR

Karel E Hall Analyst

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008932 Test Record Number: 2318 Test Date: 02/24/2014 Test Time: 11:54am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:54am 11:54am 11:54am 11:54am 11:54am
	Blank Tests	5.
Test	Status	Time
AIR	Pass	11:55am
P	rinter Test	s
Test	Status	Time
PRNT	Pass	11:55am
	CRC Tests	
Test	Status	Time
COMP CAL		11:55am 11:55am

 $\mathcal{L}_{n}^{1}(\mathcal{L}) = n^{2}$ 

Preventive Maintenance Status: Pass

Rarch E-Hall Analyst

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

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

ONSLOW County

Instrument Location ONS'Low Courty

Instrument Serial No. 008931 SHERIFF'S OFFice

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

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

I certify that on the 24 day of FebRaARY, 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

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

DHHS 4080 (11/07)

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008931 Test Date: 02/24/2014

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: HALL, RANDY E Permit Number: 3462E Effective: 09/01/2013-09/01/2015

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Karel E-Hall Analyst

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008931 Test Date: 02/24/2014 Test Record Number: 1974 Test Time: 11:54am EST

System Check: Passed

Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:55am
Pr	inter Test	s
Test	Status	Time
PRNT	Pass	11:55am
(	CRC Tests	

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

Preventive Maintenance Status: Pass

Rard E-Hall Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County CARteret

Instrument Location EMCRALDIELE A.D.

Instrument Serial No. 008620

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

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

I certify that on the 24 day of FebRuARY, 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

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

DHHS 4080 (11/07)

CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008620 Test Date: 02/24/2014

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: HALL, RANDY E Permit Number: 3462E Effective: 09/01/2013-09/01/2015

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

> Lot Number: AG315701 Exp Date: 06/06/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00 .00	2:16pm 2:16pm 2:17pm 2:18pm 2:19pm 2:20pm 2:22pm
AIR BLK	.00	2:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Rarel E-Hall

Analyst

CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008620 Test Record Number: 1600 Test Date: 02/24/2014 Test Time: 2:23pm EST

System Check: Passed

Baseline Tests

· ·	Test	Status	Time
	IR FLO FC	Pass Pass Pass	2:24pm 2:24pm 2:24pm
	Tempe	rature Te	sts
	Test	Status	Time
	FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	2:24pm 2:24pm 2:24pm 2:24pm 2:24pm 2:24pm
. •	Bla	ank Tests	
	Test	Status	Time
	AIR	Pass	2:25pm
	Pri	nter Test	5
	Test	Status	Time
	PRNT	Pass	2:25pm
CRC Tests			
	Test	Status	Time
	COMP CAL	Pass Pass	2:25pm 2:25pm

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Preventive Maintenance Status: Pass

Rard E Hall Analyst

	OF HEALTH AND HUMAN SERVICES TESTS FOR ALCOHOL BRANCH
	VE MAINTENANCE RECORD FERS, MODEL INTOX EC/IR II
County CARTERet	Instrument Location AttAntic Beach A.D.
Instrument Serial No. 008785	

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

I certify that on the 24 day of Februard (4, 20, 14) 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

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

DHHS 4080 (11/07)

CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008785 Test Date: 02/24/2014

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: HALL, RANDY E Permit Number: 3462E Effective: 09/01/2013-09/01/2015

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

> Lot Number: AG315701 Exp Date: 06/06/2015

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Karel E-Hall

CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008785 Test Record Number: 736 Test Date: 02/24/2014 Test Time: 3:09pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	3:10pm
	Printer Tes	ts

Test	Status	Time
PRNT	Pass	3:10pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

Rang E Hall Analyst
	OF HEALTH AND HUMAN SERVICES TESTS FOR ALCOHOL BRANCH
	VE MAINTENANCE RECORD FERS, MODEL INTOX EC/IR II
County CARteret	Instrument Location Morehead City P.D.
Instrument Serial No. <u>00873</u>	

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

- 2. Verify instrument displays time and date;
- 3. Initiate breath test sequence;
- Enter information as prompted;
- 5. Verify instrument accuracy;
- 6. When "PLEASE BLOW" appears, collect breath sample;
- 7. When "PLEASE BLOW" appears, collect breath sample;
- 8. Print test record;
- 9. Verify Diagnostic Program; and
- 10. Verify that the ethanol gas canister is being changed before 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 24 day of 126RuARY, 2014 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.



<u>354</u> Certificate Number

Signature of Certifying Official

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

CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008731 Test Date: 02/24/2014

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: HALL, RANDY E Permit Number: 3462E Effective: 09/01/2013-09/01/2015

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

> Lot Number: AG308702 Exp Date: 03/28/2015

Test g/210L Time DIAG Pass 3:34pm AIR BLK .00 3:35pm ACCY CHK .08 3:36pm AIR BLK .00 3:37pm SUB TEST .00 3:37pm AIR BLK .00 3:38pm SUB TEST .00 3:39pm AIR BLK .00 3:40pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Karly E-Hall

CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008731 Test Record Number: 1472 Test Date: 02/24/2014 Test Time: 3:41pm EST

System Check: Passed

Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	3:41pm 3:41pm 3:41pm 3:41pm 3:41pm
Bl	ank Tests	
Test	Status	Time
AIR	Pass	3:42pm
Pri	nter Test	S
Test	Status	Time
PRNT	Pass	3:42pm
C	RC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:42pm 3:42pm

Preventive Maintenance Status: Pass

Rand E Hall Analyst

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

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

County CRAVEN

Instrument Location HAVELOCK P.D.

Instrument Serial No. \_\_\_\_\_\_8800

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

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

I certify that on the 25 day of FEBRAARY, 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.



Certificate Number

Signature of Certifying Official

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

# CRAVEN COUNTY HAVELOCK PD 240

Serial Number: 008800 Test Date: 02/25/2014

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: HALL, RANDY E Permit Number: 3462E Effective: 09/01/2013-09/01/2015

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

> Lot Number: AG308702 Exp Date: 03/28/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK <b>SUB TEST</b> AIR BLK <b>SUB TEST</b> AIR BLK	Pass .00 .07 .00 .00 .00 .00 .00	10:24am 10:25am 10:25am 10:27am 10:30am 10:31am 10:32am 10:33am

Reported\_AC: .00 g/210L 12

Signature of Chemical Analyst

Court CVR

Karl E-Hall Analyst

CRAVEN COUNTY HAVELOCK PD 240

Serial Number: 008800 Test Record Number: 772 Test Date: 02/25/2014 Test Time: 10:34am EST

System Check: Passed

Baseline Tests

	Test	Status	Time
· · ·	IR FLO FC	Pass Pass Pass rature Te	10:34am 10:34am 10:34am
	:		1000
•	Test	Status	Time
	FC1 SRC DET BAR BT	Pass	10:34am 10:34am 10:34am 10:34am 10:34am
•	Bla	ank Tests	
	Test	Status	Time
	AIR	Pass	10:35am
	Pri	nter Tests	5
	Test	Status	Time
	PRNT	Pass	10:35am
	CI	RC Tests	

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Test Status Time COMP Pass 10:35am CAL Pass 10:35am

Preventive Maintenance Status: Pass

Rand E Hall Analyst

	4 2 4 4 4 5 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
	HEALTH AND HUMAN SERVICES STS FOR ALCOHOL BRANCH	
	MAINTENANCE RECORD RS, MODEL INTOX EC/IR II	
County CRAVEN	Instrument Location MCAS CHERRY POINT AND	• •
Instrument Serial No. 010819		•

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

- 2. Verify instrument displays time and date;
- 3. Initiate breath test sequence;
- 4. Enter information as prompted;
- 5. Verify instrument accuracy;
- 6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

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

I certify that on the 25 day of FEBRUHRU, 2014 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.



Certificate Number

Signature of Certifying Official

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

CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 010819 Test Date: 02/25/2014

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: HALL, RANDY E Permit Number: 3462E Effective: 09/01/2013-09/01/2015

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

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

Test g/210L Time DIAG Pass 11:08am

AIR BLK	.00	11:09am
ACCY CHK	.08	11:09am
AIR BLK	.00	11:10am
SUB TEST	.00	11:10am
AIR BLK	.00	11:11am
SUB TEST	.00	11:13am
AIR BLK	.00	11:14am

Reported AC: .00 g/210L REHAD

Signature of Chemical Analyst

Court CVR

Karel E-Hall Analyst

CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 010819 Test Record Number: 352 Test Date: 02/25/2014 Test Time: 11:14am EST

System Check: Passed

### Baseline Tests

, T	'est	Status	Time
F	R	Pass	11:15am
	LO	Pass	11:15am
	C	Pass	11:15am

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	11:15am 11: <b>1</b> 5am
$\operatorname{DET}$	Pass	11:15am
BAR	Pass	11:15am
BT	Pass	11:15am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:16am

Printer Tests

Test	Status	Time
PRNT	Pass	11:16am

CRC Tests

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

Preventive Maintenance Status: Pass

Karel E-Hall Analyst

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

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

County CRAVEN

Instrument Location NEWBERN P. D.

Instrument Serial No. DO8817

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

- 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- 2. Verify instrument displays time and date;
- 3. Initiate breath test sequence;
- Enter information as prompted;
- 5. Verify instrument accuracy;
- 6. When "PLEASE BLOW" appears, collect breath sample;
- 7. When "PLEASE BLOW" appears, collect breath sample;
- 8. Print test record;
- 9. Verify Diagnostic Program; and
- 10. Verify that the ethanol gas canister is being changed before 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 <u>25</u> day of <u>FCBRUARI</u>, 20<u>14</u> 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.</u>



<u>354</u> Certificate Number

Signature of Certifying Official

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

CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817 Test Date: 02/25/2014

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: HALL, RANDY E Permit Number: 3462E Effective: 09/01/2013-09/01/2015

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

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

Test g/210L Time

DIAG	Pass	12:03pm
AIR BLK	.00	12:04pm
ACCY CHK	.07	12:05pm
AIR BLK	.00	12:06pm
SUB TEST	.00	12:06pm
AIR BLK	.00	12:07pm
SUB TEST	.00	12:09pm
AIR BLK	.00	12:10pm

.00\_g/210L Reported AC:

Signature of Chemical Analyst

Court CVR

Rarel E-Hall Analyst

CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817 Test Record Number: 1018 **Tes**t Date: 02/25/2014 Test Time: 12:12pm EST

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 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:13pm 12:13pm 12:13pm 12:13pm 12:13pm 12:13pm

#### Blank Tests

ATR Dogg 10.10	Test	Status	Time
	ATR	Pass	12:13pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:13pm
	CPC Teata	

CRC Tests

Test	Status	Time
COMP	Pass	12:14pm

Preventive Maintenance Status: Pass

Rand E Hall Analyst

		F HEALTH AND HUMAN SERVICES ESTS FOR ALCOHOL BRANCH
. *		E MAINTENANCE RECORD RS, MODEL INTOX EC/IR II
County CK	AVEN	Instrument Location CRAVEN LOUNTY

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

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

I certify that on the 25 day of feature, 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.



Certificate Number

Signature of Certifying Official

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

CRAVEN COUNTY CRAVEN COUNTY SD 240

Serial Number: 008732 Test Date: 02/25/2014

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: HALL, RANDY E Permit Number: 3462E Effective: 09/01/2013-09/01/2015

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

Lot Number: AG315701 Exp Date: 06/06/2015 Test g/210L Time DIAG Pass 12:44pm AIR BLK .00 12:44pm ACCY CHK .08 12:45pm AIR BLK .00 12:46pm SUB TEST .00 12:47pm AIR BLK .00 12:48pm SUB TEST .00 12:49pm AIR BLK .00 12:50pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Karl E-Hall Analyst

CRAVEN COUNTY CRAVEN COUNTY SD 240

Serial Number: 008732 Test Record Number: 1086 Test Date: 02/25/2014 Test Time: 12:50pm EST

System Check: Passed

Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1	Pass	12:51pm
SRC	Pass	12:51pm
DET	Pass	12:51pm
BAR	Pass	12:51pm
BT	Pass	12:51pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:52pm
Pr	inter Test	- S
Test	Status	Time
PRNT	Pass	12:52pm
· · ·	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:52pm 12:52pm

Preventive Maintenance Status: Pass

Karl E-Half Analyst

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

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

County JONUES

Instrument Location JONES County

Instrument Serial No. \_ 008705

SHOP; FFS OF

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

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

I certify that on the -35I certify that on the 25 day of  $\underline{\text{FebRuarry}}$ , 2014 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.



and E-Hall Signature of Certifying Official

Certificate Number

and the second second

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

JONES COUNTY JONES COUNTY SD 510

Serial Number: 008705 Test Date: 02/25/2014

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: HALL, RANDY E Permit Number: 3462E Effective: 09/01/2013-09/01/2015

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	1:28pm 1:29pm
ACCY CHK AIR BLK	.08 .00	1:29pm 1:30pm
SUB TEST	.00	1:31pm
AIR BLK	.00	1:32pm
SUB TEST	.00	1:33pm
AIR BLK	.00	1:34pm

Reported AC: .00 g/210L al

Signature of Chemical Analyst

Court CVR

Karl E Hall Analyst

JONES COUNTY JONES COUNTY SD 510

Serial Number: 008705 Test Record Number: 892 Test Date: 02/25/2014 Test Time: 1:35pm EST

System Check: Passed

#### Baseline Tests

Test	Test Status		ເຮື	Time	
1998 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -	1.1	1.54	1.1		
IR		Pass		1:35p	

1:35pm 1:35pm FLO Pass FC Pass 1:35pm

### Temperature Tests

Test	Status	Time
FC1	Pass	1:36pm
	Pass	1:36pm
DET	Pass	1:36pm
BAR	Pass	1:36pm
BT	Pass	1:36pm

### Blank Tests

Test	Status	Time
AIR	Pass	1:36pm
Pri	nter Test	S
Test	Status	Time
PRNT	Pass	1:36pm
C	RC Tests	
Test	Status	Time

TCPC	Deacub	
· .		
COMP	Pass	1:36pm
CAL	Pass	1:36pm

Preventive Maintenance Status: Pass

Rand E-Hall Analyst

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

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

PAMhico County

Instrument Location PAMLico County

Instrument Serial No. DO 8640 SHERIFFS OFFice

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

- 2. Verify instrument displays time and date;
- 3. Initiate breath test sequence;
- 4. Enter information as prompted;
- 5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

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

25 day of February I certify that on the 25 day of FebRuARY, 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.



Certificate Number

Signature of Certifying Official

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

PAMLICO COUNTY PAMLICO COUNTY SD 680

Serial Number: 008640 Test Date: 02/25/2014

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: HALL, RANDY E Permit Number: 3462E Effective: 09/01/2013-09/01/2015

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

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

Test g/210L Time DIAG Pass 2:52pm AIR BLK .00 2:52pm ACCY CHK .08 2:53pm AIR BLK .00 2:54pm SUB TEST .00 2:54pm AIR BLK .00 2:55pm SUB TEST .00 2:57pm AIR BLK .00 2:58pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Karel E Half Analyst

PAMLICO COUNTY PAMLICO COUNTY SD 680

Serial Number: 008640Test Record Number: 1011Test Date: 02/25/2014Test Time: 2:58pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:58pm
FLO	Pass	2:58pm
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

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Test	Status	Time
AIR	Pass	2:59pm
Ē	rinter Test	s
Test	Status	Time
PRNT	Pass	2:59pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:59pm 2:59pm

Preventive Maintenance Status: Pass

Rand E Hall Analyst

	HEALTH AND HUMAN SERVICES STS FOR ALCOHOL BRANCH
	MAINTENANCE RECORD RS, MODEL INTOX EC/IR II
County /VAS/	Instrument Location Nash (0. 411
Instrument Serial No. <u>008630</u>	222 W. Washington St.
·····	

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

- 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- 2. Verify instrument displays time and date;
- 3. Initiate breath test sequence;
- 4. Enter information as prompted;
- 5. Verify instrument accuracy;
- 6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

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

I certify that on the 264 day of Fchorhauman, 2014 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

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

NASH COUNTY NASH COUNTY JAIL 630

Serial Number: 008630 Test Date: 02/26/2014

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: 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

q/210L Test Time DIAG Pass 3:11pm AIR BLK .00 3:12pm ACCY CHK .08 3:13pm AIR BLK .00 3:14pm SUB TEST .00 3:15pm AIR BLK .00 3:16pm SUB TEST .00 3:18pm AIR BLK .00 3:18pm

Reported AC: .00 g/210L Chemical Anal Iquature of EVR Court the Analyst This form is used when performing Preventive Maintenance procedures

NASH COUNTY NASH COUNTY JAIL 630

Serial Number:008630Test Record Number:2934Test Date:02/26/2014Test Time:3:20pm EST

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 SRC DET BAR BT	Pass Pass Pass Pass Pass	3:20pm 3:20pm 3:20pm 3:20pm 3:20pm 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

when Analyst

	OF HEALTH AND HUMAN SERVICES TESTS FOR ALCOHOL BRANCH
	VE MAINTENANCE RECORD 'ERS, MODEL INTOX EC/IR II
County/Vash	Instrument Location Racky Mount P.1)
Instrument Serial No. 008741	1 1
	Rocky Mount NG
The proventive maintenance and during for the	e Intovimeters Model Intov CC/IP II to be followed at least once every

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

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

I certify that on the  $26^{++}$  day of 7ebmam,  $20^{++}$ ,  $20^{++}$  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

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

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741 Test Date: 02/26/2014

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: 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

	Deve	11 1
DIAG	Pass	11:15am
AIR BLK	.00	11:16am
ACCY CHK	.08	11:17am
AIR BLK	.00	11:18am
SUB TEST	.00	11:19am
AIR BLK	.00	11:20am
SUB TEST	.00	11:21am
AIR BLK	.00	11:22am

Reported AC: .00 g/210L Signature Chemical of Anal Court CVR

are Analyst

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741 Test Record Number: 1404 Test Date: 02/26/2014 Test Time: 11:26am EST

System Check: Passed

### Baseline Tests

	Test	Status	Time
	IR FLO FC	Pass Pass Pass	11:27am 11:27am 11:27am 11:27am
	Temper	rature Tea	sts
	Test	Status	Time
	FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:27am 11:27am 11:27am 11:27am 11:27am
•	Bla	ank Tests	
	Test	Status	Time
	AIR	Pass	11:28am
	Prin	nter Tests	3
	Test	Status	Time
	PRNT	Pass	11:28am
	CI	RC Tests	
	Test	Status	Time
	COMP CAL	Pass Pass	11:28am 11:28am
		ve Mainter Cus: Pass	nance
	Day	e F	arley

and the second second a first second

Analyst

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

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

County

Instrument Location

Instrument Serial No. 00874

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

- 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- 2. Verify instrument displays time and date;
- 3. Initiate breath test sequence;
- 4. Enter information as prompted;
- 5. Verify instrument accuracy;
- 6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

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

I certify that on the  $26^{\text{th}}$  day of  $76^{\text{th}}$  day of  $20^{\text{th}}$ ,  $20^{\text{th}}$  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

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

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740 Test Date: 02/26/2014

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: 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 Pass 12:25pm AIR BLK .00 12:26pm ACCY CHK .08 12:27pm

.00	12:28pm
.00	12:28pm
.00	12:29pm
.00	12:31pm
.00	12:32pm
	.00 .00 .00

Reported AC: .00 g/210L

iq**uat**ure of Chemical Analys Court CVR

NASH COUNTY ROCKY MOUNT PD 630

Serial Number:008740Test Record Number:481Test Date:02/26/2014Test Time:12:33pm EST

System Check: Passed

Baseline Tests

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

# Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:34pm 12:34pm 12:34pm 12:34pm 12:34pm
Bl	ank Tests	
Test	Status	Time
AIR	Pass	12:35pm
Printer Tests		
Test	Status	Time
PRNT	Pass	12:35pm
CRC Tests		
Test	Status	Time
COMP CAL	Pass Pass	12:35pm 12:35pm

Preventive Maintenance Status: Pass

Analyst

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

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

County/Nale	Instrument Location Apex P.S. S. 444
Instrument Serial No. 008621	1615 E Williams St
	Apex NC

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

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

I certify that on the 28 day of 40000, 2014 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

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

WAKE COUNTY APEX PD Serial Number: 008621 Test Date: 02/28/2014 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: 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	3:01pm
AIR BLK	.00	3:02pm
ACCY CHK	.08	3:03pm
AIR BLK	.00	3:04pm
SUB TEST	.00	3:05pm
AIR BLK	.00	3:06pm
SUB TEST	.00	3:07pm
AIR BLK	.00	3:08pm

Reported AC: .00 g/210L Chemical Anal Court CVR

Analyst

WAKE COUNTY APEX PD Serial Number: 008621 Test Record Number: 1511 Test Date: 02/28/2014 Test Time: 3:11pm EST System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:11pm
FLO	Pass	3:11pm
FC	Pass	3:11pm

## Temperature Tests

Test	Status	Time
FC1	Pass	3:12pm
SRC	Pass	3:12pm
DET	Pass	3:12pm
BAR	Pass	3:12pm
BT	Pass	3:12pm

## Blank Tests

Test	Status	Time
AIR	Pass	3:12pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:12pm

### CRC Tests

Test	Status	Time
COMP	Pass	3:12pm
CAL	Pass	3:12pm

Preventive Maintenance Status: Pass

aller Analyst

	DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH		
	PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX,EC/IR IL		
	County Stokes Instrument Location King Police		
	Instrument Serial No. 008610 Department		

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

- 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- 2. Verify instrument displays time and date;
- 3. Initiate breath test sequence;
- Enter information as prompted;
- 5. Verify instrument accuracy;
- 6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

- 8. Print test record;
- 9. Verify Diagnostic Program; and
- 10. Verify that the ethanol gas canister is being changed before 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 <u>day of *Pebruarey*</u>, 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

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

STOKES COUNTY KING PD 840

Serial Number: 008610 Test Date: 02/21/2014

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: 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: AG326006 Exp Date: 09/17/2015

Test g/210L Time

DIAG	Pass	3:07pm
AIR BLK	.00	3:07pm
ACCY CHK	.07	3:08pm
AIR BLK	.00	3:09pm
SUB TEST	.00	3:10pm
AIR BLK	.00	3:11pm
SUB TEST	.00	3:12pm
AIR BLK	.00	3:13pm

Reported AC: /210L Chemical Analyst *ignature* ōĒ

Court CVR

Analysi

# STOKES COUNTY KING PD 840

Serial Number:008610Test Record Number:1418Test Date:02/21/2014Test Time:3:14pm EST

System Check: Passed

### Baseline Tests

	Test	Status	Time		
	IR	Pass	3:15pm		
	FLO	Pass	3:15pm		
	FC	Pass	3:15pm		
	Temperature Tests		sts		
	Test	Status	Time		
	FC1	Pass	3:15pm		
	SRC	Pass	3:15pm		
	DET	Pass	3:15pm		
	BAR	Pass	3:15pm		
	BT	Pass	3:15pm		
	Blank Tests				
	Test	Status	Time		
	AIR	Pass	3:15pm		
	Printer Tests				
	Test	Status	Time		
	PRNT	Pass	3:15pm		
	C	RC Tests			
	Test	Status	Time		
	COMP	Pass	3:16pm		
	CAL	Pass	3:16pm		
	Preventive Maintenance				
Status: Pass					

Analyst
¥.	DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH
Į.	PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II
	county Stokes Instrument Location Stokes County Jarl
	Instrument Serial No. <u>008596</u> Danbury, N. C.

- 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- 2. Verify instrument displays time and date;
- 3. Initiate breath test sequence;
- 4. Enter information as prompted;
- Verify instrument accuracy;
- 6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

- 8. Print test record;
- 9. Verify Diagnostic Program; and
- 10. Verify that the ethanol gas canister is being changed before 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 <u>day</u> of <u>*rebRUARY*</u>, 20<u>/</u> 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

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

DHHS 4080 (11/07)

· · · ,

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596 Test Date: 02/21/2014

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: 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: AG326006 Exp Date: 09/17/2015

Test g/210L Time

DIAG	Pass	2:07pm
AIR BLK	.00	2:08pm
АССҮ СНК	.08	2:08pm
AIR BLK	.00	2:09pm
SUB TEST	.00	2:10pm
AIR BLK	.00	2:11pm
SUB TEST	.00	2:12pm
AIR BLK	.00	2:13pm

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Court CVR

Analys

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596 Test Record Number: 646 Test Date: 02/21/2014 Test Time: 2:15pm EST

System Check: Passed

Baseline Tests

·	Test	Status	Time
	IR FLO FC	Pass Pass Pass	2:15pm 2:15pm 2:16pm
	Temper	rature Tea	sts
	Test	Status	Time

Blank Tests

Test	Status	Time
AIR	Pass	2:16pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:16pm

CRC Tests

Test	Status	Time
COMP	Pass	2:16pm
CAL	Pass	2:16pm

Preventive Maintenance Status: Pass

Analyst 0

and the second se	DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH
	PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTQX EC/IR II
	County Davie Instrument Location Avie County Jail
	Instrument Serial No. DO8905 Mocksville, N.C.

- 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- 2. Verify instrument displays time and date;
- 3. Initiate breath test sequence;
- Enter information as prompted;
- 5. Verify instrument accuracy;
- 6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

- 8. Print test record;
- 9. Verify Diagnostic Program; and
- 10. Verify that the ethanol gas canister is being changed before 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 <u>day of <u>reprint RIM</u></u>, 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

DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905 Test Date: 02/18/2014

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

nalyst'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: AG323402 Exp Date: 08/22/2015

Test g/210L Time

DIAG	Pass	12:13pm
AIR BLK	.00	12:14pm
ACCY CHK	.08	12:15pm
AIR BLK	.00	12:16pm
SUB TEST	.00	<b>12:16pm</b>
AIR BLK	.00	12:17pm
<b>SUB TEST</b>	.00	<b>12:19pm</b>
AIR BLK	.00	12:20pm

Reported AC: .00 g/210L Chemical Analyst gnature

of

Court CVR

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DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number:008905Test Record Number:1321Test Date:02/18/2014Test Time:12:22pm EST

System Check: Passed

Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1	Pass	12:23pm
SRC	Pass	12:23pm
DET	Pass	12:23pm
BAR	Pass	12:23pm
BT	Pass	12:23pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:23pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:23pm

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

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

Instrument Location

Instrument Serial No. 008925

County

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

- 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- 2. Verify instrument displays time and date;
- 3. Initiate breath test sequence;
- Enter information as prompted;
- 5. Verify instrument accuracy;
- 6. When "PLEASE BLOW" appears, collect breath sample;
- 7. When "PLEASE BLOW" appears, collect breath sample;
- 8. Print test record;
- 9. Verify Diagnostic Program; and
- 10. Verify that the ethanol gas canister is being changed before 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 <u>day of *tephyae*</u>, 20 <u>f</u> 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

on-Salem N.C.

Certificate Number

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008925 Test Date: 02/17/2014

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: 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: AG335201 Exp Date: 12/18/2015

Test g/210L Time

DIAG	Pass	12:16pm
AIR BLK	.00	12:16pm
ACCY CHK	.08	12:17pm
AIR BLK	.00	12:18pm
SUB TEST	.00	12:18pm
AIR BLK	.00	12:19pm
SUB TEST	.00	12:21pm
AIR BLK	.00	12:22pm
		*

Reported AC: .00 x1/210L Chemical Analyst gnáture of

Court CVR

Analyst

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number:008925Test Record Number:468Test Date:02/17/2014Test Time:12:24pm EST

System Check: Passed

## Baseline Tests

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

#### Temperature Tests

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

#### 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

Analyst/

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH
PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II
County FORSYA Instrument Location FORSYAL COUNTY Detention
Instrument Serial No. 008659

- 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- 2. Verify instrument displays time and date;
- 3. Initiate breath test sequence;
- 4. Enter information as prompted;
- 5. Verify instrument accuracy;
- 6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

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

I certify that on the \_\_\_\_\_\_ day of <u>february</u>, 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

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659 Test Date: 02/17/2014

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: 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: AG335201 Exp Date: 12/18/2015

Test g/210L Time

DIAG	Pass	11:51am
AIR BLK	.00	11:52am
ACCY CHK	.07	11:53am
AIR BLK	.00	11:53am
SUB TEST	.00	11:54am
AIR BLK	.00	11:55am
SUB TEST	.00	11:56am
AIR BLK	.00	11:57am

Reported AC: .00 q/210L Signature of Chemical Analyst

Court CVR

Analyst

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number:008659Test Record Number:2576Test Date:02/17/2014Test Time:11:58am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

	rest	Status	Time
S I H	FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:59am 11:59am 11:59am 11:59am 11:59am 11:59am
	Bla	ink Tests	<ul> <li>Mastria (Constability Research)</li> <li>Mastria (Constability Research)</li> <li>Mastria (Constability Research)</li> <li>Mastria (Constability Research)</li> </ul>
:	Test	Status	Time
7	AIR	Pass	12:00pm
	Prin	iter Test	9
ŗ	lest	Status	Time
·I	PRNT	Pass	12:00pm
	CR	C Tests	
	lest	Status	Time
	COMP CAL	Pass Pass	12:00pm 12:00pm
Ī		e Mainter us: Pass	
			10

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

> Department of Health and Human Services Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II
- Forsett
County FORSITA Instrument Location FORSITA (DUNTY Stention)
process III El rea
Instrument Serial No. 018583 Winston Jalem, N.C.

- 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- 2. Verify instrument displays time and date;
- 3. Initiate breath test sequence;
- 4. Enter information as prompted;
- 5. Verify instrument accuracy;
- 6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

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

I certify that on the <u>day of <u>rebRUAR</u>, 20 <u>th</u> 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.</u>



Signature of Certifying Official

Certificate Number

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583 Test Date: 02/17/2014

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: *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: AG335201 Exp Date: 12/18/2015

Test g/210L Time

DIAG Pass 11:55am AIR BLK .00 11:56am ACCY CHK .08 11:57am AIR BLK .00 11:58am SUB TEST .00 11:59am .00 AIR BLK 12:00pm SUB TEST .00 12:01pm AIR BLK .00 12:02pm

Reported AC: g/210L

Signature of Chemacal Analyst

Court CVR

Analyst

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number:008583Test Record Number:4817Test Date:02/17/2014Test Time:12:05pm EST

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 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:06pm 12:06pm 12:06pm 12:06pm 12:06pm
В	lank Tests	3
Test	Status	Time
AIR	Pass	12:07pm
Pr	inter Test	s
Test	Status	Time
PRNT	Pass	12:07pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:07pm 12:07pm

Preventive Maintenance Status: Pass

1/10 Analyst

		Γ OF HEALTH AND HUMAN SERVICES C TESTS FOR ALCOHOL BRANCH
		IVE MAINTENANCE RECORD
County_ <i>Fc</i>	RSYH	Instrument Location <u>NERNERSVILLE</u> Police
Instrument Se	erial No. <u>008650</u>	Department

- 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- 2. Verify instrument displays time and date;
- 3. Initiate breath test sequence;
- Enter information as prompted;
- 5. Verify instrument accuracy;
- 6. When "PLEASE BLOW" appears, collect breath sample;

When "PLEASE BLOW" appears, collect breath sample;

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



7.

Signature of Certifying Official

Certificate Number

FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650 Test Date: 02/17/2014

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: 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: AG319902 Exp Date: 07/18/2015

Test g/210L Time

DIAG AIR BLK	Pass .00	1:43pm 1:44pm
ACCY CHK	.08	1:45pm
AIR BLK	.00	1:46pm
SUB TEST	.00	1:46pm
AIR BLK	.00	1:47pm
SUB TEST	.00	1:49pm
AIR BLK	.00	1:49pm

Report 210L Chemical Analyst *ature* of

Court CVR

Analyst

FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650 Test Record Number: 1018 Test Date: 02/17/2014 Test Time: 1:51pm EST

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	1:51pm 1:51pm 1:51pm 1:51pm 1:51pm
	Blank Tests	

Test	Status	Time
AIR	Pass	1:52pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:52pm

CRC Tests

Test	Status	Time
COMP	Pass	1:52pm
CAL	Pass	1:52pm

Preventive Maintenance Status: Pass

Analyst

	IEALTH AND HUMAN SERVICES ITS FOR ALCOHOL BRANCH
	MAINTENANCE RECORD S, MODEL INTOX EC/IR II
County <u>SURRY</u>	Instrument Location Elkin Police
Instrument Serial No. 008926	Department

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

I certify that on the <u>day of</u> <u>day of</u>



Signature of Certifying Official

Certificate Number

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

DHHS 4080 (11/07)

SURRY COUNTY ELKIN PD 850

Serial Number: 008926 Test Date: 02/24/2014

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: 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	2:29pm
AIR BLK	.00	2:29pm
ACCY CHK	.07	2:30pm
AIR BLK	.00	2:31pm
SUB TEST	.00	2:32pm
AIR BLK	.00	2:33pm
SUB TEST	.00	2:34pm
AIR BLK	.00	2:35pm
11		

Reported AC: 00 g/210L

Court CVR

Analyst

#### SURRY COUNTY ELKIN PD 850

Serial Number:008926Test Record Number:597Test Date:02/24/2014Test Time:2:36pm EST

System Check: Passed

Baseline Tests

Test Status Time IR Pass 2:37pm FLO Pass 2:37pm FC Pass 2:37pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:37pm
SRC	Pass	2:37pm
$\operatorname{DET}$	Pass	2:37pm
BAR	Pass	2:37pm
BT	Pass	2:37pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:37pm
·	Printer Test	s
Test	Status	Time
PRNT	Pass	2:38pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:38pm 2:38pm

Preventive Maintenance Status: Pass

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	DEPARTMENT OF HEALTH AND HUMAN SERVICES
i.	FORENSIC TESTS FOR ALCOHOL BRANCH
)	PREVENTIVE MAINTENANCE RECORD
	hill kac
	County WITPES Instrument Location WITKES (DUAL) COURTABLE
	Instrument Serial No. 008843 Wilkes Doro, N.C.

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

I certify that on the <u>day of <u>FE DRUGRU</u>, 20 <u>H</u> 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.</u>



Signature of Certifying Official

Certificate Number

WILKES COUNTY WILKES CO COURTHOUSE 960

Serial Number: 008843 Test Date: 02/24/2014

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: 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 q/210L Time

DIAG	Pass	11:26am
AIR BLK	.00	11:27am
ACCY CHK	.07	11:27am
AIR BLK	.00	11:29am
SUB TEST	.00	11:29am
AIR BLK	.00	11:30am
SUB TEST	.00	11:31am
AIR BLK	.00	11:33am

Reported AC: 00 Chemical Analyst qnature of

Court CVR

Analyst

WILKES COUNTY WILKES CO COURTHOUSE 960

Serial Number: 008843 Test Record Number: 1533 Test Date: 02/24/2014 Test Time: 11:33am EST

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 Pass	11:34am 11:34am
DET	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	Pass	11:35am
CAL	Pass	11:35am

Preventive Maintenance Status: Pass

Analyst

	F HEALTH AND HUMAN SERVICES ESTS FOR ALCOHOL BRANCH
	E MAINTENANCE RECORD RS, MODEL INTOX EC/IR II
County Urham	Instrument Location Durham (0, Ja. 1
Instrument Serial No. <u>60</u> 8651	217 S. Mangum St. Durham NO

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

I certify that on the 25 day of <u>Februaru</u>, 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.



Certificate Number

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Signature of Certifying Official

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008651 Test Date: 02/25/2014

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: AG317801 Exp Date: 06/27/2015

Test g/210L Time DIAG 1:06pm Pass AIR BLK .00 1:07pm ACCY CHK .08 1:08pm AIR BLK .00 1:09pm SUB TEST .00 1:10pm AIR BLK .00 1:11pm SUB TEST .00 1:12pm AIR BLK .00 1:13pm

Reported AC: .00 g/210L

Signature of Chemica yst. Court CVR

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008651 Test Record Number: 993 Test Date: 02/25/2014 Test Time: 1:15pm EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	1:15pm
FLO	Pass	1:15pm
FC	Pass	1:15pm

#### Temperature Tests

Test	Status	Time	
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	1:15pm 1:15pm 1:15pm 1:15pm 1:15pm	
B	lank Tests	5	
Test	Status	Time	
AIR	Pass	1:16pm	
Printer Tests			
Test	Status	Time	
PRNT	Pass	1:16pm	
CRC Tests			
Test	Status	Time	
COMP CAL	Pass Pass	1:16pm 1:16pm	

Preventive Maintenance Status: Pass

zv les hĽ Analyst

	F HEALTH AND HUMAN SERVICES ESTS FOR ALCOHOL BRANCH	
PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II		
County Wake	Instrument Location Detention (enter	
Instrument Serial No. 008615	3301 Hammond Rd.	
 	Kaleigh NC	

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

I certify that on the 34 day of Fabruary, 20 he 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

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008615 Test Date: 02/24/2014

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: 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 q/210L Time

DIAG AIR BLK	Pass .00	10:24am 10:25am
ACCY CHK	.07	10:26am
AIR BLK	.00	10:27am
SUB TEST	.00	10:28am
AIR BLK	.00	10:29am
SUB TEST	.00	10:30am
AIR BLK	.00	10:31am

Reported AC: .00\_g/210L anature hémical Court CVR

610 Analyst

WAKE COUNTY DETENTION CENTER 910

Serial Number:008615Test Record Number:4320Test Date:02/24/2014Test Time:10:37am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:38am
FLO	Pass	10:38am
FC	P <b>ass</b>	10:38am

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:39am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:39am

CRC Tests

Test	Status	Time
COMP	Pass	10:39am
CAL	Pass	10:39am

Preventive Maintenance Status: Pass

<u>h</u>r (er Analyst

		HEALTH AND HUMAN SERVICES ESTS FOR ALCOHOL BRANCH
:		E MAINTENANCE RECORD RS, MODEL INTOX EC/IR II
	Instrument Serial No. $008826$	Instrument Location Defention Center 3301 Armmond Rd. Roleigh NG
	<u></u>	

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

I certify that on the 1974 day of 107664, 2014 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

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WAKE COUNTY DETENTION CENTER 910 Serial Number: 008826 Test Date: 02/19/2014 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: 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	12:49pm
AIR BLK	.00	12:50pm
ACCY CHK	.08	12:50pm
AIR BLK	.00	12:52pm
SUB TEST	.00	12:53pm
AIR BLK	.00	12:53pm
SUB TEST	.00	12:55pm
AIR BLK	.00	12:56pm

Reported AC: .00 g/210L Signature of Chemical Analyst Court CVR

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

WAKE COUNTY DETENTION CENTER 910 Serial Number: 008826 Test Record Number: 6692 Test Date: 02/19/2014 Test Time: 12:58pm EST System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	12:58pm
FLO	Pass	12:58pm
FC	Pass	12:58pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:58pm
SRC	Pass	12:58pm
DET	Pass	12:58pm
BAR	Pass	12:58pm
BT	Pass	12:58pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:59pm

### Printer Tests

Test	Status	Time
PRNT	Pass	12:59pm

#### CRC Tests

Test	Status	Time
COMP	Pass	12:59pm
CAL	Pass	12:59pm

Preventive Maintenance Status: Pass

er Analyst

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

	HEALTH AND HUMAN SERVICES
	E MAINTENANCE RECORD
INTOXIMETE	RS, MODEL INTOX EC/IR II
County Cashell	Instrument Location SHP Caswell Offi
	- 10
Instrument Serial No. <u>008593</u>	956 Fire tower Kd.
	Placet

- 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- 2. Verify instrument displays time and date;
- 3. Initiate breath test sequence;
- 4. Enter information as prompted;
- 5. Verify instrument accuracy;
- 6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

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

I certify that on the  $18^{\text{H}}$  day of  $\underline{fcbruar}$ ,  $20^{\text{H}}$  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.



Certificate Number

Signature of Certifying Official

CASWELL COUNTY SHP YANCEYVILLE 160

Serial Number: 008593 Test Date: 02/18/2014

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	2:02pm
AIR BLK	.00	2:03pm
ACCY CHK	.08	2:03pm
AIR BLK	.00	2:04pm
SUB TEST	.00	2:05pm
AIR BLK	.00	2:06pm
SUB TEST	.00	2:07pm
AIR BLK	.00	2:08pm

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Reported AC: .00 g/<u>21</u>0L Signature Anal οf Chemical Court CVR

arles Analyst

CASWELL COUNTY SHP YANCEYVILLE 160

Serial Number: 008593 Test Record Number: 1043 Test Date: 02/18/2014 Test Time: 2:10pm EST

System Check: Passed

Baseline Tests

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		<b>.</b>			
	Test	Status	Time		
· · · · · ·	IR	Pass	2:11pm		
	FLO	Pass	2:11pm		
	FC	Pass	2:11pm		. •
	10		- • <u>F</u>		
	Temper	rature Tea	sts		
	Test	Status	Time		
	FC1	Pass	2:11pm		
	SRC	Pass			
			2:11pm		
	DET	Pass	2:11pm		
	BAR	Pass	2:11pm		
	BT	Pass	2:11pm		
1. 1.					
	Bla	ank Tests			
	Test	Status	Time		
na se de la construcción de la cons Sector	AIR	Pass	2:12pm	•	
	Pri	nter Test:	3		
х.	Test	Status	Time		
	PRNT	Pass	2:12pm		
	CI	RC Tests			
	Test	Status	Time		
	COMP	Pass	2:12pm		
	CAL	Pass	2:12pm		
	CAL	1000	2.12pm		
		ve Mainte tus: Pass	nance		
		T	1		
	1 \.00	, To	inten		
		- 1			

Analyst
DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH				
PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II				
County ALAMANCE Instrument Location ALAMANCE CO. JAIL				
Instrument Serial No. 008913 109 S. MAPLE ST. GRAHAM NC				

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

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

I certify that on the <u>26</u> day of <u>*FFBRUARY*</u>, 20<u>19</u> 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

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

DHHS 4080 (11/07)

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LAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913 Test Date: 02/26/2014

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: 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: AG320602 Exp Date: 07/25/2015

Test	g/210L	Time
DIAG	Pass	4:10pm
AIR BLK	.00	4:11pm
ACCY CHK	가슴 문화가 관계 집에 집에 있다.	4;12pm
AIR BLK SUB TEST	.00	4:13pm 4:14pm
AIR BLK	.00	4:15pm
SUB TEST		4:16pm

Reported AC: .00 g/210L

Signature of Chémical Analyst

Court CVR

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Analyst

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Numb	er: 008913	Test Record Number: 1825
Test Date:	02/26/2014	Test Time: 4:24pm EST

System Check: Passed

Baseline Tests

Test Status Time

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IR	1.146.7	Pass	4:24pm	-
$_{\rm FLO}$		Pass	4:24pm	
$\mathbf{FC}$		Pass	4:24pm	Ċ.
	e presidente de la compañía de la co	1		ίÅ,

Temperature Tests

Test Status Time

FC1	Pass	4:24pm
SRC	Pass	4:24pm
DET	Pass	4:24pm
BAR	Pass	4:24pm
BT	Pass	4:24pm

Blank Tests

Test	Status	Time
(Neter		
ATR	Pass	4 • 25 m

Printer Tests

Test Status Time

PRNT Pass 4:25pm

Time

1.5. 6.1.6.1

CRC Tests

Test Status

COMPPass4:25pmCALPass4:25pm

Preventive Maintenance Status: Pass

MD

Analyst

and the second	DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH				
	PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II				
	County ALAMANCE Instrument Location ALAMANCE CO. JAIL				
	Instrument Serial No. 008853 109 S. MAPLE ST. GRAHAM, NC				

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

- 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- 2. Verify instrument displays time and date;
- 3. Initiate breath test sequence;
- Enter information as prompted;
- 5. Verify instrument accuracy;
- 6. When "PLEASE BLOW" appears, collect breath sample;
- 7. When "PLEASE BLOW" appears, collect breath sample;
- 8. Print test record;
- 9. Verify Diagnostic Program; and
- 10. Verify that the ethanol gas canister is being changed before 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 26 day of FFBRUARY, 2014 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

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

Intom EC/IR-II: Subject Test			
ALAMANCE COUNTY ALAMANCE CO. JAIL 000	0		
Serial Number: 008853 Test Date: 02/26/2014	4 :		
Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE Subject'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: <i>NONE, NONE</i> Type of Agency: <i>FTA</i> Agency: <i>DHHS</i> Test Type: <i>Breath Test</i>		·	
Lot Number: AG322601 Exp Date: 08/14/2015 Test g/210L Time			
DIAG       Pass       4:09pm         AIR BLK       00       4:10pm         ACCY CHK       08       4:11pm         AIR BLK       00       4:12pm         SUB TEST       00       4:13pm         AIR BLK       00       4:14pm         SUB TEST       00       4:15pm         AIR BLK       00       4:16pm			
Reported AC: .00 g/210L Signature of Chemical Analyst Court CVR			
Sus D,	mark		

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Analyst

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number:008853Test Record Number:1356Test Date:02/26/2014Test Time:4:17pm EST

System Check: Passed

Baseline Tests

· · ·		
Test	Status	Time
IR	Pass	4:17pm
FLÓ	Pass	4:17pm
FC	Pass	4:18pm
Temp	erature Te	ests
		i materia
Test	Status	Time
FC1	Pass	4:18pm
SRC	Pass	4:18pm
$\mathbf{DET}$	Pass	4:18pm
BAR	Pass	4:18pm
BT	Pass	4:18pm
B	lank Tests	5
Test	Status	Time
AIR	Pass	4:18pm
Pr	inter Test	ະສັ
Test	Status	Time
PRNT	Pass	4:18pm
: : :	CRC Tests	
Test	Status	Time
COMP	Pass	4:19pm
CAL	Pass	4:19pm
~~ <u>~</u>	EGDD	4:Tabu

Preventive Maintenance Status: Pass

Anályst

# DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH **PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II** County <u>ALAMANCE</u> Instrument Location <u>BURLINGTOW PD</u> Instrument Serial No. <u>008907</u> 267W. FRONT ST. BURLINGTOW, MC

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

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

I certify that on the 26 day of FEBRUARY, 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.



Certificate Number

Signature of Certifying Official

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

DHHS 4080 (11/07)

#### Intox EC/IR-II: Subject Test ALAMANCE COUNTY BURLINGTON PD 000 Serial Number: 008907 Test Date: 02/26/2014 Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTNENACE Subject'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: AG320602 Exp Date: 07/25/2015 Test g/210L Time DIAG 3:06pm Pass AIR BLK .00 3:07pm ACCY CHK .08 3:08pm AIR BLK .00 3:09pm SUB TEST .00 3:10pm AIR BLK .00 3:11pm

3:12pm

3:13pm

Reported AC: .00 g/210L

SUB TEST .00

AIR BLK .00

Signature of Chemical Analyst

Court CVR

Analyst

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number:008907Test Record Number:598Test Date:02/26/2014Test Time:3:15pm EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	3:15pm
FLO	Pass	3:15pm
FC	Pass	3:15pm

## Temperature Tests

Test	Status	Time
FC1	Pass	3:15pm
SRC	Pass	3:15pm
DET	Pass	3:15pm
BAR	Pass	3:15pm
BT	Pass	3:15pm
	<b>D</b> 1.1	

#### Blank Tests

Test	Status	Time
AIR	Pass	3:16pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:16pm

CRC Tests

Test	Status	Time
COMP	Pass	3:16pm
CAL	Pass	3:16pm

Preventive Maintenance Status: Pass

Analyst

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

4LAMANCE County

Instrument Location BURLINSTON

Instrument Serial No. 008812 267W. FRONT ST BURLINGTON NC

3

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

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

I certify that on the 26 day of FEBRUARY, 2014 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

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

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008812 Test Date: 02/26/2014

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number:008812Test Record Number:1909Test Date:02/26/2014Test Time:3:09pm EST

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

Test	Status	Time		
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	3:10pm 3:10pm 3:10pm 3:10pm 3:10pm		
В	lank Tests	5		
Test	Status	Time		
AIR	Pass	3:11pm		
Printer Tests				
Test	Status	Time		
PRNT	Pass	3:11pm		
CRC Tests				

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

Preventive Maintenance Status: Pass

Analyst

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

County Guilford	Instrument Location_ BAT Mub. le VAITS
Instrument Serial No. 008698	Greensboro NL

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

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

I certify that on the <u>7</u> day of <u>Fcbrvarg</u>, 20<u>14</u> 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.</u>



Il I

Certificate Number

Signature of Certifying Official

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

DHHS 4080 (11/07)

#### GREENSBORO BAT MOBILE UNIT 5 400

Serial Number: 008698 Test Date: 02/07/2014

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: 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: AG305202 Exp Date: 02/21/2015

Testg/210LTimeDIAGPass6:56pmAIR BLK.006:58pmACCY CHK.076:58pm

 AIR
 BLK
 .00
 6:59pm

 SUB
 TEST
 .00
 7:00pm

 AIR
 BLK
 .00
 7:01pm

 SUB
 TEST
 .00
 7:02pm

 AIR
 BLK
 .00
 7:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

GREENSBORO BAT MOBILE UNIT 5 400

Serial Number:008698Test Record Number:1026Test Date:02/07/2014Test Time:7:07pm EST

System Check: Passed

Baseline Tests

	Base	line rest	S ·
	Test	Status	Time
•	IR FLO FC	Pass Pass Pass	7:07pm 7:07pm 7:07pm
· · .	Tempe	rature Te	sts
	Test	Status	Time
	FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	7:07pm 7:07pm 7:07pm 7:07pm 7:07pm
·	Bl	ank Tests	
	Test	Status	Time
	AIR	Pass	7:08pm
	Pri	nter Test	S
	Test	Status	Time
	PRNT	Pass	7:08pm
	C C	RC Tests	
	Test	Status	Time
	COMP CAL	Pass Pass	7:08pm 7:08pm
1		ve Mainter tus: Pass	nance
	M	Der	$\bigcirc$
$\mathcal{O}$		Analyst /	

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

Guilford County

Instrument Location BAT Mobile Unit 5

Instrument Serial No. 008600

Gransboro NC

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

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

I certify that on the <u>7</u> day of <u>Fcbruary</u>,  $20_{4}$  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.



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Signature of Certifying Official

Certificate Number

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

GREENSBORO BAT MOBILE UNIT 5 400

Serial Number: 008600 Test Date: 02/07/2014

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: 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	7:07pm
AIR BLK	.00	7:08pm
ACCY CHK	.08	7:08pm
AIR BLK	.00	7:09pm
SUB TEST	.00	7:10pm
AIR BLK	.00	7:11pm
SUB TEST	.00	7:13pm
AIR BLK	.00	7:14pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GREENSBORO BAT MOBILE UNIT 5 400

Serial Number: 008600Test Record Number: 1319Test Date: 02/07/2014Test Time: 7:15pm EST

System Check: Passed

# Baseline Tests

	Bas	seline Tes	ts	
	Test	Status	Time	
	IR	Pass	7:16pm	<b>ب</b>
	FLO	Pass	7:16pm	
	FC	Pass	7:16pm	
	Temp	perature Te	ests	
	Test	Status	Time	
	FC1	Pass	7:16pm	
	SRC	Pass	7:16pm	
	DET	Pass	7:16pm	
	BAR	Pass	7:16pm	
	BT	Pass	7:16pm	
	F	Blank Test:	5	
	Test	Status	Time	
	AIR	Pass	7:16pm	
	Pı	cinter Test	S	
	Test	Status	Time	<u>ب</u>
	PRNT	Pass	7:17pm	
		CRC Tests		
	Test	Status	Time	
	COMP	Pass	7:17pm	
	CAL	Pass	7:17pm	
		tive Mainte Latus: Pass		
	Nh	(V)	af	
		Analyst		
	form is need -to -		/	
1 NR		ming Preventiv	e Maintenance procedures	

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

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

County Guilford Instrument Location Bat Mobile Vart 5

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

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

I certify that on the <u>1</u> day of <u>Febrvary</u>, 20<u>14</u> 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.</u>



Signature of Certifying Official

Certificate Number

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

DHHS 4080 (11/07)

## GREENSBORO BAT MOBILE UNIT 5 400

Serial Number: 008788 Test Date: 02/07/2014

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: 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 BL ACCY C AIR BL <b>SUB TE</b> AIR BL <b>SUB TE</b>	HK .07 K .00 <b>ST .00</b> K .00 <b>ST .00</b>	7:34pm 7:35pm 7:36pm 7:37pm <b>7:38pm</b> 7:39pm <b>7:40pm</b>
SUB TE AIR BL		<b>7:40pm</b> 7:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## GREENSBORO BAT MOBILE UNIT 5 400

Serial Number: 008788 Test Date: 02/07/2014

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: 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 7:34pm AIR BLK (.00 7:35pm ACCY CHK .07 7:36pm AIR BLK .00 7:37pm SUB TEST .00 7:38pm AIR BLK .00 7:39pm SUB TEST .00 7:40pm AIR BLK .00 7:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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Analyst

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

County (abarrus

Instrument Location BAT Mobile Unit 5

Instrument Serial No. 008600

Kannado Na

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;
- 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.

I certify that on the 2 day of fcbrvary, 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

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

DHHS 4080 (11/07)

CABARRUS BAT MOBILE UNIT 5 120

Serial Number: 008600 Test Date: 02/21/2014

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: 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 8:51pm AIR BLK .00 8:52pm ACCY CHK .08 8:52pm AIR BLK .00 8:53pm SUB TEST .00 8:54pm AIR BLK .00 8:55pm SUB TEST .00 8:57pm AIR BLK .00 8:58pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analvst

CABARRUS BAT MOBILE UNIT 5 120

Serial Number:008600Test Record Number:1326Test Date:02/21/2014Test Time:8:59pm EST

System Check: Passed

Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

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Test	Status	Time
AIR	Pass	9:01pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:01pm

#### CRC Tests

s 9:01pm s 9:01pm

Preventive Maintenance Status: Pass

Analyst

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

County Cabarros

Instrument Location BAT Mobile Units

Instrument Serial No. 008698

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

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

I certify that on the 2 day of Fcbrvary, 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

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

DHHS 4080 (11/07)

CABARRUS BAT MOBILE UNIT 5 120

Serial Number: 008698 Test Date: 02/21/2014

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: 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: AG305202 Exp Date: 02/21/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK <b>SUB TEST</b> AIR BLK <b>SUB TEST</b> AIR BLK	Pass .00 .07 .00 .00 .00 .00 .00	8:58pm 8:59pm 9:00pm 9:00pm 9:01pm 9:02pm 9:04pm 9:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CABARRUS BAT MOBILE UNIT 5 120

Serial Number:008698Test Record Number:1033Test Date:02/21/2014Test Time:9:07pm EST

System Check: Passed

Baseline Tests

	Test	Status	Time
a Ar galantar Ar	IR FLO FC	Pass Pass Pass	9:07pm 9:07pm 9:07pm
	Tempe	rature Te	sts
	Test	Status	Time
	FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	9:07pm 9:07pm 9:07pm 9:07pm 9:07pm
- 	Bl	ank Tests	
	Test	Status	Time
	AIR	Pass	9:08pm
	Pri	nter Test	3
<b>`</b>	Test	Status	Time
	PRNT	Pass	9:08pm
	C	RC Tests	
· ·	Test	Status	Time
	COMP CAL	Pass Pass	9:08 <u>p</u> m 9:08pm
		ve Mainte tus: Pass	nance
		1 22	P
· · ·		Analyst	

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

County Wake

Instrument Location

Instrument Serial No. \_\_\_\_\_\_\_

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BLELMI

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

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



Signature of Certifying Official

Certificate Number

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

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WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number:008577Test Record Number:963Test Date:02/28/2014Test Time:11:17pm EST

System Check: Passed

Baseline Tests

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

#### Temperature Tests

Status	Time
Pass	11:18pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time	

AIR Pass 11:18pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:18pm

CRC Tests

Test	Status	Time
COMP	Pass	11:19pm
CAL	Pass	11:19pm

Preventive Maintenance Status: Pass

0 Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008577 Test Date: 02/28/2014

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

Reported AC: .00\_g/210L 6 Signature of Chemical Analyst

Court CVR



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

County\_\_\_

Instrument Location 13AT MOBILELL

Instrument Serial No. DD 8612-

WARE

Roleibot

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

- 2. Verify instrument displays time and date;
- 3. Initiate breath test sequence;
- 4. Enter information as prompted;
- 5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

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

I certify that on the <u>28</u> day of <u>FEBNUARY</u>, 20/44 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

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

DHHS 4080 (11/07)

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number:008612Test Record Number:1454Test Date:02/28/2014Test Time:11:05pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:05pm
FLO	Pass	11:05pm
FC	Pass	11:06pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:06pm
SRC	Pass	11:06pm
DET	Pass	11:06pm
BAR	Pass	11:06pm
BT	Pass	11:06pm

Blank Tests

Test	Status	Time	

AIR Pass 11:06pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:06pm

CRC Tests

Test	Status	Time
COMP	Pass	11:07pm
CAL	Pass	11:07pm

Preventive Maintenance Status: Pass

1]0 Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008612 Test Date: 02/28/2014

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: 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	10:45pm
AIR BLK	.00	10:46pm
ACCY CHK	.07	10:47pm
AIR BLK	.00	10:47pm
SUB TEST	.00	10:48pm
AIR BLK	.00	10:49pm
SUB TEST	.00	10:51pm
AIR BLK	.00	10:52pm

0:0: g/210L Reported AC:

Signature of Chemical Analyst

Court CVR

# Analyst

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

County WALE

Instrument Location Sot MOBile Len

Rolein

Instrument Serial No. 008623

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

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

I certify that on the <u>28</u> day of <u>Februan</u>, 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

icate Number

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

WAKE COUNTY BAT MOBILE UNIT 7 910 Serial Number: 008623 Test Record Number: 2839 Test Date: 02/28/2014 Test Time: 10:50pm EST System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:50pm
FLO	Pass	10:50pm
FC	Pass	10:50pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:50pm
SRC	Pass	10:50pm
DET	Pass	10:50pm
BAR	Pass	10:50pm
BT	Pass	10:50pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:51pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:51pm

#### CRC Tests

Test	Status	Time
COMP	Pass	10:51pm
CAL	Pass	10:51pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910 Serial Number: 008623 Test Date: 02/28/2014 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: 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	10:40pm
AIR BLK	.00	10:41pm
ACCY CHK	.07	10:41pm
AIR BLK	.00	10:42pm
SUB TEST	.00	10:43pm
AIR BLK	.00	10:44pm
SUB TEST	.00	10:45pm
AIR BLK	.00	10:46pm

.00 g/210L Reported AC: Analyst Signature of Chemical

Court CVR

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

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

County 1/stee

Instrument Location 547 MDB.LE Lunit

Roberton

Instrument Serial No. 008760

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

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

I certify that on the <u>26</u> day of <u>66Bncc.4.m</u>, 20/24 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 Offi Certificate Number

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

DHHS 4080 (11/07)

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008760 Test Record Number: 565 Test Date: 02/28/2014 Test Time: 10:56pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:57pm
FLO	Pass	10:57pm
FC	Pass	10:57pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:57pm
SRC	Pass	10:57pm
$\operatorname{DET}$	Pass	10:57pm
BAR	Pass	10:57pm
BT	Pass	10:57pm

#### Blank Tests

Test	Status	Time

AIR Pass 10:58pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:58pm
	CRC Tests	
Test	Status	Time

1000	000000	11
COMP	Pass	10:58pm
CAL	Pass	10:58pm

Preventive Maintenance Status: Pass

110

Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008760 Test Date: 02/28/2014

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: 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

g/210L Time Test DIAG 10:43pm Pass 10:44pm AIR BLK .00 ACCY CHK .07 10:44pm 10:45pm AIR BLK .00 SUB TEST .00 10:46pm 10:47pm AIR BLK .00 SUB TEST .00 10:49pm 10:49pm AIR BLK .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

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

CountyAAke	Instrument Location BRT MOBILE CLAIT 7
Instrument Serial No. DD 87778	Robert

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

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

I certify that on the <u>28</u> day of <u>*FEBRUAR*</u>, 2014 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

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

DHHS 4080 (11/07)

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number:008778Test Record Number:1101Test Date:02/28/2014Test Time:10:54pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:55pm
SRC	Pass	10:55pm
DET	Pass	10:55pm
BAR	Pass	10:55pm
BT	Pass	10:55pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:56pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:56pm

#### CRC Tests

Test	Status	Time
COMP	Pass	10:56pm 10:56pm

Preventive Maintenance Status: Pass

L  $\overline{\mathcal{O}}$ Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008778 Test Date: 02/28/2014

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: 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

g/210L Time Test DIAG Pass 10:41pm AIR BLK .00 10:42pmACCY CHK .07 10:43pm AIR BLK .00 10:44pm SUB TEST .00 10:45pm .00 AIR BLK 10:46pm SUB TEST .00 10:47pm AIR BLK .00 10:48pm

Reported AC: .00 g/210L-Signature of Chemical Analyst

Ignature of chemical Analy

Court CVR

Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES	
FORENSIC TESTS FOR ALCOHOL BRANCH	
PREVENTIVE MAINTENANCE RECORD	. *
INTOXIMETERS, MODEL INTOX EC/IR II	
County CARTERET Instrument Location BAT Mobile UNIT	1
Instrument Serial No. 00 81/14	

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

- 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- 2. Verify instrument displays time and date;
- 3. Initiate breath test sequence;
- 4. Enter information as prompted;
- 5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the  $22^{-1}$  day of <u>Fellence</u>, 20/2 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

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

CARTERET COUNTY BAT MOBILE UNIT 4 150

Serial Number: 008717 Test Date: 02/22/2014

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

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

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

Test g/210L Time

DIAG	Pass	10:50pm
AIR BLK	.00	10:51pm
ACCY CHK	.07	10:51pm
AIR BLK	.00	10:52pm
SUB TEST	.00	10:53pm
AIR BLK	.00	10:54pm
SUB TEST	.00	10:55pm
AIR BLK	.00	10:56pm

Reported AC: 0.0 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### CARTERET COUNTY BAT MOBILE UNIT 4 150

Serial Number: 008717 Test Record Number: 404 Test Date: 02/22/2014 Test Time: 10:57pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:57pm
FLO	Pass	10:57pm
FC	Pass	10:58pm

## Temperature Tests

Test	Status	Time
DET	Pass Pass Pass Pass Pass	10:58pm 10:58pm 10:58pm 10:58pm 10:58pm
Bla	ank Tests	
Test	Status	Time
AIR	Pass	10:58pm
Prin	nter Test:	3
Test	Status	Time
Test PRNT	Status Pass	Time 10:58pm
PRNT		
PRNT	Pass	
PRNT CI Test	Pass RC Tests	10:58pm

Preventive Maintenance Status: Pass

Analyst

	HEALTH AND HUMAN SERVICES STS FOR ALCOHOL BRANCH
	MAINTENANCE RECORD RS, MODEL INTOX EC/IR II Instrument Location BAT Mobile Ubit 4
Instrument Serial No. 008134	· · · ·

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

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

<u>,</u> 20 4 the forgoing preventive maintenance I certify that on the day of procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

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

DHHS 4080 (11/07)

CARTERET COUNTY BAT MOBILE UNIT 4 150

Serial Number: 008734 Test Date: 02/22/2014

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: 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 Test DIAG Pass 10:47pm .00 10:48pm AIR BLK 10:49pm ACCY CHK .08 AIR BLK .00 10:50pm 10:50pm SUB TEST .00 10:51pm AIR BLK .00 SUB TEST .00 10:53pm 10:54pm AIR BLK .00

Reported AC: .00/g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CARTERET COUNTY BAT MOBILE UNIT 4 150

Serial Number: 008734 Test Record Number: 799 Test Date: 02/22/2014 Test Time: 10:55pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Tempe	TOCOLC IC	.000
Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:55pm 10:55pm 10:55pm 10:55pm 10:55pm
Bl	ank Tests.	I
Test	Status	Time
AIR	Pass	10:56pm
Pri	nter Test	S
Test	Status	Time
PRNT	Pass	10:56pm
c	RC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:56pm 10:56pm
	ve Mainte tus: Pass	
$\sim 0$		

A SAN TAN AND AND

Analyst

DEPARTMENT	OF HEALTH AND HUMAN SERVICES TESTS FOR ALCOHOL BRANCH
PREVENTI INTOXIME	IVE MAINTENANCE RECORD TERS, MODEL INTOX EC/IR II Instrument Location PANDERMAN Police DEPT
County	DAUDERAN DE
 Instrument Serial No. <u>008737</u>	(NEN ADDRESS)

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

- Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- Verify instrument displays time and date;
- 3. Initiate breath test sequence;
- Enter information as prompted;
- 5. Verify instrument accuracy;
- When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

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

I certify that on the 2 day of TEBLARC, 2014 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

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

DHHS 4080 (11/07)

RANDOLPH COUNTY RANDLEMAN PD 750

Serial Number: 008737 Test Date: 02/07/2014

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: *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	Pass	10:46am
AIR BLK	.00	10:47am
ACCY CHK	.07	10:47am
AIR BLK	.00	10:48am
SUB TEST	.00	10:49am
AIR BLK	.00	10:49am
SUB TEST	.00	10:51am
AIR BLK	.00	10:52am

Reported AC: .00 g/210L Chemical Analyst Signature of

Court CVR

Analyst

RANDOLPH COUNTY RANDLEMAN PD 750

. .....

Serial Number: 008737 Test Record Number: 692 Test Date: 02/07/2014 Test Time: 10:54am EST

System Check: Passed

Baseline Tests

20 20		t e s	Test	Status	Time	
		·	IR FLO FC	Pass Pass Pass	10:54am 10:54am 10:55am	

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:55am 10:55am 10:55am 10:55am 10:55am
B	lank Tests	3
Test	Status	Time
AIR	Pass	10:55am
Pri	inter Test	s
Test	Status	Time
PRNT	Pass	10:55am
C	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:56am 10:56am

Preventive Maintenance Status: Pass

nalyst A

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II REFORMED		T OF HEALTH AND HUMAN SERVICES IC TESTS FOR ALCOHOL BRANCH
	County	
		RED SPRINGS P.D.

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

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

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



Signature of Certifying Official

Certificate Number

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

Intox EC/IR-II: Subject Te	st			
ROBESON COUNTY RED SPRINGS F	PD 770			
) Serial Number: 008857 Test Date: 02/21/2014				
Citation Number: M000000 Subject's Name: PREVENTIVE, MAINTENANCE Subject's Date of Birth: 11/1 Subject's Sex: Male Driver's License State: X Driver's License Number: M	11/1911 XX			-
Analyst's Name: QUARANTELLO, NICHOLAS C Permit Number: 21536E Effective: 08/01/2013-08/01/2015	Ţ			·
Officer's Name: <i>NONE, NON</i> Type of Agency: <i>FTA</i> Agency: <i>DHHS</i> Test Type: <i>Breath Test</i>	NE .			
Lot Number: AG300202 Exp Date: 01/02/2015				
) Test g/210L Time				
DIAGPass10:22AIR BLK.0010:22ACCY CHK.0710:23AIR BLK.0010:24SUB TEST.0010:24AIR BLK.0010:24AIR BLK.0010:25AIR BLK.0010:26SUB TEST.0010:26AIR BLK.0010:26	2am 3am 4am 5 <b>am</b> 5am 7 <b>am</b>			
Reported AC: .00 g/2101 Signature of Chemical Anal Court CVR	)			
	J.C. J.Analy	bauzr_ yst	$\sum$	

ROBESON COUNTY RED SPRINGS PD 770

Serial Number:008857Test Record Number:383Test Date:02/21/2014Test Time:10:31am EST

System Check: Passed

#### Baseline Tests

Test

.7

Test	Status	Time	
IR FLO FC	Pass Pass Pass	10:32am 10:32am 10:32am	
Tempe	rature Te	sts	

Time

FC1 10:32am Pass 10:32am SRC Pass Pass DET10:32am 10:32am BAR Pass 10:32am BTPass Blank Tests Test Status Time 10:32am AIR Pass Printer Tests

Status

Test	Status	Time
PRNT	Pass	10:32am

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

		OF HEALTH AND HUMAN SER C TESTS FOR ALCOHOL BRANC	
		IVE MAINTENANCE REC	
County	INTOXIME	TERS, MODEL INTOX EC	VIR II WIS Palice 1
Instrument S	erial No O	ST. PAULS	N.C
The preventi four months		the Intoximeters, Model Intox EC/IR II to	be followed at least once
1.	Verify the ethanol gas can 34 degrees, plus or minus	ister displays pressure, or the alcoholic bro 2 degree centigrade;	eath simulator thermomete
2.	Verify instrument displays	s time and date;	
3.	Initiate breath test sequence	зе;	
4.	Enter information as prom	pted;	
5.	Verify instrument accurac	у;	
6.	When "PLEASE BLOW"	appears, collect breath sample;	
7.	When "PLEASE BLOW"	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program	n; and	
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is being changed before expirations changed every four months or after 125 A	on date, or the alcoholic b Alcoholic Breath Simulato
procedures w	vere performed on the instrumer	EDRUM, 2014 the nt indicated above, in accordance with cur and the instrument is functioning properly	forgoing preventive maint rent regulations of the N.C
THE STAT			
YANY 20, 17	S TOPE		
12/ASA			

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

DHHS 4080 (11/07)

ROBESON COUNTY ST. PAULS PD. 770

Serial Number: 008814 Test Date: 02/21/2014

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: AG309105 Exp Date: 04/01/2015

Test q/210L Time

DIAG	Pass	11:17am
AIR BLK	.00	11:17am
ACCY CHK	.08	11:18am
AIR BLK	.00	11:19am
SUB TEST	.00	11:19am
AIR BLK	.00	11:20am
SUB TEST	.00	11:22am
AIR BLK	.00	11:22am

.00 g/210L Reported AC: Chemical Analyst Signature o∉

Court CVR

Analvst

ROBESON COUNTY ST. PAULS PD. 770

Serial Number: 008814 Test Record Number: 465 Test Date: 02/21/2014 Test Time: 11:23am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:23am
FLO	Pass	11:23am
FC	Pass	11:23am

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	11:24am 11:24am 11:24am 11:24am
BT	Pass	11:24am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:24am

Printer Tests

Test	Status	Time
PRNT	Pass	11:24am

CRC Tests

Test	Status	Time
COMP	Pass	11:24am
CAL	Pass	11:24am

Preventive Maintenance Status: Pass

Analyst

			F HEALTH AND HUM ESTS FOR ALCOHOL		
).	PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II				
	County	UBENSON	_ Instrument Location	PEMBROKE	Folke Det
	Instrument Se	rial No. <u>008837</u>	PEMBROAR	E, N.C.	
·	The preventiv four months a	e maintenance procedures for the re:	Intoximeters, Model Intox E	C/IR II to be followed a	t least once every
	1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 c		coholic breath simulator	thermometer shows
	2.	Verify instrument displays tin	ne and date;		
	3.	Initiate breath test sequence;			
	4.	Enter information as prompte	d;		
	5.	Verify instrument accuracy;			
	6.	When "PLEASE BLOW" ap	pears, collect breath sample;		
	7.	When "PLEASE BLOW" ap	pears, collect breath sample;		
·	8.	Print test record;			
	9.	Verify Diagnostic Program; a	nd		
	10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.			
		on the <u>A</u> day of <u>F</u> ere performed on the instrument in f Health and Human Services, and		e with current regulation	
	STATE STATE	STATE CAR			an Tha th
	+ APER QUARY VE		ghature of Certifying Officia	<u>6</u>	Solution Sol

DHHS 4080 (11/07)

ROBESON COUNTY PEMBROKE POLICE DEPT 770

> Serial Number: 008837 Test Date: 02/21/2014

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: AG326006 Exp Date: 09/17/2015

Test g/210L Time

DIAG	Pass	12:46pm
AIR BLK	.00	12:47pm
ACCY CHK	.07	12:48pm
AIR BLK	.00	12:49pm
SUB TEST	.00	12:49pm
AIR BLK	.00	12:50pm
SUB TEST	.00	12:52pm
AIR BLK	.00	12:52pm

.00 g/210L Reported AC: Signature hemical Analyst

Court CVR

Analyst

ROBESON COUNTY PEMBROKE POLICE DEPT 770

Serial Number:008837Test Record Number:533Test Date:02/21/2014Test Time:12:53pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:53pm
FLO	Pass	12:53pm
FC	Pass	12:53pm

#### Temperature Tests

Status	Time
Pass	12:53pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time

AIR Pass 12:54pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:54pm

CRC Tests

Test	Status	Time
COMP	Pass	12:54pm
CAL	Pass	12:54pm

Preventive Maintenance Status: Pass

Analvst

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

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

Instrument Location <u>Steaksbork</u> County Instrument Serial No. 008896

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

- 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- 2. Verify instrument displays time and date;
- 3. Initiate breath test sequence;
- 4. Enter information as prompted;
- Verify instrument accuracy;
- 6. When "PLEASE BLOW" appears, collect breath sample;
- 7. When "PLEASE BLOW" appears, collect breath sample;
- 8. Print test record;
- 9. Verify Diagnostic Program; and
- 10. Verify that the ethanol gas canister is being changed before 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 <u>day of Febraary</u>, 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.</u>



anature of Certifying Official

Certificate Number

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

Intox EC/IR-II: Subje	ect Test		
GUILFORD COUNTY GREENSB			
GUILFORD COUNTY GREENDS			
Serial Number: 0 Test Date: 02/07			
Citation Number: <i>M0</i> Subject's Nam <i>PREVENTIVE, MAINTE</i>	e: NANCE		
Subject's Date of Birth Subject's Sex:	Male		
Driver's License St Driver's License Num	ate: XX ber: NONE		
Driver's License Num	Der. Mont		
Analyst's Name: DE Permit Number: 1 Effective: 06/01/2013-06/01	1598E		
Officer's Name: <i>NON</i> Type of Agency: Agency: <i>DHHS</i> Test Type: <i>Breath</i>	FTA S		
Lot Number: AG32 Exp Date: 08/14/			
Test g/210L	Time		
ACCY CHK .08 AIR BLK .00 SUB TEST .00	11:22am 11:23am 11:24am 11:25am <b>11:25am</b>		
AIR BLK .00 <b>SUB TEST .00</b> AIR BLK .00	11:26am <b>11:28am</b> 11:29am		
Reported AC: .00	g/210L		
Signature of Chemica	al Analyst		
Court CVR			

North State State State State State State State State State

no Jean e) ~ Analyst

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number:	008896	Test	Record	Number:	395
Test Date: 02/	/07/2014	Test	: Time:	11:10am	EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:10am 11:10am 11:10am 11:10am 11:10am
Bl	ank Tests	
Test	Status	Time
AIR	Pass	11:11am
Pri	nter Test	S
Test	Status	Time
Test PRNT	Status Pass	Time 11:11am
PRNT		
PRNT	Pass	
PRNT	Pass RC Tests	11:11am

Preventive Maintenance Status: Pass

lean Analyst

	HEALTH AND HUMAN SERVICES STS FOR ALCOHOL BRANCH	
	MAINTENANCE RECORD RS, MODEL INTOX EC/IR II	
County DAVICISON	Instrument Location Thomas ville Police	• • ••
Instrument Serial No. <u>009872</u>	Department	

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

- 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- 2. Verify instrument displays time and date;
- 3. Initiate breath test sequence;
- 4. Enter information as prompted;
- 5. Verify instrument accuracy;
- When "PLEASE BLOW" appears, collect breath sample;

When "PLEASE BLOW" appears, collect breath sample;

- 8. Print test record;
- 9. Verify Diagnostic Program; and
- 10. Verify that the ethanol gas canister is being changed before 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 18 day of February, 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

Certificate Number

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

DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008872 Test Date: 02/18/2014

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: AG320602 Exp Date: 07/25/2015

Test g/210L Time

DIAG	Pass	1:21pm
AIR BLK	.00	1:22pm
ACCY CHK	.07	1:22pm
AIR BLK	.00	1:24pm
SUB TEST	.00	1:24pm
AIR BLK	.00	1:25pm
SUB TEST	.00	1:27pm
AIR BLK	.00	1:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

bar .

DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008872 Test Date: 02/18/2014 Test Record Number: 1087 Test Time: 1:28pm EST

System Check: Passed

Baseline Tests

	Test	Status	Time
•	IR	Pass	1:28pm
	FLO	Pass	1:28pm
	FC	Pass	1:29pm

Temperature Tests

e e al composition de la composition de			1 A.
Tes	t S	tatus	Time
FC1 SRC DET BAR BT	P P P	ass ass	1:29pm 1:29pm 1:29pm 1:29pm 1:29pm 1:29pm
	Blan	k Tests	-
Tes	t S	tatus	Time
AIR	. P	ass	1:29pm
	Print	er Tests	5
Tes	t S	tatus	Time
PRN	T P	ass	1:29pm
	CRC	Tests	
Tes	t S	tatus	Time
COM CAL		ass	1:30pm 1:30pm

Preventive Maintenance Status: Pass

ear Analyst

DEPARTMENT OF 1 FORENSIC TES	HEALTH AND HUMAN SERVICES STS FOR ALCOHOL BRANCH
	MAINTENANCE RECORD RS, MODEL INTOX EC/IR II Instrument Location Lexington Palice
Instrument Serial No. 008803	Department

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

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

I certify that on the 18 day of FebruAry, 2014 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.



ignature of Certifying Official

Certificate Number

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

DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883 Test Date: 02/18/2014

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

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

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

Test g/210L Time

DIAG AIR BLK	Pass	2:16pm 2:17pm 2:18pm
ACCY CHK AIR BLK SUB TEST	.08 .00 <b>.00</b>	2:19pm 2:20pm
AIR BLK <b>SUB TEST</b> AIR BLK	.00 .00 .00	2:21pm <b>2:23pm</b> 2:23pm

.00 g/210L Reported AC:

Signature of Chemical Analyst

Court CVR

inder

DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883 Test Record Number: 1240 Test Date: 02/18/2014 Test Time: 2:24pm EST

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

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

Blank Tests

Test	Status	Time	
AIR	Pass	2:25pm	

Printer Tests

Test	Status	Time
PRNT	Pass	2:25pm

CRC Tests

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

Preventive Maintenance Status: Pass

a N Analyst

n de la <b>D</b>	DEPARTMENT OF HEAL FORENSIC TESTS FO	TH AND HUMAN SI OR ALCOHOL BRAI	ERVICES NCH	
and and a lot	PREVENTIVE MAI INTOXIMETERS, M			
County DAVIds	SON Instr	ument Location, DAV	HON LON	IANL
Instrument Serial No. <u>(</u>	08845	Lexin	GTON N.C.	· .

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

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

I certify that on the <u>18</u> day of <u>rebRUAR</u>, <u>20</u> 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

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

DHHS 4080 (11/07)

### DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845 Test Date: 02/18/2014

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: AG320602 Exp Date: 07/25/2015

g/210L Time Test DIAG Pass 2:57pm .00 AIR BLK 2:58pm ACCY CHK .08 2:59pm AIR BLK .00 3:00pm SUB TEST .00 3:01pm AIR BLK .00 3:02pm SUB TEST .00 3:04pm AIR BLK .00 3:05pm

Reported AC: .00 g/210L

<u>J.Kuin Dean</u> Signature of Chemical Analyst

Court CVR

in Dean Analyst

DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845 Test Date: 02/18/2014

A CARLES AND A C

Test Record Number: 1620 Test Time: 3:05pm EST

System Check: Passed

Baseline Tests

Test	Status	Time	·	
IR	Pass	3:06pm		
FLO	Pass	3:06pm		
FC	Pass	3:06pm		
Temp	perature Te	ests		
Test	Status	Time		
FC1	Pass	3:06pm	· .	
 SRC	Pass	3:06pm		· ·
DET	Pass	3:06pm		
BAR	Pass	3:06pm		
BT	Pass	3:06pm		
E	Blank Test:	3		
Test	Status	Time	•	
AIR	Pass	3:06pm		
Pi	rinter Test	S		
Test	Status	Time		• •
PRNT	Pass	3:06pm		
	CRC Tests			
Test	Status	Time		
COMP	Pass	3:07pm		·
CAL	Pass	3:07pm		
		~ · · · E		
Prevent	tive Mainte	enance		

Preventive Maintenance Status: Pass

lan Analyst
E	DEPARTMENT OF HEALT FORENSIC TESTS FO			
	PREVENTIVE MAIL INTOXIMETERS, M			
County RowA	N Instru	ument Location <u>54</u>	Alisbury t	$D_{D}$
Instrument Serial No. 💋	08718			
x* -				

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

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

I certify that on the 18 day of 1260 KMRV, 2014 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

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

DHHS 4080 (11/07)

## Intox EC/IR-II: Subject Test ROWAN COUNTY SALISBURY PD 790 Serial Number: 008718 Test Date: 02/18/2014 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 g/210L Time Test Pass 4:17pm DIAG 4:18pm AIR BLK .00 4:18pm ACCY CHK .07 AIR BLK .00 4:19pm SUB TEST .00 4:20pm 4:21pm AIR BLK .00 SUB TEST .00 4:23pm AIR BLK .00 4:24pm .00 g/210L Reported AC: Signature of Chemical Analyst Court CVR

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008718 Test Record Number: 837 Test Date: 02/18/2014 Test Time: 4:13pm EST

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 SRC DET BAR BT	Pass Pass Pass Pass Pass	4:14pm 4:14pm 4:14pm 4:14pm 4:14pm
BI	lank Tests	3
Test	Status	Time
AIR	Pass	4:15pm
Pr:	inter Test	s
Test	Status	Time
PRNT	Pass	4:15pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:15pm 4:15pm

Preventive Maintenance Status: Pass

Analyst

	EALTH AND HUMAN SERVICES TS FOR ALCOHOL BRANCH
	MAINTENANCE RECORD S, MODEL INTOX EC/IR II Instrument Location Geeensboro JA:
Instrument Serial No. 008794	

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

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

I certify that on the 20 day of 1ebruAR, 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 Officia

Certificate Number

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

#### GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794 Test Date: 02/20/2014

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	1:17pm
AIR BLK	.00	1:17pm
ACCY CHK	.07	1:18pm
AIR BLK	.00	1:19pm
SUB TEST	.00	1:20pm
AIR BLK	.00	1:21pm
SUB TEST	.00	1:22pm
AIR BLK	.00	1:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ean Analyst

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number:008794Test Record Number:3288Test Date:02/20/2014Test Time:1:24pm EST

115

-91

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	1:24pm
FLO	Pass	1:24pm
FC	Pass	1:24pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	1:24pm 1:24pm 1:24pm 1:24pm 1:24pm 1:24pm
	Blank Tests	3
Test	Status	Time
AIR	Pass	1:25pm
	Printer Test	s
Test	Status	Time
PRNT	Pass	1:25pm
	CRC Tests	

Test	Status	Time
COMP	Pass Pass	1:25pm 1:25pm

Preventive Maintenance Status: Pass

うめへつ Analyst

	F HEALTH AND HUMAN SERVICES ESTS FOR ALCOHOL BRANCH
	E MAINTENANCE RECORD
	ERS, MODEL INTOX EC/IR II
County (JUII + ORA	Instrument Location SPECENS DOVO JAI
Instrument Serial No. 008190	······

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

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

I certify that on the 20 day of  $\overline{EDDUAR}/$ , 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

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

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790 Test Date: 02/20/2014

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: AG315701 Exp Date: 06/06/2015

Test g/210L Time

DIAG	Pass	1:42pm
DIAG	rass	T. HZ bu
AIR BLK	.00	1:42pm
ACCY CHK	.07	1:43pm
AIR BLK	.00	1:44pm
SUB TEST	.00	1:45pm
AIR BLK	.00	1:46pm
SUB TEST	.00	1:47pm
AIR BLK	.00	1:48pm

Reported AC: .00 g/210L Signature Chemical Analyst ′o£

Court CVR

Kein Dear

Analyst

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number:008790Test Record Number:4092Test Date:02/20/2014Test Time:1:49pm EST

## System Check: Passed

### Baseline Tests

			-
	Test	Status	Time
	IR FLO FC	Pass Pass Pass	1:49pm 1:49pm 1:49pm
	Tempe	rature Te	sts
	Test	Status	Time
ат с.	FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	1:49pm 1:49pm 1:49pm 1:49pm 1:49pm
	Bla	ank Tests	
	Test	Status	Time
	AIR	Pass	1:50pm
	Pri	nter Test	5
	Test	Status	Time
	PRNT	Pass	1:50pm
	CI	RC Tests	
	Test	Status	Time
	COMP CAL	Pass Pass	1:50pm 1:50pm
		ve Mainte tus: Pass	nance
	A-Xe	analyst	ear

Analyst

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

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

County 11 SOM	Instrument Location Wilson (o. Detention
Instrument Serial No. 008652	100 E. Green St. Wilson N.C.

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

- 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- 2. Verify instrument displays time and date;
- 3. Initiate breath test sequence;
- Enter information as prompted;
- 5. Verify instrument accuracy;
- 6. When "PLEASE BLOW" appears, collect breath sample;
- 7. When "PLEASE BLOW" appears, collect breath sample;
- 8. Print test record;
- 9. Verify Diagnostic Program; and
- 10. Verify that the ethanol gas canister is being changed before 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  $18^{\prime\prime}$  day of <u>February</u>,  $20_{14}$  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

Center

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

DHHS 4080 (11/07)

Intox EC/IR-II: Subject Test	
WILSON COUNTY WILSON CO DETENTION 9	70
Serial Number: 008652 Test Date: 02/18/2014	
Citation Number: <i>M0000000-0</i> Subject's Name: <i>PREVENTIVE, MAINTENANCE</i> Subject's Date of Birth: <i>11/11/191</i> Subject's Sex: <i>Male</i> Driver's License State: <i>XX</i> Driver's License Number: <i>NONE</i>	1
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: AG317801 Exp Date: 06/27/2015	
Test g/210L Time	
DIAGPass10:27amAIR BLK.0010:28amACCY CHK.0810:29amAIR BLK.0010:30am	
SUB TEST .00 10:31am   AIR BLK .00 10:32am   SUB TEST .00 10:33am   AIR BLK .00 10:34am	
Reported AC: .00 g/210L	
Court CVR	

7 Analyst

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008652 Test Record Number: 2461 Test Date: 02/18/2014 Test Time: 10:35am EST

System Check: Passed

## Baseline Tests

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

#### Temperature Tests

Temperature Tests		
Test	Status	Time
SRC DET	Pass Pass Pass Pass Pass	10:35am 10:35am 10:35am
Bla	ank Tests	
Test	Status	Time
AIR	Pass	10:36am
Printer Tests		
Test	Status	Time
PRNT	Pass	10:36am
CRC Tests		
Test	Status	Time

COMPPass10:36amCALPass10:36am

Preventive Maintenance Status: Pass

<sup>Analyst</sup>

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

# DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II County Wilson (o. Defention (enter Instrument Location Wilson (o. Defention (enter Instrument Serial No. 008627 [DU E. Green St. Wilson, MC]

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

- 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- 2. Verify instrument displays time and date;
- 3. Initiate breath test sequence;
- 4. Enter information as prompted;
- 5. Verify instrument accuracy;
- 6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

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

I certify that on the  $16^{-1}$  day of  $feature array, 20^{-14}$  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.



gnature of Certifying Official

Certificate Number

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

## WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008627 Test Date: 02/18/2014

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: AG312802 Exp Date: 05/08/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00 .00	10:39am 10:40am 10:41am 10:41am 10:43am 10:43am
WTU DIIV	.00	10:45am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WILSON COUNTY WILSON CO DETENTION 970

Serial Number:008627Test Record Number:1620Test Date:02/18/2014Test Time:10:46am EST

System Check: Passed

Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

and the second second second

Test	Status	Time
AIR	Pass	10.48am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:48am

CRC Tests

Test	Status	Time
COMP	Pass	10:48am
CAL	Pass	10:48am

Preventive Maintenance Status: Pass

Analyst

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

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

County

Instrument Location CARTERET County

Instrument Serial No. 008887- SHERIFFS

CARTERET

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

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

I certify that on the <u>19</u> day of <u>February</u>, 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.



<u>354</u> Certificate Number

Signature of Certifying Official

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

DHHS 4080 (11/07)

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008882 Test Date: 02/19/2014

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: HALL, RANDY E Permit Number: 3462E Effective: 09/01/2013-09/01/2015

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

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

g/210L Test Time DIAG Pass 3:19pm AIR BLK .00 3:20pm ACCY CHK .07 3:21pm AIR BLK .00 SUB TEST .00 3:22pm 3:24pm AIR BLK .00 3:24pm SUB TEST .00 3:26pm AIR BLK .00. 3:27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Karel E Hal

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number:008882Test Record Number:1125Test Date:02/19/2014Test Time:3:28pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:29pm
FLO	Pass	3:29pm
FC	Pass	3:29pm

## Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	3:29pm 3:29pm 3:29pm 3:29pm 3:29pm 3:29pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:30pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:30pm

CRC Tests

Test	Status	Time
COMP	Pass Pass	3:30pm 3:30pm

Preventive Maintenance Status: Pass

EHall and Analyst

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

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

County Orishow

Instrument Location MCAS New River PMO

Instrument Serial No. 008819

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

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

I certify that on the <u>day of <u>FebRua Ril</u>, 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.</u>



487

Certificate Number

Signature of Certifying Official

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

DHHS 4080 (11/07)

ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: 008819 Test Date: 02/06/2014

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: HALL, RANDY E Permit Number: 3462E Effective: 09/01/2013-09/01/2015

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

Lot Number: AG321904 Exp Date: 08/07/2015 Test g/210L Time DIAG Pass 11:12am AIR BLK .00 11:13am ACCY CHK .08 11:13am

AIR	BLK	.00	11:14am
SUB.	TEST	.00	<b>11:15</b> am
AIR	BLK	.00	11:16am
SUB	TEST	.00	11:17am
AIR	BLK	.00	11:18am

.00 g/210L Reported AC:

Signature of Chemical Analyst

Court CVR

Karel E-Hall Analyst

ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: 008819 Test Record Number: 581 Test Date: 02/06/2014 Test Time: 11:18am EST

System Check: Passed

Baseline Tests

IR Pass 11:19am FLO Pass 11:19am FC Pass 11:19am	Test	Status	Time
	FLO	Pass	11:19am

## Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:19am 11:19am 11:19am 11:19am 11:19am
B	lank Tests	<b>;</b>
Test	Status	Time
AIR	Pass	11:20am
Pri	lnter Test	s
Test	Status	Time
PRNT	Pass	11:20am
Ċ	RC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:20am 11:20am

Preventive Maintenance Status: Pass

Rard E Half Analyst

		S FOR ALCOHOL B				
PR	EVENTIVE M	AINTENANCE ]	RECOF	2D		
INT	<b>OXIMETERS</b>	, MODEL INTO	X EC/II	RII	i i i	
CountyWGKe		Instrument Location <u>W6</u>	ike (	o. Dete	ntion (	ent
Instrument Serial No. $OOS$	924 3	301 Hammo	nd	RZ.		
		Ralpich N	JC			

- 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- 2. Verify instrument displays time and date;
- 3. Initiate breath test sequence;
- Enter information as prompted;
- 5. Verify instrument accuracy;
- 6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

- 8. Print test record;
- Verify Diagnostic Program; and
- 10. Verify that the ethanol gas canister is being changed before 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  $6^{th}$  day of FOPTWAVY,  $20^{14}$  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.



Certificate Number

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Signature of Certifying Official

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

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008924 Test Date: 02/06/2014

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	10:24am
AIR BLK	.00	10:25am
ACCY CHK	.08	10:26am
AIR BLK	.00	10:27am
SUB TEST	.00	10:27am
AIR BLK	.00	10:28am
SUB TEST	.00	10:30am
AIR BLK	.00	10:31am

Reported AC: .00 g/210L Signature of Chemidal Ana Court CVR

Analyst

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008924 Test Record Number: 319 Test Date: 02/06/2014 Test Time: 10:34am EST

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	10:35am
SRC	Pass	10:35am
$\operatorname{DET}$	Pass	10:35am
BAR	Pass	10:35am
$\mathbf{BT}$	Pass	10:35am

### Blank Tests

Test	Status	Time
AIR	Pass	10:36am

Printer Tests

Test	Status	Time
PRNT	Pass	10:36am

Pass

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

		OF HEALTH AND HUMAN SERVICES TESTS FOR ALCOHOL BRANCH	
	PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II		
County	Sertip	Instrument Location Bertie (0. S.D.	
Instrument S	Serial No. <u>008897</u>	104 Dundee St.; Windsor, N.C.	

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

- 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- 2. Verify instrument displays time and date;
- 3. Initiate breath test sequence;
- 4. Enter information as prompted;
- 5. Verify instrument accuracy;
- 6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

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

I certify that on the  $13^{-1}$  day of <u>Sebruary</u>,  $20^{-14}$  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.



Certificate Number

Signature of Certifying Official

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

BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897 Test Date: 02/13/2014

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

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

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

Test g/210L Time

DIAG	Pass	11:53am
AIR BLK	.00	11:53am
ACCY CHK	.08	11:54am
AIR BLK	.00	11:55am
SUB TEST	.00	11:56am
AIR BLK	.00	11:57am
SUB TEST	.00	11:59am
AIR BLK	.00	11:59am

Reported AC: .00 g/210 Signáture) of Chemical Analyst

Court CVR

Analysť

BERTIE COUNTY BERTIE CO SO 070

Serial Number:008897Test Record Number:838Test Date:02/13/2014Test Time:12:01pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:01pm
FLO	Pass	12:01pm
FC	Pass	12:01pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:01pm 12:01pm 12:01pm 12:01pm 12:01pm
В	lank Tests	5
Test	Status	Time
AIR	Pass	12:02pm
Pr	inter Test	s
Test	Status	Time
PRNT	Pass	12:02pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:02pm 12:02pm

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Preventive Maintenance Status: Pass

Analyst/

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH		
PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II		
County Dare Instrument Location Kill Devil Hills P.D.		
Instrument Serial No. DO8844 102 Town Hall Dr., Kill Dovit 14115	<u></u>	
-	FORENSIC TESTS FOR ALCOHOL BRANCH <b>PREVENTIVE MAINTENANCE RECORD</b> <b>INTOXIMETERS, MODEL INTOX EC/IR II</b> County Dave Instrument Location Kill Devil Kills P.D.	

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

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

I certify that on the  $14^{\prime}$  day of <u>February</u>,  $20_{\prime}14^{\prime}$  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

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

DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844 Test Date: 02/14/2014

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

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

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

Test g/210L Time

DIAG	Pass	11:13am
AIR BLK	.00	11:14am
ACCY CHK	.08	11:14am
AIR BLK	.00	11:16am
SUB TEST	.00	11:17am
AIR BLK	.00	11:18am
SUB TEST	.00	11:19am
AIR BLK	.00	11:20am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DARE COUNTY KILL DEVIL HILLS PD 270

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Serial Number:008844Test Record Number:1345Test Date:02/14/2014Test Time:11:21am EST

System Check: Passed

Baseline Tests

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

## Temperature Tests

Test	Status	Time	
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:21am 11:21am 11:21am 11:21am 11:21am	
В	lank Tests	3	
Test	Status	Time	
AIR	Pass	11:22am	
Printer Tests			
Test	Status	Time	
PRNT	Pass	11:22am	
· ·	CRC Tests		
Test	Status	Time	
COMP CAL	Pass Pass		

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Preventive Maintenance Status: Pass

Analyst

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

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

County Dare

Instrument Location

Instrument Serial No. 08804

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

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

I certify that on the  $\underline{/4}$  day of  $\underline{/Pbruary}$ ,  $20\underline{/4}$  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

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Certificate Number

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

DHHS 4080 (11/07)

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804 Test Date: 02/14/2014

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: 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	12:37pm
AIR BLK	.00	12:38pm
ACCY CHK	.07	12:39pm
AIR BLK	.00	12:40pm
SUB TEST	.00	12:41pm
AIR BLK	.00	12:41pm
SUB TEST	.00	12:43pm
AIR BLK	.00	12:44pm

Reported AC: .00 g/210L

Analyst Signat of Chemica

Court CVR

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DARE COUNTY DARE CO DETENTION CE 270

Serial Number:008804Test Record Number:1290Test Date:02/14/2014Test Time:12:45pm EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	12:45pm
FLO	Pass	12:45pm
FC	Pass	12:45pm

## Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:45pm 12:45pm 12:45pm 12:45pm 12:45pm
Bla	ank Tests	
Test	Status	Time
AIR	Pass	12:46pm
Pri	nter Test:	5
Test	Status	Time
PRNT	Pass	12:46pm
CI	RC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:46pm 12:46pm

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Preventive Maintenance Status: Pass

Analyst

Manufacture		F HEALTH AND HUMAN SERVICES ESTS FOR ALCOHOL BRANCH		
Y	PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II			
	County Dare	Instrument Location Dare Co. Defention Center		
	Instrument Serial No. <u>DD8783</u>	1044 Driftwood Dr. Mantes, NC		
	The preventive maintenance procedures for the I	ntoximeters, 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;
- Enter information as prompted;
- 5. Verify instrument accuracy;
- 6. When "PLEASE BLOW" appears, collect breath sample;
- 7. When "PLEASE BLOW" appears, collect breath sample;
- 8. Print test record;
- 9. Verify Diagnostic Program; and
- 10. Verify that the ethanol gas canister is being changed before 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  $\frac{147}{100}$  day of  $\frac{160}{100}$  day of  $\frac{160}{100}$  day of  $\frac{160}{100}$ ,  $\frac{20}{100}$  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.



four months are:

Signature of Certifying Official

Certificate Number

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

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Date: 02/14/2014

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

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

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

Test g/210L Time

DIAG	Pass	12:27pm
AIR BLK	.00	12:27pm
ACCY CHK	.08	12:28pm
AIR BLK	.00	12:29pm
SUB TEST	.00	12:29pm
AIR BLK	.00	12:30pm
SUB TEST	.00	12:32pm
AIR BLK	.00	12:33pm

.00 g/21QL Reported AC:

Signature of Chemical Analyst

Court CVR

Analyst

DARE COUNTY DARE CO DETENTION CE 270

Serial Number:008783Test Record Number:435Test Date:02/14/2014Test Time:12:33pm EST

System Check: Passed

## Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:34pm 12:34pm 12:34pm 12:34pm 12:34pm

#### Blank Tests

Test	Status	Time	

AIR Pass 12:35pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:35pm

CRC Tests

Test	Status	Time
COMP	Pass	12:35pm
CAL	Pass	12:35pm

Preventive Maintenance Status: Pass

Analyst
	OF HEALTH AND HUMAN SERVICES TESTS FOR ALCOHOL BRANCH	*: ·
	VE MAINTENANCE RECORD YERS, MODEL INTOX EC/IR II	
County Hertford	Instrument Location MW ( FILLS BDSD P.P.	· .
Instrument Serial No. 008906	115 E. Broad St., Mulfreesboro.	N
		, - · ·

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

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

I certify that on the 1/1/h day of 1/1/h day of 1/1/h 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

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

#### HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906 Test Date: 02/17/2014

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: *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: AG315701 Exp Date: 06/06/2015

Test g/210L Time

DIAG	Pass	2:24pm
AIR BLK	.00	2:25pm
ACCY CHK	.08	2:26pm
AIR BLK	.00	2:27pm
SUB TEST	.00	2:29pm
AIR BLK	.00	2:30pm
SUB TEST	.00	2:31pm
AIR BLK	.00	2:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

e A. Kees

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Analyst

HERTFORD COUNTY MURFREESBORO PD 450

Serial Number:	008906	Test	Record	Number:	450
Test Date: 02/	′17/2014	Test	: Time:	2:34pm	EST

System Check: Passed

#### Baseline Tests

Test	Status	Time	
IR	Pass	2:34pm	
FLO	Pass	2:34pm	
FC	Pass	2:34pm	

### Temperature Tests

Test	Status	Time
FC1	Pass	2:34pm
SRC	Pass	2:34pm
$\operatorname{DET}$	Pass	2:34pm
BAR	Pass	2:34pm
BT	Pass	2:34pm

### Blank Tests

まった おおお 御御 学生を

Test	Status	Time
AIR	, Pass	2:35pm
P	rinter Test	s
Test	Status	Time
PRNT	Pass	2:35pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:35pm

Preventive Maintenance Status: Pass

Pass

2:35pm

CAL

ner Analyst

	OF HEALTH AND HUMAN SERVICES TESTS FOR ALCOHOL BRANCH
	VE MAINTENANCE RECORD TERS, MODEL INTOX EC/IR II Instrument Location ANOSKIE P. D.
Instrument Serial No. DD4446	705 W. Main St., Athoskie, NC.
The preventive maintenance procedures for the	ne 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;
- 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.



Signature of Certifying Official

Certificate Number

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

HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848 Test Date: 02/17/2014

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: 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 q/210L Time

DIAG	Pass	12:44pm
AIR BLK	.00	12:45pm
ACCY CHK	.07	12:46pm
AIR BLK	.00	12:47pm
SUB TEST	.00	12:48pm
AIR BLK	.00	12:49pm
SUB TEST	.00	12:50pm
AIR BLK	.00	12:51pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Inial. Analyst

HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848 Test Record Number: 933 Test Date: 02/17/2014 Test Time: 12:52pm EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	12:53pm
FLO	Pass	12:53pm
FC	Pass	12:53pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:53pm
SRC	Pass	12:53pm
$\operatorname{DET}$	Pass	12:53pm
BAR	Pass	12:53pm
BT	Pass	12:53pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:54pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:54pm

CRC Tests

Test	Status	Time
COMP	Pass	12:54pm
CAL	Pass	12:54pm

Preventive Maintenance Status: Pass

Ind A. and Analyst

	F HEALTH AND HUMAN SER ESTS FOR ALCOHOL BRANC	
	E MAINTENANCE RECO ERS, MODEL INTOX EC/I	
County WAMAC	_ Instrument Location NRyne.	Co. Detention Ctr.
Instrument Serial No. DD\$649	257 E. Chastmit	st., Goldsbur No

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

- 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- 2. Verify instrument displays time and date;
- 3. Initiate breath test sequence;
- 4. Enter information as prompted;
- 5. Verify instrument accuracy;
- 6. When "PLEASE BLOW" appears, collect breath sample;
- 7. When "PLEASE BLOW" appears, collect breath sample;
- 8. Print test record;
- 9. Verify Diagnostic Program; and
- 10. Verify that the ethanol gas canister is being changed before 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 1044 day of 1000 day of 1000



Signature of Certifying Official

Certificate Number

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

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008649 Test Date: 02/14/2014

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: 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: AG315701 Exp Date: 06/06/2015

Test g/210L Time

DIAG	Pass	10:41am
AIR BLK	.00	10:42am
ACCY CHK	.08	10:43am
AIR BLK	.00	10:44am
SUB TEST	.00	10:45am
AIR BLK	.00	10:46am
SUB TEST	.00	10:48am
AIR BLK	.00	10:49am

Reported AC: \_.00 g/210L

Chemical Analyst Signature of

Court CVR

1. Kees Analyst

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008649 Test Record Number: 2486 Test Date: 02/14/2014 Test Time: 10:50am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:51am

Printer Tests

Test	Status	Time
PRNT	Pass	10:51am

CRC Tests

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

Preventive Maintenance Status: Pass

Inda. Analyst

and the second		F HEALTH AND HUMAN SERVICES ESTS FOR ALCOHOL BRANCH
	INTOXIMETE	E MAINTENANCE RECORD CRS, MODEL INTOX EC/IR II Instrument Location Canden C.S.D.
	County $\underline{OANARN}$ Instrument Serial No. $\underline{DO8940}$	Instrument Location Camalen CV. S.D. 113 Hwy 343, Camalen, N.C.

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

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

I certify that on the  $\int \frac{1}{16} day$  of  $\frac{1}{16} \frac{1}{16} \frac{1}$ 



Cértifying Official Signature of

Certificate Number

والمعالمة و

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

CAMDEN COUNTY CAMDEN CO SO 140

Serial Number: 008940 Test Date: 02/03/2014

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

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

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

Test g/210L Time

DIAG	Pass	1:39pm
AIR BLK	.00	1:40pm
ACCY CHK	.08	1:40pm
AIR BLK	.00	1:41pm
SUB TEST	.00	1:42pm
AIR BLK	.00	1:43pm
SUB TEST	.00	1:44pm
AIR BLK	.00 `	1:45pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Tine A. Kull

CAMDEN COUNTY CAMDEN CO SO 140

Serial Number: 008940 Test Record Number: 666 Test Date: 02/03/2014 Test Time: 1:46pm EST

System Check: Passed

# Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass Pass	1:46pm 1:46pm 1:46pm
Tempe	erature Te	sts
Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	1:47pm 1:47pm 1:47pm 1:47pm 1:47pm
Bl	ank Tests.	
Test	Status	Time
AIR	Pass	1:47pm
Pri	nter Test	s
Test	Status	Time
PRNT	Pass	1:47pm
C	RC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:47pm 1:47pm

Preventive Maintenance Status: Pass

Tinel A. fleed Analyst

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

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

County Macon

Instrument Location Macon Co. Jail

Instrument Serial No. 008789 Franklin NC

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

Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 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;
- 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  $\underline{/S}$  day of  $\underline{February}$ ,  $20\underline{/4}$  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.



Chif R. Cuth-Signature of Certifying Official

Certificate Number

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

DHHS 4080 (11/07)

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008789 Test Date: 02/18/2014

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Dai R. Cath

Analyst

MACON COUNTY MACON COUNTY JAIL 550

Serial Number:008789Test Record Number:358Test Date:02/18/2014Test Time:12:37pm EST

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

Test	Status	Time
COMP	Pass	12:38pm
CAL	Pass	12:38pm

Preventive Maintenance Status: Pass

uth Anályst

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

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

County Macon

Instrument Location Macon Co. Jail

Instrument Serial No. DO8618 Franklin, NC

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

- Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade;
- 2. Verify instrument displays time and date;
- 3. Initiate breath test sequence;
- Enter information as prompted; 4.
- 5. Verify instrument accuracy;
- б. When "PLEASE BLOW" appears, collect breath sample;
- 7. When "PLEASE BLOW" appears, collect breath sample;
- 8. Print test record;
- 9. Verify Diagnostic Program; and
- 10. Verify that the ethanol gas canister is being changed before 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 18 day of  $\underline{February}$ , 2014 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

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

DHHS 4080 (11/07)

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008618 Test Date: 02/18/2014

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 g/210L Time

DIAG AIR BLK	Pass .00	12:28pm
ACCY CHK	.00	12:29pm 12:29pm
AIR BLK	.00	12:30pm
SUB TEST	.00	12:31pm
AIR BLK	.00	12:32pm
SUB TEST	.00	12:33pm
AIR BLK	.00	12:34pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Jail Cath

MACON COUNTY MACON COUNTY JAIL 550

Serial Number:008618Test Record Number:1427Test Date:02/18/2014Test Time:12:37pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	12:37pm 12:37pm
$\operatorname{DET}$	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

Test	Status	Time
COMP	Pass	12:38pm
CAL	Pass	12:38pm

Preventive Maintenance Status: Pass

R. Cuth

Analyst

		F HEALTH AND HUMAN SERVICES ESTS FOR ALCOHOL BRANCH	
PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II			
	County Jackson	Instrument Location Jackson Co. Jail	
	Instrument Serial No. 008722	Sylva, NC	

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

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

I certify that on the <u>17</u> day of <u>56676677</u>, 20/14 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

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

DHHS 4080 (11/07)

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008722 Test Date: 02/17/2014

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

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

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

Test g/210L Time

DIAG	Pass	11:05am
AIR BLK	.00	11:06am
ACCY CHK	.07	11:06am
AIR BLK	.00	11:08am
SUB TEST	.00	<b>11:08am</b>
AIR BLK	.00	11:09am
SUB TEST	.00	<b>11:11am</b>
<b>SUB TEST</b>	<b>.00</b>	<b>11:11am</b>
AIR BLK	.00	11:12am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Dil R. Cuther Analyst

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008722 Test Record Number: 611 Test Date: 02/17/2014 Test Time: 11:12am EST

System Check: Passed

#### Baseline Tests

	Test	Status	Time	an that a state of the state of the	
	IR	Pass	11:13am	en production politicae agrees a tra-	
	FLO FC	Pass Pass	11:13am 11:13am		

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:13am

Printer Tests

Test	Status	Time
PRNT	Pass	11:14am

CRC Tests

Test	Status	Time
COMP	Pass	11:14am
CAL	Pass	11:14am

Preventive Maintenance Status: Pass

5. Cuth

Analyst

		NT OF HEALTH AND HUMAN SERVICES SIC TESTS FOR ALCOHOL BRANCH
County		TIVE MAINTENANCE RECORD ETERS, MODEL INTOX EC/IR II Instrument Location Tackson Co. Tail
•	nent Serial No. <i>002708</i>	,

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

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

I certify that on the <u>17</u> day of <u>February</u>, 20.14 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.



R. Cuth Signature of Certifying Official

Certificate Number

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

DHHS 4080 (11/07)

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008708 Test Date: 02/17/2014

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

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

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

Test g/210L Time DIAG Pass 11:04am AIR BLK .00 11:04am ACCY CHK .08 11:05am 11:06am AIR BLK .00 SUB TEST .00 11:06am AIR BLK .00 11:07am SUB TEST .00 11:09am AIR BLK .00 11:09am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

in R. Cuth

Analyst

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008708 Test Record Number: 935 

System Check: Passed

# Baseline Tests

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

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:11am

Printer Tests

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

Test	Status	Time
COMP	Pass	11:11am
CAL	Pagg	11.11am

Preventive Maintenance Status: Pass

Dail R. Cutt-Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH	
PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II	
County Swain Instrument Location Cherokee P.D.	
Instrument Serial No. 008782 Cheroker, NC	

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

- 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- 2. Verify instrument displays time and date;
- 3. Initiate breath test sequence;
- Enter information as prompted;
- Verify instrument accuracy;
- 6. When "PLEASE BLOW" appears, collect breath sample;
- 7. When "PLEASE BLOW" appears, collect breath sample;
- 8. Print test record;
- 9. Verify Diagnostic Program; and
- 10. Verify that the ethanol gas canister is being changed before 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 26 day of  $\underline{febringry}$ , 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.



Certificate Number

Signature of Certifying Official

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

DHHS 4080 (11/07)

SWAIN COUNTY CHEROKEE INDIAN PD 860

Serial Number: 008782 Test Date: 02/26/2014

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

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

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

Test g/210L Time DIAG Pass 10:37am AIR BLK .00 10:37am ACCY CHK .07 10:38am AIR BLK .00 10:39am SUB TEST .00 10:40am AIR BLK .00 10:40am SUB TEST .00 10:42am

Reported AC: .00 g/210L

10:43am

AIR BLK .00

Signature of Chemical Analyst

Court CVR

? Cuth

SWAIN COUNTY CHEROKEE INDIAN PD 860

Serial Number: 008782 Test Record Number: 764 Test Date: 02/26/2014 Test Time: 10:44am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:44am
FLO	Pass	10:44am
FC	Pass	10:44am

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:44am 10:44am 10:44am 10:44am 10:44am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:45am

Printer Tests

Test	Status	Time
PRNT	Pass	10:45am
	CRC Tests	
Test	Status	Time

COMP	Pass	10:45am
CAL	Pass	10:45am

Preventive Maintenance Status: Pass

Cuth

Analyst

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

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

lay County (

\_\_\_\_\_ Instrument Location (

Instrument Serial No. 008608

.

Havesville

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

- 2. Verify instrument displays time and date;
- 3. Initiate breath test sequence;
- Enter information as prompted;
- 5. Verify instrument accuracy;
- 6. When "PLEASE BLOW" appears, collect breath sample;
- 7. When "PLEASE BLOW" appears, collect breath sample;
- 8. Print test record;
- 9. Verify Diagnostic Program; and
- 10. Verify that the ethanol gas canister is being changed before 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 25 day of 472 day of 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.



Dail R. auth

Signature of Certifying Official

Co. Ja.

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

DHHS 4080 (11/07)

CLAY COUNTY CLAY COUNTY JAIL 210

Serial Number: 008608 Test Date: 02/25/2014

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

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

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

Test g/210L Time

DIAG AIR BLK ACCY CHK	Pass .00 .08	12:09pm 12:10pm 12:11pm
AIR BLK	.00	12:12pm
SUB TEST	.00	12:12pm
AIR BLK	.00	12:13pm
SUB TEST	.00	12:15pm
AIR BLK	.00	12:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CLAY COUNTY CLAY COUNTY JAIL 210

Serial Number: 008608 Test Record Number: 997 Test Date: 02/25/2014 Test Time: 12:17pm EST

System Check: Passed

Base	line Test	S		
Test	Status	Time		:
IR FLO FC	Pass Pass Pass	12:17pm 12:17pm 12:17pm		· · · · · · · · · · · · · · · · · · ·
Tempe	rature Te	ests		
Test	Status	Time		
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:17pm 12:17pm 12:17pm 12:17pm 12:17pm 12:17pm		
Bl	ank Tests	3		
Test	Status	Time	- *	
AIR	Pass	12:18pm		<b>i</b> .
Pri	nter Test	S		
Test	Status	Time		
PRNT	Pass	12:18pm		· • • •
c	RC Tests			· · ·
Test	Status	Time		
COMP CAL	Pass Pass	12:18pm 12:18pm		
			· ·	
	Test IR FLO FC Tempe Test BAR BT BI Test AIR Pri Test PRNT C Test COMP CAL Preventi	TestStatusIR FLO FLO Pass FCPass Pass Pass PassTestStatusFC1 FC1 Pass SRC DET DET Pass BAR BTPass Pass Pass Pass BTFC1 Pass SRC Pass DET Pass BAR Pass BTPass Pass Pass Pass Pass Pass Pass PassFC1 FC1 Pass DET Pass BAR Pass BTPass Pass Pass PassFC1 Pass Pass DET Pass Pass Pass PassPass Pass PassTest FRNT Pass CRC TestsCRC Tests Pass PassTest COMP CAL Pass PassStatus Pass PassPreventive Maintee	TestStatusTimeIR FLO PassPass12:17pm 12:17pm 12:17pm 12:17pmFCPass12:17pm TimeTestStatusTimeFC1 SRC PassPass12:17pm 12:17pm PassSRC PassPass12:17pm 12:17pm PassBAR BAR PassPass12:17pm 12:17pm PassBAR BAR PassPass12:17pm 12:17pm PassTestStatusTimeAIR Pass12:18pmCRC TestsTime 12:18pmTestStatusTime 12:18pmFestStatusTime 12:18pmCOMPPass12:18pm	TestStatusTimeIR FLO PassPass12:17pmFLO PassPass12:17pmFCStatusTimeTestStatus12:17pmSRC PassPass12:17pmDET PassPass12:17pmBAR Pass12:17pmBTPass12:17pmBTPass12:17pmBTPass12:17pmBTPass12:17pmBTPass12:17pmBTPass12:18pmTestStatusTimeAIRPass12:18pmPRNTPass12:18pmCCMPPass12:18pmCOMPPass12:18pmCALPass12:18pmPreventive WainteesHaintees

Dof R. att-Analyst

÷		HEALTH AND HUMAN SERVICES ESTS FOR ALCOHOL BRANCH	
	INTOXIMETE	E MAINTENANCE RECORD RS, MODEL INTOX EC/IR II	
	County L_CVIDIF	Instrument Location <u>KIASTON IV</u> .	· <u>·</u> ··································
	Instrument Serial No. D08624	205 E. Kingst., Kins	<u>DN</u> N.C.

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

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

I certify that on the  $264_{\text{day of}}$   $FEBTUAL, 204_{\text{day of}}$  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

647

Certificate Number

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

LENOIR COUNTY KINSTON PD 530

Serial Number: 008624 Test Date: 02/26/2014

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, 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: AG400603 Exp Date: 01/06/2016

Test g/210L Time

DIAG	Pass	11:24am
AIR BLK	.00	11:25am
ACCY CHK	.07	11:26am
AIR BLK	.00	11:27am
SUB TEST	.00	11:27am
AIR BLK	.00	11:28am
SUB TEST	.00	11:29am
AIR BLK	.00	11:30am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Ind X Analyst

### LENOIR COUNTY KINSTON PD 530

Serial Number: 00862	24 Test	Record	Number:	1331
Test Date: 02/26/20	014 Test	t Time:	11:31am	EST

# System Check: Passed

### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass	11:32am 11:32am 11:32am 11:32am
$\mathbf{BT}$	Pass	11:32am
	Blank Tests	
Test	Status	Time
AIR	Pass	11:33am
]	Printer Test	S
Test	Status	Time
PRNT	Pass	11:33am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:33am 11:33am

Preventive Maintenance Status: Pass

12 Analyst

Joseph Land		F HEALTH AND HUMAN SERVICES ESTS FOR ALCOHOL BRANCH
		E MAINTENANCE RECORD ERS, MODEL INTOX EC/IR II
· · · ·	County LENDIF	Instrument Location Lenoir CD. S.O.
	Instrument Serial No. <u>004639</u>	130 Queen ST., Kinston, N.C.

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

- 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- 2. Verify instrument displays time and date;
- 3. Initiate breath test sequence;
- 4. Enter information as prompted;
- Verify instrument accuracy;
- 6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

- 8. Print test record;
- 9. Verify Diagnostic Program; and
- 10. Verify that the ethanol gas canister is being changed before 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  $26^{\text{th}}$  day of  $\overline{FEBIUAI}_{2}$ ,  $20^{14}$  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.



64/

Signature of Certifying Official

Certificate Number

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



### LENOIR COUNTY LENOIR CO SO 530

Serial Number:008639Test Record Number:2222Test Date:02/26/2014Test Time:11:04am EST

System Check: Passed

# Baseline Tests

The second se	· · · · · · · · · · · · · · · · · · ·		
		Test Status	Time
	· · ·	TD Design	11.05
	7	IR Pass	11:05am
	·	FLO Pass	11:05am
		FC Pass	11:05am
· .		Temperature 7	<b>Fests</b>
		-	
	· · ·	Test Status	Time States and the second
		FC1 Pass	11:05am
		SRC Pass	11:05am
		DET Pass	11:05am
		BAR Pass	11:05am
		BT Pass	11:05am
		Blank Test	ts
		Test Status	Time
1. A.		AIR Pass	11:06am
		THERE E LUBD	11.00dm
		Printer Tes	n he a
		FILLCEL 16:	
			and the second
	2 <sup>1</sup> 1	Test Status	Time
			• *
		PRNT Pass	11:06am
		CRC Tests	5
	· ·		
		Test Status	Time
		1000 Beacab	
		COMP Pass	11:06am
:			
:		CAL Pass	11:06am
		Preventive Maint	
		Status: Pas	3 <b>5</b>
			$\frac{1}{2} \left( \frac{1}{2} + 1$
		0	

ale substances and the second

n 61 Keee Analyst
# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County INAle

Instrument Location 1307 UND Bile Uni

Instrument Serial No. 008704

Roleion

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

- 2. Verify instrument displays time and date;
- 3. Initiate breath test sequence;
- 4. Enter information as prompted;
- 5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

Verify Diagnostic Program; and 9.

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the <u>B</u> day of <u>FEBMULFALE</u>, 20/1/ 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

<u>() 36</u> Certificate Number

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

DHHS 4080 (11/07)

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number:008704Test Record Number:224Test Date:02/28/2014Test Time:11:18pm EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	11:18pm
FLO	Pass	11:18pm
FC	Pass	11:18pm

### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	11:19pm 11:19pm
DET	Pass	11:19pm
BAR	Pass	11:19pm
BT	Pass	11:19pm

### Blank Tests

Test	Status	Time
AIR	Pass	11:19pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:19pm

CRC Tests

Test	Status	Time
COMP	Pass Pass	11:19pm 11:19pm

Preventive Maintenance Status: Pass

Analyst

WAKĖ COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008704 Test Date: 02/28/2014

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: 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	Pass .00 .08 .00	11:09pm 11:10pm 11:11pm 11:12pm
SUB TEST	.00	11:13pm
AIR BLK	.00	11:14pm
SUB TEST	.00	11:15pm
AIR BLK	.00	11:16pm

.00 g/210L Reported AC: Signature of Chemical Analyst

Court CVR

Analyst

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

Buncombe\_\_\_\_\_\_ Instrument Location\_\_\_

Instrument Serial No. \_00 89/6

Asheville NC

Buncombe Co. Juil

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

- 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade:
- 2. Verify instrument displays time and date;
- 3. Initiate breath test sequence;
- 4. Enter information as prompted;
- 5. Verify instrument accuracy;
- 6. When "PLEASE BLOW" appears, collect breath sample;
  - When "PLEASE BLOW" appears, collect breath sample;
- 8. Print test record;

7.

- 9. Verify Diagnostic Program; and
- 10. Verify that the ethanol gas canister is being changed before 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 <u>10</u> day of <u>February</u>,  $20_{14}$  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

BUNCOMBE COUNTY BUNCOMNE COUNTY JAIL 100 Serial Number: 008916 Test Date: 02/10/2014 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: BURNETTE, ANTHONY J Permit Number: 11304E Effective: 06/01/2013-06/01/2015 Officer's Name: NONE, Type of Agency: FTA Agency: DHHS Test Type: Breath Test Lot Number: AG326006 Exp Date: 09/17/2015 Test q/210L Time DIAG Pass 3:09pm AIR BLK .00 3:10pm ACCY CHK .08 3:10pm AIR BLK .00 3:11pm SUB TEST .00 3:12pm AIR BLK .00 3:13pm SUB TEST .00 3:14pm AIR BLK .00 3:15pm Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BUNCOMBE COUNTY BUNCOMNE COUNTY JAIL 100

Serial Number: 008916 Test Record Number: 443 Test Date: 02/10/2014 Test Time: 3:16pm EST

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1	Pass	3:16pm
SRC	Pass	3:16pm
DET	Pass	3:16pm
BAR	Pass	3:16pm
BT	Pass	3:16pm

### Blank Tests

Test	Status	Time
AIR	Pass	3:17pm

Printer Tests

Test	Status	Tíme
PRNT	Pass	3:17pm

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County Henderson Instrument Location Henderson Co. Detertion

Instrument Serial No. 008822

Hendersonville, NC

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

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

I certify that on the <u>//</u> day of <u>Fe 6/vary</u>, 20<u>/4</u> 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

HENDERSON COUNTY DETENTION 440

Serial Number: 008822 Test Date: 02/11/2014

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: AG326006 Exp Date: 09/17/2015

Test g/210L Time DIAG Pass 12:31pm AIR BLK .00 12:32pm ACCY CHK .07 12:33pm AIR BLK .00 12:34pm SUB TEST .00 12:34pm AIR BLK .00 12:35pm SUB TEST .00 12:37pm AIR BLK .00 12:38pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HENDERSON COUNTY DETENTION 440

Serial Number:008822Test Record Number:1524Test Date:02/11/2014Test Time:12:39pm EST

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

#### Blank Tests

Test	Status	Time	

AIR Pass 12:40pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:40pm

CRC Tests

Test	Status	Time
COMP	Pass	12:40pm
CAL	Pass	12:40pm

Preventive Maintenance Status: Pass

Analyst

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

County Henderson Co. Detention

Instrument Serial No. 008816

Hendersonville, NC

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

- 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- 2. Verify instrument displays time and date;
- 3. Initiate breath test sequence;
- 4. Enter information as prompted;
- 5. Verify instrument accuracy;
- 6. When "PLEASE BLOW" appears, collect breath sample;

When "PLEASE BLOW" appears, collect breath sample; 7.

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

I certify that on the 1/2 day of <u>February</u>, 20/14 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

Certificaté Number

HENDERSON COUNTY DENTENTION 440

Serial Number: 008806 Test Date: 02/11/2014

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: AG326006 Exp Date: 09/17/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07 .00	12:38pm 12:39pm 12:40pm 12:41pm
SUB TEST	.00	12:41pm
AIR BLK	.00	12:43pm
SUB TEST	.00	12:44pm
AIR BLK	.00	12:45pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HENDERSON COUNTY DENTENTION 440

Serial Number:008806Test Record Number:1540Test Date:02/11/2014Test Time:12:46pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:46pm
FLO	Pass	12:46pm
FC	Pass	12:46pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass	12:46pm 12:46pm 12:46pm 12:46pm 12:46pm
: : 	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	12:47pm
CAL	Pass	12:47pm

Preventive Maintenance Status: Pass

Analyst

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

Instrument Location Vancey Co. Jail

Bunsville, NC

Instrument Serial No. 00865.7

County

6.

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

- 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- 2. Verify instrument displays time and date;
- 3. Initiate breath test sequence;
- 4. Enter information as prompted;
- 5. Verify instrument accuracy;
  - When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

- 8. Print test record;
- 9. Verify Diagnostic Program; and
- 10. Verify that the ethanol gas canister is being changed before 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 24 day of 1c5/ycry, 2014 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

YANCEY COUNTY YANCEY COUNTY JAIL 990

Serial Number: 008653 Test Date: 02/24/2014

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: 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: AG402703 Exp Date: 01/27/2016

Test g/210L Time

DIAG	Pass	5:28pm
AIR BLK	.00	5:28pm
ACCY CHK	.07	5:29pm
AIR BLK	.00	5:30pm
SUB TEST	.00	5:31pm
AIR BLK	.00	5:32pm
SUB TEST	.00	5:33pm
AIR BLK	.00	5:34pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

YANCEY COUNTY YANCEY COUNTY JAIL 990

Serial Number: 008653 Test Record Number: 980 Test Date: 02/24/2014 Test Time: 5:35pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:35pm
FLO	Pass	5:35pm
FC	Pass	5:35pm

### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	5:35pm 5:35pm
DET	Pass	5:35pm
BAR	Pass	5:35pm
BT	Pass	5:35pm

#### Blank Tests

Test	Status	Time
AIR	Pass	5:36pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:36pm

CRC Tests

Test	Status	Time
COMP	Pass	5:36pm
CAL	Pass	5:36pm

Preventive Maintenance Status: Pass

Analyst

	DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH
Ç.	PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II
	County AVery Co. Jail Instrument Location Avery Co. Jail
	Instrument Serial No. 008664 Newland, NC

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

- 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- 2. Verify instrument displays time and date;
- 3. Initiate breath test sequence;
- 4. Enter information as prompted;
- 5. Verify instrument accuracy;
- 6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

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

I certify that on the 2/ day of February, 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

AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664 Test Date: 02/21/2014

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

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

Lot Number: AG326006 Exp Date: 09/27/2015

Test g/210L Time

DIAG	Pass	5:04pm
AIR BLK	.00	5:04pm
ACCY CHK	.08	5:05pm
AIR BLK	.00	5:06pm
SUB TEST	.00	5:07pm
AIR BLK	.00	5:08pm
SUB TEST	.00	5:09pm
AIR BLK	.00	5:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

AVERY COUNTY AVERY COUNTY JAIL 050

. . .

Serial Number: 008664Test Record Number: 616Test Date: 02/21/2014Test Time: 5:11pm EST

System Check: Passed

### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1 SRC DET	Pass Pass Pass	5:11pm 5:11pm 5:11pm
BAR	Pass	5:11pm
BT	Pass	5:11pm

### Blank Tests

Test	Status	Time
AIR	Pass	5:12pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:12pm

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County <u>Burke</u> Instrument Location <u>Morgan ton</u> U Instrument Serial No. <u>008904</u> <u>Morgan ton</u> <u>NC</u>

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

- 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- 2. Verify instrument displays time and date;
- 3. Initiate breath test sequence;
- 4. Enter information as prompted;
- 5. Verify instrument accuracy;
- 6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

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

I certify that on the <u>b</u> day of <u>*Fcbruari*</u>, 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

BURKE COUNTY MORGANTON DPS 110

Serial Number: 008904 Test Date: 02/06/2014

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: AG303502 Exp Date: 02/04/2015

Test 🔍 g/210L Time DIAG Pass 5:47pm AIR BLK .00 5:48pm ACCY CHK .08 5:49pm AIR BLK .00 5:50pm SUB TEST .00 5:51pm AIR BLK .00 5:52pm SUB TEST .00 5:53pm AIR BLK .00 5:54pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analvst

BURKE COUNTY MORGANTON DPS 110

Serial Number:008904Test Record Number:1373Test Date:02/06/2014Test Time:5:57pm EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	5:58pm
FLO	Pass	5:58pm
FC	Pass	5:58pm

### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	5:58pm 5:58pm
DET	Pass	5:58pm
BAR	Pass	5:58pm
BT	Pass	5:58pm

#### Blank Tests

Test	Status	Time
AIR	Pass	5:58pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:59pm

CRC Tests

Test	Status	Time
COMP	Pass	5:59pm
CAL	Pass	5:59pm

Preventive Maintenance Status: Pass

Analyst

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

Instrument Serial No. 008831

Burke Instrument Location Morgan ton UKS at Serial No. 008831 Morgan ton MC

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

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

I certify that on the <u>b</u> day of <u>*Fchruary*</u>,  $20 \underline{14}$  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 Certificaté Number

#### BURKE COUNTY MORGANTON DPS 110

Serial Number: 008831 Test Date: 02/06/2014

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: AG204602 Exp Date: 02/15/2014

Test g/210L Time

DIAG	Pass	5:48pm
AIR BLK	.00	5:49pm
ACCY CHK	.08	5:49pm
AIR BLK	.00	5:51pm
SUB TEST	.00	5:51pm
AIR BLK	.00	5:52pm
SUB TEST	.00	5:54pm
AIR BLK	.00	5:54pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BURKE COUNTY MORGANTON DPS 110

Serial Number: 008831	Test Record Number:	1293
Test Date: 02/06/2014	Test Time: 5:56pm H	ST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:56pm
FLO	Pass	5:56pm
FC	Pass	5:56pm

### Temperature Tests

Test	Status	Time
FC1	Pass	5:56pm
SRC	Pass	5:56pm
$\operatorname{DET}$	Pass	5 <b>:</b> 56pm
BAR	Pass	5:56pm
BT	Pass	5:56pm

### Blank Tests

Test	Status	Time
AIR	Pass	5:57pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:57pm

CRC Tests

Test	Status	Time
CÓMP	Pass	5:57pm
CAL	Pass	5:57pm

Preventive Maintenance Status: Pass

Analyst

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

County Avery

Instrument Location Banner EIK PD D08724 Banner EIK, NC Instrument Serial No. 008724

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

- 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- 2. Verify instrument displays time and date;
- 3. Initiate breath test sequence;
- 4. Enter information as prompted;
- 5. Verify instrument accuracy;
- When "PLEASE BLOW" appears, collect breath sample; 6.

7. When "PLEASE BLOW" appears, collect breath sample;

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

I certify that on the 13 day of February, 2014 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

Certificaté Number

#### AVERY COUNTY BANNER ELK PD 050

Serial Number: 008724 Test Date: 02/13/2014

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: 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 ACCY CHK AIR BLK <b>SUB TEST</b> AIR BLK <b>SUB TEST</b> AIR BLK	Pass .00 .07 .00 .00 .00 .00 .00	11:29am 11:30am 11:31am 11:32am <b>11:33am</b> 11:33am <b>11:35am</b> 11:36am
Reported A	AC: .00	g/210L

Signature of Chemical Analyst

Court CVR

Analyst

AVERY COUNTY BANNER ELK PD 050

Serial Number:008724Test Record Number:351Test Date:02/13/2014Test Time:11:37am EST

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	11:38am

Printer Tests

Test	Status	Time
PRNT	Pass	11:38am

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County CARTERET

Instrument Location CARTERET County

Instrument Serial No. 008605

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

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

I certify that on the 28 day of <u>February</u>, 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.



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<u>354</u> Certificate Number

Signature of Certifying Official

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

DHHS 4080 (11/07)

#### CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008605 Test Date: 02/28/2014

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: HALL, RANDY E Permit Number: 3462E Effective: 09/01/2013-09/01/2015

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

> Lot Number: AG315701 Exp Date: 06/06/2015

Test g/210L Time DIAG Pass 9:45am AIR BLK .00 9:45am ACCY CHK .08 9:46am AIR BLK .00 9:47am SUB TEST .00 9:48am AIR BLK .00 9:49am SUB TEST .00 9:50am AIR BLK .00 9:51am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Karel E-Hall Analyst

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008605 Test Record Number: 2861 Test Date: 02/28/2014 Test Time: 9:52am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:52am
FLO	Pass	9:52am
FC	Pass	9:52am

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	9:53am
Pi	rinter Test	s
Test	Status	Time
PRNT	Pass	9:53am
	CRC Tests	
Test	Status	Time

COMP	Pass	9:53am
CAL	Pass	9:53am

Preventive Maintenance Status: Pass

Karel E-Hall Analyst

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

County MONTO	SOMERY	Instrument Location MONTEOMERY Co. JAIL	_
Instrument Serial No	008863	TROY, NC	<u> </u>

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

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

I certify that on the <u>28</u> day of <u>FEBRUARY</u>,  $20_{44}$  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.



gnature of Certifying Official

Certificate Number

- MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610
  - Serial Number: 008863 Test Date: 02/28/2014
  - 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: 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	9:26am
AIR BLK	.00	9:27am
ACCY CHK	.08	9:28am
AIR BLK	.00	9:29am
SUB TEST	.00	9:29am
AIR BLK	.00	9:30am
SUB TEST	.00	9:32am
AIR BLK	.00	9:33am

Reported\_AC: .00 g/210L

Chemical Analyst Signature

Court CVR

sell.

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number:008863Test Record Number:174Test Date:02/28/2014Test Time:9:34am EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	9:35am
FLO	Pass	9:35am
FC	Pass	9:35am

### Temperature Tests

Test	Status	Time
FC1	Pass	9:35am
SRC	Pass	9:35am
DET	Pass	9:35am
BAR	Pass	9:35am
BT	Pass	9:35am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:36am

Printer Tests

Test	Status	Time
PRNT	Pass	9:36am

CRC Tests

Test	Status	Time
COMP	Pass	9:36am
CAL	Pass	9:36am

Preventive Maintenance Status: Pass

mell Analyst