PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	/ake Instrume	ent Location	Baturo	Site Court the
Instrument Seri	al No. <u>208734</u>		CNIGHT	ALE
The preventive four months are	maintenance procedures for the Intoximeters,	Model Intox E	C/IR II to be follo	owed at least once every
1.	Verify the ethanol gas canister displays pres 34 degrees, plus or minus .2 degree centigra	ssure, or the aloade;	oholic breath sin	nulator thermometer show
2.	Verify instrument displays time and date;			
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears, collect breath sample;			
7.	When "PLEASE BLOW" appears, collect breath sample;			
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canister is being simulator solution is being changed every for whichever occurs first.	changed before our months or a	expiration date, fter 125 Alcoholi	or the alcoholic breath c Breath Simulator tests,
I certify that on t procedures were Department of H	the	, 20/4 , in accordance t is functioning	the forgoing with current reging properly.	g preventive maintenance ulations of the N.C.
STATE OF N. STATE	Signature of Cert	If ying Official	a \ _	Certificate Number

WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008734 Test Date: 03/14/2014

Test Record Number: 805 Test Time: 9:32pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:32pm
FLO	Pass	9:32pm
FC	Pass	9:32pm

Temperature Tests

Status	Time
Pass	9:32pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	9:33pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:33pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:33pm 9:33pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008734 Test Date: 03/14/2014

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: 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: AG322601 Exp Date: 08/14/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	9:23pm 9:24pm 9:24pm 9:25pm
SUB TEST	.00	9:26pm
AIR BLK	.00	9:27pm
SUB TEST	.00	9:28pm
AIR BLK	.00	9:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Water	Instrument Location	
Instrument S	Gerial No. <u>()</u> 0 8 7 / 7	KNICH	TD41E
The preventi four months	ve maintenance procedures for the are:	e Intoximeters, Model Intox EC/IR II to b	pe followed at least once every
1.	Verify the ethanol gas canisto 34 degrees, plus or minus .2	ter displays pressure, or the alcoholic bredegree centigrade;	ath simulator thermometer shows
2.	Verify instrument displays ti	ime and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
7.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	anister is being changed before expiration hanged every four months or after 125 A	n date, or the alcoholic breath lcoholic Breath Simulator tests,
I certify that procedures w Department of	on the	Ance , 20/1/ the found indicated above, in accordance with curred the instrument is functioning properly.	orgoing preventive maintenance ent regulations of the N.C.
STATI ST	ES NO RESTRUCTION OF THE PROPERTY OF THE PROPE		
# ESF QUAM V		ignature of Certifying Official	Certificate Number

WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008717 Test Date: 03/14/2014

Test Record Number: 407 Test Time: 9:34pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:35pm
FLO	Pass	9:35pm
FC	Pass	9:35pm

Temperature Tests

Status	Time
Pass	9:35pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	9:36pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:36pm
	CRC Tests	
Test	Status	Time

COMP	Pass	9:36pm
CAL	Pass	9:36pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008717 Test Date: 03/14/2014

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: 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: AG322601 Exp Date: 08/14/2015

Test	g/210L	Time
DIAG	Pass	9:25pm
AIR BLK	.00	9:25pm
ACCY CHK	.07	9:26pm
AIR BLK	.00	9:27pm
SUB TEST	.00	9:28pm
AIR BLK	.00	9:29pm
SUB TEST	.00	9:30pm
AIR BLK	.00	9:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	WAKE Instrument Location But Mobile U.	wit #
Instrument S	Serial No. 008571 KNIEWT3466	
The preventi-	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least s are:	once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermostal degrees, plus or minus .2 degree centigrade;	ometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator occurs first.	
	at on the /// day of /// / , 20 /// the forgoing preventive were performed on the instrument indicated above, in accordance with current regulations of that of Health and Human Services, and the instrument is functioning properly.	maintenance e N.C.
THE STATION OF THE ST	Signature of Certifying Official Certificate	44 m

WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008871 Test Record Number: 750 Test Date: 03/14/2014 Test Time: 9:31pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:31pm
. FLO	Pass	9:31pm
FC	Pass	9:31pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:31pm
SRC	Pass	9:31pm
DET	Pass	9:31pm
BAR	Pass	9:31pm
BT	Pass	9:31pm

Blank Tests

Test	Status	Time
AIR	Pass	9:32pm

Printer Tests

rest	Status	TIME
PRNT	Pass	9:32pm

CRC Tests

Test	Status	Time
COMP	Pass	9:32pm
CAL	Pass	9:32pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008871 Test Date: 03/14/2014

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: 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: AG400603 Exp Date: 01/06/2016

Test	g/210L	Time
DIAG	Pass	9:21pm
AIR BLK		9:22pm
ACCY CHR	.07	9:22pm
AIR BLK	.00	9:23pm
SUB TEST	.00	9:25pm
AIR BLK	.00	9:26pm
SUB TEST	.00	9:28pm
AIR BLK	.00	9:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County _	raven Instrument Location Havelock Police
Instrument Se	erial No. <u>008800</u>
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department o	on the day of, 20 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

CRAVEN COUNTY HAVELOCK PD 240

Serial Number: 008800 Test Date: 03/27/2014

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: 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 AIR BLK ACCY CHK	Pass .00 .07	9:44am 9:45am 9:46am
AIR BLK	.00	9:47am
SUB TEST	.00	9:48am
AIR BLK	.00	9:49am
SUB TEST	.00	9:51am
AIR BLK	.00	9:52am

Reported AC: .00,g/210L

Signature of Chemical Analyst

Court CVR

K. C. Maller___

CRAVEN COUNTY HAVELOCK PD 240

Serial Number: 008800 Test Record Number: 799

Test Date: 03/27/2014

Test Time: 9:54am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	9:54am
SRC	Pass	9:54am
DET	Pass	9:54am
BAR	Pass	9:54am
BT	Pass	9:54am

Blank Tests

Test	Status	Time
AIR	Pass	9:55am

Printer Tests

Test	Status	Time
PRNT	Pass	9:55am

CRC Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County A	usau	Instrument Location ANSON	U SHEMES OF
Instrument Seria	1No. <u>0085°7</u>	WADESBORD	N.C.
The preventive r four months are:	naintenance procedures for the Inte	oximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr	splays pressure, or the alcoholic ee centigrade;	breath simulator thermometer shows
2.	Verify instrument displays time a	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appea	rs, collect breath sample;	
7.	When "PLEASE BLOW" appea	rs, collect breath sample;	
8.	Print test record;	· · · · ·	
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.	er is being changed before expira ed every four months or after 12:	ation date, or the alcoholic breath 5 Alcoholic Breath Simulator tests,
	he 2 day of MA performed on the instrument indicealth and Human Services, and the	ated above, in accordance with c	
STATE OF NO.	A CAR	した。 文章 で	
A COLUMN TOPON A	Signal	ure of Certifying Official	

ANSON COUNTY ANSON COUNTY SO. 030

Serial Number: 008597 Test Date: 03/13/2014

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:
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	g/210L	Time
DIAG	Pass	11:12am
AIR BLK ACCY CHK	.00	11:13am 11:13am
AIR BLK	.00	11:13am
SUB TEST	.00	11:16am
AIR BLK	.00	11:17am
SUB TEST	.00	11:19am
AIR BLK	.00	11:20am

Reported AC: .00 g/210L

Signature (of Chemical Analyst

Court CVR

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

Analyst

ANSON COUNTY ANSON COUNTY SO. 030

Serial Number: 008597

Test Record Number: 1131

Test Date: 03/13/2014

Test Time: 11:20am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:20am
FLO	Pass	11:20am
FC	Pass	11:21am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:21am

Printer Tests

Test	Status	Time	
PRNT	Pass	11:21am	
CRC Tests			
Test	Status	Time	
COMP	Pass	11:21am	

11:21am

Preventive Maintenance Status: Pass

Pass

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	usal month	Instrument Location_	ANSON	CO. SH	ERIFFS
Instrument Se	rial No. (27) 8739	WADES	RALO	N.C.	OFF
mstrument se	mar 110. <u>170. 01. 07</u>		Jes pro-		
The preventiv	e maintenance procedures for the In re:	toximeters, Model Intox	EC/IR II to be	followed at leas	t once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg		alcoholic breath	simulator theri	nometer shows
2.	Verify instrument displays time	and date;			
. 3.	Initiate breath test sequence;				
4.	Enter information as prompted;			·	
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" appe	ars, collect breath sample	ə;		
7.	When "PLEASE BLOW" appe	ars, collect breath sample	e ;		
8.	Print test record;		•		
9.	Verify Diagnostic Program; and	l			
10.	Verify that the ethanol gas canis simulator solution is being char whichever occurs first.				
I certify that of procedures we Department o	on the 13 day of 17 day of 17 day of 17 day of 18 day of	icated above, in accordance instrument is functionic	the forg	oing preventive regulations of	e maintenance the N.C.
STATE OREAL OF THE STATE OF THE	CAROLIN CAROLI	A Angles	D.		
A COM OF THE PARTY	1 1 1 1	ature of Certifying Offici	ial	65 c	Number

ANSON COUNTY ANSON COUNTY S.O. 030

Serial Number: 008739 Test Date: 03/13/2014

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: 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: AG308702 Exp Date: 03/28/2015

Test	g/210L	Time
DIAG	Pass	11:02am
AIR BLK	.00	11:03am
ACCY CHK	.07	11:04am
AIR BLK	.00	11:05am
SUB TEST	.00	11:05am
AIR BLK	.00	11:06am
SUB TEST	.00	11:08am
AIR BLK	.00	11:09am

Reported AC: .00 g/210L

Court CVR

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

Department of Health and Human Services

Rev. 12/2007

ANSON COUNTY ANSON COUNTY S.O. 030

Serial Number: 008739 Test Record Number: 193 Test Date: 03/13/2014 Test Time: 11:11am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:12am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR H.

<u></u>		S, MODEL INTOX	. EC/IR		1,-1
County	KANDOLPH	Instrument Location Lib	CYLLY	POLICE	Der
Instrument Ser	rial No. <u></u> <u> </u>	LIBERTY	μ.	<u> </u>	
					· · · · · · · · · · · · · · · · · · ·
The preventive four months ar	e maintenance procedures for the Intre:	oximeters, Model Intox EC/IF	l II to be fo	ollowed at leas	t once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg		lic breath s	simulator thern	nometer show
2.	Verify instrument displays time	and date;		•	
3.	Initiate breath test sequence;				
4.	Enter information as prompted;				
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" appea	urs, collect breath sample;			
7.	When "PLEASE BLOW" appea	urs, collect breath sample;			
8.	Print test record;				
9.	Verify Diagnostic Program; and				
10.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.	ter is being changed before ex ged every four months or after	piration da 125 Alcoh	te, or the alcoholic Breath Si	olic breath mulator tests,
	n the day ofA ere performed on the instrument indic f Health and Human Services, and the		th current r	ing preventive	maintenance he N.C.
STATE ON STATE OF STA	Signa	ture of Certifying Official		652 Certificate	Number
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	21 21 TIME OMBINE		Continuate	TANINO

RANDOLPH LIBERTY POLICE DEPT 750

Serial Number: 008830 Test Date: 03/05/2014

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00	2:41pm 2:42pm 2:42pm 2:44pm 2:44pm 2:45pm 2:47pm
AIR BLK	.00	2:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

RANDOLPH LIBERTY POLICE DEPT 750

Serial Number: 008830 Test Date: 03/05/2014

Test Record Number: 445
Test Time: 2:48pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:49pm
FLO	Pass -	2:49pm
FC	Pass	2:49pm

Temperature Tests

Status	Time
Pass	2:49pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	2:50pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:50pm
	CRC Tests	

Test	Status	Time
COMP	Pass	2:50pm
CAL	Pass	2:50pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	RICHMON	<i>D</i>	Instrument Location	MOND CO. MAGISTRATES C
	t Serial No		RECKINGTIA	M W.C.
The prever		procedures for the I	ntoximeters, Model Intox EC/IR	II to be followed at least once every
1.		ethanol gas canister s, plus or minus .2 de		lic breath simulator thermometer shows
2.	Verify inst	trument displays tim	e and date;	
3.	Initiate bre	eath test sequence;		
4.	Enter info	rmation as prompted	;	
5.	Verify inst	trument accuracy;		
6.	When "PL	EASE BLOW" app	ears, collect breath sample;	
7.	When "PL	EASE BLOW" app	ears, collect breath sample;	
8.	Print test r	ecord;		
9.	Verify Dia	gnostic Program; an	d ·	
10.	simulator s			piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
			dicated above, in accordance with the instrument is functioning pro	the forgoing preventive maintenance th current regulations of the N.C. operly.
THE PERSON NAMED IN			211 -	
GREAT	ATE OF ACROST			
* ESTE QU	AM VIDEN X	Iku	QUANTER	652
	<u>-</u>	Sig	nature of Certifying Official	Certificate Number

RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008840 Test Date: 03/13/2014

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:

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 AIR BLK ACCY CHK AIR BLK	Pass .00 .07	1:29pm 1:30pm 1:30pm 1:32pm
SUB TEST	.00	1:33pm
AIR BLK	.00	1:34pm
SUB TEST	.00	1:35pm
AIR BLK	.00	1:36pm

Reported AC: .00 g/2/10L

Signature of Chemical Analyst

Court CVR

()

Analyst

RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008840 Test Date: 03/13/2014

Test Record Number: 1337
Test Time: 1:37pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:38pm
FLO	Pass	1:38pm
FC	Pass	1:38pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:38pm
SRC	Pass	1:38pm
DET	Pass	1:38pm
BAR	Pass	1:38pm
BT	Pass	1:38pm

Blank Tests

Test	Status	Time
AIR	Pass	1:39pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:39pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:39pm 1:39pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County RV	MUND	Instrument Location FLUMOND	CO. HAGEMATES C
Instrument Serial	No. 008701	RECKINGHAM A	١. د
The preventive m four months are:	naintenance procedures for the Inte	oximeters, Model Intox EC/IR II to be for	llowed at least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr	isplays pressure, or the alcoholic breath si ree centigrade;	mulator thermometer shows
2.	Verify instrument displays time a	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appea	rs, collect breath sample;	
7.	When "PLEASE BLOW" appea	rs, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.	er is being changed before expiration date ed every four months or after 125 Alcoho	e, or the alcoholic breath blic Breath Simulator tests,
I certify that on the procedures were Department of He	performed on the instrument indicealth and Human Services, and the	the forgoi ated above, in accordance with current receinstrument is functioning properly.	ng preventive maintenance gulations of the N.C.
STATE OF NO. 1775	Signal	Dure of Certifying Official	Certificate Number

RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008701 Test Date: 03/13/2014

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:
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	1:33pm
AIR BLK	.00	1:33pm
ACCY CHK	.08	1:34pm
AIR BLK	.00	1:35pm
SUB TEST	.00	1:36pm
AIR BLK	.00	1:36pm
SUB TEST	.00	1:38pm
AIR BLK	.00	1:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008701 Test Date: 03/13/2014

Test Record Number: 1031
Test Time: 1:40pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:41pm
FLO	Pass	1:41pm
FC	Pass	1:41pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:41pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:41pm
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

1:42pm

1:42pm

COMP

CAL

\Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	MOORE	Instrument Location	PINETHU	est Police	E DEP
Instrument !	Serial No	PINETIU	est N	1. C.	<u>.</u>
The prevent four months	tive maintenance procedures for sare:	the Intoximeters, Model Into	x EC/IR II to be for	ollowed at least or	nce every
1.	Verify the ethanol gas can 34 degrees, plus or minus	nister displays pressure, or the .2 degree centigrade;	alcoholic breath	simulator thermor	neter shows
2.	Verify instrument display	s time and date;			
3.	Initiate breath test sequen	ce;			
4.	Enter information as pron	npted;			
5.	Verify instrument accurac	y;			
6.	When "PLEASE BLOW"	appears, collect breath samp	le;		
7.	When "PLEASE BLOW"	appears, collect breath samp	le;	• .	
8.	Print test record;				
9.	Verify Diagnostic Program	n; and			
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.	s canister is being changed be g changed every four months	fore expiration da or after 125 Alcoh	te, or the alcoholi iolic Breath Simu	c breath lator tests,
	on theday of were performed on the instrument of Health and Human Services,		ince with current r	oing preventive ma regulations of the	aintenance N.C.
STAT STATE S	E OF TO	Signature of Certifying Office	nial .	650 Certificate Nu	ımbar
	1 .	Digital of Certifying Office	/IGI	Certificate Nt	moer

MOORE COUNTY PINEHURST PD. 620

Serial Number: 008710 Test Date: 03/17/2014

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	11:58am 11:59am 12:00pm 12:01pm
SUB TEST	.00	12:01pm
AIR BLK	.00	12:02pm
SUB TEST	.00	12:04pm
AIR BLK	.00	12:04pm

Reported AC: .00 g/210L

Signature (of Chemical Analyst

Court CVR

Analyst

MOORE COUNTY PINEHURST PD. 620

Serial Number: 008710 Test Date: 03/17/2014 Test Record Number: 1060 Test Time: 12:05pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass	12:05pm
FC	Pass Pass	12:05pm 12:05pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:06pm
SRC	Pass	12:06pm
DET	Pass	12:06pm
BAR	Pass	12:06pm
\mathtt{BT}	Pass	12:06pm

Blank Tests

Test	Status	Time
AIR	Pass	12:06pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:06pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:06pm 12:06pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	MOURE Instrument Location MOURE CO. JAIL	
Instrument Ser	rial No. 008735 CA-ETHAGE N.C.	
The preventive four months are	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever	у
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer should be degrees, plus or minus .2 degree centigrade;	ow
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	٠
7. •	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.	ts,
I certify that on procedures wer Department of	the day of MARCH, 2011 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.	ice
THE STATE OF THE S	Signature of Certifying Official Certificate Number	_

MOORE COUNTY MOORE COUNTY JAIL 620

Serial Number: 008735 Test Date: 03/17/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name:

QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

- / O 3 O T

Test	g/210L	Time
DIAG	Pass	1:15pm
AIR BLK	.00	1:16pm
ACCY CHK	.08	1:16pm
AIR BLK	.00	1:17pm
SUB TEST	.00	1:18pm
AIR BLK	.00	1:19pm
SUB TEST	.00	1:20pm
AIR BLK	.00	1:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MOORE COUNTY MOORE COUNTY JAIL 620

Serial Number: 008735 Test Record Number: 1396 Test Date: 03/17/2014 Test Time: 1:22pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:22pm 1:22pm
FC	Pass	1:23pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:23pm
SRC	Pass	1:23 pm
DET	Pass	1:23pm
BAR	Pass	1:23pm
BT	Pass	1:23pm

Blank Tests

Test	Status	Time
AIR	Pass	1:23pm

Printer Tests

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

COMP Pass 1:23pm CAL Pass 1:23pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	MOORE	Instrument Location South	FRU PINES P.1
Instrumen	t Serial No. <u>00</u> 872-0	SOUTHERN PLUES	, N.C.
The prevent		he Intoximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas cani 34 degrees, plus or minus	ister displays pressure, or the alcoholic breath 2 degree centigrade;	simulator thermometer shows
2.	Verify instrument displays	time and date;	
3.	Initiate breath test sequence	e;	
. 4. ,	Enter information as promp	pted;	
5.	Verify instrument accuracy	/ ;	· .
6.	When "PLEASE BLOW"	appears, collect breath sample;	
7.	When "PLEASE BLOW"	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program	ı; and	
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is being changed before expiration d changed every four months or after 125 Alco	ate, or the alcoholic breath bholic Breath Simulator tests,
I certify the procedures Department	at on the day of day of twere performed on the instrument of Health and Human Services, a	t indicated above, in accordance with current and the instrument is functioning properly.	going preventive maintenance regulations of the N.C.
SE CREAT SOLVE	J.S.	Signature of Certifying Official	652 Certificate Number

MOORE COUNTY SOUTHERN PINES PD. 620

Serial Number: 008720 Test Date: 03/17/2014

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:41am 10:42am 10:42am
AIR BLK	.00	10:43am
SUB TEST AIR BLK	.00 .00	10:44am 10:45am
SUB TEST	.00	10:46am
AIR BLK	.00	10:47am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MOORE COUNTY SOUTHERN PINES PD. 620

Serial Number: 008720

Test Record Number: 731

Test Date: 03/17/2014

Test Time: 10:48am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	10:48am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
ATR	Pass	10:49am

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	PUBESON	Instrument Location Pußeson	U CO. JAIL
Instrumen	nt Serial No. DO8636	LUMBERTON N	٥, ٨.
The prever		Intoximeters, Model Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath egree centigrade;	simulator thermometer show
2.	Verify instrument displays tim	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; ar	nd	
10.		nister is being changed before expiration da anged every four months or after 125 Alcol	
procedures	es were performed on the instrument in	dicated above, in accordance with current the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
SECONDARY SECOND	TATE OF NORTH		
an on one		nature of Certifying Official	652
	Sign	natule of Certifying Official	Certificate Number

ROBESON COUNTY LUMBERTON, LEC. 770

Serial Number: 008836 Test Date: 03/20/2014

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:
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 AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	10:14am 10:15am 10:15am 10:16am 10:17am
AIR BLK	.00	10:18am
SUB TEST	.00	10:20am
AIR BLK	.00	10:20am

Reported AC: .00 g/210L

Signature (of Chemical Analyst

Court CVR

ROBESON COUNTY LUMBERTON, LEC. 770

Serial Number: 008836 Test Date: 03/20/2014

Test Record Number: 2836

Test Time: 10:21am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:23am

Printer Tests

Test	Status	Time
PRNT	Pass	10:23am
	CRC Tests	
Test	Status	Time

	Doctor	11
COMP	Pass	10:23am
CAL	Pass	10:23am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County R	OBESON Instrument Location POBESON CO	JAIL.
Instrument Seria	ial No. 008805 LUMBERTUN N.C.	
The preventive r four months are:	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at lee:	ast once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator the 34 degrees, plus or minus .2 degree centigrade;	rmometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	,
7. •	When "PLEASE BLOW" appears, collect breath sample;	•
8.	Print test record;	
9.	Verify Diagnostic Program; and	. *
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alc simulator solution is being changed every four months or after 125 Alcoholic Breath whichever occurs first.	
	the day of MARCH, 2014 the forgoing preventive performed on the instrument indicated above, in accordance with current regulations of Health and Human Services, and the instrument is functioning properly.	ve maintenance f the N.C.
THE STATE OF A PART TO	NA QUANTE 650) te Number

ROBESON COUNTY LUMBERTON, LEC 770

Serial Number: 008805 Test Date: 03/20/2014

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:
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	10:19am
AIR BLK	.00	10:20am
ACCY CHK	.07	10:21am
AIR BLK	.00	10:22am
SUB TEST	.00	10:22am
AIR BLK	.00	10:23am
SUB TEST	.00	10:25am
AIR BLK	.00	10:25am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ROBESON COUNTY LUMBERTON, LEC 770

Serial Number: 008805 Test Record Number: 2865

Test Time: 10:27am EDT

Test Date: 03/20/2014

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:28am
FLO	Pass	10:28am
FC	Pass	10:28am

Temperature Tests

Test	Status	Time
FC1	Pass	10:28am
SRC	Pass	10:28am
DET	Pass	10:28am
BAR	Pass	10:28am
BT.	Pass	10:28am

Blank Tests

Test	Status	Time
AIR	Pass	10:29am

Printer Tests

Test	Status	Time
PRNT	Pass	10:29am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:29am 10:29am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	SCOTLAND	Instrument Location LAUR	INBURG	Blice Det
Instrume	nt Serial No. <u>00</u> 8834	LAURINBURG	N.C.	
The preve	entive maintenance procedures for the ths are:	Intoximeters, Model Intox EC/IR	II to be followed	at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholi legree centigrade;	c breath simulate	or thermometer shows
2.	Verify instrument displays tin	ne and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	d;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" app	pears, collect breath sample;		
7.	When "PLEASE BLOW" app	pears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; a	nd		
10.		nister is being changed before expi anged every four months or after 1		
procedure	hat on the <u>O</u> day of WA es were performed on the instrument in ent of Health and Human Services, and	idicated above, in accordance with	current regulation	ventive maintenance ons of the N.C.
CORPATOR OF THE CREATOR OF THE CREAT	STATE OF A CONTROL			
All SEE OF	Sig	gnature of Certifying Official	<u></u>	tificate Number

SCOTLAND COUNTY LAURINBURG PD. 820

Serial Number: 008834 Test Date: 03/20/2014

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:
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	11:38am
AIR BLK	.00	11:38am
ACCY CHK	.08	11:39am
AIR BLK	.00	11:40am
SUB TEST	.00	11:40am
AIR BLK	.00	11:41am
SUB TEST	.00	11:43am
AIR BLK	.00	11:44am

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

SCOTLAND COUNTY LAURINBURG PD. 820

Serial Number: 008834

Test Record Number: 593

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass	11:45am
FC	Pass Pass	11:45am 11:45am
	- 0.00	

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:46am

Printer Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 3	TOHNSTON (O. JA11
Instrument Se	rial No. 008810 SMITHFIEN N.C.
The preventive four months as	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5,	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that o procedures we Department of	on the
THE STATE OF THE PARTY OF THE P	

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008810 Test Date: 03/19/2014

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:
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	2:15pm
AIR BLK	.00	2:16pm
ACCY CHK	.08	2:16pm
AIR BLK	.00	2:18pm
SUB TEST	.00	2:19pm
AIR BLK	.00	2:19pm
SUB TEST	.00	2:21pm
AIR BLK	.00	2:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Ānalyst

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008810

Test Record Number: 1533

Test Date: 03/19/2014

Test Time: 2:23pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	2:24pm
SRC	Pass	2:24pm
DET	Pass	2:24pm
BAR	Pass	2:24pm
BT	Pass	2:24pm

Blank Tests

Test	Status	Time
AIR	Pass	2:24pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:24pm

CRC Tests

Test	Status	Time
COMP	Pass	2:24pm
CAL	Pass	2:24pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	JOHNSTON	Instrument Location JOHN	SIDM CO. JAIL
Instrument	Serial No. 008846	SMITHPIENS	N.C.
The prevent	tive maintenance procedures for the I s are:	Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic broegree centigrade;	eath simulator thermometer show
2.	Verify instrument displays tim	e and date;	
3.	Initiate breath test sequence;		·
4.	Enter information as prompted	ı;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample;	
7.	When "PLEASE BLOW" app	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	ıd	
10.	Verify that the ethanol gas can simulator solution is being chawhichever occurs first.	ister is being changed before expiration is seen is seen in the seen in the seen is seen in the seen is seen in the seen in the seen in the seen is seen in the se	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify that procedures Department	t on the day of Health and Human Services, and the day of	dicated above, in accordance with current the instrument is functioning properly	forgoing preventive maintenance rent regulations of the N.C.
STATE OR WALLS OF THE STATE OF	Sign	nature of Certifying Official	Certificate Number

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008846 Test Date: 03/19/2014

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:

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: AG315701

Exp Date: 06/06/2015

\mathbf{T}^{ϵ}	est	g/210L	Time
D.	IAG	Pass	2:21pm
A.	IR BLK	.00	2:22pm
A	CCY CHK	.08	2:22pm
\mathbf{A}	IR B LK	.00	2:24pm
SI	UB TEST	.00	2:24pm
A.	IR BLK	.00	2:25pm
S	JB TEST	.00	2:27pm
A:	IR BLK	.00	2:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008846 Test Record Number: 3332 Test Date: 03/19/2014 Test Time: 2:29pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:29pm
FLO	Pass	2:29pm
FC	Pass	2:29pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:29pm
SRC	Pass	2:29pm
DET	Pass	2:29pm
BAR	Pass	2:29pm
BT	Pass	2:29pm

Blank Tests

Test	Status	Time
AIR	Pass	2:30pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:30pm

CRC Tests

Test	Status	Time
COMP	Pass	2:30pm
CAL	Pass	2:30pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County S		OFFICETUAND CO. SHELIFFS C
Instrument Seria	INO. 008861 LAURIN	Burg N.C
The preventive n four months are:	naintenance procedures for the Intoximeters, Model In	tox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or to 34 degrees, plus or minus 2 degree centigrade;	he alcoholic breath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sar	mple;
7.	When "PLEASE BLOW" appears, collect breath sar	mple;
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed simulator solution is being changed every four month whichever occurs first.	before expiration date, or the alcoholic breath as or after 125 Alcoholic Breath Simulator tests,
procedures were	he <u>ADD</u> day of MADCH, performed on the instrument indicated above, in accordant and Human Services, and the instrument is funct	dance with current regulations of the N.C.
THE STATE OF A	A CAROLINA CONTRACTOR OF THE CAROLINA CONTRACTOR	
TEGE QUAM VIDERI X	Nux Chang	Grac 652
	Signature of Certifying Of	fficial Certificate Number

SCOTLAND COUNTY SHERIFF'S OFFICE 820

Serial Number: 008861 Test Date: 03/20/2014

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	12:23pm 12:24pm 12:25pm 12:27pm 12:27pm
AIR BLK	.00	12:28pm
SUB TEST	.00	12:30pm
AIR BLK	.00	12:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

SCOTLAND COUNTY SHERIFF'S OFFICE 820

Serial Number: 008861 Test Date: 03/20/2014

Test Record Number: 923
Test Time: 12:31pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:32pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC	
County (UMBERLAND Instrument Location Combert	
Instrument Se	rial No. 008632 Fayetteville	NC
The preventiv four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to re:	be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic broad degrees, plus or minus .2 degree centigrade;	eath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 A whichever occurs first.	on date, or the alcoholic breath alcoholic Breath Simulator tests,
I certify that o procedures we Department of	n the	ent regulations of the N.C.
THE STATE OF THE PROPERTY OF T		37/
	Signature of Certifying Official	Certificate Number

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632 Test Date: 03/19/2014

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: 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: AG320602 Exp Date: 07/25/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	4:22pm 4:23pm 4:23pm
AIR BLK SUB TEST	.00	4:24pm
	.00	4:25pm
AIR BLK	.00	4:26pm
SUB TEST	.00	4:27pm
AIR BLK	.00	4:28pm

Reported_AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Anglyst

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632

Test Record Number: 2751

Test Date: 03/19/2014

Test Time: 4:36pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	4:37pm
SRC	Pass	4:37pm
DET	Pass	4:37pm
BAR	Pass	4:37pm
BT	Pass	4:37pm

Blank Tests

Test	Status	Time
AIR	Pass	4:37pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:37pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:38pm 4:38pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (Instrument Location COMBRANDCO. DET CENT
Instrument S	erial No. 008672 FayAeville NC
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3,	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department	on theday of
THE STATE OF THE S	Signature of Certifying Official Signature of Certifying Official

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008672 Test Date: 03/19/2014

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: 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: AG317801 Exp Date: 06/27/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	4:09pm 4:10pm 4:11pm
AIR BLK	.00	4:12pm
SUB TEST	.00	4:12pm
AIR BLK	.00	4:13pm
SUB TEST	.00	4:15pm
AIR BLK	.00	4:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008672 Test Record Number: 3906

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:18pm
FLO	Pass	4:18pm
FC	Pass	4:18pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:18pm
SRC	Pass	4:18pm
DET	Pass	4:18pm
BAR	Pass	4:18pm
BT	Pass	4:18pm

Blank Tests

Test	Status	Time
AIR	Pass	4:18pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:19pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:19pm 4:19pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	miloministing, model milom ec	
County (UMBERLAND Instrument Location Combession	nd Co. DETENTION CT
Instrument Ser	ial No. 008633 Fayetteville	NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic broad degrees, plus or minus .2 degree centigrade;	eath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 A whichever occurs first.	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify that on procedures wer Department of	theday of	forgoing preventive maintenance rent regulations of the N.C.
THE STATE OF THE S	SOLUTION OF THE STATE OF THE ST	771
	(Signature of Certifying Official	Certificate Number

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008633 Test Date: 03/19/2014

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: 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: AG320602 Exp Date: 07/25/2015

Test	g/210L	Time
DIAG	Pass	4:05pm
AIR BLK	.00	4:06pm
ACCY CHK	.07	4:07pm
AIR BLK	.00	4:09pm
SUB TEST	.00	4:09pm
AIR BLK	.00	4:10pm
SUB TEST	.00	4:12pm
AIR BLK	.00	4:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008633 Test Date: 03/19/2014 Test Record Number: 2813
Test Time: 4:14pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	4:14pm 4:14pm
FC	Pass	4:15pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:15pm
SRC	Pass	4:15pm
DET	Pass	4:15pm
BAR	Pass	4:15pm
BT	Pass	4:15pm

Blank Tests

Test	Status	Time
AIR	Pass	4:15pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:15pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:16pm 4:16pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (UMBERIAND Instrument Location Comberland County DETENTION C
Instrument Se	rial No. 008614 Fayetleville NC
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	n the
OF STATE OF THE ST	
	Signature of Certifying Official Certificate Number

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008614 Test Date: 03/19/2014

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: 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: AG404101 Exp Date: 02/10/2016

Test	g/210L	Time
DIAG AIR BLK	Pass	4:08pm 4:08pm
ACCY CHK	.07	4:09pm
SUB TEST	.00 .00	4:10pm 4:11pm
AIR BLK	.00	4:12pm
SUB TEST	.00	4:14pm
AIR BLK	.00	4:14pm

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

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008614

Test Record Number: 2535

Test Date: 03/19/2014 Test Time: 4:15pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:16pm
FLO	Pass	4:16pm
FC	Pass	4:16pm

Temperature Tests

Status	Time
Pass	4:16pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time

AIR 4:16pm Pass

Printer Tests

rest	Status	Time	

PRNT Pass 4:16pm

CRC Tests

Test	Status	Time
COMP	Pass	4:17pm
CAL	Pass	4:17pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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

CRAVEN COUNTY HAVELOCK PD 240

Serial Number: 008613

Test Date: 03/17/2014 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: 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	10:23am
AIR BLK	.00	10:23am
ACCY CHK	.08	10:24am
AIR BLK	.00	10:25am
SUB TEST	.00	10:26am
AIR BLK	.00	10:27am
SUB TEST	.00	10:28am
AIR BLK	.00	10:29am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CRAVEN COUNTY HAVELOCK PD 240

Serial Number: 008613 Test Record Number: 873 Test Date: 03/17/2014 Test Time: 10:30am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR.	Pass	10:30am
FLO	Pass	10:30am
FC	Pass	10:30am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:31am

Printer Tests

Test	Status	Time
PRNT	Pass	10:31am

CRC Tests

Test	Status	Time
COMP	Pass	10:31am
CAL	Pass	10:31am

Preventive Maintenance Status: Pass

Karl E Half
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTO AIMETERS, MODEL INTO A EC/IR II
County	CHATHAM Instrument Location / 7773CORO POLICE DEA-
Instrumen	t Serial No
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date,
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify the procedure Departme	nat on theday of
S S S S S S S S S S S S S S S S S S S	Signature of Certifying Official Certificate Number

CHATHAM COUNTY PITTSBORO PD 180

Serial Number: 008591 Test Date: 03/18/2014

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: 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: AG309105 Exp Date: 04/01/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	10:55am 10:56am 10:57am 10:58am 10:59am
AIR BLK	.00	11:00am
SUB TEST	.00	11:02am
AIR BLK	.00	11:03am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CHATHAM COUNTY PITTSBORO PD 180

Serial Number: 008591

Test Record Number: 1349

Test Date: 03/18/2014 Test Time: 11:04am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
	and a second	1 July 1
IR	Pass	11:04am
FLO	Pass	11:04am
FC	Pass	11:04am

Temperature Tests

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

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

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County //	lew Harrover Instrument Location BAT Mobile Wart
Instrument S	Serial No. 008/7/8 WPD.
The preventi	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures v	on theday of, 20, 20 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
TATE STATE TO THE STATE TO T	E O NO N
William B	Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008778 Test Date: 03/14/2014

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, 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: AG305202 Exp Date: 02/21/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	9:24pm 9:25pm 9:26pm
AIR BLK	.00	9:27pm
SUB TEST	.00	9:27pm
AIR BLK	.00	9:28pm
SUB TEST	.00	9:30pm
AIR BLK	.00	9:31pm

Reported AC: ,.00 g/210L

Signature of Chemical Analyst

Court CVR

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008778

Test Record Number: 1109

Test Date: 03/14/2014 Test Time: 9:35pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:36pm
FLO	Pass	9:36pm
FC	Pass	9:36pm

Temperature Tests

FC1 Pass 9:36pm
SRC Pass 9:36pm
DET Pass 9:36pm
BAR Pass 9:36pm
BT Pass 9:36pm

Blank Tests

Test	Status	Time
AIR	Pass	9:37pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:37pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:37pm 9:37pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County New	HANDLAGE Instrument Location BA Mobile Unit
•	No. 008623 WPD
The preventive m four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on to procedures were Department of H	theday of, 20 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
SEE COTOR AND THE STATE OF WAY SO 'LIVE AND	Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 7
640

Serial Number: 008623 Test Date: 03/14/2014

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, 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: AG305202 Exp Date: 02/21/2015

Test	g/210L	Time
DIAG	Pass	9:51pm
AIR BLK	.00	9:52pm
ACCY CHK	.07	9:53pm
AIR BLK	.00	9:54pm
SUB TEST	.00	9:55pm
AIR BLK	.00	9:56pm
SUB TEST	.00	9:57pm
AIR BLK	.00	9:58pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Ånalyst

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640
Serial Number: 008623 Test Record Number: 2844
Test Date: 03/14/2014 Test Time: 9:59pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	9:59pm
SRC	Pass	9:59pm
DET	Pass	9:59pm
BAR	Pass	9:59pm
\mathtt{BT}	Pass	9:59pm

Blank Tests

Test	Status	Time
AIR	Pass	10:00pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:00pm

CRC Tests

Test	Status	Time
COMP	Pass	10:00pm
CAL	Pass	10:00pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	New Harrover Instrument Location Est Mabile Unit 1
Instrume	nt Serial No
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every this 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.
procedur	hat on theday of
THE COREATOR STATES	STATE OF NO. 17 STATE OF NO. 1
	Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008760 Test Date: 03/14/2014

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

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

Subject's Date Of Birth: 11/11/19.
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: AG305202 Exp Date: 02/21/2015

Test	g/210L	Time
DIAG AIR BLK	Pass .00	9:47pm 9:48pm
ACCY CHK	.07	9:49pm
AIR BLK	.00	9:50pm
SUB TEST	.00	9:50pm
AIR BLK	.00	9:51pm
SUB TEST	.00	9:53pm
AIR BLK	.00	9:54pm

Reported AC; /.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008760

Test Record Number: 571

Test Date: 03/14/2014

Test Time: 9:55pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	9:56pm
SRC	Pass	9:56pm
DET	Pass	9:56pm
BAR	Pass	9:56pm
\mathtt{BT}	Pass	9:56pm

Blank Tests

Test	Status	Time
ATR	Pass	9 · 57pm

Printer Tests

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

Preventive Maintenance Status: Pass

Änalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County New	HAND Ven Instrument Location BAT Mobile Unit)
Instrument Seria	ll No. <u>0086/2</u>
The preventive i	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the
STATE OF THE STATE	CZ4
	Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008612 Test Date: 03/14/2014

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	9:23pm
AIR BLK	.00	9:24pm
ACCY CHK	.07	9:24pm
AIR BLK	.00	9:25pm
SUB TEST	.00	9:26pm
AIR BLK	.00	9:27pm
SUB TEST	.00	9:28pm
AIR BLK	.00	9:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008612

Test Record Number: 1460

Test Date: 03/14/2014

Test Time: 9:35pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:36pm
FLO	Pass	9:36pm
FC	Pass	9:36pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:36pm
SRC	Pass	9:36pm
DET	Pass	9:36pm
BAR	Pass	9:36pm
\mathtt{BT}	Pass	9:36pm

Blank Tests

Test	Status	Time
AIR	Pass	9:37pm

Printer Tests

0 L - L - - -

Test	Status	Time
PRNT	Pass	9:37pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:37pm 9:37pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County No.	Instrument Location BAT Mobile Christ
Instrument Ser	rial No. OD SEAN
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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.
	n the
STATE OF THE STATE	Signature of Certifying Official Certificate Number

NEW HANOVER BAT MOBILE UNIT 7 640

Serial Number: 008577 Test Date: 03/14/2014

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, 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: AG305202 Exp Date: 02/21/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	9:22pm 9:23pm 9:23pm 9:24pm
SUB TEST	.00	9:25pm
AIR BLK	.00	9:26pm
SUB TEST	.00	9:28pm
AIR BLK	.00	9:29pm

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NEW HANOVER BAT MOBILE UNIT 7 640

Serial Number: 008577 Test Record Number: 970 Test Date: 03/14/2014 Test Time: 9:35pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:36pm 9:36pm
FC	Pass	9:36pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:36pm
SRC	Pass	9:36pm
DET	Pass	9:36pm
BAR	Pass	9:36pm
BT	Pass	9:36pm

Blank Tests

Test	Status	Time	
ΔTR	Pagg	9 • 3 7 mm	

Printer Tests

Test	Status	Time
PRNT	Pass	9:37pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:37pm

Preventive Maintenance Status: Pass

Pass

9:37pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County B_{R}	urbwick Co. Instrument Location BAT Mobile Christy
Instrument Seri	ial No. <u>008623</u>
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	n the
OTHE STATE OF THE PROPERTY OF	

BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008623

Test Date: 03/15/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: 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: AG305202 Exp Date: 02/21/2015

Test	g/210L	Time
DIAG	Pass	9:02pm
AIR BLK	.00	9:03pm
ACCY CHK	.07	9:04pm
AIR BLK	.00	9:05pm
SUB TEST	.00	9:06pm
AIR BLK	.00	9:07pm
SUB TEST	.00	9:08pm
AIR BLK	.00	9:09pm

Reported AC: / .00 g/21/0L

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

BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008623 Test Record Number: 2848 Test Date: 03/15/2014 Test Time: 9:10pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:10pm
FLO	Pass	9:10pm
FC	Pass	9:10pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:10pm
SRC	Pass	9:10pm
DET	Pass	9:10pm
BAR	Pass	9:10pm
BT	Pass	9:10pm

Blank Tests

Test	Status	Time
AIR	Pass	9:11pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:11pm

CRC Tests

Test	Status	Time
COMP	Pass	9:11pm
CAL	Pass	9:11pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County B_{ℓ}	Runswick Co. Instrument Location BAT 1	Robile Chat 7
	ial No. (1) 85/1/	·
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be	e followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic brea 34 degrees, plus or minus .2 degree centigrade;	th simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	·
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Al whichever occurs first.	
I certify that or procedures we Department of	n the	orgoing preventive maintenance ant regulations of the N.C.
THE STATE OF THE S	Signature of Certifying Official	Certificate Number

BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008577 Test Date: 03/15/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG305202 Exp Date: 02/21/2015

g/210L	Time
Pass .00 .07	8:52pm 8:53pm 8:54pm 8:55pm
.00	8:56pm
.00	8:57pm
.00	8:58pm
.00	8:59pm
	Pass .00 .07 .00 .00 .00 .00 .00

Reported AC: ..00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008577 Test Record Number: 974
Test Date: 03/15/2014 Test Time: 9:00pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:01pm
FLO	Pass	9:01pm
FC	Pass	9:01pm

Temperature Tests

Status	Time
Pass	9:01pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	9:02pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:02pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:02pm 9:02pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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

BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008778 Test Date: 03/15/2014

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

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

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

Analyst's Name: 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: AG305202 Exp Date: 02/21/2015

Test	g/210L	Time
DIAG	Pass	8:54pm
AIR BLK	.00	8:55pm
ACCY CHK	.07	8:56pm
AIR BLK	.00	8:57pm
SUB TEST	.00	8:58pm
AIR BLK	.00	8:59pm
SUB TEST	.00	9:00pm
AIR BLK	. 00	9:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008778 Test Date: 03/15/2014

Test Record Number: 1112 Test Time: 9:03pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:04pm
FLO	Pass	9:04pm
FC	Pass	9:04pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:04pm
SRC	Pass	9:04pm
DET	Pass	9:04pm
BAR	Pass	9:04pm
BT	Pass	9:04pm

Blank Tests

Test	Status	Time
ATR	Pass	9:05pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:05pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:05pm 9:05pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County/	Brunswick Co. Instrument Location BAT Mabile Unit	1
Instrument S	erial No	W.
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever are:	у
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sh 34 degrees, plus or minus .2 degree centigrade;	ows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.	
procedures v	on the	ıce
STAIL	Signature of Certifying Official Certificate Number	

BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008612 Test Date: 03/15/2014

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

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

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

Analyst's Name: 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: AG303502 Exp Date: 02/04/2015

Test	g/210L	Time
DIAG AIR BLK	Pass	8:53pm 8:54pm
ACCY CHK	.07	8:55pm
AIR BLK	.00	8:56pm
SUB TEST	.00	8:57pm
AIR BLK	.00	8:58pm
SUB TEST	.00	8:59pm
AIR BLK	. 00	9:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008612 Test Date: 03/15/2014 Test Record Number: 1464 Test Time: 9:03pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:03pm 9:03pm
FC	Pass	9:03pm

Temperature Tests

Status	Time
Pass	9:03pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	9:04pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:04pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:04pm 9:04pm

Preventive Maintenance Status: Pass

Analyst

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

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

Signature of Certifying Official

Certificate Number

CURRITUCK COUNTY SO-COROLLA 260

Serial Number: 008949 Test Date: 03/13/2014

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: 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	2:30pm
AIR BLK	.00	2:31pm
ACCY CHK	.08	2:32pm
AIR BLK	.00	2:33pm
SUB TEST	.00	2:34pm
AIR BLK	.00	2:35pm
SUB TEST	.00	2:37pm
AIR BLK	.00	2:38pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CURRITUCK COUNTY SO-COROLLA 260

Serial Number: 008949

Test Record Number: 320
Test Time: 2:39pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:39pm
FLO	Pass	2:39pm
FC	Pass	2:39pm

Temperature Tests

Status	Time
Pass	2:40pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	2:40pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:40pm
	CRC Tests	

Test	Status	Time
COMP	Pass	2:40pm
CAL	Pass	2:40pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location_ The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 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. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

Serial Number: 008947 Test Date: 03/13/2014

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: 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 AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	12:42pm 12:43pm 12:44pm 12:45pm
SUB TEST	.00	12:45pm
AIR BLK	.00	12:46pm
SUB TEST	.00	12:49pm
AIR BLK	.00	12:50pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

Serial Number: 008947

Test Record Number: 1442

Test Date: 03/13/2014 Test Time: 12:51pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:51pm
SRC	Pass	12:51pm
DET	Pass	12:51pm
BAR	Pass	12:51pm
\mathtt{BT}	Pass	12:51pm

Blank Tests

Test	Status	Time
AIR	Pass	12:52pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:52pm
	CRC Tests	

Test	Status	Time
COMP	Pass	12:52pm
CAL	Pass	12:52pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

. 0	INTOXIMETERS, MODEL INTOX EC/IR II
County_	Instrument Location Elizabeth City P. I.
Instrument S	rial NOUS 941 302 Clonial Ave., Elizabeth CITI
The prevention four months	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer should degree, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
1 0.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that procedures v Department	on the
CALL STAT.	January Care
	Signature of Certifying Official Certificate Number

PASQUOTANK COUNTY ELIZABETH CITY PD 690

Serial Number: 008941 Test Date: 03/05/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, 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: AG309105 Exp Date: 04/01/2015

Test	g/210L	Time
DIAG	Pass	4:47pm
AIR BLK	.00	4:48pm
ACCY CHK	.08	4:48pm
AIR BLK	.00	4:50pm
SUB TEST	.00	4:50pm
AIR BLK	.00	4:51pm
SUB TEST	.00	4:53pm
ATR BLK	0.0	4 · 54 pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analysi

PASQUOTANK COUNTY ELIZABETH CITY PD 690

Serial Number: 008941

Test Record Number: 953

Test Date: 03/05/2014

Test Time: 4:36pm EST

System Check: Passed

Baseline Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	4:38pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:38pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4:38pm

Preventive Maintenance Status: Pass

CAL

Pass

4:38pm

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

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



Signature of Certifying Official

Certificate Number

PASQUOTANK COUNTY ELIZABETH CITY PD 690

Serial Number: 008950 Test Date: 03/05/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, 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: AG309105 Exp Date: 04/01/2015

Test	g/210L	Time
DIAG AIR BLK	Pass	4:32pm 4:34pm
ACCY CHK	.08	4:35pm
AIR BLK	.00	4:36pm
SUB TEST	.00	4:37pm
AIR BLK	.00	4:38pm
SUB TEST	.00	4:39pm
ATR BLK	. 00	4:40pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

PASQUOTANK COUNTY ELIZABETH CITY PD 690

Serial Number: 008950

Test Record Number: 986
Test Time: 4:28pm EST

Test Date: 03/05/2014 Test Time: 4:28pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:28pm
FLO	Pass	4:28pm
FC	Pass	4:28pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:28pm
SRC	Pass	4:28pm
DET	Pass	4:28pm
BAR	Pass	4:28pm
BT	Pass	4:28pm

Blank Tests

Test	Status	Time
AIR	Pass	4:29pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:29pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4:29pm

Preventive Maintenance Status: Pass

Pass

4:29pm

CAL .

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County &	PEASON	Instrument Location 3	7 Mobile limit
Instrument S	erial No. 008778	/Zox	Dono
- .	• • • • • • • • • • • • • • • • • • •		
The preventi	ve maintenance procedures for the Into are:	ximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degrees	splays pressure, or the alcoholic se centigrade;	breath simulator thermometer shows
2.	Verify instrument displays time a	nd date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	s, collect breath sample;	
7.	When "PLEASE BLOW" appear	s, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas caniste simulator solution is being change whichever occurs first.	er is being changed before expire ed every four months or after 12	ation date, or the alcoholic breath 5 Alcoholic Breath Simulator tests,
I certify that procedures w Department of	on the day of	ited above, in accordance with c	ne forgoing preventive maintenance current regulations of the N.C. orly.
THE STATE OF THE S	100 Sept. 100 Se	are of Certifying Official	Certificaté Númber

PERSON COUNTY BAT MOBILE UNIT 7 720

Serial Number: 008778 Test Date: 03/08/2014

Test Record Number: 1106 Test Time: 8:48pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:49pm
FLO	Pass	8:49pm
FC	Pass	8:49pm

Temperature Tests

Status	Time
Pass	8:49pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	8:50pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:50pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	8:50pm 8:50pm

Preventive Maintenance Status: Pass

PERSON COUNTY BAT MOBILE UNIT 7 720

Serial Number: 008778 Test Date: 03/08/2014

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

Analyst's Name: 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	8:34pm
AIR BLK	.00	8:35pm
ACCY CHK	.07	8:36pm
AIR BLK	.00	8:37pm
SUB TEST	.00	8:38pm
AIR BLK	.00	8:39pm
SUB TEST	.00	8:40pm
AIR BLK	.00	8:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Hyc	Instrument Location Hyde (3. S.O.
Instrument Seria	INO. DOSSOI 1233 Main St., Swan Quarter, MC
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
THE GLEAN WENT AND THE STATE OF	Tell II
•	Signature of Certifying Official Certificate Number

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801 Test Date: 03/11/2014

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: 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: AG321904 Exp Date: 08/07/2015

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Lelly Analyst

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801

Test Record Number: 310

Test Date: 03/11/2014

Test Time: 1:39pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:40pm

Printer Tests

rest	Status	Time
PRNT	Pass	1:40pm

CRC Tests

Test	Status	Time
COMP	Pass	1:41pm
CAL	Pass	1:41pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

10 Wa M		A CONTRACTOR OF THE PARTY OF TH
100000	Instrument Location (how)ar	1 (o. Kublic Safet
erial No. <u>008895</u>	305 W. Freemason	St., Edenton, W
ve maintenance procedures for the are:	Intoximeters, Model Intox EC/IR II to	be followed at least once every
Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic bre legree centigrade;	eath simulator thermometer shows
Verify instrument displays tim	ne and date;	
Initiate breath test sequence;		
Enter information as prompted	d;	
Verify instrument accuracy;		
When "PLEASE BLOW" app	pears, collect breath sample;	
When "PLEASE BLOW" app	pears, collect breath sample;	
Print test record;		
Verify Diagnostic Program; ar	nđ	
Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	nister is being changed before expiration anged every four months or after 125 A	n date, or the alcoholic breath lcoholic Breath Simulator tests,
The single state of the si	notive of Contif in Occ.	<u>GY3</u> Certificate Number
	Verify the ethanol gas canisted 34 degrees, plus or minus .2 of Verify instrument displays time Initiate breath test sequence; Enter information as prompte Verify instrument accuracy; When "PLEASE BLOW" apply When "PLEASE BLOW" apply Print test record; Verify Diagnostic Program; and Verify that the ethanol gas can simulator solution is being characteristic. On the	Verify the ethanol gas canister displays pressure, or the alcoholic bre 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; Initiate breath test sequence; Enter information as prompted; Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; Print test record; Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 A whichever occurs first. On the

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895 Test Date: 03/06/2014

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: 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 AIR BLK	Pass	11:36am 11:37am
ACCY CHK	.07	11:37am
AIR BLK	.00	11:39am
SUB TEST	.00	11:39am
AIR BLK	.00	11:40am
SUB TEST	.00	11:42am
ATR BLK	. 0.0	11:43am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895

Test Record Number: 598
Test Time: 11:44am EST

Test Date: 03/06/2014 Test Time: 11:4

System Check: Passed

Baseline Tests

Test	Status	Time
•		₹ .
IR	Pass	11:45am
FLO	Pass	11:45am
FC	Pass	11:45am

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:45am 11:45am 11:45am 11:45am 11:45am
	- 455	TT. Z 2 CTIII

Blank Tests

rest	Status	Time
AIR	Pass	11:46am

Printer Tests

rest	Status	Time
PRNT	Pass	11:46am
	CRC Tests	
Test	Status	Time

	Doacab	1 1 III
COMP	Pass	11:46am
CAL	Pass	11:46am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR I 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. the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C.



Signature of Certifying Official

Certificate Number

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

Department of Health and Human Services, and the instrument is functioning properly.

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008694

Test Record Number: 603 Test Date: 03/03/2014 Test Time: 10:54am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:54am 10:54am
FC	Pass	10:55am

Temperature Tests

Test	Status	Time
FC1	Pass	10:55am
SRC	Pass	10:55am
DET	Pass	10:55am
BAR	Pass	10:55am
BT	Pass	10:55am

Blank Tests

Test	Status	Time
AIR	Pass	10:55am

Printer Tests

Test	Status	Time
PRNT	Pass	10:55am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:56am

Pass

10:56am

Preventive Maintenance Status: Pass

CAL

Analyst

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008694 Test Date: 03/03/2014

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: 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: AG404101 Exp Date: 02/10/2016

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

Reported AC 00 g/210L

Signature of Chemical Analyst

Court CVR'

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

^ 1	INTUAL	METERS, MODEL INTOX E	C/IR II
County H	lexander	Instrument Location A)	ander County SD
Instrument Seri	al No. <u>008813</u>	91 Commercial: 828-632-	Park Arr. Taybusville
The preventive four months are	maintenance procedures :	for the Intoximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas 34 degrees, plus or mi	canister displays pressure, or the alcoholic nus .2 degree centigrade;	breath simulator thermometer show
2.	Verify instrument disp	plays time and date;	
3.	Initiate breath test seq	uence;	
4.	Enter information as p	prompted;	
5.	Verify instrument acc	uracy;	
6.	When "PLEASE BLO	W" appears, collect breath sample;	•
7 .	When "PLEASE BLO	W" appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Pro	gram; and	
10.	Verify that the ethanosimulator solution is be whichever occurs first	l gas canister is being changed before expira eing changed every four months or after 12	ation date, or the alcoholic breath 5 Alcoholic Breath Simulator tests,
	performed on the instru	ment indicated above, in accordance with coces, and the instrument is functioning prope	
THE STATE OF THE S	CORNECTION OF THE PROPERTY OF	Signature of Certifying Official	656 Certificate Number

ALEXANDER COUNTY ALEXANDER COUNTY SD 010

Serial Number: 008813

Test Record Number: 1226

Test Date: 03/04/2014

Test Time: 12:44pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	12:44pm 12:44pm 12:44pm 12:44pm
BT	Pass	12:44pm

Blank Tests

Test	Status	Time
AIR	Pass	12:45pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:45pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:45pm 12:45pm

Preventive Maintenance Status: Pass

ALEXANDER COUNTY ALEXANDER COUNTY SD 010

Serial Number: 008813 Test Date: 03/04/2014

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: 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: AG326006 Exp Date: 09/17/2015

Test 👙	g/210L	Time
DIAG	Pass	12:48pm
AIR BLK	.00	12:48pm
ACCY CHK	.07	12:49pm
AIR BLK	.00	12:50pm
SUB TEST	.00	12:50pm
AIR BLK	.00	12:51pm
SUB TEST	.00	12:53pm
AIR BLK	.00	12:54pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

不多數十四個 医红斑 经经济的 医结肠性神经检验检验的 医人名马克斯特特克

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C	Cabarrus Ins	trument Location		County SD
Instrument Se	erial No. 008 792 3	0 Cocban 704-920	Avenue,	Concord
The preventive	ve maintenance procedures for the Intoxim			wed at least once every
four months a		into the second	Silk ii to oo isiio i	vod at least office 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 d	ite;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears, collect breath sample;			
7.	When "PLEASE BLOW" appears, collect breath sample;			
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.			
procedures we	on the 5th day of March vere performed on the instrument indicated of Health and Human Services, and the instrument		with current regul	preventive maintenance lations of the N.C.
STATE OF THE STATE	South E tulit	f Certifying Official		650 Certificate Number

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008792 Test Date: 03/05/2014

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG315701 Exp Date: 06/06/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	12:19pm 12:20pm 12:21pm
AIR BLK	.00	12:22pm
SUB TEST	.00	12:23pm
AIR BLK	.00	12:24pm
SUB TEST	.00	12:25pm
AIR BLK	.00	12:26pm

Reported AG: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008792

Test Record Number: 1318

Test Date: 03/05/2014

Test Time: 12:27pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:27pm
FLO	Pass	12:27pm
FC	Pass	12:27pm

Temperature Tests

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

Blank Tests

Test	Status	Time
ŽΤD	Dacc	12.2922

Printer Tests

Test	Status	Time
PRNT	Pass	12:28pm
	CRC Tests	
Test	Sta tus	Time
COMP CAL	Pass Pass	12:28pm 12:28pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Cal	oarrus Instrument Location Cabarrus County 5D
Instrument Seria	1 No. 008625 30 Cochan Avenue, Concord 704 -920 -3000
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
four months are:	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5,	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on to procedures were Department of H	the 54 day of March, 2014 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
STATE ON A STATE OF A	OF THE CAROLING TH
ASEN 12, THE STATE OF THE STATE	Signature of Certifying Official Certificate Number

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008625 Test Date: 03/05/2014

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	12:04pm 12:05pm 12:05pm
AIR BLK	.00	12:06pm
SUB TEST	.00	12:07pm
AIR BLK	.00	12:08pm
SUB TEST	.00	12:09pm
AIR BLK	.00	12:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

Rev. 12/2007

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008625

Test Record Number: 3511

Test Date: 03/05/2014

Test Time: 12:11pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:12pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:12pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:13pm

Pass

12:13pm

Preventive Maintenance Status: Pass

CAL

Analyst

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

Signature of Certifying Official

Certificate Number

MECKLENBURG HUNTERSVILLE PD 590

Serial Number: 008747 Test Record Number: 2295
Test Date: 03/07/2014 Test Time: 2:39pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:39pm
FLO	Pass	2:39pm
FC	Pass	2:39pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:40pm
SRC	Pass	2:40pm
DET	Pass	2:40pm
BAR	Pass	2:40pm
BT	Pass	2:40pm

Blank Tests

Test	Status	Time
AIR	Pass	2:40pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:40pm

CRC Tests

Test	Status	Time
COMP	Pass	2:40pm
CAL	Pass	2:40pm

Preventive Maintenance Status: Pass

Analyst /

MECKLENBURG HUNTERSVILLE PD 590

Serial Number: 008747 Test Date: 03/07/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2014-01/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:43pm
AIR BLK	.00	2:43pm
ACCY CHK	.08	2:44pm
AIR BLK	.00	2:45pm
SUB TEST	.00	2:45pm
AIR BLK	.00	2:46pm
SUB TEST	.00	2:48pm
AIR BLK	.00	2:49pm
*****		2

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

	PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II
County 2	wherford Instrument Location Rutherford County SU
Instrument S	erial No. 008914 HOD N. Washington St., Ritherforton 828 627-6247
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on the day of day of , 20 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
LE STAT	E O VOCALE LA CARRESTA DE LA CARRESTA DEL CARRESTA DEL CARRESTA DE LA CARRESTA DE

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

Signature of Certifying Official

Certificate Number

RUTHERFORD COUNTY RUTHERFORD COUNTY SD 800

Serial Number: 008914

Test Record Number: 1369

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:16am

Printer Tests

Test	Status	Time
PRNT	Pass	10:16am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:16am 10:16am

Preventive Maintenance Status: Pass

RUTHERFORD COUNTY RUTHERFORD COUNTY SD 800

Serial Number: 008914 Test Date: 03/10/2014

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 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
DIAG	Pass	10:19am
AIR BLK	.00	10:19am
ACCY CHK	.07	10:20am
AIR BLK	.00	10:21am
SUB TEST	.00	10:22am
AIR BLK	.00	10:23am
SUB TEST	.00	10:25am
ATR BLK	. 0.0	10.26am

Reported AC: ...00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	CRAVEN Instru	ument Location BAT MOBILE UNIT
Instrume	nent Serial No. <u>008616</u>	NEW BERM, NC
The prev		ers, Model Intox EC/IR II to be followed at least once every
1.	. Verify the ethanol gas canister displays 34 degrees, plus or minus .2 degree cent	pressure, or the alcoholic breath simulator thermometer shows tigrade;
2.	2. Verify instrument displays time and date	e;
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	6. When "PLEASE BLOW" appears, coll	ect breath sample;
7.	7. When "PLEASE BLOW" appears, coll	ect breath sample;
8.	Print test record;	
9.	O. Verify Diagnostic Program; and	
10.		eing changed before expiration date, or the alcoholic breath ry four months or after 125 Alcoholic Breath Simulator tests,
procedui	y that on theday ofARCH ures were performed on the instrument indicated al ment of Health and Human Services, and the instru	bove, in accordance with current regulations of the N.C.
A CREAT SE	AL STATE OF A POPULATION OF THE POPULATION OF TH	Bours 648
	Signature of	Certifying Official Certificate Number

CRAVEN COUNTY BAT MOBILE UNIT 3 240

Serial Number: 008616 Test Date: 03/07/2014

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: BARNES, ALVIN R
Permit Number: 15671E
Effective:
09/01/2013-09/01/2015

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:51pm 11:52pm 11:52pm
AIR BLK	.00	11:53pm
SUB TEST	.00	11:54pm
AIR BLK	.00	11:55pm
SUB TEST	.00	11:57pm
AIR BLK	.00	11:58pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CRAVEN COUNTY BAT MOBILE UNIT 3 240

Serial Number: 008616 Test Date: 03/07/2014 Test Record Number: 1882 Test Time: 11:58pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test Status Time	•
FC1 Pass 11:5	9pm
SRC Pass 11:5	9pm
DET Pass 11:5	9pm
BAR Pass 11:5	9pm
BT Pass 11:5	9pm

Blank Tests

Test	Status	Time
AIR	Pass	11:59pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:59pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:59pm 11:59pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	COLUMBUS	Instrument Location BA	T MOBILE UNIT
Instrumen	COLUMISUS t Serial No. 008707	WH	ITE VILLE, DC
The preve four mont	ntive maintenance procedures for the l	Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d	displays pressure, or the alcoholic begree centigrade;	reath simulator thermometer shows
2.	Verify instrument displays tim	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	1 ;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	nd	
10.	Verify that the ethanol gas can simulator solution is being ch whichever occurs first.	nister is being changed before expirat anged every four months or after 125	ion date, or the alcoholic breath Alcoholic Breath Simulator tests,
procedure	hat on the day of es were performed on the instrument in ent of Health and Human Services, and	dicated above, in accordance with cult the instrument is functioning proper	rrent regulations of the N.C.
GRANTES OREATES	TATE OF NORTH CARD	cy Bones	Certificate Number

COLUMBUS COUNTY BAT MOBILE UNIT 3 230

Serial Number: 008707 Test Date: 03/08/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

COLUMBUS COUNTY BAT MOBILE UNIT 3 230

Serial Number: 008707 Test Record Number: 1965 Test Date: 03/08/2014 Test Time: 11:18pm EST

System Check: Passed

Baseline Tests

Test	Status	Time	
IR	Pass	11:18pm	3
FLO	Pass	11:18pm	
FC	Pass	11:19pm	

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:19pm 11:19pm 11:19pm 11:19pm 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 CAL	Pass Pass	11:20pm 11:20pm

è

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD

INTOXIMETERS, MODEL INTOX EC/IR II BAT MOBILE UNIT 3 LUMBERTON, NC KOBESON Instrument Location Instrument Serial No. 008616 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; 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 Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the forgoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

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

Signature of Certifying Official

Certificate Number

ROBESON COUNTY BAT MOBILE UNIT 3 770

Serial Number: 008616 Test Date: 03/14/2014

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 AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00 .00	11:04pm 11:05pm 11:06pm 11:07pm 11:07pm
AIR BLK	.00	11:08pm
SUB TEST	.00	11:10pm
AIR BLK	.00	11:11pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY BAT MOBILE UNIT 3 770

Serial Number: 008616 Test Date: 03/14/2014 Test Record Number: 1885

Test Time: 11:13pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	11:14pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	11:14pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:14pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:14pm 11:14pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR,II Instrument Location BAT MOBILE UNIT 3

LUMBERTON, NC KOBESON Instrument Serial No. 008707 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. 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.

ROBESON COUNTY BAT MOBILE UNIT 3 770

Serial Number: 008707 Test Date: 03/14/2014

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: BARNES, ALVIN R

Permit Number: 15671E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

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

ROBESON COUNTY BAT MOBILE UNIT 3 770

Serial Number: 008707 Test Record Number: 1969
Test Date: 03/14/2014 Test Time: 11:14pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test Statu	ıs Time
FC1 Pass	11:15pm
SRC Pass	11:15pm
DET Pass	11:15pm
BAR Pass	11:15pm
BT Pass	11:15pm

Blank Tests

Test	Status	Time	
AIR	Pass	11:15pm	į

Printer Tests

Test	Status	Time
PRNT	Pass	11:15pm
	CDC Tests	

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County W	11650N	Instrument Location BAT	MOBILE UNIT.
Instrument Seri	al No. <u>008616</u>	Instrument Location BAT	SON, NC
The preventive four months are		ntoximeters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic brea egree centigrade;	ath simulator thermometer shows
2.	Verify instrument displays tim	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	·,	
5.	Verify instrument accuracy;		·
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" app	pears, collect breath sample;	· ·
8.	Print test record;		
9.	Verify Diagnostic Program; ar	nd	
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	nister is being changed before expiratio anged every four months or after 125 A	n date, or the alcoholic breath lcoholic Breath Simulator tests,
I certify that or procedures we Department of	n theday ofAre performed on the instrument in Health and Human Services, and	dicated above, in accordance with curr the instrument is functioning properly	orgoing preventive maintenance ent regulations of the N.C.
THE STATE OF THE S	A COLUMN A Signature of the column and the column a	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 BAT MOBILE UNIT 3 970

Serial Number: 008616 Test Date: 03/15/2014

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 AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	11:04pm 11:05pm 11:05pm 11:06pm 11:07pm
AIR BLK SUB TEST	.00	11:08pm 11:09pm
AIR BLK	.00	11:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alu Rey S.

WILSON COUNTY BAT MOBILE UNIT 3 970

Serial Number: 008616 Test Date: 03/15/2014 Test Record Number: 1890 Test Time: 11:12pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:12pm
SRC	Pass	11:12pm
DET	Pass	11:12pm
BAR	Pass	11:12pm
\mathtt{BT}	Pass	11:12pm

Blank Tests

Test	Status	Time
AIR	Pass	11:13pm

Printer Tests

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

11:13pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	WILSON Instrument Location BAT M	OBILE UNIT	
Instrument	WILSON Instrument Location BAT M Serial No. 008707 WILSON	JAC	
The prever	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be for sare:	ollowed at least once every	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath s 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer shows	
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	7. When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration da simulator solution is being changed every four months or after 125 Alcol whichever occurs first.		
I certify the procedures Department	at on the	oing preventive maintenance regulations of the N.C.	
CONTRACTOR OF STATE O		648 Certificate Number	

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

WILSON COUNTY BAT MOBILE UNIT 3 970

Serial Number: 008707 Test Date: 03/15/2014

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
09/01/2013-09/01/2015

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WILSON COUNTY BAT MOBILE UNIT 3 970

Serial Number: 008707 Test Date: 03/15/2014 Test Record Number: 1973

Test Time: 11:13pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:14pm
SRC	Pass	11:14pm
DET	Pass	11:14pm
BAR	Pass	11:14pm
BT	Pass	11:14pm

Blank Tests

Test	Status	Time
AIR	Pass	11:14pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:15pm
	CRC Tests	

Test	Status	Time
COMP	Pass	11:15pm
CAL	Pass	11:15pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR ĮI

, , ,	1 MIOANNETERS, MODEL MIOA ECIMA		
County	UIL SON Instrument Location BAT PROBLE UNIT		
Instrument Seri	al No. 008647 Instrument Location BAT MOBILE UNIT		
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
I certify that or procedures we Department of	the		
STATE ON STATE OF STA	Signature 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 BAT MOBILE UNIT 3 970

Serial Number: 008647 Test Date: 03/15/2014

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:

09/01/2013-09/01/2015

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WILSON COUNTY BAT MOBILE UNIT 3 970

Serial Number: 008647 Test Date: 03/15/2014

Test Record Number: 1915

Test Time: 11:15pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:16pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:16pm
	CRC Tests	
Test	Status	Time
COMP	Pass	11:16pm

Preventive Maintenance Status: Pass

Pass

11:16pm

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETER	(5, MODEL INTOX EC/II	N II
County BR	UNSWICK	Instrument Location BAT	MUBILE UNIT
Instrument Seria	INO. <u>008707</u>	BOILING.	SPRING LAKES
The preventive r four months are:		toximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	lisplays pressure, or the alcoholic breath ree centigrade;	simulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas can is simulator solution is being chan, whichever occurs first.	ter is being changed before expiration of ged every four months or after 125 Alco	late, or the alcoholic breath bholic Breath Simulator tests,
I certify that on to procedures were Department of H	theday ofA performed on the instrument indi- lealth and Human Services, and the	cated above, in accordance with current te instrument is functioning properly.	going preventive maintenance regulations of the N.C.
OF ME STATE OF N. TO THE STATE O	Signs	uture of Certifying Official	Certificate Number

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

BRUNSWICK COUNTY BAT MOBILE UNIT 3 090

Serial Number: 008707 Test Date: 03/22/2014

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: 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	11:24pm
AIR BLK ACCY CHK	.00	11:25pm 11:25pm
AIR BLK	.00	11:26pm
SUB TEST	.00	11:27pm
AIR BLK	.00	11:28pm
SUB TEST	.00	11:29pm
AIR BLK	.00	11:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BRUNSWICK COUNTY BAT MOBILE UNIT 3 090

Serial Number: 008707 Test Record Number: 1979
Test Date: 03/22/2014 Test Time: 11:37pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time	
IR	Pass	11:37pm	
FLO	Pass	11:37pm	
FC	Pass	11:38pm	ş

Temperature Tests

EC1 Dogg 11 20	
FC1 Pass 11:38p	m
SRC Pass 11:38p	m
DET Pass 11:38pt	m
BAR Pass 11:38pa	n
BT Pass 11:38pt	n

Blank Tests

Test	Status	Time
AIR	Pass	11:38pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:38pm
	CRC Tests	

Test	Status	Time
COMP	Pass	11:39pm
CAL	Pass	11:39pm

Preventive Maintenance Status: Pass

Analyst

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

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

Signature of Certifying Official

Certificate Number

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859 Test Date: 03/28/2014

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: AG405702 Exp Date: 02/26/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	1:25pm 1:26pm 1:26pm
AIR BLK	.00	1:28pm
SUB TEST	.00	1:28pm
AIR BLK	.00	1:29pm
SUB TEST	.00	1:31pm
ATR RIK	0.0	1:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court EVR

Analyst

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

Department of Health and Human Services Rev. 12/2007

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859 Test Record Number: 1716
Test Date: 03/28/2014 Test Time: 1:33pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:33pm 1:33pm
FC	Pass	1:33pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:34pm
SRC	Pass	1:34pm
DET	Pass	1:34pm
BAR	Pass	1:34pm
\mathtt{BT}	Pass	1:34pm

Blank Tests

Test	Status	Time
ATR	Pass	1:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:34pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:34pm 1:34pm

Preventive Maintenance Status: Pass

Analyst

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

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

. 1	INTOXIMETERS, MODEL INTOX EC/ICH
County 6	Me Instrument Location (ance (a.)
Instrument Se	erial No. 008870 Instrument Location/lance Co. S.O. Henderson NC
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures v	on the 28th day of March, 20 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

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

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870 Test Date: 03/28/2014

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: AG335201 Exp Date: 12/18/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	10:28am 10:29am 10:30am 10:31am
SUB TEST	.00	10:32am
AIR BLK	.00	10:33am
SUB TEST	.00	10:34am
AIR BLK	.00	10:35am

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

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870

Test Record Number: 664

Test Date: 03/28/2014

Test Time: 10:37am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:37am
SRC	Pass	10:37am
DET	Pass	10:37am
BAR	Pass	10:37am
\mathtt{BT}	Pass	10:37am

Blank Tests

Test	Status	Time
AIR	Pass	10:38am

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

10:38am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County V	ance Instrument Location /ance Co. S.O.
Instrument Se	instrument Location Vance Co. S.O. orial No. 008937 156 Church St.
	Henderson NC
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that opposedures we Department of	on the day of March, 20 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE PARTY OF THE P	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)

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937 Test Date: 03/28/2014

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: AG335201 Exp Date: 12/18/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:02am 10:03am 10:03am
AIR BLK SUB TEST	.00 .00	10:04am 10:05am
AIR BLK	.00	10:05am
SUB TEST	.00	10:07am
AIR BLK	.00	10:08am

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

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937 Test Date: 03/28/2014 Test Record Number: 1593 Test Time: 10:09am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:10am

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

10:10am

CAL

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

Department of Health and Human Services

Analyst

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (\(\lambda \)	the	Instrument Location Wake (o. Detention Cer		
Instrument S	erial No. <u>008873</u>	2 - 11 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
The preventi		Intoximeters, Model Intox EC/IR II to be followed at least once every		
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d	displays pressure, or the alcoholic breath simulator thermometer shows egree centigrade;		
2.	Verify instrument displays tim	ne and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	i ;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" app	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" app	pears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; as	nd		
10.		nister is being changed before expiration date, or the alcoholic breath anged every four months or after 125 Alcoholic Breath Simulator tests,		
l certify that procedures v Department	on the 2 1 th day of 1/2 were performed on the instrument in of Health and Human Services, and	the forgoing preventive maintenance dicated above, in accordance with current regulations of the N.C. the instrument is functioning properly.		
THE STATE OF THE S	E OS NO GENTLA CAROLINA CAROLI	- Farley 655		
	Sig	nature of Certifying Official Certificate Number		
A signed ori	ginal of the preventive maintenance	record shall be kept on file for at least three years.		

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008873 Test Date: 03/24/2014

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: AG323402 Exp Date: 08/22/2015

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst)

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008873 Test Record Number: 966
Test Date: 03/24/2014 Test Time: 12:31pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:33pm

Printer Tests

_		_
Test	Status	Time
PRNT	Pass	12:33pm
	CRC Tests	· ·
Test	Status	Time
	· ·	

12:33pm

12:33pm

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (1) Ca	ke	Instrument Location Wake (O. Detention	
Instrument Seria	INO. <u>008816</u>	3301 Hamma Raleigh N	nd Rd	
The preventive n four months are:		oximeters, Model Intox EC/IR II to be	followed at least once every	
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr	isplays pressure, or the alcoholic breath ree centigrade;	simulator thermometer shows	
2.	Verify instrument displays time a	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears, collect breath sample;			
7.	When "PLEASE BLOW" appears, collect breath sample;			
8.	Print test record;	•		
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.	ter is being changed before expiration of ged every four months or after 125 Alco	late, or the alcoholic breath oholic Breath Simulator tests,	
I certify that on the				
THE STATE OF ME ST	Signa	ature of Certifying Official	Certificate Number	

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

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008816 Test Date: 03/24/2014

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: AG405702 Exp Date: 02/26/2016

Test	g/210L	T'ime
DIAG AIR BLK	Pass	11:09am 11:10am
ACCY CHK	.08	11:10am
AIR BLK	.00	11:12am
SUB TEST	.00	11:13am
AIR BLK	.00	11:14am
SUB TEST	.00	11:15am
ATR BLK	. 0.0	11:16am

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. 12/2067

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008816 Test Record Number: 6144 Test Date: 03/24/2014

Test Time: 11:17am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:18am 11:18am
FC	Pass	11:18am

Temperature Tests

FC1 Pass 11:18a	.m
SRC Pass 11:18a	.m
DET Pass 11:18a	m
BAR Pass 11:18a	m
BT Pass 11:18a	m

Blank Tests

Test	Status	Time
AIR	Pass	11:19am

Printer Tests

Test	Status	Time
PRNT	Pass	11:19am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:19am 11:19am

Preventive Maintenance Status: Pass



<i>*</i>	INTUXIMETERS, MODEL INTUX EC/IR II	/
County 1	Me Instrument Location Wake Co. Defent	ian (
Instrument S	Serial No 60 8924 3301 Hammond Rd.	·
	Pale ANC	
The preventi four months	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once as are:	every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 34 degrees, plus or minus .2 degree centigrade;	er shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5,	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic be simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.	
procedures v	at on the 2 1th day of March, 20 the forgoing preventive maint were performed on the instrument indicated above, in accordance with current regulations of the N.C at of Health and Human Services, and the instrument is functioning properly.	tenance C.
THE STATE OF THE S	Signature of Certifying Official Certificate Numb	egrafi .
	Signature of Certifying Official Certificate Numb	er
A signed orig	riginal 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: 03/24/2014

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	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:45am 10:46am 10:47am
AIR BLK	.00	10:48am
SUB TEST	.00	10:48am
AIR BLK	.00	10:49am
SUB TEST	.00	10:51am
ATR BLK	0.0	10:52am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR/

Analyst

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

Rev. 12/2007

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008924

Test Record Number: 516

Test Date: 03/24/2014

Test Time: 10:53am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ATR	Pass	10:54am

Printer Tests

Test	Status	Time
PRNT	Pass	10:54am

CRC Tests

Test	Status	Time
COMP	Pass	10:54am
\mathtt{CAL}	Pass	10:54am

Preventive Maintenance Status: Pass

Analyst

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

Rev. 12/2007

í,

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ma	ywood Instrum	ent Location Hay nood Co. Jail
Instrument Se	erial No. <u>0089/1 Way</u>	ent Location Hay wood Co. Jail
The preventive four months a		, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pro 34 degrees, plus or minus .2 degree centigo	essure, or the alcoholic breath simulator thermometer sho rade;
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collec	t breath sample;
7.	When "PLEASE BLOW" appears, collec	t breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being simulator solution is being changed every whichever occurs first.	ng changed before expiration date, or the alcoholic breath four months or after 125 Alcoholic Breath Simulator test
procedures y	on the 20 day of March were performed on the instrument indicated abo of Health and Human Services, and the instrum	the forgoing preventive maintenant regulations of the N.C. nent is functioning properly.
LATE CREATER TO SERVICE STATE OF SERVICE STATE S	Cyril A.	Certifying Official Certificate Number

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008911 Test Date: 03/20/2014

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

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

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

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

Signature of Chemical Analyst

Court CVR

Caif R. Cuth-Analyst

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008911 Test Date: 03/20/2014

Test Record Number: 174 Test Time: 12:17pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:18pm

Printer Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County $\sqrt{}$	gywood Instrument Location Haywo	nod Co. Jail
Instrument S	erial No. 008714 Waynesville NC	
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to bare:	e followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic brea 34 degrees, plus or minus .2 degree centigrade;	th simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 A whichever occurs first.	n date, or the alcoholic breath lcoholic Breath Simulator tests,
I certify that procedures Department	on the <u>20</u> day of <u>March</u> , 20/4 the fowere performed on the instrument indicated above, in accordance with curre of Health and Human Services, and the instrument is functioning properly.	orgoing preventive maintenance ent regulations of the N.C.
COMPANIE OF THE PARTY OF THE PA		
OF THE STA	TE OF A LOPE	
ARR. 12.	Did R Lith	635
	Signature of Certifying Official	Certificate Number

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714 Test Date: 03/20/2014

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: 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	12:09pm 12:10pm 12:11pm
AIR BLK SUB TEST	.00	12:12pm 12:12pm
AIR BLK	.00	12:13pm
SUB TEST AIR BLK	.00 .00	12:15pm 12:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714 Test Date: 03/20/2014

Test Record Number: 999
Test Time: 12:17pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	12:17pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	12:18pm

Printer Tests

Test	Status	Time
PRN'T	Pass	12:18pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:18pm 12:18pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Train	hsy Wania Instrument Location Transy /	
	No. 00 8609 Brevard, NC	
The preventive m four months are:	aintenance procedures for the Intoximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer show
2.	Verify instrument displays time and date;	·
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration d simulator solution is being changed every four months or after 125 Alcowhichever occurs first.	ate, or the alcoholic breath pholic Breath Simulator tests,
I certify that on the procedures were propartment of Ho	the forgoerformed on the instrument indicated above, in accordance with current ealth and Human Services, and the instrument is functioning properly.	going preventive maintenance regulations of the N.C.
OF THE STATE OF AND OF THE STATE OF		
	T CAR	•
* LOT QUAN VORW *	Signature of Certifying Official	Certificate Number

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

> Serial Number: 008609 Test Date: 03/19/2014

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: 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 ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	12:01pm 12:02pm 12:02pm 12:03pm 12:04pm 12:05pm
SUB TEST	.00	12:06pm
AIR BLK	.00	12:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

Serial Number: 008609 Test Date: 03/19/2014

Test Record Number: 551
Test Time: 12:08pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:08pm
FLO	Pass	12:08pm
FC	Pass	12:09pm

Temperature Tests

Status	Time
Pass	12:09pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	12:09pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:09pm
	CRC Tests	
Test	Status	Time

COMP	Pass	12:09pm
CAL	Pass	12:09pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORDING INTOXIMETERS, MODEL INTOX EC/IR II

~	intoangeters, wodel intoa	
County	Fan Sylvania Instrument Location Train	nsylvania Co. Fai
Instrument Se	erial No. OU8820 Brevard, A	10
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR are:	II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcohol 34 degrees, plus or minus .2 degree centigrade;	ic breath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before exp simulator solution is being changed every four months or after whichever occurs first.	piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
I certify that procedures v Department	on theday of	the forgoing preventive maintenance h current regulations of the N.C. perly.
STAIL	Carl hollo	635
	Signature of Certifying Official	Certificate Number

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

> Serial Number: 008820 Test Date: 03/19/2014

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: 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: AG315701 Exp Date: 06/06/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	11:59am 12:00pm 12:00pm 12:01pm 12:02pm 12:03pm
and the second s		
SUB TEST	.00	12:05pm
AIR BLK	.00	12:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

Serial Number: 008820

Test Record Number: 759

Test Date: 03/19/2014

Test Time: 12:07pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:08pm 12:08pm
FC	Pass	12:08pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:08pm
SRC	Pass	12:08pm
DET	Pass	12:08pm
BAR	Pass	12:08pm
BT	Pass	12:08pm

Blank Tests

Test	Status	Time
AIR	Pass	12:09pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:09pm
	CRC Tests	*
Test	Status	Time
COMP CAL	Pass Pass	12:09pm 12:09pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C	herokee Instrument Location Che	
Instrument S	erial No. <u>008622</u> <u>Murphy</u> , NC	
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II (are:	to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic to 34 degrees, plus or minus .2 degree centigrade;	preath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	· · · · · · · · · · · · · · · · · · ·
10.	Verify that the ethanol gas canister is being changed before expira simulator solution is being changed every four months or after 125 whichever occurs first.	
	·	
I certify that procedures v Department	on theday of, 20, 20 the vere performed on the instrument indicated above, in accordance with conf Health and Human Services, and the instrument is functioning proper	e forgoing preventive maintenance urrent regulations of the N.C. ly.
OTHE STATE	E A COMPANY OF THE PARTY OF THE	
TARE QUANT	Signature of Certifying Official	Certificate Number

CHEROKEE COUNTY CHEROKEE COUNTY JAIL
190

Serial Number: 008622 Test Date: 03/14/2014

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: 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	Pass	12:14pm
AIR BLK	.00	12:15pm
ACCY CHK	.07	12:16pm
AIR BLK	.00	12:17pm
SUB TEST	.00	12:17pm
AIR BLK	.00	12:18pm
SUB TEST	.00	12:20pm
ATR RIK	0.0	12:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

Serial Number: 008622 Test Record Number: 868

System Check: Passed

Baseline Tests

Test	Status	Timè
IR	Pass	12:23pm
FLO	Pass	12:23pm
FC	Pass	12:23pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:23pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:23pm
	CRC Tests	

Test	Status	Time
COMP	Pass	12:24pm
CAL	Pass	12:24pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	erokee Instrument L	LINIUXEC	/IK II
County /	erokee Instrument I	ocation Chev	okee Co. Jail
Instrument Seria	INO. 008711 Murp	by No	· · · · · · · · · · · · · · · · · · ·
The preventive if four months are	naintenance procedures for the Intoximeters, Moo	del Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister displays pressure 34 degrees, plus or minus .2 degree centigrade;	e, or the alcoholic br	eath simulator thermometer show
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect brea	th sample;	
7.	When "PLEASE BLOW" appears, collect brea	th sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being cha simulator solution is being changed every four the whichever occurs first.		
procedures were	theday ofMarch performed on the instrument indicated above, in lealth and Human Services, and the instrument is	accordance with cur	rent regulations of the N.C.
			e de la companya de l
THE STATE OF A	ON HE CARO		
AND CITY AND		f-41	1-5-

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

Signature of Certifying Official

Certificate Number

CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

Serial Number: 008711 Test Date: 03/14/2014

Test Record Number: 678
Test Time: 12:22pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET	Pass Pass Pass	12:23pm 12:23pm 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 CAL	Pass Pass	12:23pm 12:23pm

Preventive Maintenance Status: Pass

Analyst

CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

Serial Number: 008711 Test Date: 03/14/2014

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: 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 ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00 .00	12:14pm 12:15pm 12:16pm 12:17pm 12:17pm 12:18pm 12:20pm 12:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

jarens	' ' P	
County (TUI / TORD Instrument Location U// C3 - G	oreens lave
Instrument So	erial No. 008604 Police De	portuen
		<i>y</i>
The preventive four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be foll are:	owed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath sin 34 degrees, plus or minus .2 degree centigrade;	nulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date simulator solution is being changed every four months or after 125 Alcohowhichever occurs first.	
I certify that procedures w Department of	on the 28 day of MAROM, 2014 the forgoing were performed on the instrument indicated above, in accordance with current re of Health and Human Services, and the instrument is functioning properly.	ng preventive maintenance gulations of the N.C.
CALL STATE OF THE	Signature of Certifying Official	Certificate Number

GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604 Test Date: 03/28/2014

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

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	12:56pm 12:57pm 12:57pm 12:59pm
SUB TEST	.00	12:59pm
AIR BLK	.00	1:00pm
SUB TEST	.00	1:02pm
ATR RIK	. 00	1:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604

Test Record Number: 1231

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:04pm
FLO	Pass	1:04pm
FC	Pass	1:04pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:04pm
SRC	Pass	1:04pm
DET	Pass	1:04pm
BAR	Pass	1:04pm
BT	Pass	1:04pm

Blank Tests

Test	Status	Time
AIR	Pass	1:04pm

Printer Tests

Test

PRNT	Pass	1:05pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:05pm 1:05pm

Status

Time

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	INTOXIMETERS, MODEL INTOX EC/IR II SUIT FOR I Instrument Location GREENS DORO JA:
Instrument Se	erial No. <u>008638</u>
The preventive four months a	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the day of MARCA, 20 H the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
TATE STATE OF THE CORE OF THE	Signature of Certifying Official Certificate Number

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008638 Test Date: 03/26/2014

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: 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: AG404101 Exp Date: 02/10/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	2:57pm 2:58pm 2:59pm 3:00pm
SUB TEST	.00	3:01pm
AIR BLK	.00	3:02pm
SUB TEST	.00	3:03pm
AIR BLK	.00	3:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

A Dewn Jean Analyst

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008638

Test Record Number: 1553

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:05pm
FLO	Pass	3:05pm
FC	Pass	3:05pm

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	3:05pm 3:05pm
DET	Pass	3:05pm
BAR	Pass	3:05pm
BT	Pass	3:05pm

Blank Tests

Test	Status	Time
AIR	Pass	3:06pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:06pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:06pm 3:06pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

gar Marie	INTOXIMETERS, MODEL INTOX EC/IR II
County	KOWAN Instrument Location SAIIS BURY
Instrument Se	erial No. 008868 Tolice Department
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
ME STATI.	Signature of Certifying Official Certificate Number

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868 Test Date: 03/24/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

06/01/2013-06/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:55pm
AIR BLK	.00	3:55pm
ACCY CHK	.07	3:56pm
AIR BLK	.00	3:57pm
SUB TEST	.00	3:57pm
AIR BLK	.00	3:58pm
SUB TEST	.00	4:00pm
AIR BLK	.00	4:01pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

- X. Fein Deon Analyst

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868 Test Date: 03/24/2014 Test Record Number: 2093

Test Time: 4:02pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	4:02pm
SRC	Pass	4:02pm
DET	Pass	4:02pm
BAR	Pass	4:02pm
BT	Pass	4:02pm

Blank Tests

Test	Status	Time
AIR	Pass	4:03pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:03pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:04pm 4:04pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

41	1 / A / C C O
County_	Instrument Location Markin (o. 5.0.
Instrument Se	rial No. DD 8851 305 E. Main St., Williamsfon, A
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1,	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the day of March, 20 / the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
STATE OF THE STATE	Signature of Certifying Official Certificate Number

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008851 Test Date: 03/26/2014

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: AG309105 Exp Date: 04/01/2015

Test	g/210L	Time
DIAG	Pass	1:36pm
AIR BLK	.00	1:37pm
ACCY CHK	.08	1:38pm
AIR BLK	.00	1:39pm
SUB TEST	.00	1:39pm
AIR BLK	.00	1:40pm
SUB TEST	.00	1:42pm
AIR BLK	.00	1:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008851

Test Record Number: 465

Test Date: 03/26/2014 Test Time: 1:44pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:44pm
FLO	Pass	1:44pm
F C	Pass	1:44pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:44pm
SRC	Pass	1:44pm
DET	Pass	1:44pm
BAR	Pass	1:44pm
BT	Pass	1:44pm

Blank Tests

Test	Status	Time
AIR	Pass	1:45pm

Printer Tests

Test	Status	Time
PRNT	Pagg	1 · 45pm

CRC Tests

Test	Status	Time
COMP	Pass	1:45pm
\mathtt{CAL}	Pass	1:45pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902 Test Date: 03/13/2014

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: AG312802 Exp Date: 05/08/2015

Test	g/210L	Time
DIAG	Pass	10:46am
AIR BLK	.00	10:47am
ACCY CHK	.07	10:48am
AIR BLK	.00	10:49am
SUB TEST	.00	10:50am
AIR BLK	.00	10:51am
SUB TEST	.00	10:52am
ATR BLK	. 0.0	10:53am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902

Test Record Number: 472

Test Date: 03/13/2014

Test Time: 10:54am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:55am
FLO	Pass	10:55am
FC	Pass	10:55am

Temperature Tests

Test	Status	Time
FC1	Pass	10:55am
SRC	Pass	10:55am
DET	Pass	10:55am
BAR	Pass	10:55am
BT	Pass	10:55am

Blank Tests

Test	Status	Time
AIR	Pass	10:56am

Printer Tests

Test	Status	Time
PRNT	Pass	10:56am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:56am

Preventive Maintenance Status: Pass

Pass

10:56am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Gat	Instrument Location Gates (a S.D.
Instrument Seria	INO. DO8884 202 Court St., Gatesville, UC
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the 25 day of March, 2011 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
ON STATE OF THE COURT OF THE CO	
William The Control	Signature of Certifying Official Certificate Number

GATES COUNTY GATES CO SO 360

Serial Number: 008884 Test Date: 03/25/2014

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: AG320602 Exp Date: 07/25/2015

Test	g/210L	Time
DIAG AIR BLK	Pass	12:03pm 12:03pm
ACCY CHK	.07	12:04pm
AIR BLK SUB TEST	.00	12:05pm
AIR BLK	.00 .00	12:06pm 12:07pm
SUB TEST	.00	12:08pm
ATR BLK	. 00	12:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GATES COUNTY GATES CO SO 360

Serial Number: 008884 Test Record Number: 557 Test Date: 03/25/2014 Test Time: 12:14pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	12:14pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	12:15pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst



County Edg	ial No. 008663 Office, 3005. Anaronda Pel, Tarko
Instrument Ser	ial No. 008663 Office, 3005. Anaronda Pol, Tark
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3,	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the day of day of the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF STA	AORITI CAROLLINA

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

Signature of Certifying Official

Certificate Number

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008663 Test Date: 03/18/2014

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: 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: AG321904 Exp Date: 08/07/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	10:38am 10:39am 10:40am
AIR BLK	.00	10:41am
SUB TEST AIR BLK	.00 .00	10:42am 10:43am
SUB TEST ATR BLK	.00	10:44am

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

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008663

Test Record Number: 2095

Test Date: 03/18/2014 Test Time: 10:46am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

10:47am 10:47am 10:47am 10:47am 10:47am

Blank Tests

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

Pass

10:48am

Preventive Maintenance Status: Pass

CAL

PREVENTIVE MAINTENANCE RECORD

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

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

Signature of Certifying Official

Certificate Number

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

> Serial Number: 008603 Test Date: 03/18/2014

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: AG320602 Exp Date: 07/25/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	10:53am 10:54am 10:54am 10:55am 10:56am 10:57am
SUB TEST	.00	10:57am
ATR BLK	.00	10:59am

Reported AC: .00 g/210L

Signature of Chemical Analyst

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008603 Test Date: 03/18/2014 Test Record Number: 1345

Test Time: 11:01am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:02am

Printer Tests

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

Pass

11:02am

Preventive Maintenance Status: Pass

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Country	Dale	-	Location Dace	(10)	Detention
County	Serial No. 008918	1044	_	od	Dr., Mantero
The prevent four months	tive maintenance procedures for the I	ntoximeters, Mo	odel Intox EC/IR II to l	be followe	d at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de			ath simula	tor thermometer shows
2.	Verify instrument displays tim	e and date;			
3.	Initiate breath test sequence;				
4.	Enter information as prompted	la •			
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" app	When "PLEASE BLOW" appears, collect breath sample;			
7.	When "PLEASE BLOW" app	ears, collect bre	eath sample;		
8.	Print test record;				
9	Verify Diagnostic Program; ar	ıd			
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.				
	t on theday of were performed on the instrument in of Health and Human Services, and	dicated above, i		ent regulat	eventive maintenance tions of the N.C.
STAN OR STAN O	NAME OF THE PARTY	nature of Certif	ying Official	C	ertificate Number

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008918 Test Date: 03/17/2014

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: AG326006

Exp Date: 09/17/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	3:27pm 3:28pm 3:28pm 3:29pm 3:30pm 3:31pm
SUB TEST	.00	3:31pm
AIR BLK	.00	3:33pm 3:34pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008918

Test Record Number: 322

Test Date: 03/17/2014

Test Time: 3:23pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:24pm
FLO	Pass	3:24pm
FC	Pass	3:24pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:24pm
SRC	Pass	3:24pm
DET	Pass	3:24pm
BAR	Pass	3:24pm
BT	Pass	3:24pm

Blank Tests

Test	Status	Time
AIR	Pass	3:25pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:25pm
	CRC Tests	
Test	Status	Time

COMP Pass 3:25pm Pass 3:25pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD

INTOXIMETERS, MODEL INTOX EC/IR II

County Date Instrument Location Date Co. Detention Ctr

Instrument Serial No. DO 3847 1044 Distribution Vi. Mankey 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;
- Verify instrument displays time and date;
- 3. Initiate breath test sequence;
- 4. Enter information as prompted;
- 5. Verify instrument accuracy;
- 6. When "PLEASE BLOW" appears, collect breath sample;
- 7. When "PLEASE BLOW" appears, collect breath sample;
- 8. Print test record;
- 9. Verify Diagnostic Program; and
- 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the _____day of ______day of ______, 20 _____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

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008847 Test Date: 03/17/2014

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	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	3:17pm 3:18pm 3:18pm 3:19pm 3:20pm 3:21pm
SUB TEST AIR BLK	.00	3:23pm 3:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008847

Test Record Number: 539

Test Date: 03/17/2014

Test Time: 3:26pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:26pm
FLO	Pass	3:26pm
FC	Pass	3:26pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:26pm
SRC	Pass	3:26pm
DET	Pass	3:26pm
BAR	Pass	3:26pm
$_{ m BT}$	Pass	3:26pm

Blank Tests

Test	Status	Time
ΔTR	Pagg	3 · 27pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:27pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:27pm 3:27pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location WAYNE CO. Desember C. Instrument Serial No. 008671 207 E. Chestnut St., Goldsboro, 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; 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. day of Warch, 20 // 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

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008671 Test Date: 03/17/2014

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 AIR BLK ACCY CHK	Pass .00	11:18am 11:19am 11:19am
AIR BLK	.00	11:20am
SUB TEST	.00	11:21am
AIR BLK	.00	11:22am
SUB TEST	.00	11:23am
AIR BLK	.00	11:24am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

FINDOX. Reev

WAYNE COUNTY WAYNE CO DETENTION

Serial Number: 008671

Test Record Number: 3006

Test Date: 03/17/2014

Test Time: 11:14am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Blank Tests

Test	Status	Time	
ATR	Pass	11:15am	

Printer Tests

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

11:16am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

12		AND, MODELINIOA ECI.	
County [] [ICK C	Instrument Location BUKE	
Instrument Se	rial No. <u>00 8904</u>	Morgan	ton NC
	, (100 - 10		
The preventive four months as		Intoximeters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breaegree centigrade;	ath simulator thermometer shows
2.	Verify instrument displays tim	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	!;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	nd	
10.		nister is being changed before expiration anged every four months or after 125 Al	
I certify that o procedures we Department of	n theday ofday of ere performed on the instrument inc f Health and Human Services, and	the following the following properly.	orgoing preventive maintenance nt regulations of the N.C.
TATE CONTROL OF THE STATE OF TH	CAROLINE CONTROL OF THE PARTY O	nature of Certifying Official	649 Certificate Number

BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008904 Test Date: 03/25/2014

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: 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 AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	7:43pm 7:44pm 7:45pm 7:46pm 7:47pm
AIR BLK SUB TEST AIR BLK	.00 .00	7:48pm 7:49pm 7:50pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008904

Test Record Number: 1398

Test Date: 03/25/2014

Test Time: 7:52pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:52pm
FLO	Pass	7:52pm
FC	Pass	7:52pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:52pm
SRC	Pass	7:52pm
DET	Pass	7:52pm
BAR	Pass	7:52pm
\mathtt{BT}	Pass	7:52pm

Blank Tests

Test	Status	Time	
AIR	Pass	7:53pm	

Printer Tests

Test	Status	Time
PRNT	Pass	7:53pm

CRC Tests

Test	Status	Time
COMP	Pass	7:53pm
CAL	Pass	7:53pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	instrument Location Beithe - Catawba Jan
Instrument Seri	ial No. 00883/ Morganton, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008831 Test Date: 03/25/2014

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: AG326006 Exp Date: 09/17/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00	7:42pm 7:43pm 7:44pm 7:45pm 7:46pm 7:46pm 7:48pm
AIR BLK	.00	7:49pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Out R. Cuth

BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008831

Test Record Number: 1316

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:50pm
FLO	Pass	7:50pm
FC	Pass	7:50pm

Temperature Tests

Status	Time
Pass	7:50pm
Pass	7:50pm
Pass.	7:50pm
Pass	7:50pm
Pass	7:50pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	7:51pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:51pm
•	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	7:51pm 7:51pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	Addison Instrument Location Madison Co. Jail
Instrument Se	orial No. 00 8599 Marshall, NC
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department o	on the 20 day of March, 20/9 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
TO THE STATE OF	TOP TO THE PART OF

MADISON COUNTY MADISON COUNTY JAIL 560

Serial Number: 008599 Test Date: 03/20/2014

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: 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: AG300202 Exp Date: 01/02/2015

g/210L	Time
Pass .00 .08	2:21pm 2:22pm 2:23pm
.00	2:24pm
.00	2:24pm
.00	2:25pm
.00	2:27pm
.00	2:28pm
	Pass .00 .08 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MADISON COUNTY MADISON COUNTY JAIL 560

Serial Number: 008599

Test Record Number: 517

Test Date: 03/20/2014

Test Time: 2:28pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:29pm
FLO	Pass	2:29pm
FC	Pass	2:29pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:29pm
SRC	Pass	2:29pm
DET	Pass	2:29pm
BAR	Pass	2:29pm
BT	Pass	2:29pm

Blank Tests

Test	Status	Time
AIR	Pass	2:30pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:30pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:30pm

Preventive Maintenance Status: Pass

Pass

2:30pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

\mathcal{O}	INTOANVIETERS, MODEL INTOX EC/IR II
County <u>50</u>	Instrument Location Buncombe Co. Jail
Instrument Seri	al No. 008808 Asheville, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the
STATE OF STA	AROUND TO THE PART OF THE PART

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL
100

Serial Number: 008808 Test Date: 03/18/2014

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: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2013-06/01/2015

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:59pm
AIR BLK	.00	3:59pm
ACCY CHK	.07	4:00pm
AIR BLK	.00	4:01pm
SUB TEST	.00	4:02pm
AIR BLK	.00	4:02pm
SUB TEST	.00	4:04pm
AIR BLK	.00	4:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008808

Test Record Number: 817
Test Time: 4:05pm EDT

Test Date: 03/18/2014 Tes

Test Time: 4:05pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:06pm
FLO	Pass	4:06pm
FC	Pass	4:06pm

Temperature Tests

Status	Time
Pass	4:06pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	4:07pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:07pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:07pm 4:07pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

~~~		LRS, MODEL INTOX EC	
County 15	uncombe	Instrument Location Bunce	mbe Co. Jail
Instrument Se	erial No. <u>008697</u>	Ash	neville, vc
The preventive four months a	ve maintenance procedures for the are:	Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic bro	eath simulator thermometer shows
2.	Verify instrument displays tim	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	1;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; ar	nd	
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	nister is being changed before expiration in the state of	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify that of procedures we Department of	on the 8 day of Moere performed on the instrument in f Health and Human Services, and	dicated above, in accordance with current the instrument is functioning properly	forgoing preventive maintenance rent regulations of the N.C.
THE STATE OF THE S		naturé of Certifying Official	Certificate Number

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL
100

Serial Number: 008697 Test Date: 03/18/2014

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: 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: AG309101 Exp Date: 04/01/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	3:44pm 3:45pm 3:46pm 3:47pm <b>3:48pm</b> 3:49pm
SUB TEST	.00	3:51pm
AIR BLK	.00	3:52pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008697 Test Test Date: 03/18/2014 Test

Test Record Number: 2275
Test Time: 3:52pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:53pm 3:53pm
FC	Pass	3:53pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:53pm
SRC	Pass	3:53pm
DET	Pass	3:53pm
BAR	Pass	3:53pm
$\mathtt{BT}$	Pass	3:53pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:54pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:54pm

#### CRC Tests

Test	Status	Time
COMP	Pass	3:54pm
CAL	Pass	3:54pm

Preventive Maintenance Status: Pass

Analyst

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

County M	Dowell Instrument Location MC Dowell Co. Jail
Instrument Seri	al No. 008892 Marion, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
. 10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the
O'RE STATE OF THE	Signature of Certifying Official Certificate Number

MCDOWELL COUNTY JAIL 580

Serial Number: 008892 Test Date: 03/11/2014

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	Pass .00 .08	3:12pm 3:13pm 3:14pm
AIR BLK SUB TEST	.00 .00	3:15pm <b>3:16pm</b>
AIR BLK	.00	3:16pm
SUB TEST	.00	3:18pm
AIR BLK	.00	3:19pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MCDOWELL COUNTY JAIL 580

Serial Number: 008892

Test Record Number: 370

Test Date: 03/11/2014

Test Time: 3:20pm EDT

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	3:21pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:21pm
	CRC Tests	
Test	Status	Time

COMP	Pass	3:21pm
CAL	Pass	3:21pm

Preventive Maintenance Status: Pass

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

A.	INTOXIMETE	ers, model intox ec/ir	
County ///	Dowell	Instrument Location MC Dolw	ell Co. Jail
Instrument Seri	ial No <i>008489</i>	Marion	NO
;.			
The preventive four months are	maintenance procedures for the	Intoximeters, Model Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	er displays pressure, or the alcoholic breath a degree centigrade;	simulator thermometer show
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	nd	
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	nister is being changed before expiration da anged every four months or after 125 Alcoh	ite, or the alcoholic breath nolic Breath Simulator tests,
procedures wer	e performed on the instrument in	the forgondicated above, in accordance with current relationships the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
THE STATE OF THE S	Signal Si	gnature of Certifying Official	649 Certificate Number

MCDOWELL COUNTY JAIL 580

Serial Number: 008888 Test Date: 03/11/2014

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: AG309101 Exp Date: 04/01/2015

Test	g/210L	Time
DIAG AIR BLK	Pass	3:12pm 3:12pm
ACCY CHK	.07	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

Signature of Chemical Analyst

Court CVR

#### MCDOWELL COUNTY JAIL 580

Serial Number: 008888

Test Record Number: 1047

Test Date: 03/11/2014

Test Time: 3:20pm EDT

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	3:21pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:21pm
	CRC Tests	
Test	Status	Time

COMP Pass 3:21pmCALPass 3:21pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR I Instrument Location 008802 Instrument Serial No. The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 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 procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

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

Signature of Certifying Official

Certificate Number

# ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802 Test Date: 03/10/2014

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

ubject'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

DIAG Pass 10:43a	
AIR BLK .00 10:446 ACCY CHK .08 10:456 AIR BLK .00 10:466 SUB TEST .00 10:476 AIR BLK .00 10:486	am am am am am
SUB TEST .00 10:49a	
AIR BLK .00 10:50a	am

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

# ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802 Test Record Number: 575 Test Date: 03/10/2014 Test Time: 10:51am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:52am
FLO	Pass	10:52am
FC	Pass	10:52am

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:53am

### Printer Tests

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

COMP	Pass	10:53am
CAL	Pass	10:53am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Instrument Serial No. 008938 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 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 Centifying Official

Certificate Number

SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938 Test Date: 03/10/2014

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: 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: AG309105

Exp Date: 04/01/2015

Test	g/210L	Time
DIAG	Pass	1:42pm
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: 1.00 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

# SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938 Test Date: 03/10/2014 Test Record Number: 466
Test Time: 1:49pm EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	1:50pm
FLO	Pass	1:50pm
FC	Pass	1:50pm

# Temperature Tests

Test	Status	Time
FC1	Pass	1:50pm
SRC	Pass	1:50pm
DET	Pass	1:50pm
BAR	Pass	1:50pm
BT	Pass	1:50pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:51pm

### Printer Tests

iest		Time
PRNT	Pass	1:51pm

### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County	OUPRIL SUPPIL CALLY TO
Instrument Se	erial No. 108934 Instrument Location DURRY COUNTY Jax/
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  On the
THE STATE OF THE S	TOOLING CASO

SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934 Test Date: 03/11/2014

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: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC:

.Q0 g/210L

Signature of Chemical Analyst

Court CVR

# SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934 Test Record Number: 1252

Test Date: 03/11/2014 Test Time: 10:02am EDT

System Check: Passed

# Baseline Tests

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

# Temperature Tests

Test	Status	Time
FC1	Pass	10:02am
SRC	Pass	10:02am
DET	Pass	10:02am
BAR	Pass	10:02am
$\mathtt{BT}$	Pass	10:02am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:03am

# Printer Tests

Test	Status	Time
PRNT	Pass	10:03am
	CRC Tests	

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

Preventive Maintenance Status: Pass

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

	INTOXIMETERS, MODEL INTOX EC/IR II
County	Instrument Location Mount Airy
Instrument S	Gerial No. 008943 Police Department
The preventi four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department	on theday of, 20 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATI THE ST	Signature of Certifying Official Certificate Number

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943 Test Date: 03/11/2014

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: 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: AG322601 Exp Date: 08/14/2015

Test	g/210L	Time
DIAG AIR BLK	Pass	10:37am 10:38am
ACCY CHK	.08	10:38am
AIR BLK	.00	10:39am
SUB TEST	.00	10:40am
AIR BLK	.00	10:41am
SUB TEST	.00	10:42am
AIR BLK	<i>2</i> 00	10:43am

Reported AC: , .00 g

Signature of Chemical Analyst

Court CVR

#### SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943 Test Date: 03/11/2014

Test Record Number: 1569

Test Time: 10:47am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:48am
$\mathtt{FLO}$	Pass	10:48am
FC	Pass	10:48am

# Temperature Tests

Test	Status	Time
FC1	Pass	10:48am
SRC	Pass	10:48am
$\mathtt{DET}$	Pass	10:48am
BAR	Pass	10:48am
BT	Pass	10:48am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:49am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:49am
	CRC Tests	

Test	Status	Time
COMP	Pass	10:49am
CAL	Pass	10:49am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD

\/	INTOXIMETERS, MODEL INTOX EC/IR II
County 10	akin Instrument Location Yadkin County Jax
Instrument Se	erial No. 008854 Yadkinville N.C.
	· · · · · · · · · · · · · · · · · · ·
The prevention four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 oprocedures we Department of	on the day of March, 20 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
TO THE STATE OF TH	

### YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008854 Test Date: 03/21/2014

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: AG312802 Exp Date: 05/08/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	12:48pm 12:49pm 12:50pm
AIR BLK	.00	12:51pm
SUB TEST	٥٥ .	12:51pm
AIR BLK	.00	12:52pm
SUB TEST	.00	12:54pm
AIR BLK	.00	12:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008854

Test Record Number: 258

Test Date: 03/21/2014

Test Time: 12:56pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:56pm
FLO	Pass	12:56pm
FC	Pass	12:56pm

# Temperature Tests

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

# Blank Tests

Test	Status	Time
AIR	Pass	12:57pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:57pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:57pm

Preventive Maintenance Status: Pass

Pass

12:57pm

CAL



1/	INTOXIMETERS, MODEL INTOX EC/IR II
County 100	Kin Instrument Location Yarkin County Jail
Instrument Ser	ial No. 008744 Instrument Location Yackin County Jail Yackin ville, N.C.
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures we Department of	n theday of
STATE OF STA	

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944 Test Date: 03/21/2014

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: 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: AG312802 Exp Date: 05/08/2015

Test	g/210L	Time
DIAG	Pass	12:47pm
AIR BLK	.00	12:48pm
ACCY CHK	.08	12:49pm
AIR BLK	.00	12:50pm
SUB TEST	.00	12:51pm
AIR BLK	.00	12:51pm
SUB TEST	.00	12:53pm
AIR BLK	.00	12:54pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944 Test Record Number: 1051
Test Date: 03/21/2014 Test Time: 12:55pm EDT

System Check: Passed

# Baseline Tests

Test	Status Time
	TO THE PARTY OF TH
IR	Pass 12:56pm
FLO	Pass 12:56pm
FC	Pass 12:56pm

# Temperature Tests

Test	Status Time
FC1	Pass 12:56pm
SRC	Pass 12:56pm
DET	Pass 12:56pm
BAR	Pass 12:56pm
BT	Pass 12:56pm
	- A - A - A - A - A - A - A - A - A - A

#### Blank Tests

Test	Status Time
AIR	Pass 12:57pm

#### Printer Tests

Test	Status Time
PRNT	Pass 12:57pm

### CRC Tests

Test	Status Time
COMP	Pass 12:57pm
CAL	Pass 12:57pm

Preventive Maintenance Status: Pass

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

Analyst .

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

County_	ONOCO Co. Instrument Location BAT Mobile Chart Y
Instrume	nt Serial No. OOS 1/17
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedur	hat on the day of
THE CORPATOR STATES	Signature of Certifying Official  Certificate Number

ONSLOW COUNTY BAT MOBILE UNIT 4 090

Serial Number: 008717 Test Date: 03/22/2014

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 AIR BLK	Pass	9:15pm 9:16pm
ACCY CHK	.07	9:16pm
AIR BLK	.00	9:17pm
SUB TEST	.00	9:18pm
AIR BLK	.00	9:19pm
SUB TEST	.00	9:20pm
AIR BLK	.00	9:21pm

Reported AC:

**/**00/g/210L

Signature of Chemical Analyst

Court CVR

Anglyst

#### ONSLOW COUNTY BAT MOBILE UNIT 4 090

Serial Number: 008717

Test Record Number: 413

Test Date: 03/22/2014 Test Time: 9:22pm EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	9:22pm
FLO	Pass	9:22pm
FC	Pass	9:23pm

# Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	9:23pm 9:23pm
DET	Pass	9:23pm
BAR	Pass	9:23pm
BT	Pass	9:23pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:23pm

### Printer Tests

Test	Status	Time
PRNT	Pass	9:23pm
	CRC Tests	

Test	Status	Time
COMP	Pass	9:24pm
CAL	Pass	9:24pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

,	INTOXIMETERS, MODEL INTOX EC/	IR II
County	INTOXIVIETERS, WIODEL INTOX ECT	Mobile Unit 7
Instrument Seri	al No. <u>(105/134</u>	
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic brea 34 degrees, plus or minus .2 degree centigrade;	ath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	•
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 A whichever occurs first.	
I certify that or procedures we Department of	the day of Market 20 1 the force performed on the instrument indicated above, in accordance with current Health and Human Services, and the instrument is functioning properly.	orgoing preventive maintenance ent regulations of the N.C.
STATE OF THE STATE	Signature of Certifying Official	Certificate Number

ONSLOW COUNTY BAT MOBILE UNIT 4 660

Serial Number: 008734 Test Date: 03/22/2014

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 AIR BLK ACCY CHK	Pass .00 .08	9:17pm 9:18pm 9:19pm
AIR BLK	.00	9:20pm
SUB TEST	.00	9:20pm
AIR BLK	.00	9:21pm
SUB TEST	.00	9:23pm
AIR BLK	.00	9:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures

# ONSLOW COUNTY BAT MOBILE UNIT 4 660

Serial Number: 008734

Test Record Number: 809

Test Date: 03/22/2014

Test Time: 9:25pm EDT

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	9:26pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:26pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

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

County	Instrument Location BAT Mobile Guil 4
Instrument S	erial No. <u>(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX</u>
The preventi- four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample,
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures v	on the day of
TATE OUR TATE OF THE CORE TATE OF THE CO	Signature of Certifying Official Certificate Number

ONSLOW COUNTY BAT MOBILE UNIT 4 660

Serial Number: 008871 Test Date: 03/22/2014

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: AG400603 Exp Date: 01/06/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	9:13pm 9:14pm 9:14pm 9:15pm
SUB TEST	.00	9:16pm
AIR BLK SUB TEST	.00	9:17pm <b>9:18pm</b>
AIR BLK	.00 .00	9:19pm

Reported AC: __00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ONSLOW COUNTY BAT MOBILE UNIT 4 660

Serial Number: 008871 Test Test Date: 03/22/2014 Test

Test Record Number: 758
Test Time: 9:20pm EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	9:20pm
FLO	Pass	9:20pm
FC	Pass	9:20pm

# Temperature Tests

Status	Time
Pass	9:20pm
	Pass Pass Pass Pass

# Blank Tests

Test	Status	Time	
AIR	Pass	9:21pm	

# Printer Tests

Test	Status	Time
PRNT	Pass	9:21pm

# CRC Tests

Test	Status	Time
COMP	Pass	9:21pm
CAL	Pass	9:21pm

Preventive Maintenance Status: Pass

Analyst

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

County M	CK/m bury Instrument Location BHT Y.	nobile Units
Instrument Seri	al No. 00 8600 Chu Node WC	
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breat 34 degrees, plus or minus .2 degree centigrade;	h simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	•
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Alawhichever occurs first.	
I certify that or procedures were Department of	the 13 day of Much, 2014 the force performed on the instrument indicated above, in accordance with currer Health and Human Services, and the instrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
OF ESTATE OF THE STATE OF THE S	Signature of Certifying Official	Certificate Number

# MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008600 Test Date: 03/13/2014

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:52pm 9:53pm
ACCY CHK	.07	9:53pm
AIR BLK	.00	9:55pm
SUB TEST	.00	9:56pm
AIR BLK	.00	9:56pm
SUB TEST	.00	9:58pm
AIR BLK	.00	9:59pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008600 Test Record Test Date: 03/13/2014 Test Time:

Test Record Number: 1334
Test Time: 10:00pm EDT

System Check: Passed

# Baseline Tests

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

# Temperature Tests

FC1 Pass 10:01pr
SRC Pass 10:01pr
DET Pass 10:01pr
BAR Pass 10:01pr
BT Pass 10:01pr

#### Blank Tests

Test	Status	Time
AIR	Pass	10:01pm

# Printer Tests

Test	Status	Time
PRNT	Pass	10:02pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:02pm

10:02pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

,		rs, model in lox ec	/1 <b>K</b> 11	
County(	gaston	Instrument Location	ion County SD	
Instrument Ser	rial No. <u>008 706</u>	425 N. Mariett	a St. Gastania	
	:	704-864	-6800	
The preventive four months ar		Intoximeters, Model Intox EC/IR II to	be followed at least once every	
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic belegree centigrade;	reath simulator thermometer show	
2.	Verify instrument displays tin	ne and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompte	d;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears, collect breath sample;			
7.	When "PLEASE BLOW" appears, collect breath sample;			
8.	Print test record;			
9.	Verify Diagnostic Program; a	nd		
10.		nister is being changed before expirate anged every four months or after 125		
	re performed on the instrument in	ndicated above, in accordance with cult the instrument is functioning properly		
STATE OF THE STATE	11100	gnature of Certifying Official	656 Certificate Number	

# GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008706 Test Record Number: 3181
Test Date: 03/05/2014 Test Time: 10:09am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
I.R	Pass	10:09am
FLO	Pass	10:09am
FC	Pass	10:09am

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:10am

### Printer Tests

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

10:10am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008706 Test Date: 03/05/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2014-01/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:13am
AIR BLK	.00	10:13am
AČCY CHK	.08	10:14am
AIR BLK	.00	10:15am
SUB TEST	.00	10:16am
AIR BLK	.00	10:17am
SUB TEST	.00	10:18am
ATR BIK	0.0	10.19am

Reported AC: \00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

	INTOXIMETERS, MODEL INTOX EC/IR II
County_	Graston Instrument Location Gaston County SD
Instrumer	nt Serial No. 008684 425 N. Marietta St., Gastonia
	704-869-6800
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every this 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.
proceaure	hat on the 5th day of March, 20 H the forgoing preventive maintenance es were performed on the instrument indicated above, in accordance with current regulations of the N.C. ent of Health and Human Services, and the instrument is functioning properly.
S S S S S S S S S S S S S S S S S S S	Signature of Certifying Official Certificate Number

# GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008684

Test Record Number: 2574 Test Time: 9:37am EST

Test Date: 03/05/2014

System Check: Passed

#### Baseline Tests

Test	Status	Time
,IR	Pass	9:38am
FLO	Pass	9:38am
FC	Pass	9:38am

# Temperature Tests

Test	Status	Time
FC1	Pass	9:38am
SRC	Pass	9:38am
DET	Pass	9:38am
BAR	Pass	9:38am
BT	Pass	9:38am

#### Blank Tests

Test	Status	Time

AIR Pass 9:38am

#### Printer Tests

.Test	7	Status	Time

PRNT Pass 9:39am

# CRC Tests

Test	Status	Time
COMP	Pass Pass	9:39am 9:39am

Preventive Maintenance

Status: Pass

Analyst

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008684 Test Date: 03/05/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2014-01/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	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

Analyst

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

County	ORANGE Instrument Location BAT MOBILE LINIT		
Instrument S	Serial No. 008612 Instrument Location BATMOBILE UNIT		
The prevent	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
procedures	t on the 22 day of 11414, 20/4 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.		
COREAT SET SET SET SET SET SET SET SET SET SE	Signature of Certifying Official Certificate Number		

#### ORANGE COUNTY BAT MOBILE UNIT 7 670

Serial Number: 008612

Test Record Number: 1472

Test Date: 03/22/2014

Test Time: 9:00pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:01pm
FLO	Pass	9:01pm
FC	Pass	9:01pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time

AIR Pass 9:02pm

#### Printer Tests

Test	Status	Time
TCDC	Deacus	TIME

PRNT Pass 9:02pm

#### CRC Tests

Test Status Time

COMP Pass 9:02pm Pass 9:02pm

Preventive Maintenance Status: Pass

Analyst

ORANGE COUNTY BAT MOBILE UNIT 7 670

Serial Number: 008612 Test Date: 03/22/2014

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	8:48pm 8:49pm
ACCY CHK	.07	8:49pm
AIR BLK	.00	8:50pm
SUB TEST	.00	8:52pm
AIR BLK	.00	8:53pm
SUB TEST	.00	8:54pm
AIR BLK	.00	8:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

County	ORANGE Instrument Location BOT M.C.	BILE LINITH
Instrument Se	orial No. 008778 Instrument Location Bot Mic	HILL
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be forme:	ollowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath s 34 degrees, plus or minus .2 degree centigrade;	imulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration da simulator solution is being changed every four months or after 125 Alcoh whichever occurs first.	
I certify that procedures w Department of	on the	oing preventive maintenance regulations of the N.C.
TATE IN CORP. IN CORP	CAROLINA CONTRACTOR OF THE PARTY OF THE PART	
	Signature of Certifying Official	Certificate Number

## ORANGE COUNTY BAT MOBILE UNIT 7 670

Serial Number: 008778

Test Record Number: 1124

Test Date: 03/22/2014

Test Time: 8:59pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:59pm
FLO	Pass	8:59pm
FC	Pass	8:59pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:00pm
SRC	Pass	9:00pm
DET	Pass	9:00pm
BAR	Pass	9:00pm
$\mathtt{B}\mathbf{T}$	Pass	9:00pm

#### Blank Tests

Test	Status	Time
ATR	Pagg	9 : 0 0 pr

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:00pm
	CRC Tests	

Test	Status	Time
COMP	Pass	9:00pm
CAL	Pass	9:00pm

Preventive Maintenance Status: Pass

ORANGE COUNTY BAT MOBILE UNIT 7 670

Serial Number: 008778 Test Date: 03/22/2014

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: MORGART, STEPHEN G

Permit Number: 9372E Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	8:43pm
AIR BLK	.00	8:44pm
ACCY CHK	.07	8:45pm
AIR BLK	.00	8:46pm
SUB TEST	.00	8:48pm
AIR BLK	.00	8:49pm
SUB TEST	.00	8:50pm
AIR BLK	.00	8:51pm

Reperted AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

County	ORANGE In	strument Location <u>Est Min</u>	Bile Lewit to
Instrument	nt Serial No. <u> </u>	CHARLE	1,11
The prever	entive maintenance procedures for the Intoxin	neters, Model Intox EC/IR II to be follow	ved at least once every
1.	Verify the ethanol gas canister displaced degrees, plus or minus .2 degree of	nys pressure, or the alcoholic breath simu centigrade;	lator thermometer shows
2.	Verify instrument displays time and	date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, of	collect breath sample;	
7.	When "PLEASE BLOW" appears,	collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is simulator solution is being changed whichever occurs first.	s being changed before expiration date, of every four months or after 125 Alcoholic	or the alcoholic breath e Breath Simulator tests,
I certify the procedure Departme	that on the day of	, 20 /4 the forgoing d above, in accordance with current regustrument is functioning properly.	preventive maintenance lations of the N.C.
SE S	STATE OF TO	e of Certifying Official	Certificate Number

#### ORANGE COUNTY BAT MOBILE UNIT 7 670

Serial Number: 008577

Test Record Number: 984

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:09pm
FLO	Pass	9:09pm
FC	Pass	9:10pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:10pm
SRC	Pass	9:10pm
DET	Pass	9:10pm
BAR	Pass	9:10pm
BT	Pass	9:10pm

#### Blank Tests

Test	Status	Time

AIR 9:10pm Pass

#### Printer Tests

TESC Status IIIII	Test		Status	Time
-------------------	------	--	--------	------

PRNT Pass 9:10pm

#### CRC Tests

Test	Status	Time
1556	Status	T T III C

COMP Pass 9:10pm CAL Pass 9:10pm

Preventive Maintenance Status: Pass

Analyst

ORANGE COUNTY BAT MOBILE UNIT 7 670

Serial Number: 008577 Test Date: 03/22/2014

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	8:52pm 8:53pm
ACCY CHK	.07	8:54pm
AIR BLK	.00	8:55pm
SUB TEST	.00	8:55pm
AIR BLK	.00	8:57pm
SUB TEST	.00	8:59pm
AIR BLK	.00	9:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

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

CountyC	Instrument Location But MOBILE CONIT
Instrument Ser	ial No. 008704 CHAPEL HILL
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o procedures we Department of	n the 22 Wd day of 1,30 4, 20/4 the forgoing preventive maintenance are performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
TO THE STATE OF TH	Signature of Certifying Official  Certificate Number

### ORANGE COUNTY BAT MOBILE UNIT 7 670

Serial Number: 008704

Test Record Number: 241

Test Date: 03/22/2014 Test Time: 9:30pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:31pm
FLO	Pass	9:31pm
FC	Pass	9:31pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:31pm
SRC	Pass	9:31pm
DET	Pass	9:31pm
BAR	Pass	9:31pm
BT	Pass	9:31pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:31pm

#### Printer Tests

rest	Status	Time
PRNT	Pass	9:32pm

### CRC Tests

Test	Status	Time
COMP	Pass	9:32pm
CAL	Pass	9:32pm

Preventive Maintenance Status: Pass

ORANGE COUNTY BAT MOBILE UNIT 7 670

Serial Number: 008704 Test Date: 03/22/2014

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

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

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

Test	g/210L	Time
DIAG	Pass	9:17pm
AIR BLK	.00	9:18pm
ACCY CHK	.08	9:18pm
AIR BLK	.00	9:19pm
SUB TEST	.00	9:20pm
AIR BLK	.00	9:21pm
SUB TEST	.00	9:22pm
AIR BLK	.00	9:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County	Wake	Instrument Location Est MD	BILE UNIT
Instrument	Serial No. <u>CO 8871</u>	Polesvi,	16
The preven	tive maintenance procedures for the Intox	imeters, Model Intox EC/IR II to be foli	owed at least once every
1.	Verify the ethanol gas canister disp 34 degrees, plus or minus .2 degree	plays pressure, or the alcoholic breath sire centigrade;	nulator thermometer shows
2.	Verify instrument displays time and	d date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		·
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears	, collect breath sample;	
7.	When "PLEASE BLOW" appears	, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister simulator solution is being changed whichever occurs first.	is being changed before expiration date d every four months or after 125 Alcoho	, or the alcoholic breath lic Breath Simulator tests,
I certify the procedures Departmen	were performed on the instrument indicate tof Health and Human Services, and the	ted above, in accordance with current reinstrument is functioning properly.	ng preventive maintenance gulations of the N.C.
THE COREAT OF THE COREAT OF THE COREAT OF THE COREAT OF THE CORE O	O COR	ire of Certifying Official	636 Certificate Number

#### WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008871 Test Record Number: 755

Test Date: 03/15/2014 Test Time: 10:01pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:02pm
SRC	Pass	10:02pm
DET	Pass	10:02pm
BAR	Pass	10:02pm
BT	Pass	10:02pm

#### Blank Tests

Test	Status	Time	

AIR Pass 10:02pm

#### Printer Tests

Test	Status	Time	

PRNT Pass 10:02pm

#### CRC Tests

Test	Status	Time
COMP	Pass	10:02pm

10:02pm CAL Pass

Preventive Maintenance Status: Pass

WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008871 Test Date: 03/15/2014

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

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

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

Analyst's Name: 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: AG400603 Exp Date: 01/06/2016

Test	g/210L	Time
DIAG	Pass	9:52pm
AIR BLĶ	.00	9:53pm
ACCY CHK	.07	9:54pm
AIR BLK	.00	9:55pm
SUB TEST	.00	9:56pm
AIR BLK	.00	9:57pm
SUB TEST	.00	9:59pm
AIR BLK	.00	10:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

County	WAKE	Instrument Location Stat VIII	Bic (wit #4
Instrument	Serial No. <u>6087/7</u>	_ KNIGHTD	sle
The prever	· · · · · · · · · · · · · · · · · · ·	e Intoximeters, Model Intox EC/IR II to be f	followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ter displays pressure, or the alcoholic breath degree centigrade;	simulator thermometer shows
2.	Verify instrument displays t	time and date;	
3.	Initiate breath test sequence	;	
4.	Enter information as promp	ted;	
5.	Verify instrument accuracy;	;	
6.	When "PLEASE BLOW" a	appears, collect breath sample;	
7.	When "PLEASE BLOW" a	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	; and	
10.	Verify that the ethanol gas of simulator solution is being of whichever occurs first.	canister is being changed before expiration d changed every four months or after 125 Alcoholists	ate, or the alcoholic breath bholic Breath Simulator tests,
procedure	s were performed on the instrument	the forg indicated above, in accordance with current and the instrument is functioning properly.	going preventive maintenance regulations of the N.C.
			Merceph (1)
COREAT SE	CAROL		
* ESSE CO	H	Signature of Certifying Official	Certificate Number
	- · ·	Aigurer of Court ing Omore	Continuate 14thioti

## WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008717

Test Record Number: 407

Test Date: 03/14/2014 Test Time: 9:34pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:35pm
FLO	Pass	9:35pm
FC	Pass	9:35pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	9:35pm 9:35pm 9:35pm 9:35pm
BT	Pass	9:35pm

#### Blank Tests

Test	Status	Time
ΔTR	Pagg	9.36pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:36pm

#### CRC Tests

Test	Status	Time
COMP	Pass	9:36pm
CAL	Pass	9:36pm

Preventive Maintenance Status: Pass

WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008717 Test Date: 03/14/2014

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: 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: AG322601 Exp Date: 08/14/2015

Test	g/210 <b>L</b>	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	9:25pm 9:26pm 9:26pm 9:27pm
SUB TEST	.00	9:28pm
AIR BLK	.00	9:29pm
SUB TEST	.00	9:30pm
AIR BLK	.00	9:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Instrument Se	erial No. 0085-77
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
STATE STATE OF THE	A CONTROL OF THE PROPERTY OF T

#### WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008577

Test Record Number: 978

Test Date: 03/21/2014 Test Time: 10:24pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:25pm
FLO	Pass	10:25pm
FC	Pass	10:25pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time

10:26pm AIR Pass

#### Printer Tests

Test	Status	Time

PRNT Pass 10:26pm

CRC Tests

Test Time Status

10:26pm COMP Pass CAL 10:26pm Pass

Preventive Maintenance Status: Pass

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008577 Test Date: 03/21/2014

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	9:35pm 9:36pm 9:37pm
ACCI CHR AIR BLK SUB TEST	.00	9:37pm 9:39pm
AIR BLK SUB TEST	.00	9:40pm 9:42pm
AIR BLK	.00	9:42pm 9:43pm

Reperted AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County	(U) 94 C Instrument Location 34	TMOBILE UNIT
Instrumen	nent Serial No. OOF6/2	ry
The preve	eventive maintenance procedures for the Intoximeters, Model Intox EC/IR I onths are:	I to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic 34 degrees, plus or minus .2 degree centigrade;	breath simulator thermometer show
2.	<ol> <li>Verify instrument displays time and date;</li> </ol>	
3.	3. Initiate breath test sequence;	
4.	4. Enter information as prompted;	
5.	5. Verify instrument accuracy;	
6.	6. When "PLEASE BLOW" appears, collect breath sample;	
7.	7. When "PLEASE BLOW" appears, collect breath sample;	
8.	8. Print test record;	
9.	9. Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expi simulator solution is being changed every four months or after 1 whichever occurs first.	
procedure	y that on the	current regulations of the N.C.
GEAT OF STATES	Signature of Certifying Official	Certificate Number

#### WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008612

Test Record Number: 1467 Test Date: 03/21/2014 Test Time: 10:22pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:23pm
FLO	Pass	10:23pm
FC	Pass	10:23pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:24pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:24pm
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

10:24pm 10:24pm

COMP

CAL

Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008612 Test Date: 03/21/2014

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:34pm 9:35pm
ACCY CHK	.07	9:36pm
AIR BLK SUB TEST	.00 .00	9:36pm <b>9:37p</b> m
AIR BLK	.00	9:38pm
SUB TEST	.00	9:40pm
AIR BLK	.00	9:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County	WAKE Instrument Location 1307 MDB, LE Law,
Instrument S	erial No. 8778 CAny
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on theday of
THE STAT.	Signature of Certifying Official Certificate Number

### WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008778

Test Record Number: 1117

Test Date: 03/22/2014

Test Time: 12:46am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:47am
SRC	Pass	12:47am
DET	Pass	12:47am
BAR	Pass	12:47am
$\mathtt{BT}$	Pass	12:47am

#### Blank Tests

Test	Status	Time
ATR	Pass	12:47am

#### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

12:48am

CAL

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008778 Test Date: 03/22/2014

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:38am 12:39am
ACCY CHK	.07	12:39am
AIR BLK SUB TEST	.00 .00	12:40am 12:41am
AIR BLK	.00	12:42am
SUB TEST	.00	12:44am
AIR BLK	.00	12:45am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County	Water Instrument Location BAT MOBILE LEW, T
Instrumen	t Serial No. 008704 CAM
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	nat on the
S S S S S S S S S S S S S S S S S S S	Signature of Certifying Official Certificate Number

#### WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008704 Test Record Number: 236 Test Date: 03/21/2014 Test Time: 11:45pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:46pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008704 Test Date: 03/21/2014

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: 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

AIR BLK .00 11:37p ACCY CHK .08 11:38p AIR BLK .00 11:39p SUB TEST .00 11:39p AIR BLK .00 11:40p	Test	g/210L	Time
AIR BLK .00 11:40p	AIR BLK ACCY CHK AIR BLK	.00 .08 .00	11:36pm 11:37pm 11:38pm 11:39pm
ATR BLK .00 11:43p	AIR BLK SUB TEST	.00	11:40pm 11:42pm 11:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County/	Instrument Location Bas Mobile Co. T
Instrument Se	erial No. 008760 CAM
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sho 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.
procedures v	on the
SEE CHANGE OF THE STATE OF THE	Signature of Certifying Official Certificate Number

#### WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008760 Test Date: 03/21/2014 Test Record Number: 578
Test Time: 11:43pm EDT

-

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	11:44pm
FLO	Pass	11:44pm
FC	Pass	11:44pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:44pm
SRC	Pass	11:44pm
DET	Pass	11:44pm
BAR	Pass	11:44pm
${ t BT}$	Pass	11:44pm

#### Blank Tests

Test	Status	Time
AIR	Pass	11:45pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:45pm

#### CRC Tests

Test	Status	Time
COMP	Pass	11:45pm
CAL	Pass	11:45pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008760 Test Date: 03/21/2014

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: NNE

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	11:34pm
AIR BLK	.00	11:35pm
ACCY CHK	.07	11:36pm
AIR BLK	.00	11:37pm
SUB TEST	.00	11:38pm
AIR BLK	.00	11:39pm
SUB TEST	.00	11:40pm
AIR BLK	.00	11:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

,	INTOXIMET	ERS, MODEL INTOX E	CIR II	
County__\	JAYNE	Instrument Location Seym	ione Johnson	A.F.B.
Instrument S	erial No. 00 8 18 6	1010 Vermont	GAMISON Rd.	A.F.B. Goldsen N.C.
The preventi		e Intoximeters, Model Intox EC/IR II	to be followed at least once	every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	ter displays pressure, or the alcoholic degree centigrade;	breath simulator thermomet	er shows
2.	Verify instrument displays t	ime and date;		
3.	Initiate breath test sequence;	I		}
4.	Enter information as prompt	ed;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" a	ppears, collect breath sample;		
7.	When "PLEASE BLOW" a	ppears, collect breath sample;	· ,	
8.	Print test record;			
9.	Verify Diagnostic Program;	and		
10.	Verify that the ethanol gas consimulator solution is being considered whichever occurs first.	anister is being changed before expire hanged every four months or after 12	ation date, or the alcoholic b 5 Alcoholic Breath Simulate	reath or tests,
rocedures w	ere performed on the instrument	indicated above, in accordance with conditional data the instrument is functioning properties.	current regulations of the N.	itenance C.
STATE	CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAROLINA CAR			•
APRIL 12, 17 T	DON'T A	Linux Kreece	64	7
	S	ignature of Certifying Official	Certificate Num	ber

#### WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: 008786 Test Date: 03/27/2014

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: 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: AG321904 Exp Date: 08/07/2015

Test	g/210L	Time
DIAG	Pass	9:04am
AIR BLK	.00	9:05am
ACCY CHK	.07	9:06am
AIR BLK	.00	9:06am
SUB TEST	.00	9:07am
AIR BLK	.00	9:08am
SUB TEST	.00	9:10am
ATR BIK	. 00	9:10am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: 008786

Test Record Number: 185

Test Date: 03/27/2014

Test Time: 9:11am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:11am 9:11am
FC	Pass	9:12am

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:12am
SRC	Pass	9:12am
DET	Pass	9:12am
BAR	Pass	9:12am
BT	Pass	9:12am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:12am

Printer Tests

## AIR Pass 9:12am

Test	Status	Time
PRNT	Pass	9:12am

#### CRC Tests

Test	Status	Time
COMP	Pass	9:13am
CAL	Pass	9:13am

Preventive Maintenance Status: Pass

Finds Leese

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

County	Gaston BAT Mobile Unixs
Instrument S	Gerial No. <u>008788</u>
The preventi	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on the <u>Zo</u> day of <u>MhcL</u> , 20 / the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STAIT STAIR STAIR ORGEN	Cll VDX/ 658
	Signature of Certifying Official Certificate Number

GASTON BAT MOBILE UNIT 5 350

Serial Number: 008788 Test Date: 03/20/2014

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:47pm 9:48pm
ACCY CHK AIR BLK	.07 .00	9:49pm 9:50pm
SUB TEST	.00	9:50pm
AIR BLK	.00	9:51pm
SUB TEST	.00	9:53pm
AIR BLK	.00	9:54pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### GASTON BAT MOBILE UNIT 5 350

Serial Number: 008788 Test Record Number: 912 Test Date: 03/20/2014 Test Time: 9:55pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:55pm
FLO	Pass	9:55pm
FC	Pass	9:55pm

## Temperature Tests

Test	Status	Time
FC1	Pass	9:55pm
SRC	Pass	9:55pm
DET	Pass	9:55pm
BAR	Pass	9:55pm
BT	Pass	9:55pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:56pm

m2 --- -

# Printer Tests

Test	Status	Time
PRNT	Pass	9:56pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:56pm 9:56pm

Preventive Maintenance Status: Pass

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

County //	Pellen bury Instrument Location BAT mobile Unit 5
	erial No. <u>008786</u>
The preventi	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department c	on the <u>Z</u> / day of <u>Muck</u> , 20 / 4 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATE STATE OF THE	Signature of Certifying Official  Certificate Number

## MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008788 Test Date: 03/21/2014

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: AG309101 Exp Date: 04/01/2015

g/210L	Time
Pass .00 .07	8:14pm 8:15pm 8:15pm 8:16pm
.00	8:17pm
.00	8:18pm
.00	8:19pm
.00	8:21pm
	Pass .00 .07 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008788

Test Record Number: 915

Test Date: 03/21/2014

Test Time: 8:22pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:22pm
FLO	Pass	8:22pm
FC	Pass	8:22pm

## Temperature Tests

Status	Time
Pass	8:22pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	8:23pm

# Printer Tests

	CRC Tests	
PRNT	Pass	8:23pm
Test	Status	Time

Test	Status	Time
COMP	Pass	8:23pm
CAL	Pass	8:23pm

Preventive Maintenance Status: Pass

Analyst

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

County_	Mecklenburg Instrument Location BAT Mobile Unit 5
Instrumer	nt Serial No. <u>008698</u>
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every this are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify the procedure Departme	nat on the 22 day of March, 20 14 the forgoing preventive maintenance s were performed on the instrument indicated above, in accordance with current regulations of the N.C. nt of Health and Human Services, and the instrument is functioning properly.
S S S S S S S S S S S S S S S S S S S	CALL DOWN

#### MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008698 Test Date: 03/22/2014

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: 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	Pass	6:22pm
AIR BLK	.00	6:23pm
ACCY CHK	.07	6:24pm
AIR BLK	.00	6:25pm
SUB TEST	.00	6:26pm
AIR BLK	.00	6:26pm
SUB TEST	.00	6:28pm
AIR BLK	.00	6:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008698 Test Record Number: 1057

Test Date: 03/22/2014

Test Time: 6:30pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	6:30pm
FLO	Pass	6:30pm
FC	Pass	6:30pm

## Temperature Tests

Test	Status	Time
FC1	Pass	6:30pm
SRC	Pass	6:30pm
DET	Pass	6:30pm
BAR	Pass	6:30pm
BT	Pass	6:30pm

#### Blank Tests

Test	Status	Time
AIR	Pass	6:31pm

# Printer Tests

Test	Status	Time
PRNT	Pass	6:31pm
	CRC Tests	
Test	Status	Time
COMP	Pass	6:31pm
CAL	Pass	6:31pm

Preventive Maintenance Status: Pass

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

County Wa	itanga 1	Instrument Location	BAT mobile Un. + 5	
Instrument Ser	rial No. 008789	Boove We		
The preventive four months ar	e maintenance procedures for the Intoxi	meters, Model Intox E	EC/IR II to be followed at least once ev	/ery
1.	Verify the ethanol gas canister displ 34 degrees, plus or minus .2 degree		coholic breath simulator thermometer	show
2.	Verify instrument displays time and	l date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;		•	
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears,	collect breath sample;		
7.	When "PLEASE BLOW" appears,	collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.			re expiration date, or the alcoholic brea after 125 Alcoholic Breath Simulator to	
I certify that or procedures wer Department of	n the <u>Z</u> day of <u>Marc A</u> re performed on the instrument indicate Health and Human Services, and the in	, 20 / ed above, in accordance estrument is functionin	the forgoing preventive maintenate with current regulations of the N.C. ag properly.	ance
THE STATE OF THE S	A CAROLINA C		658	
	Signature	e of Certifying Official	Certificate Number	

WATAUGA BAT MOBILE UNIT 5 940

Serial Number: 008788 Test Date: 03/27/2014

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: TOWERY, CHAD V

Permit Number: 26632E

Effective:

10/18/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	8:18pm 8:19pm 8:20pm
AIR BLK	.00	8:21pm
SUB TEST	.00	8:21pm
AIR BLK	.00	8:22pm
SUB TEST	.00	8:24pm
AIR BLK	.00	8:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# WATAUGA BAT MOBILE UNIT 5 940

Serial Number: 008788 Te

Test Record Number: 928

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

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

## Blank Tests

Test	Status	Time
ATR	Pass	8:27pm

# Printer Tests

Test	Status	Time
PRNT	Pass	8:27pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County Wa	4 x u g x	Instrument Location Bn7 v	nobile Unit 5
Instrument Ser	ial No. 0006 DO	Boove	
The preventive four months as		toximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	displays pressure, or the alcoholic brogree centigrade;	eath simulator thermometer show
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		•
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ars, collect breath sample;	
7.	When "PLEASE BLOW" appe	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	f	
10.		ster is being changed before expiration ged every four months or after 125 A	
I certify that or procedures we Department of	the ZO day of YO re performed on the instrument indi Health and Human Services, and the	cated above, in accordance with curne instrument is functioning properly	forgoing preventive maintenance rent regulations of the N.C.
THE STATE OF THE S	CCC	U Hon D	658
		ature of Certifying Official	Certificate Number

WATAUGA BAT MOBILE UNIT 5 940

Serial Number: 008600 Test Date: 03/27/2014

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: 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	8:20pm
AIR BLK	.00	8:20pm
ACCY CHK	.07	8:21pm
AIR BLK	.00	8:22pm
SUB TEST	.00	8:23pm
AIR BLK	.00	8:24pm
SUB TEST	.00	8:25pm
ATR BLK	.00	8:26pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

#### WATAUGA BAT MOBILE UNIT 5 940

Serial Number: 008600

Test Record Number: 1364

Test Date: 03/27/2014

Test Time: 8:27pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:28pm
FLO	Pass	8:28pm
FC	Pass	8:28pm

## Temperature Tests

Test	Status	Time
FC1	Pass	8:28pm
SRC	Pass	8:28pm
DET	Pass	8:28pm
BAR	Pass	8:28pm
BT	Pass	8:28pm

#### Blank Tests

Test	Status	Time

AIR Pass 8:28pm

#### Printer Tests

Test	Status	Time
		i i

PRNT Pass 8:29pm

CRC Tests

Test Status Time

COMP Pass 8:29pm CAL Pass 8:29pm

Preventive Maintenance Status: Pass

Analyst

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

County MC	Instrument Location BAT mobile Un. 75
	INO. 008788
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t procedures were Department of H	he 29 day of March, 20 11 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
TARE QUANTON TO A STATE OF A STAT	Signature of Certifying Official Certificate Number

#### MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008788 Test Date: 03/29/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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	8:47pm
AIR BLK	.00	8:48pm
ACCY CHK	.07	8:49pm
AIR BLK	.00	8:49pm
SUB TEST	.00	8:50pm
AIR BLK	.00	8:51pm
SUB TEST	.00	8:53pm
AIR BLK	.00	8:54pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008788

Test Record Number: 931

Test Date: 03/29/2014

Test Time: 9:08pm EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	9:10pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:10pm
	CRC Tests	

Test	Status	Time
	-	
~~~~~	<b>**</b>	Λ 1 Λ

COMP Pass 9:10pm Pass 9:10pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ncellen burg Instrume	nt Location <u>BBT</u>	mobile Unid 5
Instrument S	Serial No. <u>608600</u> Instrume		
The preventi	ive maintenance procedures for the Intoximeters, lare:	Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister displays pres 34 degrees, plus or minus .2 degree centigra		eath simulator thermometer show
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect b	reath sample;	
7.	When "PLEASE BLOW" appears, collect b	reath sample;	
8.	Print test record;	•	
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being of simulator solution is being changed every for whichever occurs first.		
	on the Zq day of March were performed on the instrument indicated above, of Health and Human Services, and the instrument		
THE STATI	Clot vak	0	65B
	Signature of Certi	fying Official	Certificate Number

MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008600 Test Date: 03/29/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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	8:49pm
AIR BLK	.00	8:50pm
ACCY CHK	.07	8:51pm
AIR BLK	.00	8:52pm
SUB TEST	.00	8:53pm
AIR BLK	.00	8:54pm
SUB TEST	.00	8:55pm
ATR BLK	. 00	8:56pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008600

Test Record Number: 1370

Test Date: 03/29/2014

Test Time: 9:09pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:10pm
FLO	Pass	9:10pm
FC	Pass	9:10pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:10pm
SRC	Pass	9:10pm
DET	Pass	9:10pm
BAR	Pass	9:10pm
BT	Pass	9:10pm

Blank Tests

Test	Status	Time	
AIR	Pass	9:11pm	

Printer Tests

Test	Status	Time
PRNT	Pass	9:11pm

CRC Tests

Test	Status	Time
COLED		0 11
COMP	Pass	9:11pm
\mathtt{CAL}	Pass	9:11pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	1:11/es Instrument Location BBT Mobile Unit 5
Instrument S	erial No. <u>OD 96 00</u>
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on the
STAT. STAT.	E ON NOTIFICATION OF THE CARDINAL CARDI
APRIL 12, TO	<u> </u>
	Signature of Certifying Official Certificate Number

WILKES BAT MOBILE UNIT 5 960

Serial Number: 008600 Test Date: 03/15/2014

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

10/18/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	8:03pm 8:04pm
ACCY CHK	.07	8:04pm
AIR BLK	.00	8:05pm
SUB TEST	.00	8:07pm
AIR BLK	.00	8:07pm
SUB TEST	.00	8:09pm
AIR BLK	.00	8:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WILKES BAT MOBILE UNIT 5 960

Serial Number: 008600 Test Record Number: 1346

Test Date: 03/15/2014 Test Time: 8:11pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:12pm
FLO	Pass	8:12pm
FC	Pass	8:12pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:12pm
SRC	Pass	8:12pm
DET	Pass	8:12pm
BAR	Pass	8:12pm
BT	Pass	8:12pm

Blank Tests

Test	Status	Time
AIR	Pass	8:13pm

Printer Tests

Test	Status	Time
		* .
PRNT	Pass	8:13pm

CRC Tests

Test	Status	Time
COMP	Pass	8:13pm
CAL	Pass	8:13pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County ()	instrument Location BAT mobile Vn. 7 5
Instrument Se	rial No. <u>608789</u>
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the
STATE IN STATE OF THE STATE OF	Signature of Certifying Official Certificate Number

WILKES BAT MOBILE UNIT 5 960

Serial Number: 008788 Test Date: 03/15/2014

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

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

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

Analyst's Name: 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	8:05pm
AIR BLK	.00	8:06pm
ACCY CHK	.07	8:06pm
AIR BLK	.00	8:07pm
SUB TEST	.00	mq80:8
AIR BLK	.00	8:09pm
SUB TEST	.00	8:11pm
AIR BLK	.00	8:12pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WILKES BAT MOBILE UNIT 5 960

Serial Number: 008788 Test Record Number: 909
Test Date: 03/15/2014 Test Time: 8:13pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:13pm
FLO	Pass	8:13pm
FC	Pass	8:13pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:14pm
SRC	Pass	8:14pm
DET	Pass	8:14pm
BAR	Pass	8:14pm
BT	Pass	8:14pm

Blank Tests

Test	Status	Time
AIR	Pass	8:14pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:14pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	8:14pm 8:14pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County ()	Jilles Instrument Location BAT Mobile Unid 5	
Instrument S	erial No. <u>008698</u>	
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;	
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.	
I certify that procedures v Department	on the 15 day of March, 2014 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.	
STATISTICS OF THE STATISTICS O	Signature of Certifying Official Certificate Number	

WILKES BAT MOBILE UNIT 5 960

Serial Number: 008698 Test Date: 03/15/2014

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

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

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

Analyst's Name: 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	Pass	8:07pm 8:08pm
ACCY CHK	.07	8:09pm
AIR BLK	.00	8:10pm
SUB TEST	.00	8:11pm
AIR BLK	.00	8:11pm
SUB TEST	.00	8:13pm
AIR BLK	.00	8:14pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WILKES BAT MOBILE UNIT 5 960

Serial Number: 008698 Test Record Number: 1054
Test Date: 03/15/2014 Test Time: 8:15pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
ĪR	Pass	8:16pm
FLO	Pass	8:16pm
FC	Pass	8:16pm

Temperature Tests

Test Status Time	
FC1 Pass 8:16p	m
SRC Pass 8:16p	m
DET Pass 8:16p	m
BAR Pass 8:16p	m
BT Pass 8:16p	m

Blank Tests

Test	Status	Time
Z T D	Dage	8 · 1 6 mm

Printer Tests

Test	Status	٠	Time
PRNT	Pass		8:17pm

CRC Tests

Test	Status	Time
COMP	Pass	8:17pm
CAL	Pass	8:17pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Me	Min bury Instrument Location BAT mobile Unit 5
Instrument Seria	INO. 608788 Charlotte NC
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on to procedures were Department of H	the
OF ME STATE OF WAR AND A STATE O	CUV July 65B
	Signature of Certifying Official Certificate Number

MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008788 Test Date: 03/14/2014

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:52pm 9:54pm
ACCY CHK	.07	9:54pm 9:55pm
SUB TEST	.00	9:56pm
AIR BLK	.00	9:57pm
SUB TEST	.00	9:59pm
AIR BLK	.00	10:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008788 Test Record Number: 903 Test Date: 03/14/2014 Test Time: 10:02pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:02pm
SRC	Pass	10:02pm
DET	Pass	10:02pm
BAR	Pass	10:02pm
BT	Pass	10:02pm

Blank Tests

Test	Status	Time
AIR	Pass	10:03pm

Printer Tests

Test

		+
PRNT	Pass	10:03pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:03pm 10:03pm

Status

Time

Preventive Maintenance Status: Pass

Analyst /

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	Deck Ion burg Instrument Location BAT Mobile Unit 5
Instrument Se	rial No. 608698 Charloth NC
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures we Department of	n the
STATE OF STA	Cll UM
	Signature of Certifying Official Certificate Number

MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008698 Test Date: 03/13/2014

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 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	Pass	9:44pm 9:45pm
ACCY CHK	.07	9:45pm
AIR BLK SUB TEST	.00 .00	9:46pm 9:47pm
AIR BLK	.00	9:48pm
SUB TEST	.00	9:50pm
AIR BLK	.00	9:51pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008698

Test Record Number: 1041

Test Date: 03/13/2014

Test Time: 9:53pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass Pass	9:53pm 9:53pm
FC	Pass	9:54pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:54pm
SRC	Pass	9:54pm
DET	Pass	9:54pm
B.AR	Pass	9:54pm
BT	Pass	9:54pm

Blank Tests

Test	Status	Time
AIR	Pass	9:54pm

Pass

Printer Tests

Test	Status	Time
PRNT	Pass	9:54pm

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County La	ake	Instrument Location John Mos	ble troise the
Instrument Seria	1No. (3) 8717		<u></u>
The preventive i		toximeters, Model Intox EC/IR II to be fol	llowed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	displays pressure, or the alcoholic breath si gree centigrade;	mulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ears, collect breath sample;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ster is being changed before expiration date aged every four months or after 125 Alcoho	e, or the alcoholic breath blic Breath Simulator tests,
I certify that on procedures were Department of F	he day of 11/4 performed on the instrument indicatth and Human Services, and the	, 20 / 4/ the forgoi icated above, in accordance with current re the instrument is functioning properly.	ng preventive maintenance gulations of the N.C.
STATE ON A	ON THE CAROL		
* COE QUAN VIDEN *		ature of Certifying Official	Certificate Number

WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008717

Test Record Number: 409

Test Date: 03/15/2014

Test Time: 10:10pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time	

AIR Pass 10:11pm

Printer Tests

Test	Status	Time

PRNT Pass 10:11pm

CRC Tests

Test	Status	Time
COMP	Pass	10:11pm
CAL	Pass	10:11pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008717 Test Date: 03/15/2014

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG322601 Exp Date: 08/14/2015

Test	g/210L	Time
DIAG	Pass	9:55pm
AIR BLK	.00	9:56pm
ACCY CHK	.07	9:57pm
AIR BLK	.00	9:57pm
SUB TEST	.00	9:59pm
AIR BLK	.00	10:00pm
SUB TEST	.00	10:01pm
AIR BLK	.00	10:02pm

Reported AC: .00 g/210L

Signature of Chémical Analyst

Court CVR

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



Signature of Certifying Official

Certificate Number

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

Department of Health and Human Services, and the instrument is functioning properly.

MECKLENBURG HUNTERSVILLE PD 590

Serial Number: 008747 Test Date: 03/07/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2014-01/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	2:43pm 2:43pm 2:44pm
AIR BLK SUB TEST	.00 . 00	2:45pm 2:45pm
AIR BLK SUB TEST	.00 .00	2:46pm 2:48pm
AIR BLK	.00	2:49pm

Reported AC: \.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG HUNTERSVILLE PD 590

Serial Number: 008747 Test Record Number: 2295

Test Date: 03/07/2014 Test Time: 2:39pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:39pm
FLO	Pass	2:39pm
FC	Pass	2:39pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:40pm
SRC	Pass	2:40pm
DET	Pass	2:40pm
BAR	Pass	2:40pm
BT	Pass	2:40pm

Blank Tests

Test	Status	Time
AIR	Pass	2:40pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:40pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:40pm

Pass

2:40pm

Preventive Maintenance Status: Pass

CAL