PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Contrada Contrada	INTOXIMET	ERS, MODEL INTO	A EC/IR II
County (aston	Instrument Location_ (Jaston County SD
Instrument Se	erial No. <u>008643</u>	425 N. Mai	
		704-869-	6800
The preventive four months a	re maintenance procedures for the re:	Intoximeters, Model Intox EC/	IR II to be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 o	or displays pressure, or the alcolulegree centigrade;	holic breath simulator thermometer show
2.	Verify instrument displays tir	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; as	nd	÷ '
10.	Verify that the ethanol gas car simulator solution is being cha whichever occurs first.	nister is being changed before ex anged every four months or afte	xpiration date, or the alcoholic breath or 125 Alcoholic Breath Simulator tests,
I certify that or procedures wer Department of		dicated above, in accordance w	the forgoing preventive maintenance ith current regulations of the N.C. roperly.
THE STATE OF THE COLEY OF THE STATE OF THE COLEY OF THE C		Mature of Certifying Official	656 Certificate Number

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008643

Test Record Number: 1833

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:19am
FLO	Pass	9:19am
FC	Pass	9:20am

Temperature Tests

Test	Status	Time
FC1	Pass	9:20am
SRC	Pass	9:20am
DET	Pass	9:20am
BAR	Pass	9:20am
BT	Pass	9:20am

Blank Tests

Test	Status	Time
AIR	Pass	9:20am

Printer Tests

Test	Status	Time
PRNT	Pass	9:20am
	CRC Tests	

TESC	Status	Time
COMP	Pass	9:20am
CAL	Pass	9:20am

Preventive Maintenance Status: Pass

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008643 Test Date: 05/19/2014

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:19am 10:20am
ACCY CHK	.00	10:20am 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	10:26am

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 5	tokes Instrument Location Stokes County Jarl
Instrument S	Serial No. 008596 Danbury, N. C.
The prevents four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that opposed ures we Department o	on the
TEST QUAM YOU	Signature of Certifying Official Certificate Number

STOKES COUNTY STOKES COUNTY JAIL, 840

Serial Number: 008596 Test Date: 05/23/2014

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

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

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

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

12/01/2012-12/01/2014

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	2:06pm 2:07pm 2:07pm
AIR BLK	.00	2:08pm
SUB TEST AIR BLK	.00 .00	2:09pm 2:09pm
SUB TEST AIR BLK	.00	2:11pm 2:12pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596 Test Record Number: 665

Test Date: 05/23/2014

Test Time: 2:14pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:14pm
FLO	Pass	2:14pm
FC	Pass	2:15pm

Temperature Tests

FC1 Pass 2:15p
SRC Pass 2:15p
DET Pass 2:15p
BAR Pass 2:15pt
BT Pass 2:15pt

Blank Tests

Test	Status	Time

AIR Pass 2:15pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:15pm

CRC Tests

Test	Status	Time
COMP	Pass	2:15pm
CAL	Pass	2:15pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County <u> </u>	INTOXIMETERS, MODEL INTOX EC/IR II Stokes Instrument Location King Police
Instrument S	Serial No. Department
The prevent four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department of	on the day of da
THE STATE OF THE S	

STOKES COUNTY KING PD 840

Serial Number: 008610 Test Date: 05/22/2014

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: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:54pm
AIR BLK	.00	3:55pm
ACCY CHK	.07	3:55pm
AIR BLK	.00	3:57pm
SUB TEST	.00	3:57pm
AIR BLK	.00	3:58pm
SUB TEST	.00	4:00pm
AIR BLK	.00	4:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

STOKES COUNTY KING PD 840

Serial Number: 008610

Test Record Number: 1446

Test Date: 05/22/2014

Test Time: 4:01pm 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	4:02pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:03pm

CRC Tests

Test	Status	Time
COMP	Pass	4:03pm
CAL	Pass	4:03pm

Preventive Maintenance Status: Pass

Anályst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County	ORSYTH Instrument Location FORSYTH COUNTY CONTRATION
Instrument S	erial No. 008659 Winston-Salem, N.C.
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 of procedures we Department o	on the day of 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.
STATE STATE OF THE STATE OF	Signature of Certifying Official Certificate Number

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659 Test Date: 05/22/2014

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: 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: AG404101 Exp Date: 02/10/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	1:40pm 1:41pm 1:42pm 1:42pm 1:43pm
AIR BLK	.00	1:44pm
SUB TEST	.00	1:46pm
AIR BLK	.00	1:46pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Sutt Elles

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659

Test Record Number: 2767

Test Date: 05/22/2014

Test Time: 1:47pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR ·	Pass	1:48pm
FLO	Pass	1:48pm
FC	Pass	1:48pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:48pm
SRC	Pass	1:48pm
DET	Pass	1:48pm
BAR	Pass	1:48pm
BT	Pass	1:48pm

Blank Tests

Test	Status	Time

AIR Pass 1:48pm

Printer Tests

Test	Status	Time

PRNT Pass 1:49pm

CRC Tests

Test	Status	Time
	Doucas	

COMP	Pass	1:49pm
CAL	Pass	1:49pm

Preventive Maintenance Status: Pass

Analys

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

,	INTOXIMET	ERS, MODEL IN	NTOX EC/IR II
County_	ORSYTA	Instrument Locatio	on FORSYTH County Detents
Instrument S	erial No. <u>(1) 2583</u>		Winston-Salem, N.C.
	BANKATA TAN		
The prevention four months a	ve maintenance procedures for the are:	Intoximeters, Model Into	ox EC/IR II to be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2		ne alcoholic breath simulator thermometer show
2.	Verify instrument displays ti	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath same	ple;
7.	When "PLEASE BLOW" ap	pears, collect breath sam	ple;
· 8.	Print test record;		
9.	Verify Diagnostic Program; a	und	
10.			efore expiration date, or the alcoholic breath s or after 125 Alcoholic Breath Simulator tests,
I certify that or procedures we Department or		ndicated above, in accord	the forgoing preventive maintenance lance with current regulations of the N.C. oning properly.
OF THE STATE OF TH			
	E E		
		/	
APRA 12, 178			15
	Sig	gnature of Certifying Offi	icial Certificate Number

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583 Test Date: 05/22/2014

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: 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: AG404101 Exp Date: 02/10/2016

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583

Test Record Number: 5000

Test Date: 05/22/2014

Test Time: 1:35pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:36pm
FLO	Pass	1:36pm
FC	Pass	1:36pm

Temperature Tests

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

Blank Tests

Test	Status	Time
71 710	Dagg	1.27nm

Printer Tests

Test	Status	Time
PRNT	Pass	1:37pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:37pm
CAL	Pass	1:37pm

Preventive Maintenance Status: Pass

Kil mille

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL	INTOX EC/IR II
County	ORSYTA Instrument Loc	ation FORSYH County Detention
Instrument S	Serial No. <u>008925</u>	Winston-Salem, N.C.
The prevents four months	ive maintenance procedures for the Intoximeters, Model are:	Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, of 34 degrees, plus or minus .2 degree centigrade;	or the 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 s	sample;
7.	When "PLEASE BLOW" appears, collect breath s	sample;
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being change simulator solution is being changed every four more whichever occurs first.	
	on theday ofd vere performed on the instrument indicated above, in according to the description of Health and Human Services, and the instrument is furnished.	
THE STATE OF THE S	Signature of Certifying	Official Certificate Number

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008925 Test Date: 05/22/2014

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: 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: AG404101 Exp Date: 02/10/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	1:17pm 1:18pm
ACCY CHK	.00	1:19pm 1:19pm
SUB TEST	.00	1:20pm
AIR BLK	.00	1:21pm
SUB TEST	.00	1:22pm
AIR BLK	.00	1:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008925 Test Date: 05/22/2014

Test Record Number: 566

/2014 Test Time: 1:26pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:26pm
FLO	Pass	1:26pm
FC	Pass	1:26pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:26pm
SRC	Pass	1:26pm
DET	Pass	1:26pm
BAR	Pass	1:26pm
BT	Pass	1:26pm

Blank Tests

Test	Status	Time
AIR	Pass	1:27pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:27pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:27pm
CAL	Pass	1:27pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/I 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; 7. When "PLEASE BLOW" appears, collect breath sample; Print test record; 8. 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before 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

DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905 Test Date: 05/21/2014

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: AG323402 Exp Date: 08/22/2015

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

Signature of Chemical Analyst

Court CVR

Fut Buff

DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905

Test Record Number: 1381

Test Date: 05/21/2014

Test Time: 11:12am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:12am
SRC	Pass	11:12am
DET	Pass	11:12am
BAR	Pass	11:12am
BT	Pass	11:12am

Blank Tests

Test	Status	Time

AIR Pass 11:13am

Printer Tests

Test	Status	Time
1000		

PRNT Pass 11:13am

CRC Tests

Test Status Time

COMP Pass 11:13am CAL Pass 11:13am

Preventive Maintenance Status: Pass

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Analyst 🗸

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX &C/IR II

j	INTOXIMETERS, MODEL INTOX EC/IR II
County /	ORSYTH Instrument Location KERNERS VILLE To lice
Instrument S	erial No. 108650 Department
-	
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.
	19 Mari
I certify that on procedures we Department of	on theday 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.
STATE OF	
OR A	CAROLL STATE OF THE STATE OF TH
ARRI IZ, ITA	Signature of Ceptifying Official Certificate Number

FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650 Test Date: 05/19/2014

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: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG319902 Exp Date: 07/18/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	11:12am 11:12am 11:13am 11:14am
SUB TEST	.00	11:14am
AIR BLK	.00	11:15am
SUB TEST	.00	11:17am
AIR BLK	.00	11:18am

Reported AC: .00 g/210L

Signature of Chamical 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

FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650 Test Record Number: 1048
Test Date: 05/19/2014 Test Time: 11:21am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:22am

Printer Tests

Status

Test

Time

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

INTUATMETERS, MODEL INTUX EC	/11(11
MRRI Instrument Location EK	in Police
rial No. 008926 Depar	tment
·	
	be followed at least once every
Verify the ethanol gas canister displays pressure, or the alcoholic broad degrees, plus or minus .2 degree centigrade;	eath simulator thermometer show
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.	
re performed on the instrument indicated above, in accordance with curr	
Signature of Certifying Official	Certificate Number
	rial No. 208926 e maintenance procedures for the Intoximeters, Model Intox EC/IR II to re: 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; 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. In the

SURRY COUNTY ELKIN PD 850

Serial Number: 008926 Test Date: 05/14/2014

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: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:54pm
AIR BLK	.00	2:54pm
ACCY CHK	.07	2:55pm
AIR BLK	.00	2:56pm
SUB TEST	.00	2:57pm
AIR BLK	.00	2:58pm
SUB TEST	.00	2:59pm
ATR BLK	. 00	$3 \cdot 0.0 \text{ pm}$

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

SURRY COUNTY ELKIN PD 850

Serial Number: 008926

Test Record Number: 603

Test Date: 05/14/2014

Test Time: 3:01pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:02pm
FLO	Pass	3:02pm
FC	Pass	3:02pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:02pm
SRC	Pass	3:02pm
DET	Pass	3:02pm
BAR	Pass	3:02pm
BT	Pass	3:02pm

Blank Tests

Test	Status	Time
AIR	Pass	3:02pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:03pm

CRC Tests

Test	Status	Time
COMP	Pass	3:03pm
CAL	Pass	3:03pm

Preventive Maintenance Status: Pass

Litte What

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Medition bury Instrument Location B. 1 mobile	Unt 5
Instrument S	Serial No. <u>6086 W</u>	
The preventi four months	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be follows are:	red at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulation 34 degrees, plus or minus .2 degree centigrade;	ator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or simulator solution is being changed every four months or after 125 Alcoholic whichever occurs first.	
I certify that oprocedures w Department o	on theday of	reventive maintenance tions of the N.C.
OF CHAMPER THE CAPE OF THE CAP	(MV OF	! T'9
	Signature of Certifying Official C	ertificate Number

MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008600 Test Date: 05/08/2014

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

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

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

Test	g/210L	Time
DIAG	Pass	7:48pm
AIR BLK	.00	7:49pm
ACCY CHK	.07	7:50pm
AIR BLK	.00	7:51pm
SUB TEST	.00	7:52pm
AIR BLK	.00	7:53pm
SUB TEST	.00	7:54pm
AIR BLK	.00	7:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008600

Test Record Number: 1421

Test Date: 05/08/2014

Test Time: 8:00pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:00pm
FLO	Pass	8:00pm
FC	Pass	mq00:8

Temperature Tests

Test	Status	Time
FC1	Pass	8:00pm
SRC	Pass	8:00pm
DET	Pass	8:00pm
BAR	Pass	8:00pm
BT	Pass	8:00pm

Blank Tests

Test	Status	Time
AIR	Pass	8 01 nm

Printer Tests

Test	Status	Time
PRNT	Pass	8:01pm
	CRC Tests	
Test	Status	Time
COMP	Pass	8:01pm

Preventive Maintenance Status: Pass

Pass

8:01pm

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	<u>Necklen bury</u> Instrument Location But mubile Unit 5
Instrument S	Serial No
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer should degree, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
	on the
STATE STATE STATE STATE STATE STATE STATE STATE STATE	CUVDU 658 Signature of Certifying Official Certificate Number
	Signature of Certifying Official Certificate Number

MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008698 Test Date: 05/08/2014

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

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	7:44pm 7:45pm 7:46pm
AIR BLK	.00	7:47pm
SUB TEST	.00	7:48pm
AIR BLK	.00	7:49pm
SUB TEST	.00	7:51pm
AIR BLK	.00	7:52pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008698

Test Record Number: 1103

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:57pm
FLO	Pass	7:57pm
FC	Pass	7:57pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:57pm
SRC	Pass	7:57pm
DET	Pass	7:57pm
BAR	Pass	7:57pm
\mathtt{BT}	Pass	7:57pm

Blank Tests

Test	Status	Time
AIR	Pass	7:58pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:58pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	7:58pm 7:58pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Medition bury Instrument Location But mobile Vn. 4 5	
Instrument S	erial No. <u>808788</u>	
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;	
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.	
I certify that of procedures we Department of	on the day of many	
THE STATE OF THE S	Signature of Certifying Official Certificate Number	

MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008788 Test Date: 05/08/2014

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: TOWERY, CHAD V

Permit Number: 26632E

Effective:

10/18/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	7:55pm
AIR BLK	.00	7:56pm
ACCY CHK	.07	7:57pm
AIR BLK	.00	7:58pm
SUB TEST	.00	7:58pm
AIR BLK	.00	7:59pm
SUB TEST	.00	mq00:8
AIR BLK	.00	8:01pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008788 Test Re

Test Record Number: 957

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:06pm
FLO	Pass	8:06pm
FC	Pass	8:06pm

Temperature Tests

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

Blank Tests

rest	Status	Time
AIR	Pass	8:06pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:07pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

CountyInstrument S	Instrument Location But Mobile Vn. + 5 Serial No. 108600
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.
certify that procedures we Department of	on the
THE STATE OF THE S	al V Inf

IREDELL BAT MOBILE UNIT 5 480

Serial Number: 008600 Test Date: 05/25/2014

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: 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	1:16pm 1:17pm
ACCY CHK	.07	1:18pm
AIR BLK	.00	1:19pm
SUB TEST	.00	1:20pm
AIR BLK	.00	1:21pm
SUB TEST	.00	1:22pm
AIR BLK	.00	1:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

IREDELL BAT MOBILE UNIT 5 480

Serial Number: 008600

Test Record Number: 1438

Test Date: 05/25/2014

Test Time: 1:25pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:25pm
FLO	Pass	1:25pm
FC	Pass	1:25pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:26pm
SRC	Pass	1:26pm
DET	Pass	1:26pm
BAR	Pass	1:26pm
\mathtt{BT}	Pass	1:26pm

Blank Tests

Test	Status	Time
AIR	Pass	1:26pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:26pm

CRC Tests

Test	Status	Time
COMP	Pass	1:26pm
CAL	Pass	1:26pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County I	Red(1)	Instrument Location_	But modile Unit 5
Instrument Seri	al No. <u>068788</u>		
The preventive four months 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		alcoholic breath simulator thermometer show
2.	Verify instrument displays tim	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	! ;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; an	ıd	
10.			ore expiration date, or the alcoholic breath r after 125 Alcoholic Breath Simulator tests,
I certify that on procedures were Department of H	he 25 day of more performed on the instrument inclealth and Human Services, and	, 20_ dicated above, in accordanthe instrument is function	the forgoing preventive maintenance ice with current regulations of the N.C. ing properly.
THE STATE OF A STATE O	Sign	ature of Certifying Offici	al Certificate Number

IREDELL BAT MOBILE UNIT 5 480

Serial Number: 008788 Test Date: 05/25/2014

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: 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	1:19pm
AIR BLK	.00	1:20pm
ACCY CHK	.07	1:21pm
AIR BLK	.00	1:21 p m
SUB TEST	.00	1:22pm
AIR BLK	.00	1:23pm
SUB TEST	.00	1:24pm
AIR BLK	.00	1:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

IREDELL BAT MOBILE UNIT 5 480

Serial Number: 008788 Test Record Number: 967
Test Date: 05/25/2014 Test Time: 1:34pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:34pm
FLO	Pass	1:34pm
FC	Pass	1:35pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:35pm
SRC	Pass	1:35pm
DET	Pass	1:35pm
BAR	Pass	1:35pm
BT	Pass	1:35pm

Blank Tests

Test	Status	Time	
	•		
AIR	Pass	1:35pm	

Printer Tests

Test	Status	Time
PRNT	Pass	1:35pm

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County GU	lifurd Instrument Location But molite 5
Instrument Serial	No. 008698
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 simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on the procedures were p Department of He	day of
OT THE STATE OF NO.	Signature of Certifying Official Certificate Number

GREENSBORO BAT MOBILE UNIT 5 400

Serial Number: 008698

Test Record Number: 1112

Test Date: 05/23/2014

Test Time: 8:17pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	8:18pm 8:18pm
FC	Pass	8:18pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:18pm
SRC	Pass	8:18pm
DET	Pass	8:18pm
BAR	Pass	8:18pm
$\mathtt{B}\mathbf{T}$	Pass	8:18pm

Blank Tests

Test	Status	Time
ATR	Pass	8:19pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:19pm
	CRC Tests	
Test	Status	Time

COMP Pass 8:19pm CAL Pass 8:19pm

Preventive Maintenance Status: Pass

Analyst

GREENSBORO BAT MOBILE UNIT 5 400

Serial Number: 008698 Test Date: 05/23/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: TOWERY, CHAD V

Permit Number: 26632E

Effective:

10/18/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	8:08pm 8:09pm
ACCY CHK AIR BLK	.07 .00	8:10pm 8:11pm
SUB TEST	.00	8:12pm
AIR BLK	.00	8:13pm
SUB TEST	.00	8:15pm
AIR BLK	.00	8:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C v	liford Instrument Location But mobile Units
Instrument Seria	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 shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t procedures were Department of H	he <u>7</u> day of <u>7</u> , 20 <u>14</u> 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.
OF THE STATE OF AN ANY TO STATE OF ANY TO STAT	Signature of Cartificing Official Certificate Number

GREENSBORO BAT MOBILE UNIT 5 400

Serial Number: 008788 Test Date: 05/23/2014

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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	8:06pm 8:07pm
ACCY CHK	.07	8:07pm
AIR BLK	.00	8:08pm
SUB TEST	.00	8:08pm
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

GREENSBORO BAT MOBILE UNIT 5 400

Serial Number: 008788 Test Record Number: 962 Test Date: 05/23/2014 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	8:13pm
SRC	Pass	8:13pm
DET	Pass	8:13pm
BAR	Pass	8:13pm
BT	Pass	8:13pm

Blank Tests

Test	Status	Time
AIR	Pass	8:14pm

Printer Tests

Test

Status

Time

PRNT	Pass	8:14pm
	CRC Tests	
Test	Status	Time

COMP Pass 8:14pm CAL Pass 8:14pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County(Suliford Instrument Location But n	10bile Unit 5
Instrument S	Serial No. OU 84 UD	
The preventi	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to b are:	e followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic brea 34 degrees, plus or minus .2 degree centigrade;	th simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Al whichever occurs first.	date, or the alcoholic breath coholic Breath Simulator tests,
I certify that procedures v Department	on the	orgoing preventive maintenance nt regulations of the N.C.
TATE STATE OF THE CHANGE OF TH	CH V DOL	658
_	Signature of Certifying Official	Certificate Number

GREENSBORO BAT MOBILE UNIT 5 400

Serial Number: 008600 Test Record Number: 1431
Test Date: 05/23/2014 Test Time: 8:12pm 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	8:13pm
SRC	Pass	8:13pm
DET	Pass	8:13pm
BAR	Pass	8:13pm
BT	Pass	8:13pm

Blank Tests

Test	Status	Time
ATR	Pass	8:13pm
1-777.	1 400	0.400

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

Analyst

GREENSBORO BAT MOBILE UNIT 5 400

Serial Number: 008600 Test Date: 05/23/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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	8:04pm
AIR BLK	.00	8:05pm
ACCY CHK	.07	8:05pm
AIR BLK	.00	8:06pm
SUB TEST	.00	8:07pm
AIR BLK	.00	8:08pm
SUB TEST	.00	8:10pm
AIR BLK	.00	8:11pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	Instrument Location B. A mobile Unit S
Instrument S	erial No. <u>608789</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.
	on the 24 day of 72, 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.
STATI STATI	
COSE QUANT	Signature of Certifying Official Certificate Number
	Digitality of College Indian

BURKE BAT MOBILE UNIT 5 110

Serial Number: 008788 Test Date: 05/24/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: TOWERY, CHAD V

Permit Number: 26632E

Effective:

10/18/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	7:37pm
AIR BLK	.00	7:38pm
ACCY CHK	.07	7:38pm
AIR BLK	.00	7:39pm
SUB TEST	.00	7:40pm
AIR BLK	.00	7:41pm
SUB TEST	.00	7:42pm
AIR BLK	.00	7:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BURKE BAT MOBILE UNIT 5 110

Serial Number: 008788 Test Record Number: 965
Test Date: 05/24/2014 Test Time: 7:44pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:44pm
FLO	Pass	7:44pm
FC	Pass	7:44pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:45pm
SRC	Pass	7:45pm
DET	Pass	7:45pm
BAR	Pass	7:45pm
\mathtt{BT}	Pass	7:45pm

Blank Tests

Test	Status	Time
AIR	Pass	7:45pm

Printer Tests

Test	Status	ттше
PRNT	Pass	7:45pm

CRC Tests

Test	Status	Time
COMP	Pass	7:45pm
CAL	Pass	7:45pm

Preventive Maintenance Status: Pass

1 /

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Burke Instrument Location But mos	ile Units
Instrument Se	Serial No. DOBLOD	
The preventive four months a	ative maintenance procedures for the Intoximeters, Model Intox EC/IR II to be follows are:	owed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath sir 34 degrees, plus or minus .2 degree centigrade;	nulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date simulator solution is being changed every four months or after 125 Alcohol whichever occurs first.	, or the alcoholic breath lic Breath Simulator tests,
I certify that of procedures we Department of	at on the Zy day of you , 20 the forgoin were performed on the instrument indicated above, in accordance with current reg t of Health and Human Services, and the instrument is functioning properly.	ng preventive maintenance gulations of the N.C.
TATE STATE TO THE COURT OF THE	and of Duy	618
	Signature of Cortifuing Official	Certificate Number

BURKE BAT MOBILE UNIT 5 110

Serial Number: 008600 Test Date: 05/24/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: TOWERY, CHAD V

Permit Number: 26632E

Effective:

10/18/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	7:35pm
AIR BLK	.00	7:36pm
ACCY CHK	.07	7:37pm
AIR BLK	.00	7:38pm
SUB TEST	.00	7:39pm
AIR BLK	.00	7:40pm
SUB TEST	.00	7:41pm
AIR BLK	.00	7:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BURKE BAT MOBILE UNIT 5 110

Serial Number: 008600

Test Record Number: 1435

Test Date: 05/24/2014

Test Time: 7:47pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	7:47pm 7:47pm
FC	Pass	7:48pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:48pm
SRC	Pass	7:48pm
DET	Pass	7:48pm
BAR	Pass	7:48pm
BT	Pass	7:48pm

Blank Tests

Test	Status	Time
AIR	Pass	7:48pm

Printer Tests

Test	Status	Time
ידיאכופ	Dagg	7.18nm

CRC Tests

Test	Status	Time
COMP	Pass	7:49pm
CAL	Pass	7:49pm

Preventive Maintenance

Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Mcc	ecklenburg Instrument Location Bat mobile Unit	5
Instrument Seri	erial No. 00 8600 Instrument Location Bat mobile Unit	
The preventive four months are	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at leasure:	st once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator ther 34 degrees, plus or minus .2 degree centigrade;	mometer 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 alco simulator solution is being changed every four months or after 125 Alcoholic Breath S whichever occurs first.	
I certify that on procedures were Department of I	on the	e maintenance the N.C.
OF THE STATE OF TH	Cell V Down 65 Certificate Certificate Certificate	

MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008600 Test Date: 05/30/2014

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

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

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

Analyst's Name: 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
42 F		
DIAG	Pass	7:09pm
AIR BLK	.00	7:10pm
ACCY CHK	.07	7:11pm
AIR BLK	.00	7:12pm
SUB TEST	.00	7:13pm
AIR BLK	.00	7:14pm
SUB TEST	.00	7:15pm
AIR BLK	.00	7:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008600

Test Record Number: 1441

Test Date: 05/30/2014

Test Time: 7:21pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:21pm
FLO	Pass	7:21pm
FC	Pass	7:22pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:22pm
SRC	Pass	7:22pm
DET	Pass	7:22pm
BAR	Pass	7:22pm
\mathtt{BT}	Pass	7:22pm

Blank Tests

Test	Status	Time
AIR	Pass	7:22pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:22pm
	CRC Tests	
Test	Status	Time

Test		
COMP	Pass	7:23pm
CAL	Pass	7:23pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic br	County	Mecklenburg Instrument Location But Mobile Unix 5
1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. 1 certify that on the	Instrument S	Serial No. <u>00 9788</u>
1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. 1 certify that on the 30 day of 704 , 20 44 the forgoing preventive maint procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.		
2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. 1 certify that on the 30 day of 20 you the forgoing preventive maint procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.		
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic br simulator solution is being changed every four months or after 125 Alcoholic Breath Simulato whichever occurs first. 1 certify that on the 30 day of 20 years and the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.	1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer should be degrees, plus or minus .2 degree centigrade;
4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. 1 certify that on the	2.	Verify instrument displays time and date;
5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic br simulator solution is being changed every four months or after 125 Alcoholic Breath Simulato whichever occurs first. I certify that on the 30 day of 20 44 the forgoing preventive maint procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.	3.	Initiate breath test sequence;
6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic br simulator solution is being changed every four months or after 125 Alcoholic Breath Simulato whichever occurs first. 1 certify that on the 30 day of 20 /// the forgoing preventive maint procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.	4.	Enter information as prompted;
7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic br simulator solution is being changed every four months or after 125 Alcoholic Breath Simulato whichever occurs first. 1 certify that on the	5.	Verify instrument accuracy;
8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic br simulator solution is being changed every four months or after 125 Alcoholic Breath Simulato whichever occurs first. 1 certify that on the 30 day of 20 / 4 the forgoing preventive maintreprocedures were performed on the instrument indivated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.	6.	When "PLEASE BLOW" appears, collect breath sample;
9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic br simulator solution is being changed every four months or after 125 Alcoholic Breath Simulato whichever occurs first. 1 certify that on the	7.	When "PLEASE BLOW" appears, collect breath sample;
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic br simulator solution is being changed every four months or after 125 Alcoholic Breath Simulato whichever occurs first. I certify that on the	8.	Print test record;
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulato whichever occurs first. I certify that on the	9.	Verify Diagnostic Program; and
Department of Health and Human Services, and the instrument is functioning properly.	10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
THE STATE OF NORTH AND	I certify that procedures w Department of	on the 30 day of May, 20 1/4 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.
	OF STATE OF	

MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008788 Test Date: 05/30/2014

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	7:12pm
AIR BLK	.00	7:13pm
ACCY CHK	.07	7:14pm
AIR BLK	.00	7:15pm
SUB TEST	.00	7:15pm
AIR BLK	.00	7:16pm
SUB TEST	.00	7:18pm
AIR BLK	.00	7:19pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008788

Test Record Number: 970

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:20pm
FLO	Pass	7:20pm
FC	Pass	7:20pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:20pm
SRC	Pass	7:20pm
DET	Pass	7:20pm
BAR	Pass	7:20pm
BT	Pass	7:20pm

Blank Tests

Test	Status	Time

AIR Pass 7:21pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:21pm

CRC Tests

Test	Status	Time
COMP	Pass	7:21pm
CAL	Pass	7:21pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ma	Alm burg	Instrument Location Bd moi	le Unit 5
Instrument Seri	al No. <u>008698</u>		
The preventive four months are	maintenance procedures for the Intox	cimeters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas canister disp 34 degrees, plus or minus .2 degree	plays pressure, or the alcoholic brea e centigrade;	th simulator thermometer show
2.	Verify instrument displays time an	d date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears	, collect breath sample;	
7.	When "PLEASE BLOW" appears	, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		is being changed before expiration devery four months or after 125 Ale	
I certify that on procedures were Department of H	he 30 day of Mcy performed on the instrument indicat ealth and Human Services, and the i	, 20 <u>/ 9</u> the for ed above, in accordance with curren nstrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
THE STATE OF A VACCO.	all V Juy	of Certifying Official	Certificate Number

MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008698 Test Date: 05/30/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: TOWERY, CHAD V

Permit Number: 26632E

Effective:

10/18/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	7:17pm 7:18pm 7:19pm 7:19pm
SUB TEST AIR BLK	.00 .00	7:20pm 7:21pm
SUB TEST AIR BLK	.00	7:23pm 7:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008698

Test Record Number: 1116

Test Date: 05/30/2014

Test Time: 7:29pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:29pm
FLO	Pass	7:29pm
FC	Pass	7:29pm

Temperature Tests

Status	Time
Pass	7:30pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	7:30pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:30pm
	CRC Tests	

Test	Status	Time
COMP	Pass	7:30pm
CAL	Pass	7:30pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ONS OCS Instrument Location BAT V	Mobile Unit	4
Instrumen	nt Serial No. CXX 8 17 /		
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to hs are:	be followed at least onc	e every
. 1.	Verify the ethanol gas canister displays pressure, or the alcoholic br 34 degrees, plus or minus .2 degree centigrade;	eath simulator thermome	eter shov
2.	Verify instrument displays time and date;). -0
3.	Initiate breath test sequence;		
4.	Enter information as prompted;	. Actor	-
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;	,	
7.	When "PLEASE BLOW" appears, collect breath sample;	√. Tanana	
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.		
procedures	at on the, day of, 20 the s were performed on the instrument indicated above, in accordance with current of Health and Human Services, and the instrument is functioning properly		ntenance .C.
			<i>∞</i> *
CREAT SEA	ATE ON NOTICE AND A STATE OF THE OWNER OWNE		
All June QUA	Signature of Certifying Official	Certificate Num	ber

ONSLOW COUNTY BAT MOBILE UNIT 4 660.

Serial Number: 008871 Test Date: 05/31/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2014-02/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:05am 11:05am
ACCY CHK	.07	11:06am
AIR BLK	.00	11:07am
SUB TEST	.00	11:08am
AIR BLK	.00	11:09am
SUB TEST	.00	11:10am
ATR RIK	. 0.0	11:11am

Reported AC: /.00, g/2101

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

ONSLOW COUNTY BAT MOBILE UNIT 4 660

Serial Number: 008871 Test Record Number: 784
Test Date: 05/31/2014 Test Time: 11:12am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:13am
SRC	Pass	11:13am
DET	Pass	11:13am
BAR	Pass	11:13am
BT	Pass	11:13am
דם	Labb	11.17am

Blank Tests

Test	Status	Time
AIR	Pass	11:13am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (Drslow	Instrument Location BAT V	Mobile Unit 4
Instrument S	erial No. 608 ¹ 734		
The preventi		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	fisplays pressure, or the alcoholic bregree 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" appear	ars, collect breath sample;	
7.	When "PLEASE BLOW" appear	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	y,#•	
10.		ter is being changed before expiration ged every four months or after 125 A	
		1	
		cated above, in accordance with curre	orgoing preventive maintenance ent regulations of the N.C.
			e service de la companya de la comp La companya de la co
OF THE STATE	O NO.	e e e e e e e e e e e e e e e e e e e	
WARD SEE A			/ min !
Tangelle .	Siona	ture of Certifying Official	Certificate Number
	2.5	······································	

ONSLOW COUNTY BAT MOBILE UNIT 4 660

Serial Number: 008734 Test Date: 05/31/2014

Citation Number: M0000000-0

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ONSLOW COUNTY BAT MOBILE UNIT 4 660

Serial Number: 008734 Test Record Number: 829 Test Date: 05/31/2014 Test Time: 10:51am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pagg	10.52am

Printer Tests

CAL

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

10:52am

Preventive Maintenance Status: Pass

Pass

Analyst

•	PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II
County	anance Instrument Location Alamance Co. Ja
Instrument Seri	109 S. Maple St. Oraham NC
	Graham 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 shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the 30 day of
THE STATE OF THE S	Signature of Certifying Official Certificate Number

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913 Test Date: 05/30/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: 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: AG320602 Exp Date: 07/25/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:00am 11:01am 11:02am
AIR BLK	.00	11:03am
SUB TEST	.00	11:04am
AIR BLK	.00	11:04am
SUB TEST	.00	11:06am
AIR BLK	.00	11:07am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CXR

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

Department of Health and Human Services Rev. 12/2007

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913

Test Record Number: 1884

Test Date: 05/30/2014

Test Time: 11:09am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:09am
FLO	Pass	11:09am
FC	Pass	11:09am

Temperature Tests

Test	Status	Time
FC1	Pass	11:09am
SRC	Pass	11:09am
DET	Pass	11:09am
BAR	Pass	11:09am
BT	Pass	11:09am

Blank Tests

Test	Status	Time
AIR	Pass	11:10am

Printer Tests

Test	Status	Time
PRNT	Pass	11:10am
	CRC Tests	
Teat	Qtatuq	Time

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

Preventive Maintenance Status: Pass

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

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	, INTOXIMETERS, MODEL INTOX E	
County	amance Instrument Location Alan	mance coly
Instrument Seri	al No. 008853 109 5.7Mc	ple St.
	Graham	NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to	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 expirat simulator solution is being changed every four months or after 125 whichever occurs first.	
	is va soul.	
procedures were	the day of day of the performed on the instrument indicated above, in accordance with cure Health and Human Services, and the instrument is functioning proper	
Department of I	teath and Human Services, and the instrument is functioning proper	.y.
at STATE OF		
3 (1) 175 (A)		
E W SE		
		e de la companya de l
ESSE QUAM VIDER	1 re tarley	6 J. S
	Signature of Certifying Official	Certificate Number

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008853 Test Date: 05/30/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency; DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	10:36am 10:36am 10:37am 10:38am
SUB TEST AIR BLK	.00 .00	10:39am 10:40am
SUB TEST	.00	10:42am
ATD BLK	0.0	10·43am

Reported AC: $.00 \, \text{g}/210 \text{L}$

Chemi/cal

Court CV

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

Department of Health and Human Services

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008853

Test Record Number: 1413

Test Date: 05/30/2014

Test Time: 10:44am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:45am
FLO	Pass	10:45am
FC	Pass	10:45am

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:45am 10:45am 10:45am 10:45am 10:45am

Blank Tests

Test	Status	Time
A T D	Dagg	10.45am

Printer Tests

Test	Status	Time
PRNT	Pass	10:45am
	CRC Tests	

IESL	Status	Time
COMP	Pass	10:46am
CAL	Pass	10:46am

Preventive Maintenance Status: Pass

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

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	INTOXINETERS, MODEL INTOX EC/IR II Instrument Location Val Val Val
Instrument S	erial No.00 8630 222 W. Washinfton St
	Nashville Ne
The prevention 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 we	on the 29 day of 20, 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.
OF WAY 20, 177	Signature of Certifying Official Certificate Number

NASH COUNTY NASH COUNTY JAIL 630

Serial Number: 008630 Test Date: 05/29/2014

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: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	2:39pm 2:40pm 2:40pm 2:41pm 2:42pm
AIR BLK	.00	2:43pm
SUB TEST	.00	2:45pm
ATR BLK	.00	2:46pm

Reperted AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

NASH COUNTY NASH COUNTY JAIL 630

Serial Number: 008630

Test Record Number: 3026

Test Date: 05/29/2014

Test Time: 2:47pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:47pm
FLO	Pass	2:47pm
FC	Pass	2:47pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:47pm
SRC	Pass	2:47pm
DET	Pass	2:47pm
BAR	Pass	2:47pm
BT	Pass	2:47pm

Blank Tests

Test	Status	Time
AIR	Pass	2:48pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:48pm

CRC Tests

Test	Status	Time
COMP	Pass	2:48pm
CAL	Pass	2:48pm

Preventive Maintenance Status: Pass

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

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740 Test Date: 05/29/2014

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: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	11:10am 11:11am 11:11am 11:12am 11:13am
AIR BLK	.00	11:14am
SUB TEST	.00	11:16am
AIR BLK	.00	11:17am

Reported AC: .00 q/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740 Test Record Number: 501 Test Date: 05/29/2014 Test Time: 11:18am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:19am

Printer Tests

Test	Status	Time
PRNT	Pass	11:20am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:20am 11:20am

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

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. 3. Initiate breath test sequence; 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; 9. Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. 20 / 1 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

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

Signature of Certifying Officia

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008826 Test Date: 05/28/2014

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: AG409709

Exp Date: 04/07/2016

Test	g/210L	Time
DIAG	Pass	1:46pm
AIR BLK	.00	1:47pm
ACCY CHK	.08	1:47pm
AIR BLK	.00	1:49pm
SUB TEST	.00	1:50pm
AIR BLK	.00	1:50pm
SUB TEST	.00	1:52pm
AIR BLK	.00	1:53pm

Reported AC:

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch **Department of Health and Human Services**

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008826 Test Record Number: 6960 Test Date: 05/28/2014 Test Time: 1:54pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:54pm
FLO	Pass	1:54pm
FC	Pass	1:54pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:54pm
SRC	Pass	1:54pm
DET	Pass	1:54pm
BAR	Pass	1:54pm
BT	Pass	1:54pm

Blank Tests

Test	Status	Time
AIR	Pass	1:55pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:55pm

CRC Tests

Test	Status	Time
COMP	Pass	1:55pm
CAL	Pass	1:55pm

Preventive Maintenance Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Instrument Serial No. 20862 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4: Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. Print test record; 8. 9. Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the 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

WAKE COUNTY APEX PD Serial Number: 008621

Test Date: 05/28/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:05am
AIR BLK	.00	10:06am
ACCY CHK	.08	10:06am
AIR BLK	.00	10:07am
SUB TEST	.00	10:08am
AIR BLK	.00	10:09am
SUB TEST	.00	10:11am
AIR BLK	.00	10:12am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Department of Health and Human Services Rev. 12/2007

WAKE COUNTY APEX PD

Serial Number: 008621 Test Record Number: 1582
Test Date: 05/28/2014 Test Time: 10:15am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:15am
FLO	Pass	10:15am
FC	Pass	10:16am

Temperature Tests

Test	Status	Time
FC1	Pass	10:16am
SRC	Pass	10:16am
DET	Pass	10:16am
BAR	Pass	10:16am
BT	Pass	10:16am

Blank Tests

Test	Status	Time
AIR	Pass	10:16am

Printer Tests

Test	Status	Time
PRNT	Pass	10:16am

CRC Tests

Test	Status	Time
COMP	Pass	10:16am
CAL	Pass	10:16am

Preventive Maintenance Status: Pass

Analyst

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

Signature of Certifying Official

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

DHHS 4080 (11/07)

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741 Test Date: 05/29/2014

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: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	10:50am 10:51am 10:52am 10:53am 10:54am 10:55am
SUB TEST	.00	10:57am
AIR BLK	.00	10:58am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741

Test Record Number: 1473

Test Date: 05/29/2014

Test Time: 10:59am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:00am
SRC	Pass	11:00am
DET	Pass	11:00am
BAR	Pass	11:00am
BT	Pass	11:00am

Blank Tests

Test	Status	Time
7. TD	Dacc	11 · ∩ ∩ a m

Printer Tests

Test	Status	Time
PRNT	Pass	11:01am
	CRC Tests	

Test	Status	Time
COMP	Pass	11:01am
CAL	Pass	11:01am

Preventive Maintenance Status: Pass

Analysť

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

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Washington Co. S.O. 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. 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

WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829 Test Date: 05/15/2014

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: 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	Pass .00 .08	12:05pm 12:06pm 12:07pm 12:08pm
SUB TEST	.00	12:09pm
AIR BLK	.00	12:10pm
SUB TEST	.00	12:11pm
AIR BLK	.00	12:12pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Find M Keese
Analyst

WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829 Test Date: 05/15/2014 Test Record Number: 556
Test Time: 12:13pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:14pm
SRC	Pass	12:14pm
DET	Pass	12:14pm
BAR	Pass	12:14pm
BT	Pass	12:14pm

Blank Tests

Test S	Status	Time	
AIR	Pass	12:14pm	

Printer Tests

Test	Status	Time
PRNT	Pass	12:14pm
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

12:15pm

12:15pm

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Longic	TERS, MODEL	1	n. 5.6.
Instrument S	Serial No. 008439	130 Qu	en 45., K	instan, N.C.
The preventi	ive maintenance procedures for are:	the Intoximeters, Model I	ntox EC/IR II to be fo	llowed at least once every
1,	Verify the ethanol gas can 34 degrees, plus or minus		the alcoholic breath s	imulator thermometer show
2.	Verify instrument displays	time and date;		
3.	Initiate breath test sequence	e;		
4.	Enter information as prom	pted;		
5.	Verify instrument accuracy	y;		
6.	When "PLEASE BLOW"	appears, collect breath sa	mple;	
7.	When "PLEASE BLOW"	appears, collect breath sa	mple;	
8.	Print test record;			
9.	Verify Diagnostic Program	ı; and		
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.			
	on theday of were performed on the instrument of Health and Human Services, a		rdance with current re	ing preventive maintenance gulations of the N.C.
OF THE STATE	E OF NO.	•		
	AROU			
ARIL 12, TT		in A. Kres	L	647
	The second secon	Signature of Certifying O	Tricial	Certificate Number

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639 Test Date: 05/16/2014

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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	Pass .00 .07	12:37pm 12:38pm 12:39pm 12:40pm
SUB TEST	.00	12:40pm
AIR BLK	.00	12:41pm
SUB TEST	.00	12:43pm
AIR BLK	.00	12:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Finde A. Cesse

Analyst

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639 Test Record Number: 2271

Test Date: 05/16/2014 Test Time: 12:46pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:46pm
FLO	Pass	12:46pm
FC	Pass	12:46pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:47pm

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

12:47pm

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	, INTOXIMETER				
		Instrument Locati			<u>.</u>
Instrument Serial No	. <u>008624</u>	205 E.	King 5'	r., Kins	TON.
	# 		7		
The preventive maint four months are:	tenance procedures for the Int	oximeters, Model In	tox EC/IR II to be	followed at least o	once every
	rify the ethanol gas canister d degrees, plus or minus .2 deg		the alcoholic breat	h simulator thermo	meter show
2. Ver	rify instrument displays time	and date;			
3. Init	tiate breath test sequence;				
4. Ent	ter information as prompted;				
5. Ver	rify instrument accuracy;				
6. Wh	nen "PLEASE BLOW" appea	ırs, collect breath sar	nple;		
7. Wh	ien "PLEASE BLOW" appea	rs, collect breath sar	nple;		**************************************
8. Prii	nt test record;		•		• .
9. Ver	rify Diagnostic Program; and				
sim	rify that the ethanol gas canist ulator solution is being chang ichever occurs first.				
	day of	cated above, in accor	dance with curren	going preventive m t regulations of the	naintenance N.C.
OF THE STATE OF NO. 1775 OF NO			2		· /"7
Walter Commence	Signa	ture of Certifying Of	fficial	Certificate N	umber

LENOIR COUNTY KINSTON PD 530

Serial Number: 008624 Test Date: 05/16/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	1:22pm 1:23pm
ACCY CHK	.07	1:23pm
AIR BLK	.00	1:24pm
SUB TEST	.00	1:25pm
AIR BLK	.00	1:26pm
SUB TEST	.00	1:27pm
ATR RIK	ΛΛ	1 • 28 nm

Reported AC: _.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

LENOIR COUNTY KINSTON PD 530

Serial Number: 008624

Test Record Number: 1364

Test Date: 05/16/2014

Test Time: 1:29pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:30pm
SRC	Pass	1:30pm
DET	Pass	1:30pm
BAR	Pass	1:30pm
BT	Pass	1:30pm

Blank Tests

Test	Status	Time
AIR	Pass	1:30pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:31pm
	CRC Tests	
Test	Status	Time

1:31pm

1:31pm

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Analyst

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

9. Verify Diagnostic Program; and

Print test record:

10. Verify that the ethanol gas canister is being changed before 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 1/4 (, 20 / the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



8.

Signature of Certifying Official

Certificate Number

CAMDEN COUNTY CAMDEN CO SO 140

Serial Number: 008940 Test Date: 05/22/2014

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, 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	Pass	11:56am 11:57am
ACCY CHK	.00	11:57am
AIR BLK	.00	11:59am
SUB TEST	.00	12:00pm
AIR BLK	.00	12:00pm
SUB TEST	.00	12:02pm
AIR BLK	.00	12:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CAMDEN COUNTY CAMDEN CO SO 140

Serial Number: 008940 Test Record Number: 678

Test Date: 05/22/2014 Test Time: 12:04pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:04pm
FLO	Pass	12:04pm
FC	Pass	12:04pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:04pm
SRC	Pass	12:04pm
DET	Pass	12:04pm
BAR	Pass	12:04pm
BT	Pass	12:04pm

Blank Tests

Test	Status	Time
AIR	Pass	12:05pm

Status

Time

Printer Tests

Test

PRNT	Pass	12:05pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:05pm 12:05pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location 008848 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 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

HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848 Test Date: 05/23/2014

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

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

Analyst's Name: 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

rest	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	10:53am 10:54am 10:55am
AIR BLK	.00	10:55am
SUB TEST	.00	10:56am
AIR BLK	.00	10:57am
SUB TEST	.00	10:58am
AIR BLK	.00	10:59am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848

Test Record Number: 971

Test Date: 05/23/2014

Test Time: 11:00am 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
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

Test	Status	Time

Printer Tests

PRNT Pass 11:02am

CRC Tests

Test	Status	Time
COMP	Pass	11:02am
CAL	Pass	11:02am

Preventive Maintenance Status: Pass

		AINTENANCE RECOR , MODEL INTOX EÇ/IF	
County		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	65000 P.D.
Instrumer	nt Serial No. 108906	15 E. Broad S	t., Multicespois
The preve	entive maintenance procedures for the Intoxic	meters, Model Intox EC/IR II to be 1	followed at least once every
1.	Verify the ethanol gas canister displ 34 degrees, plus or minus .2 degree	ays pressure, or the alcoholic breath 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 i simulator solution is being changed whichever occurs first.	s being changed before expiration devery four months or after 125 Alco	ate, or the alcoholic breath holic Breath Simulator tests,
procedure	nat on the day of MA s were performed on the instrument indicate nt of Health and Human Services, and the in	d above, in accordance with current	going preventive maintenance regulations of the N.C.
GREAT SE	TATE OF NO. 1755 NO.	· •	
TO SEE OF	AM HOOM	Kleiden	689
	Signaturé	of Certifying Official	Certificate Number

HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906 Test Date: 05/23/2014

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	12:00pm 12:01pm 12:02pm
SUB TEST	.00	12:03pm 12:04pm
AIR BLK	.00	12:05pm
SUB TEST	.00	12:06pm
AIR BLK	.00	12:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906

Test Record Number: 459

Test Date: 05/23/2014

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

Test	Status	Time
FC1	Pass	12:09pm
SRC	Pass	12:09pm
DET	Pass	12:09pm
BAR	Pass	12:09pm
\mathtt{BT}	Pass	12:09pm

Blank Tests

Test	Status	Time
AIR	Pass	12:09pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:09pm
	CRC Tests	

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

Status

Time

Preventive Maintenance Status: Pass

Test

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	intoximet	•	nent Location			n Cent
Instrument S	Serial No. 004644	124	Detention	nr., 6	reenvill	e N·C
The preventi	ive maintenance procedures for the are:	Intoximeters	, Model Intox EC/	IR II to be fo	llowed at leas	t once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 of			holic breath s	imulator there	nometer shows
2.	Verify instrument displays tin	ne and date;				
3.	Initiate breath test sequence;					÷
4.	Enter information as prompte	d;			e e	
5.	Verify instrument accuracy;					
6.	When "PLEASE BLOW" ap	pears, collect	breath sample;		· .	
7.	When "PLEASE BLOW" ap	pears, collect	breath sample;			1.4
8.	Print test record;					
9.	Verify Diagnostic Program; a	nd			.*.	
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.					
	on theday ofday ofdo not the instrument in th			vith current re		maintenance he N.C.
THE STATE	TO A					
CORE))				
CATE QUANT	- Jini	L. A.	tifying Official	Shirt State or "	Certificate	Number Number

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646 Test Date: 05/28/2014

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: 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: AG312802 Exp Date: 05/08/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	12:00pm 12:01pm 12:02pm 12:03pm
SUB TEST	.00	12:03pm
AIR BLK	.00	12:04pm
SUB TEST	.00	12:06pm
AIR BLK	.00	12:07pm

Reported AC: _.00 g/210L

Signature of Chemical Analyst

Court CVR

Hnold Messe
Analyst

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646 Test Date: 05/28/2014 Test Record Number: 2582

Test Time: 12:08pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:08pm
FLO	Pass	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

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Vit	Instrument Location Vin / Dexton han Cun
Instrument Seria	INO. 008608 124 Detention Dr., Greenville, No.
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9,	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	he day of MAL , 20 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.
STATE ON THE STATE OF THE STATE	Signature of Certifying Official Certificate Number

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668 Test Date: 05/28/2014

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: 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: AG312802 Exp Date: 05/08/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	12:09pm 12:10pm 12:10pm 12:12pm
SUB TEST	.00	12:13pm
AIR BLK	.00	12:14pm
SUB TEST	.00	12:17pm
ATP RIK	0.0	12 · 18pm

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

Finels Usue
Analyst

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668 Test Date: 05/28/2014 Test Record Number: 2344

Test Time: 12:19pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:19pm
FLO	Pass	12:19pm
FC	Pass	12:19pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:19pm
SRC	Pass	12:19pm
DET	Pass	12:19pm
BAR	Pass	12:19pm
BT	Pass	12:19pm

Blank Tests

Test	Status	Time
AIR	Pass	12:20pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:20pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:20pm

Pass

12:20pm

Preventive Maintenance Status: Pass

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Λ	INTOXIMETI	ERS, MODEL INTOX	EC/IR II
County_	M	_ Instrument Location Vin	Co. Detember Cent
Instrument Se	erial No. 00 6662	124 Detention	Dr., Brunville N.
The preventive four months a	•	Intoximeters, Model Intox EC/IR	I II to be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d		lic breath simulator 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.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	nister is being changed before expanged every four months or after	piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
•	on the 8 day of 10 day of	·	_
STATE OF THE STATE	NOP.		
S S S S S S S S S S S S S S S S S S S	CARO	?	
APRIL 12, 1718	Jim	LA MALL	647
	Sig	nature of Certifying Official	Certificate Number

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008662 Test Date: 05/28/2014

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: KEESLER, LINDA A

Permit Number: 11646E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	12:17pm 12:18pm 12:18pm
AIR BLK	.00	12:19pm
SUB TEST	.00	12:21pm
AIR BLK	.00	12:21pm
SUB TEST	.00	12:25pm
ATR RIK	ሰበ	$12 \cdot 26 nm$

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

JINGS LEESE
Analyst

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008662 Test Date: 05/28/2014 Test Record Number: 817
Test Time: 12:27pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:28pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:28pm
C	RC Tests	
Test	Status	Time
COMP	Pass	12:28pm

12:28pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County N	Instrume	nt Location Ba	Fromobile Unit
Instrument Serie	1 No D 8939 Much	ce CO 5	
The preventive 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 pres 34 degrees, plus or minus .2 degree centigra		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 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 simulator solution is being changed every for whichever occurs first.	changed before expira our months or after 12	ation date, or the alcoholic breath 5 Alcoholic Breath Simulator tests,
	he 3 day of 000 performed on the instrument indicated above, ealth and Human Services, and the instrumen	, in accordance with c	
STATE ON STATE ON STATE OF STA	CAROLLI CAROLL		
APRIL 12, 178 * EST QUAM VIDERI *	Onya B Signature of Cert	Kung en	Certificate Number

MOORE COUNTY BAT MOBILE UNIT 2 620

Serial Number: 008929 Test Date: 05/31/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

10/01/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:56pm
AIR BLK	.00	9:57pm
ACCY CHK	.07	9:58pm
AIR BLK	.00	9:58pm
SUB TEST	.00	10:00pm
AIR BLK	.00	10:01pm
SUB TEST	.00	10:03pm
AIR BLK	.00	10:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

200 ya B Skm

MOORE COUNTY BAT MOBILE UNIT 2 620

Serial Number: 008929

Test Record Number: 723

Test Date: 05/31/2014

Test Time: 10:05pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
		•

AIR Pass 10:06pm

Printer Tests

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

PRNT Pass 10:06pm

CRC Tests

Test Status Time

COMP Pass 10:06pm CAL Pass 10:06pm

Preventive Maintenance Status: Pass

Donya B Skyn

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	loore	Instrument Location (at Mobile Unit
Instrument So	orial No()()()()()()	Moore Co	50
The preventive four months a		ntoximeters, Model Intox EC/II	R II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		olic breath 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	ears, collect breath sample;	
7.	When "PLEASE BLOW" app		
8.	Print test record;		
9.	Verify Diagnostic Program; an	d	
10.	Verify that the ethanol gas can	ister is being changed before ex	piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
	n the day of		
OF THE STATE OF TH	Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z		
William Control	JONYA	nature of Certifying Official	Certificate Number

MOORE COUNTY BATMOBILE UNIT 2 620

Serial Number: 008601 Test Date: 05/31/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

10/01/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:13pm 10:14pm 10:15pm
AIR BLK	.00	10:16pm
SUB TEST	.00	10:16pm
AIR BLK	.00	10:17pm
SUB TEST	.00	10:19pm
AIR BLK	.00	10:19pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Onya B Skinnes Analyst

MOORE COUNTY BATMOBILE UNIT 2 620

Serial Number: 008601 Test Date: 05/31/2014 Test Record Number: 905 Test Time: 10:22pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test Status Time

AIR Pass 10:23pm

Printer Tests

Test Status Time

PRNT Pass 10:23pm

CRC Tests

Test Status Time

COMP Pass 10:23pm CAL Pass 10:23pm

Preventive Maintenance Status: Pass

Days B. Skynes

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County \\O\((nett	Instrument Location	- Mobik Unit 2
Instrument Serie	no (W 8939	Conts PD	
		· · · · · · · · · · · · · · · · · · ·	
The preventive four months are		oximeters, Model Intox EC/IR I	I to be followed at least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr		breath simulator thermometer show
2.	Verify instrument displays time a	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	rs, collect breath sample;	
7.	When "PLEASE BLOW" appear	rs, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	·	
10.	Verify that the ethanol gas canistor simulator solution is being chang whichever occurs first.	er is being changed before expired ed every four months or after 12	ration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
	the 30 day of 000 performed on the instrument indicate the land Human Services, and the	ated above, in accordance with	
THE STATE OF A	ON THE SECOND SE	*. **	
TAN IS. UTIL	JONIA B Signat	ure of Certifying Official	(D) () Certificate Number

HARNETT COUNTY BAT MOBILE UNIT 2 420

Serial Number: 008929 Test Date: 05/30/2014

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

Analyst's Name: SKINNER, TONYA B
Permit Number: 13651E
Effective:
10/01/2013-10/01/2015

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	.00 .07 .00	10:12pm 10:13pm 10:14pm 10:15pm 10:15pm
AIR BLK SUB TEST	.00	10:16pm 10:18pm
AIR BLK	.00	10:19pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Donya B Stune

HARNETT COUNTY BAT MOBILE UNIT 2 420

Serial Number: 008929

Test Record Number: 720 Test Time: 10:24pm EDT

Test Date: 05/30/2014 Test Time

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 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:25pm 10:25pm 10:25pm 10:25pm 10:25pm
		-

Blank Tests

Test	Status	Time
ATR	Pass	10.26pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:26pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:26pm 10:26pm

Preventive Maintenance Status: Pass

Donya B Stune

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	litche//	Instrument Location	Sprvae	Pixe PD
Instrument S	Serial No. <u>00 822 6</u>		Spruce	Piat
		,		
The prevent four months	ive maintenance procedures for the Into are:	ximeters, Model Intox	EC/IR II to be fo	llowed at least once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degrees.		alcoholic breath s	imulator thermometer show
2.	Verify instrument displays time an	nd date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears	s, collect breath sample	e;	
7.	When "PLEASE BLOW" appears	s, collect breath sample	e;	
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canister simulator solution is being change whichever occurs first.	r is being changed befo d every four months or	ore expiration date r after 125 Alcoho	e, or the alcoholic breath blic Breath Simulator tests,
I certify that or procedures we Department or the contract of	on theday ofday ofday ofday ofday ofday ofday of Health and Human Services, and the	, 20 ted above, in accordan instrument is functioni	ce with current re	ng preventive maintenance gulations of the N.C.
THE STATE OF TH	CAROLINA		The sales of the s	649

MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008726 Test Date: 05/09/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

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

rest	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00 .00	11:17am 11:18am 11:19am 11:20am 11:21am 11:23am 11:24am
		and the second s

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008726 Test Date: 05/09/2014 Test Record Number: 672 Test Time: 11:25am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass Pass Pass	11:25am 11:25am 11:25am 11:25am
Pass	11:25am
	Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	11:26am

Printer Tests

Test	Status	Time
PRNT	Pass	11:26am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:26am 11:26am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Re	INTUATIVIETERS, WIODEL INTOX ECTR II Instrument Location Bertie 6.5.0.
Instrument Seri	
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the day of day o
STATE OF NOTINE STATE OF NOTIN	Kell M. C. 643
	Signature of Certifying Official Certificate Number

BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897 Test Date: 05/22/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897

Test Record Number: 854
Test Time: 12:11pm EDT

Test Date: 05/22/2014 Test Time: 12

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:11pm 12:11pm 12:11pm 12:11pm 12:11pm

Blank Tests

Test	Status	Time
AIR	Pass	12:12pm

Printer Tests

Test	Status	Time
lest	Status	TIME
PRNT	Pass	12:12pm
	CRC Tests	
Test	Status	Time

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II,		
County WC	Myrie Instrument Location Whyne (a Detention Cen	
Instrument Seri	ial No. DO 81049 DOTE. Chastnut St. Goldsboro, M.	
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 H	the	
STATE OF AN STATE	KUM 643	

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

Signature of Certifying Official

Certificate Number

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008649 Test Date: 05/27/2014

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 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	9/21011	TIME
DIAG	Pass	10:55am
AIR BLK	.00	10:56am
ACCY CHK	.08	10:57am
AIR BLK	.00	10:58am
SUB TEST	.00	10:59am
AIR BLK	.00	11:00am
SUB TEST	.00	11:01am
AIR BLK	.00	11:02am

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

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008649 Te

Test Record Number: 2535

Test Date: 05/27/2014

Test Time: 11:03am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
7, TD	Dagg	11.0Eam

Printer Tests

rest	Status	TIME
PRNT	Pass	11:05am
	CRC Tests	
Test	Status	Time

COMP	Pass	11:05am
CAL	Pass	11:05am

Preventive Maintenance Status: Pass

Anályst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Be	paufort	Instrument Location_	Belhaven	Police De
Instrument Se	erial No. 008928	Belhaven	NC	
The preventive four months a	ve maintenance procedures for the	ne Intoximeters, Model Intox	EC/IR II to be follow	wed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus 2	ster displays pressure, or the a	alcoholic breath simu	lator thermometer shows
2.	Verify instrument displays	time and date;		
3.	Initiate breath test sequence	,		
4.	Enter information as promp	ted;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" a	ppears, collect breath sample	> ;	
7.	When "PLEASE BLOW" a	ppears, collect breath sample	» ;	
8.	Print test record;			
9.	Verify Diagnostic Program;	and		
10.	Verify that the ethanol gas of simulator solution is being of whichever occurs first.	anister is being changed befor changed every four months or	ore expiration date, or after 125 Alcoholic	r the alcoholic breath Breath Simulator tests,
I certify that or procedures we Department of	n the <u>29</u> day of <u>M</u> re performed on the instrument Health and Human Services, ar	indicated above, in accordanced the instrument is functioning	the forgoing poet with current regularing properly.	preventive maintenance ations of the N.C.
THE STATE OF THE S	NORTH CAROLINA TO THE PARTY OF	//		
		ignature of Certifying Officia	al C	Certificate Number

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928 Test Date: 05/29/2014

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: AG400603 Exp Date: 01/06/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	10:39am 10:40am 10:40am
SUB TEST		10:41am 10:42am
AIR BLK	.00	10:43am
SUB TEST	.00	10:44am
AIR BLK	.00	10:45am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928

Test Record Number: 227

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:46am
FC	Pass	10:46am

Temperature Tests

Test	Status	Time
FC1	Pass	10:46am
SRC	Pass	10:46am
DET	Pass	10:46am
BAR	Pass	10:46am
BT	Pass	10:46am

Blank Tests

Test	Status	Time
7 TD	Pagg	10.47.2

Printer Tests

ICSC	Status	TIME
PRNT	Pass	10:47am
	CRC Tests	
Test	Status	Time

COMP	Pass	10:47am
CAL	Pass	10:47am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_/	INTOXIMETERS, MODEL INTOX EC/IR II Jartin Instrument Location Martin 6.5.0.
Instrument S	Serial No. D08912 305 E. Main St., Williamston, M.
The preventi	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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
procedures w Department o	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.
TANK OF THE STATE	CAROLL
FISE QUAM VIE	Kelly St. 643
	\$ignature of Certifying Official Certificate Number

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Date: 05/22/2014

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	1:21pm
AIR BLK	.00	1:21pm
ACCY CHK	.08	1:22pm
AIR BLK	.00	1:23pm
SUB TEST	.00	1:24pm
AIR BLK	.00	1:25pm
SUB TEST	.00	1:26pm
AIR BLK	.00	1:27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Record Number: 835 Test Date: 05/22/2014 Test Time: 1:29pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:30pm
SRC	Pass	1:30pm
DET	Pass	1:30pm
BAR	Pass	1:30pm
BT	Pass	1:30pm

Blank Tests

Test	Status	Time
ATR	Pass	1 • 3 Orom

Printer Tests

Test	Status	Time
PRNT	Pass	1:30pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:31pm

1:31pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer of 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first. 1 certify that on the	
1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer s 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first. I certify that on the	<u>C</u>
34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first.	
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first. 1 certify that on the	hows
4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first. 1 certify that on the	
5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first. 1 certify that on the	
 When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; Print test record; Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first. I certify that on the	
 When "PLEASE BLOW" appears, collect breath sample; Print test record; Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first. I certify that on the	
8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic break simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first. 1 certify that on the	
9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first. 1 certify that on the	
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic break simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first. I certify that on the	
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to 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.	
	nce
Signature of Certifying Official Certificate Number	

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008704 Test Date: 05/30/2014 Test Record Number: 265
Test Time: 10:20pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:20pm 10:20pm
FC	Pass	10:20pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:21pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:21pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:21pm

10:21pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008704 Test Date: 05/30/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

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Court CVR

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

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	USEE Instrument Location 537 W10	Bite Const
Instrument Seri	al No. 008778 Holly S	paines
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath s 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration dat simulator solution is being changed every four months or after 125 Alcoh whichever occurs first.	te, or the alcoholic breath olic Breath Simulator tests,
	and the same of th	
I certify that on t procedures were Department of H	he 30 day of 104 , 20/4 the forgot performed on the instrument indicated above, in accordance with current reealth and Human Services, and the instrument is functioning properly.	ing preventive maintenance egulations of the N.C.
THE STATE OF NO.		
ARM IS STREET OF	Signature of Certifying Official	Certificate Number

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008778 Test Date: 05/30/2014 Test Record Number: 1152
Test Time: 10:13pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:13pm
FLO	Pass	10:13pm
FC	Pass	10:14pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:14pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:14pm
	CRC Tests	
Test	Status	Time

COMP Pass 10:15pm CAL Pass 10:15pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008778 Test Date: 05/30/2014

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	10:05pm
AIR BLK	.00	10:06pm
ACCY CHK	.07	10:06pm
AIR BLK	.00	10:07pm
SUB TEST	.00	10:08pm
AIR BLK	.00	10:09pm
SUB TEST	.00	10:11pm
AIR BLK	.00	10:12pm

Reperted AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location 13 at 1 110 Bild Clay, T
Instrument Se	rial No. 608760 Holly Spaines
The preventiv four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	n the, 20, the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF THE STATE	Stimature of Cartifician Number

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008760

Test Record Number: 613

Test Date: 05/30/2014

Test Time: 10:15pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time	

AIR Pass 10:16pm

Printer Tests

Test	Status	Time

PRNT Pass 10:16pm

CRC Tests

Test Status Time	Test	Status	Time
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COMP Pass 10:16pm CAL Pass 10:16pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008760 Test Date: 05/30/2014

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

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

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

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

Reported AC; 00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	WAKE	Instrument Location	BATU	obile limit
Instrument	Serial No. <u>008613</u>		Holly	Sparre 65
The prevent four months	tive maintenance procedures for the I	Intoximeters, Model Intox	EC/IR II to be fo	llowed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		alcoholic breath s	imulator thermometer shows
2.	Verify instrument displays tim	e and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	l;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" app	ears, collect breath sampl	e;	
7.	When "PLEASE BLOW" app	ears, collect breath sampl	e;	
8.	Print test record;			
9.	Verify Diagnostic Program; an	ad		
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	ister is being changed bef nged every four months o	fore expiration dat or after 125 Alcoho	e, or the alcoholic breath olic Breath Simulator tests,
	on the 30 day of 100 day of Health and Human Services, and			ng preventive maintenance egulations of the N.C.
STAT STATE OF THE	Say Cape	ature of Certifying Offic	zav/	Certificate Number

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008612 Tes

Test Record Number: 1496
Test Time: 11:08pm EDT

Test Date: 05/30/2014 Tes

Tebe Time: Zi.oopii iib.

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:08pm
SRC	Pass	11:08pm
DET	Pass	11:08pm
BAR	Pass	11:08pm
BT	Pass	11:08pm

Blank Tests

'l'est	Status	Time
ΔTR	Pagg	11 · 09pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:09pm
	CRC Tests	

Test	Status	Time
COMP	Pass	11:09pm
CAL	Pass	11:09pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008612 Test Date: 05/30/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG303502

Exp Date: 02/04/2015

Test		g/210L	Time
------	--	--------	------

DIAG	Pass	11:00pm
AIR BLK	.00	11:01pm
ACCY CHK	.07	11:01pm
AIR BLK	.00	11:02pm
SUB TEST	.00	11:03pm
AIR BLK	.00	11:04pm
SUB TEST	.00	11:05pm
ATR BLK	.00	11 · 06pm

Reported AC: $.00_q/210L$

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	RANDOIPH	Instrument Location_	1 DERM	Police DEAT.
Instrumer	nt Serial No. 008630	LI BETAY	N.C.	
The preve	entive maintenance procedures for the has are:	Intoximeters, Model Intox E	EC/IR II to be fo	llowed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 degrees.	displays pressure, or the alegree centigrade;	coholic breath s	imulator thermometer show
2.	Verify instrument displays tim	e and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" app	ears, collect breath sample;		
7.	When "PLEASE BLOW" app	ears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; an	d		
10.	Verify that the ethanol gas can simulator solution is being chawhichever occurs first.			
procedures	at on the 27 day of MA were performed on the instrument ind it of Health and Human Services, and t	licated above, in accordance	e with current re	ng preventive maintenance gulations of the N.C.
OF THE STA	ATE ON THE STATE OF THE STATE O			
GREAT	Section 1985			
ARIL 12	_ WX H	Ocaucan ature of Certifying Official		657 Certificate Number

RANDOLPH LIBERTY POLICE DEPT 750

Serial Number: 008830 Test Date: 05/27/2014

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass	9:53am 9:54am
ACCY CHK	.08 .00	9:55am 9:56am
SUB TEST	.00	9:56am
AIR BLK	.00	9:57am
SUB TEST	.00	9:59am
AIR BLK	.00	9:59am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

RANDOLPH LIBERTY POLICE DEPT 750

Serial Number: 008830 Test Date: 05/27/2014 Test

Test Record Number: 454
Test Time: 10:00am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:01am
SRC	Pass	10:01am
DET	Pass	10:01am
BAR	Pass	10:01am
\mathtt{BT}	Pass	10:01am

Blank Tests

Test Status Tim

AIR Pass 10:01am

Printer Tests

Test Status Line	Test	Status	Time
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PRNT Pass 10:01am

CRC Tests

Test Status Time

COMP Pass 10:02am CAL Pass 10:02am

Preventive Maintenance

Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Maries	. INTOXIMETERS, MODEL INTOX EC/IR II
County DA	VYISON Instrument Location DA VICTSUN CO. TAI
Instrument Ser	ial No. 008845 Lexing TON, N.C.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the 28 day of ,20 / the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OF THE STATE OF TH	Signature of Certifying Official Certificate Number

DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845 Test Date: 05/28/2014

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	Pass	4:23pm 4:24pm
ACCY CHK	.07	4:25pm
AIR BLK	.00	4:26pm
SUB TEST	.00	4:27pm
AIR BLK	.00	4:28pm
SUB TEST	.00	4:29pm
AIR BLK	.00	4:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst
is used when performing Preventive Maintenance proce

DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845

Test Record Number: 1686

Test Date: 05/28/2014

Test Time: 4:32pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:32pm
FLO	Pass	4:32pm
FC	Pass	4:33pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:33pm
SRC	Pass	4:33pm
DET	Pass	4:33pm
BAR	Pass	4:33pm
BT	Pass	4:33pm

Blank Tests

Test	Status	Time
AIR	Pass	4:33pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:33pm
	CPC Tests	

Test	Status	Time
COMP	Pass	4:33pm
CAL	Pass	4:33pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

~~~~	INTOXIMETERS, MODEL INTOX EC/IR II
County A	VIASON Instrument Location LexINGTON POLICE
Instrument Seria	al No. 008883 Department
<del></del>	
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t procedures were Department of H	he 28 day of 1, 20 14 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.
STATE OF A	AROU AROU AROU AROU AROU AROU AROU AROU
* ASSE CLAM VIOLEN *	Signature of Certifying Official Certificate Number

#### DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883 Test Date: 05/28/2014

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	Pass	3:45pm
AIR BLK	.00	3:46pm
ACCY CHK	.08	3:46pm
AIR BLK	.00	3:48pm
SUB TEST	.00	3:49pm
AIR BLK	.00	3:50pm
SUB TEST	.00	3:51pm
AIR BLK	.00	3:52pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883

Test Record Number: 1274

Test Date: 05/28/2014 Test Time: 3:53pm EDT

System Check: Passed

# Baseline Tests

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

# Temperature Tests

Test	Status	Time
FC1	Pass	3:54pm
SRC	Pass	3:54pm
DET	Pass	3:54pm
BAR	Pass	3:54pm
BT	Pass	3:54pm

#### 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 CALPass 3:54pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD

	INTOXIMETERS, MODEL INTOX EC/IR II
County DA	VIDSON Instrument Location Thomas VILLE Police
Instrument Ser	ial No. 008872 Department
The preventive four months are	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the 28 day of 4, 20 4 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OF THE STATE OF TH	Signature of Certifying Official Certificate Number

#### DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008872 Test Date: 05/28/2014

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	Pass	2:19pm
AIR BLK	.00	2:19pm
ACCY CHK	.07	2:20pm
AIR BLK	.00	2:21pm
SUB TEST	.00	2:22pm
AIR BLK	.00	2:22pm
SUB TEST	.00	2:24pm
AIR BLK	.00	2:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Kein Dear Analyst

#### DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008872

Test Record Number: 1102

Test Date: 05/28/2014

Test Time: 2:25pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:26pm
FLO	Pass	2:26pm
FC	Pass	2:26pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:26pm
SRC	Pass	2:26pm
DET	Pass	2:26pm
BAR	Pass	2:26pm
BT	Pass	2:26pm

#### Blank Tests

Test	Status	Time	
ΔΤΡ	Dagg	2.26nm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:26pm

### CRC Tests

Test	Status	Time
COMP	Pass	2:27pm
CAL	Pass	2:27pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County <u>S</u>	INTOXIMETERS, MODEL INTOX EC/IR II  VILLED RICHARD Instrument Location Greens boro JAIL
Instrument S	COCKO O
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on theday 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

#### GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790 Test Date: 05/27/2014

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: DEAN, L K

Permit Number: 11598E

Effective:

06/01/2013-06/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:06pm
AIR BLK	.00	3:06pm
ACCY CHK	.07	3:07pm
AIR BLK	.00	3:08pm
SUB TEST	.00	3:09pm
AIR BLK	.00	3:10pm
SUB TEST	.00	3:11pm
AIR BLK	.00	3:12pm

Reported AC; .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790

Test Record Number: 4283

Test Date: 05/27/2014

Test Time: 3:13pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:13pm
FLO	Pass	3:13pm
FC	Pass	3:13pm

# Temperature Tests

Test	Status	Time
FC1	Pass	3:13pm
SRC	Pass	3:13pm
DET	Pass .	3:13pm
BAR	Pass	3:13pm
$\mathtt{BT}$	Pass	3:13pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:14pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:14pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:14pm 3:14pm

Preventive Maintenance Status: Pass

Analyst

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

County \	iake	Instrument Location Bah	nobik W	oita
Instrument So	erial No.008930 (	GarnerPD		
The preventive four months a	re maintenance procedures for the Into	ximeters, Model Intox EC/IR II to be	followed at least on	ce every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degre	plays pressure, or the alcoholic breat e centigrade;	h simulator thermom	eter show
2.	Verify instrument displays time an	nd date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears	, collect breath sample;		
7.	When "PLEASE BLOW" appears	, collect breath sample;		
8.	Print test record;		•	
9.	Verify Diagnostic Program; and			
10.		r is being changed before expiration of devery four months or after 125 Alc		
	n the day of day of free performed on the instrument indicate F Health and Human Services, and the i	ted above, in accordance with curren	going preventive ma t regulations of the N	
THE STATE				
STATE OF WAY 20, 177				
ACAP AND	2001 Bignatur	re of Certifying Official	Certificate No.	mher

#### WAKE COUNTY BAT MOBILE UNIT 2 910

Serial Number: 008929 Test Date: 05/16/2014

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

Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B Permit Number: 13651E Effective: 10/01/2013-10/01/2015

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

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

-3"

Test .	g/210L	Time
DIAG ;	Pass	9:51pm
AIR BLK	.00	9:52pm
ACCA CHR	.07	9:53pm
AÎR BLK	.00	9:54pm
SUB TEST	.00	9:54pm
AIR BLK	.00	9:55pm
SUB TEST	.00	9:57pm
AIR BLK	.00	9:58pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Gourt CVR

#### WAKE COUNTY BAT MOBILE UNIT 2 910

Serial Number: 008929

Test Record Number: 706

Test Date: 05/16/2014

Test Time: 9:59pm EDT

#### System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

rest	Status	Time
AIR	Pass	10:01pm

Pass

#### Printer Tests

Test	Status	Time

PRNT Pass 10:01pm

#### CRC Tests

Test Status Time

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

Preventive Maintenance Status: Pass

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

County \( \sum_{\infty} \)	ate Instrument Location Bot Mobile Unit a
Instrument Ser	ial No. 28601 Garner PD
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
· 3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer	the day of 20 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
TARE OF THE STATE	Signature of Certifying Official Certificate Number

#### WAKE COUNTY BATMOBILE UNIT 2 910

Serial Number: 008601 Test Date: 05/16/2014

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SKINNER, TONYA B
Permit Number: 13651E
Effective:
10/01/2013-10/01/2015

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	9:54pm 9:55pm 9:55pm 9:56pm 9:57pm 9:58pm
SUB TEST		
	.00	9:59pm
AIR BLK	.00	10:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Onya B Skinger Analyst

#### WAKE COUNTY BATMOBILE UNIT 2 910

Serial Number: 008601

Test Record Number: 897

Test Date: 05/16/2014

Test Time: 10:01pm 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 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:02pm 10:02pm 10:02pm 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 10:03pm CAL Pass 10:03pm

Preventive Maintenance Status: Pass

DOR

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

County ( )	Instrument Location But Mobile Unit	_
Instrument Ser	rial No 008736 Garner PD	
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:	<u> </u>
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer should degree, plus or minus .2 degree centigrade;	IWS
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
<b>5.</b> \}	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.	s,
	n the day of day of 20 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.	æ
OF THE STATE OF TH	Signature of Certifying Official Certificate Number	-

#### WAKE COUNTY BAT MOBILE UNIT 2 910

Serial Number: 008736 Test Date: 05/16/2014

Citation Number: M0000000-0
Subject's Name:

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

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

Analyst's Name: SKINNER, TONYA B
Permit Number: 13651E
Effective:
10/01/2013-10/01/2015

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Ong Bokun Analyst

#### WAKE COUNTY BAT MOBILE UNIT 2 910

Serial Number: 008736

Test Record Number: 693

Test Date: 05/16/2014

Test Time: 10:24pm EDT

## System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass	10:25pm
FLO FC	Pass Pass	10:25pm 10:25pm

# Temperature Tests

Status	Time
Pass	10:25pm
	Pass Pass Pass Pass

### Blank Tests

Test	Status	Time
AIR	Pass	10:26pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:26pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:26pm 10:26pm

Preventive Maintenance Status: Pass

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

•	INTOXIMETERS, MODEL INTOX EC/IR II
County L	incoln Instrument Location Lincoln County Courthous
Instrument S	erial No. 008823 #1 Courthouse Square, Lincolnton
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the 3rd day of May, 20 14 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

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008823 Test Date: 05/23/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:06am 10:07am
ACCY CHK	.07	10:08am 10:09am
SUB TEST	.00	10:09am
AIR BLK	.00	10:11am
SUB TEST	.00	10:12am
AIR BLK	.00	10:13am

Reported AC: .00 g/210L

ture of Chemical Analyst

Court CVR

**Analyst** 

# LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008823 Test Date: 05/23/2014 Test Record Number: 1100 Test Time: 10:14am EDT

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:15am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:15am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:16am

Preventive Maintenance Status: Pass

Analyst

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

County Me	cklenburg	Instrument Location_	Pineville	PD
Instrument Seri	al No. <u>008 703</u>	427 Main	Street.	Pineville
		704-88	9-2231	
The preventive four months are	maintenance procedures for the Intox	imeters, Model Intox	EC/IR II to be follo	wed at least once every
1.	Verify the ethanol gas canister disp 34 degrees, plus or minus .2 degree		lcoholic breath sim	ulator thermometer shows
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.	Verify that the ethanol gas canister simulator solution is being changed whichever occurs first.			
procedures were	the <u>alst</u> day of <u>May</u> performed on the instrument indicate Health and Human Services, and the in	above, ili accolualic	ze wiai carrent regu	preventive maintenance lations of the N.C.
THE STATE OF A STATE O	Ash Ethan Signature	The of Certifying Officia	1	650 Certificate Number

#### MECKLENBURG COUNTY PINEVILLE PD 590

Serial Number: 008703 Test Date: 05/21/2014

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: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

.00 g/210L

ature 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

# 

MECKLENBURG COUNTY PINEVIL PD 590

Serial Number: 008703 Test Record Number: 5238
Test Date: 05/21/2014 Test Tive: 11:12am EDT

System Check: Passe

# Baseline Tests

Test	Status	Tiı	3.5
IR	Pass	11	2am
FLO	Pass	11	2am
FC	Pass	11	.2am

#### Temperature Tests

Test	Status	Ti	į
FC1	Pass	11	.2am
SRC	Pass	11	.2am
DET	Pass	11	.2am
BAR	Pass	11	.2am
BT	Pass	11	.2am

# Blank Tests

Test	Status	'I'11	÷
ATR	Pass	11	Зam

#### Printer Tests

rest	Status	T.T.	)
PRNT	Pass	11	.3am
	CRC Tests		
Test	Status	Ti	å e
COMP CAL	Pass Pass	11 11	3am 3am

Preventive Maintenan Status: Pass

Analyst

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

County Me	ecklenburg Instrument Location Matthews PD	
	al No. 008699 1201 Crews Road, Matthews	
	704-847-4069	
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.	
I certify that on the		
THE STATE OF THE S	Signature of Certifying Official Certificate Number	

#### MECKLENBURG COUNTY MATTHEWS PD 590

Serial Number: 008699 Test Date: 05/21/2014

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: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:19am
AIR BLK	.00	10:20am
ACCY CHK	.08	10:21am
AIR BLK	.00	10:22am
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

# MECKLENBURG COUNTY MATTHEWS PD 590

Serial Number: 008699

Test Record Number: 2142

Test Date: 05/21/2014

Test Time: 10:27am EDT

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:28am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:28am
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	10:28am

Preventive Maintenance Status: Pass

Analyst

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

County Cle	veland Instrument Location Cleveland Gunty 5D-Annex
Instrument Seria	1No. 008887 407 McBrayer Street, Shelby 704-484-4888
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	ne 20 Hu day of May ,20 14 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

CLEVELAND COUNTY CLEVELAND SD-ANNEX 220

Serial Number: 008887 Test Date: 05/20/2014

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: HUTCHINSON, JOSEPH E
Permit Number: 19951E
Effective:
10/01/2013-10/01/2015

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CLEVELAND COUNTY CLEVELAND SD-ANNEX 220

Serial Number: 008887 Test Record Number: 1718
Test Date: 05/20/2014 Test Time: 11:31am EDT

System Check: Passed

# Baseline Tests

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

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:32am

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

	INTOXIMETERS, MODEL INTOX EC/IR II
County ()	eveland Instrument Location Cleveland County SD
Instrument Seri	100 Justice Place, Shelby 704-484-4888
71	
four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the <u>2044</u> day of <u>May</u> , 20 14 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
TO THE STATE OF ME	Signature of Certifying Official Certificate Number

CLEVELAND COUNTY CLEVELAND COUNTY SD 220

Serial Number: 008893 Test Date: 05/20/2014

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: 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: AG320602 Exp Date: 07/25/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	11:00am 11:01am 11:01am 11:03am 11:03am
SUB TEST	.00	11:05am
AIR BLK	.00	11:06am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

is form is used when performing Preventive Maintenance in

#### CLEVELAND COUNTY CLEVELAND COUNTY SD 220

Serial Number: 008893 Test Record Number: 1230 Test Date: 05/20/2014 Test Time: 11:07am EDT

System Check: Passed

# Baseline Tests

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

# Temperature Tests

Test	Status	Time
FC1	Pass	11:08am
SRC	Pass	11:08am
DET	Pass	11:08am
BAR	Pass	11:08am
BT	Pass	11:08am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:09am

# Printer Tests

Test

CAL

PRNT	Pass	11:09am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:09am

Status

Time

11:09am

Preventive Maintenance Status: Pass

Pass

Analyst

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

	INTOXIMETE	KS, MODEI	LINIO	A EC/IR	11
County	nion	Instrument Lo	ocation	Union	County SD
Instrument So	erial No. <u>008876</u>	3344	Presso		1, Monroe
The preventive four months a	ve maintenance procedures for the Inare:	ntoximeters, Mode	el Intox EC	/IR II to be fo	llowed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		or the alco	holic breath si	imulator thermometer show
2.	Verify instrument displays time	e and date;			
3.	Initiate breath test sequence;				
4.	Enter information as prompted	•			
5.	Verify instrument accuracy;				•
6.	When "PLEASE BLOW" appo	ears, collect breath	ı sample;		
7.	When "PLEASE BLOW" app	ears, collect breath	sample;		
8.	Print test record;				
9.	Verify Diagnostic Program; an	d			
10.	Verify that the ethanol gas can simulator solution is being charwhichever occurs first.				
procedures w	on the <u>lith</u> day of <u>Mo</u> ere performed on the instrument ind if Health and Human Services, and t	lidated above, in a	ccordance v	with current re	ng preventive maintenance gulations of the N.C.
THE STATE OF THE S	Sign	Multiple of Certifying	g Official		650 Certificate Number

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008876 Test Date: 05/11/2014

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: 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	Pass	4:05pm 4:06pm
ACCY CHK	.08	4:07pm
AIR BLK	.00	4:08pm
SUB TEST	.00	4:09pm
AIR BLK	.00	4:10pm
SUB TEST	.00	4:11pm
AIR BLK	.00	4:12pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### UNION COUNTY UNION COUNTY SD 890

Serial Number: 008876

Test Record Number: 3332

Test Date: 05/11/2014

Test Time: 4:13pm EDT

System Check: Passed

# Baseline Tests

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

# Temperature Tests

Test	Status	Time
FC1	Pass	4:14pm
SRC	Pass	4:14pm
DET	Pass	4:14pm
BAR	Pass	4:14pm
BT	Pass	4:14pm

#### Blank Tests

Test	Status	Time
ΔTR	Pagg	4 · 15pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:15pm

# CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

	INTOANVIETERS, WODEL INTOA EC/IN II
County_M	ecklenburg Instrument Location Cornelius PD
Instrument Se	704-892-1363
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the 11 4 day of May, 20 14 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

# MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: 008692 Test Date: 05/11/2014

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: 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	Pass	2:32pm
AIR BLK	.00	2:33pm
ACCY CHK	.08	2:34pm
AIR BLK	.00	2:35pm
SUB TEST	.00	2:36pm
AIR BLK	.00	2:36pm
SUB TEST	.00	2:38pm
ATR BLK	.00	2:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: 008692 Test Record Number: 2212

Test Date: 05/11/2014

Test Time: 2:40pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:40pm 2:40pm
FC	Pass	2:41pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	2:41pm

#### Printer Tests

#### CRC Tests

Test	Status	Time
COMP	Pass	2:41pm
CAL	Pass	2:41pm

Preventive Maintenance Status: Pass

Analyst

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

INTOANVETERS, MODEL INTOX EC/IN II		
	(OP)-P	Instrument Location (SVEEN-e 10. S. O.
Instrument S	erial No. <u>00 86 70</u>	301 N. Greene St., Snow HILL, N.
The preventi four months		Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canisto 34 degrees, plus or minus .2	er displays pressure, or the alcoholic breath simulator thermometer show degree centigrade;
2.	Verify instrument displays ti	me and date;
3.	Initiate breath test sequence;	
4.	Enter information as prompte	ed;
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" ap	ppears, collect breath sample;
7.	When "PLEASE BLOW" ap	ppears, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; a	and
10.		unister is being changed before expiration date, or the alcoholic breath nanged every four months or after 125 Alcoholic Breath Simulator tests,
I certify that procedures w Department of	on the	the forgoing preventive maintenance ndicated above, in accordance with current regulations of the N.C. d the instrument is functioning properly.
THE STATE OF THE S	- Kul	gnature of Certifying Official Certificate Number

GREENE COUNTY GREENE CO SO 390

Serial Number: 008670 Test Date: 05/19/2014

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: 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 ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	10:43am 10:43am 10:44am 10:45am 10:46am 10:47am
SUB TEST	.00	10:48am
AIR BLK	.00	10:49am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### GREENE COUNTY GREENE CO SO 390

Serial Number: 008670 Test Record Number: 1423

Test Date: 05/19/2014 Test Time: 10:50am EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	10:50am
FLO	Pass	10:50am
FC	Pass	10:51am

# Temperature Tests

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

#### Blank Tests

Test	Status	Time	

AIR Pass 10:51am

# Printer Tests

Test	Status	Time
PRNT	Pass	10:51am

#### CRC Tests

rest	Status	TIME
COMP	Pass	10:52am
CAL	Pass	10:52am

Preventive Maintenance Status: Pass

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

7	INTOXIMETERS, MODEL INTOX EC/IR II
County /	Instrument Location Again P.D.
Instrument Ser	rial No. 0086/06 4144 West Ave. Agden NC
· 	
The preventive four months ar	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 should degree, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
	theday of, 20// the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OF THE STATE OF TH	Signature of Certifying Official Certificate Number

PITT AYDEN PD 730

Serial Number: 008666 Test Date: 05/19/2014

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: GUARD, KELLY G

Permit Number: 12955E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	9:28am 9:29am
ACCY CHK	.08	9:29am
AIR BLK	.00	9:30am
SUB TEST	.00	9:31am
AIR BLK	.00	9:32am
SUB TEST	.00	9:33am
ATR BIK	0.0	9 · 34 am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

s form is used when performing Preventive

# PITT AYDEN PD 730

Serial Number: 008666

Test Record Number: 737

Test Date: 05/19/2014

Test Time: 9:35am EDT

# System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:35am
FLO	Pass	9:35am
FC	Pass	9:36am

# Temperature Tests

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

# Blank Tests

Test	Status	Time
AIR	Pass	9:36am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:36am
	CRC Tests	

Test	Status	Time
COMP	Pass	9:36am
CAL	Pass	9:36am

Preventive Maintenance Status: Pass

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

	INTOXIMETERS, MODEL INTOX EC/IR II
County ()	Instrument Location (Wilson (o. Dotention
Instrument Se	erial No. 008652 100 E. Green St., Wilson, N.C.
The preventiv	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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	on the
STATE OF STA	LU M
	Signature of Certifying Official Certificate Number

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008652 Test Date: 05/16/2014

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:12am 10:13am 10:14am
AIR BLK	.00	10:15am
SUB TEST	.00	10:16am
AIR BLK	.00	10:17am
SUB TEST	.00	10:19am
AIR BLK	.00	10:19am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008652

Test Record Number: 2507

Test Date: 05/16/2014

Test Time: 10:21am EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	10:22am
FLO	Pass	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

rest	Status	TIME
PRNT	Pass	10:23am

# CRC Tests

Test	Status	Time
COMP	Pass	10:23am
CAL	Pass	10:23am

Preventive Maintenance Status: Pass

Analyst

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

County Bea	Instrument Location Beaufort Co. Courthou
Instrument Seri	al No. DO8588 102E. 2 nd St. Washington, 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.
procedures were	the 20 day of May, 20/4 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
TO THE STATE OF TH	201 Al 643

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008588 Test Date: 05/20/2014

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

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

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

lest	9/2101	Time
DIAG	Pass	12:28pm
AIR BLK	.00	12:29pm
ACCY CHK	.08	12:30pm
AIR BLK	.00	12:30pm
SUB TEST	.00	12:31pm
AIR BLK	.00	12:32pm
SUB TEST	.00	12:34pm
AIR BLK	.00	12:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

#### BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008588

Test Record Number: 771

Test Date: 05/20/2014

Test Time: 12:36pm EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	12:36pm
FLO	Pass	12:36pm
FC	Pass	12:36pm

# Temperature Tests

Test	Status	Time
FC1	Pass	12:36pm
SRC	Pass	12:36pm
DET	Pass	12:36pm
BAR	Pass	12:36pm
BT	Pass	12:36pm

#### Blank Tests

Test	Status	Time	

AIR Pass 12:37pm

#### Printer Tests

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

PRNT Pass 12:37pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

and report to	INTOXIMETERS, MODEL INTOX EC/IR II
ounty <u>  Sec</u>	instrument Location Beaufort (o. Courthou
strument Ser	ial No. 008909 102E. 2nd St., Washington, NC
ne preventive ur months ar	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic 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
OTH STATE OF THE S	The state of the s

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909 Test Date: 05/15/2014

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	10:51am 10:52am 10:53am 10:54am
SUB TEST	.00	10:55am
AIR BLK SUB TEST	.00 .00	10:56am 10:57am
AIR BLK	.00	10:58am

Reported AC: .00 q/210L

Signature of Chemical Analyst

Court CVR

Telly Analyst

# BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909

Test Record Number: 1907

Test Date: 05/15/2014

Test Time: 10:59am EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	10:59am
FLO	Pass	10:59am
FC	Pass	10:59am

# Temperature Tests

Test	Status	Time
FC1	Pass	11:00am
SRC	Pass	11:00am
DET	Pass	11:00am
BAR	Pass	11:00am
BT	Pass	11:00am

#### Blank Tests

Test	Status	Time
ΔTR	Dagg	11 • O O a m

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:00am

# CRC Tests

Test	Status	Time
COMP CAL	Pass Pass	11:00am 11:00am

Preventive Maintenance Status: Pass

Analyst

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

	INTOXIMETERS, MODEL INTOX EC/IR II
County () i	Instrument Location Wilson Co Defention
Instrument Ser	rial No. 008627 100E. Green St., Wilson, N.C.
	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
l certify that on procedures wer Department of	the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

#### WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008627 Test Date: 05/16/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:57am
AIR BLK	.00	9:58am
ACCY CHK	.07	9:58am
AIR BLK	.00	9:59am
SUB TEST	.00	10:00am
AIR BLK	.00	10:01am

SUB TEST .00 10:03am AIR BLK .00 10:03am

Reported AC: .00 g/210L

Signature of Chemical

Court CVR

#### WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008627

Test Record Number: 1639

Test Date: 05/16/2014

Test Time: 10:05am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time	

AIR Pass 10:06am

#### Printer Tests

Test	Status	Time

PRNT Pass 10:06am

#### CRC Tests

Test	Status	Time
1050	Deacus	11111

COMP	Pass	10:06am
CAL	Pass	10:06am

Preventive Maintenance Status: Pass

## PREVENTIVE MAINTENANCE RECORD

	INTOXIMETERS, MODEL INTOX EC/IR II
County	Beaufort Instrument Location Beaufort (o. Courthou
Instrument	Serial No. 008851 1026. 2 rd St. Washington, M.C.
The prevent	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
four months	
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.
	t on the
STAN STAN	FOR NORTH
TO STATE CARE	2 643
	Signature of Certifying Official Certificate Number

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

#### BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008851 Test Date: 05/15/2014

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 State: XX
Driver's License Number: NONE

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	11:05am 11:06am 11:07am 11:08am
SUB TEST	.00	11:08am
AIR BLK	.00	11:09am
SUB TEST	.00	11:11am
ATR BIK	. 0.0	11:12am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008851

Test Record Number: 487

Test Date: 05/15/2014

Test Time: 11:14am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:15am

#### Printer Tests

Test

COMP

CAL

Pass	11:15am
CRC Tests	
Status	Time
	CRC Tests

Pass

Pass

Status

Time

11:15am

11:15am

Preventive Maintenance Status: Pass

Analyst

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

County	JOHNSTON	Instrument Location SE	THA POLICE DEAT
Instrument	Serial No. <u>00</u> \$595	SELMA	N. C-
The preven	•	Intoximeters, Model Intox EC/IR	R II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d		lic breath simulator thermometer show
2.	Verify instrument displays time	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 chawhichever occurs first.	nister is being changed before expanged every four months or after	piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
procedures	at on the 12 day of MA were performed on the instrument in t of Health and Human Services, and	dicated above, in accordance wit	
STATE COLOR	WE OF NORTH CANDING THE STATE OF THE STAT	DAUR	652
	Sig	nature of Certifying Official	Certificate Number

JOHNSTON COUNTY SELMA PD 500

Serial Number: 008595 Test Date: 05/12/2014

Citation Number: Mobooooo-o

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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	9:37am
AIR BLK	.00	9:38am
ACCY CHK	.07	9:39am
AIR BLK	.00	9:40am
SUB TEST	.00	9:41am
AIR BLK	.00	9:41am
SUB TEST	.00	9:43am
ATR BLK	. 00	9:44am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### JOHNSTON COUNTY SELMA PD 500

Serial Number: 008595

Test Record Number: 741

Test Date: 05/12/2014

Test Time: 9:44am EDT

System Check: Passed

#### Baseline Tests

Test	.*	Status	Time
IR		Pass	9:45am
FLQ		Pass	9:45am
FC		Pass	9:45am

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
ATR	Pass	9:45am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:45am

#### CRC Tests

Test	Status	Time
COMP	Pass	9:46am
CAL	Pass	9:46am

Preventive Maintenance Status: Pass

Analyst

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

County	)thus to N	Instrument Location BEASO	N Police DEPT
Instrument Ser	ial No. 008885	Beusan H	C.
The preventive four months ar	•	ntoximeters, Model Intox EC/IR II to be	e followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 degrees.	displays pressure, or the alcoholic brea gree centigrade;	th simulator thermometer show
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ears, collect breath sample;	
<b>. 7.</b>	When "PLEASE BLOW" appe	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	i	
10.		ster is being changed before expiration aged every four months or after 125 Ak	
procedures wer		the for icated above, in accordance with current he instrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
TO THE STATE OF THE PARTY OF TH	NOTING CAROLINA		
ESTE QUAM VIDEN	NO	10enary	*** 
	Sign	ature of Certifying Official	Certificate Number

JOHNSTON COUNTY BENSON POLICE DEPT. 500

Serial Number: 008885 Test Date: 05/12/2014

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

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

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

Analyst's Name: 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	10:29am
AIR BLK	.00	10:30am
ACCY CHK	.07	10:31am
AIR BLK	.00	10:32am
SUB TEST	.00	10:32am
AIR BLK	.00	10:33am
SUB TEST	.00	10:35am
AIR BLK	.00	10:36am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### JOHNSTON COUNTY BENSON POLICE DEPT. 500

Serial Number: 008885 Test Record Number: 358
Test Date: 05/12/2014 Test Time: 10:36am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
TR	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
BT	Pass	10:37am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:38am

#### Printer Tests

Status

Test

Time

Pass	10:38am
CRC Tests	
Status	Time
Pass	10:38am
Pass	10:38am
	CRC Tests Status Pass

Preventive Maintenance Status: Pass

Analyst

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

County	DHUSTON	Instrument Location	CIMYTON	BILCE DEP
Instrument Se	erial No. <u>00 8658</u>	CIAYTO	on NC	
The preventive four months a	ve maintenance procedures for the In	ntoximeters, Model Intox E	C/IR II to be follow	ed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		coholic breath simul	ator thermometer shows
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appe	ears, collect breath sample;		
7.	When "PLEASE BLOW" appe	ears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and	i		
10.	Verify that the ethanol gas cani simulator solution is being char whichever occurs first.			
procedures we	on the <u>\lambda</u> day of \tag{\lambda} \tag{\lambda}  ere performed on the instrument ind f Health and Human Services, and t	icated above, in accordance	e with current regula	reventive maintenance tions of the N.C.
THE STATE OF THE S		Carrey		653
	Sign	ature of Certifying Official	C	ertificate Number

JOHNSTON COUNTY CLAYTON PD. 500

Serial Number: 008658 Test Date: 05/12/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name:

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 AIR BLK	Pass	11:25am 11:26am
ACCY CHK	.08	11:27am 11:28am
SUB TEST	.00	11:28am
AIR BLK	.00	11:29am
SUB TEST	.00	11:31am
ATR BLK	. 0.0	11:31am

Reported AC: .00 g/210L

Signature

Chemical Analyst

Court CVR

Analyst

#### JOHNSTON COUNTY CLAYTON PD. 500

Serial Number: 008658

Test Record Number: 1008

Test Date: 05/12/2014

Test Time: 11:33am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:34am
F'LO	Pass	11:34am
FC	Pass	11:34am

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:34am 11:34am 11:34am 11:34am
	2000	

#### Blank Tests

Test	Status	Time
7. T.D	Dacc	11.34am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:34am
	CRC Tests	

Status	TIME
Pass	11:35am
Pass	11:35am
	Pass

Preventive Maintenance Status: Pass

Analyst

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

County		Instrument Location_	LEE CO. JAIL
Instrument	Serial No. 008645	SANT	DED N.C.
The prevent		the Intoximeters, Model Intox	EC/IR II to be followed at least once every
1.	Verify the ethanol gas can 34 degrees, plus or minus		lcoholic breath simulator thermometer show
2.	Verify instrument displays	s time and date;	
3.	Initiate breath test sequence	ee;	
4.	Enter information as prom	pted;	
5.	Verify instrument accuracy	y;	
6.	When "PLEASE BLOW"	appears, collect breath sample	;
7.	When "PLEASE BLOW"	appears, collect breath sample	;
8.	Print test record;		
9.	Verify Diagnostic Program	n; and	
10.			re expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
	t on the \(\sumset\) day of \(\sumset\) were performed on the instrument of Health and Human Services, a	nt indicated above, in accordance	the forgoing preventive maintenance ce with current regulations of the N.C. ng properly.
STATE OF THE STATE	H CAROLINA STATE OF THE STATE O	Signature of Certifying Official	65A al Certificate Number

LEE COUNTY LEE CO. LEC. 520

Serial Number: 008645 Test Date: 05/13/2014

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

rest	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	11:43am 11:44am 11:45am 11:46am
AIR BLK	.00	11:46am
SUB TEST	.00	11:48am
AIR BLK	.00	11:49am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

LEE COUNTY LEE CO. LEC. 520

Serial Number: 008645

Test Record Number: 1359

Test Date: 05/13/2014

Test Time: 11:50am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:51am

#### Printer Tests

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

COMP	Pass	11:51am
CAL	Pass	11:51am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	HARNETT Instrument Location DUNN POLICE DEPT.
Instrumen	t Serial No. 008644 DUNN N.C.
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	at on the
SE S	

#### HARNETT COUNTY DUNN POLICE DEPT. 420

Serial Number: 008644 Test Date: 05/14/2014

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:
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

m _ _ _

Test	g/210L	Time
DIAG	Pass	8:49am
AIR BLK	.00	8:50am
ACCY CHK	.08	8:50am
AIR BLK	.00	8:51am
SUB TEST	.00	8:52am
AIR BLK	.00	8:53am
SUB TEST	.00	8:55am
AIR BLK	.00	8:56am

-- /01 01

m - - -

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### HARNETT COUNTY DUNN POLICE DEPT. 420

Serial Number: 008644

Test Record Number: 1054

Test Date: 05/14/2014

Test Time: 8:58am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:59am
SRC	Pass	8:59am
DET	Pass	8:59am
BAR	Pass	8:59am
BT	Pass	8:59am

#### Blank Tests

Test	Status	Time
ATR	Pass	8:59am

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:59am
	CRC Tests	
Test	Status	Time

COMP Pass 8:59am CAL Pass 8:59am

Preventive Maintenance Status: Pass

Analyst

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

County \(\frac{1}{1}\)	ROZEHSON	Instrument Location_	PERBRUKE	- Police De
Instrument S	Serial No. <u>00 8837</u>	PENERUN	LE D.C.	
The preventi	ive maintenance procedures for the 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 o		slcoholic breath simulate	or 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" ap	pears, collect breath sample	<b>;</b> ;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample	<del>;</del> ;	
8.	Print test record;			
9.	Verify Diagnostic Program; a	nd		
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nister is being changed befo anged every four months or	ore expiration date, or the after 125 Alcoholic Br	e alcoholic breath eath Simulator tests,
procedures w	on the day of were performed on the instrument in of Health and Human Services, and	ndicated above, in accordan	ce with current regulation	ventive maintenance ons of the N.C.
TOTAL STATE OF THE	CAROLL	nature of Certifying Offici	al Cer	tificate Number

ROBESON COUNTY PEMBROKE POLICE DEPT 770

Serial Number: 008837 Test Date: 05/15/2014

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:

QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:21am 10:22am
ACCY CHK	.07	10:22am
AIR BLK	.00	10:23am
SUB TEST AIR BLK	.00	10:24am 10:24am
SUB TEST	.00	10:24am
ATR BLK	00	10:27am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ROBESON COUNTY PEMBROKE POLICE DEPT 770

Serial Number: 008837

Test Record Number: 561

Test Date: 05/15/2014

Test Time: 10:29am EDT

#### System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:29am
SRC	Pass	10:29am
DET	Pass	10:29am
BAR	Pass	10:29am
$\mathtt{BT}$	Pass	10:29am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:30am

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County 2-03	BESON	Instrument Location Red SA	PINOS P.D.
Instrument Seria	al No. 008857	Instrument Location RED SA	P.D.
The preventive four months 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	or displays pressure, or the alcoholic breath 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" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	nd	
10.	Verify that the ethanol gas can simulator solution is being ch whichever occurs first.	nister is being changed before expiration d anged every four months or after 125 Alco	ate, or the alcoholic breath holic Breath Simulator tests,
procedures were		ndicated above, in accordance with current I the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
OF THE STATE OF A			
	CAROLL		
TEAT QUAM VIDEN Y	_ MOK	DAUTE )	652
W.	(Si)	gnature of Certifying Official	Certificate Number

#### ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008857 Test Date: 05/15/2014

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:
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	Pass	11:12am 11:13am
ACCY CHK	.07	11:13am
AIR BLK	.00	11:14am
SUB TEST	.00	11:15am
AIR BLK	.00	11:16am
SUB TEST	.00	11:17am
AIR BLK	.00	11:18am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

nalyst

#### ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008857

Test Record Number: 397

Test Date: 05/15/2014

Test Time: 11:20am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:20am
SRC	Pass	11:20am
$\operatorname{DET}$	Pass	11:20am
BAR	Pass	11:20am
BT	Pass	11:20am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:21am

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	POBESON Instrument Location ST. PAUS Police DEP
Instrumen	t Serial No. 00 8814 ST. DAVIS N.C
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sho 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
procedures	at on the
A SE	Signature of Certifying Official  Certificate Number

ROBESON COUNTY ST. PAULS PD. 770

Serial Number: 008814 Test Date: 05/15/2014

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:

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 AIR BLK	Pass	12:04pm 12:04pm
ACCY CHK	.08	12:05pm
AIR BLK	.00	12:06pm
SUB TEST	.00	12:07pm
AIR BLK	.00	12:07pm
SUB TEST	.00	12:09pm
AIR BLK	.00	12:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY ST. PAULS PD. 770

Serial Number: 008814 Test Date: 05/15/2014

Test Record Number: 480 Test Time: 12:10pm EDT

System Check: Passed

Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:11pm
SRC	Pass	12:11pm
DET	Pass	12:11pm
BAR	Pass	12:11pm
BT	Pass	12:11pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:12pm

#### Printer Tests

Test

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

Status

Time

Preventive Maintenance Status: Pass

Analyst

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

County	) alec- 1	nstrument Location	MOBILE	Cloy T	#7
Instrument Serial	INO	Wash	= for	2-e	· · · · · · · · · · · · · · · · · · ·
The preventive m four months are:	naintenance procedures for the Intoxi	meters, Model Intox EC/IR II	to be follow	ed at least or	ice every
1.	Verify the ethanol gas canister disp. 34 degrees, plus or minus .2 degree		breath simul	ator thermor	neter 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 simulator solution is being changed whichever occurs first.	is being changed before expirate every four months or after 12	ation date, or 5 Alcoholic	the alcoholi Breath Simu	c breath lator tests,
I certify that on the procedures were properties to the procedures were procedures were procedured to the procedure to the pr	neday ofday of	, 20 / / the dabove, in accordance with construment is functioning proper	current regula	preventive mations of the	aintenance N.C.
				* v*	
STATE ON ON THE STATE OF THE ST	LA CAROLL			A. C.	
+ dar Quan vines +	Signature	of Certifying Official		Certificate N	úmber

#### WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008704

Test Record Number: 260

Test Date: 05/02/2014

Test Time: 11:55pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:56pm
SRC	Pass	11:56pm
DET	Pass	11:56pm
BAR	Pass	11:56pm
$\mathtt{BT}$	Pass	11:56pm

#### Blank Tests

Test	Status	Time
AIR	Pass	11:57pm

### Printer Tests

Test	Status	Time
PRNT	Pass	11:57pm
	CRC Tests	

Test	Status	Time

11:57pm COMP Pass Pass 11:57pm CAL

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008704 Test Date: 05/02/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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	11:38pm
AIR BLK	.00	11:39pm
ACCY CHK	.08	11:40pm
AIR BLK	.00	11:41pm
SUB TEST	.00	11:41pm
AIR BLK	.00	11:42pm
SUB TEST	.00	11:44pm
ATR RIK	. 0.0	11:45pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

County	Water Instrument Location Bot MDB, Le Con, T
Instrument S	erial No. DO8623 Wake Forest
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures with Department of	on the day of 1124, 20/4 the forgoing preventive maintenance ere performed on the instrument indigated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATE OF THE STATE	Signature of Certifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008623 Test Record Number: 2873 Test Date: 05/02/2014 Test Time: 11:48pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:49pm
FLO	Pass	11:49pm
FC	Pass	11:49pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:49pm
SRC	Pass	11:49pm
DET	Pass	11:49pm
BAR	Pass	11:49pm
BT	Pass	11:49pm

#### Blank Tests

Test	Status	Time
AIR	Pass	11:50pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:50pm

#### CRC Tests

Test	Status	Time
COMP	Pass	11:50pm
CAL	Pass	11:50pm

Preventive Maintenance Status: Pass

Sopo G. TII Ford

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008623

Test Date: 05/02/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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

m	~ / O 1 O T	Time
Test	g/210L	
DIAG	Pass	11:34pm
AIR BLK	.00	11:35pm
ACCY CHK	.07	11:35pm
AIR BLK	00	11:36pm
SUB TEST	.00	11:37pm
AIR BLK	.00	11:38pm
SUB TEST	.00	11:40pm
AIR BLK	.00	11:41pm

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

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

	INTOXIMETERS, MODEL INTOX EC/IR II	
County 1	redel Instrument Location I redell County 5	<u>.D.</u>
Instrument S	AASSAA AALETA AALA	ville
The preventi	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least onc	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermome 34 degrees, plus or minus .2 degree centigrade;	ter show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	•
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulat whichever occurs first.	
brocedures w	on the 13 th day of May , 20 14 the forgoing preventive main vere performed on the instrument indicated above, in accordance with current regulations of the North Health and Human Services, and the instrument is functioning properly.	ntenance .C.
THE STATE OF WAS DESCRIBED TO THE STATE OF T	S NORTH CONTRACTOR OF THE PARTY	
	Signature of Certifying Official Certificate Num	ber

#### IREDELL COUNTY IREDELL COUNTY SD 480

Serial Number: 008809 Test Record Number: 2624
Test Date: 05/13/2014 Test Time: 11:42am EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	11:43am
FLO	Pass	11:43am
FC	Pass	11:43am

## Temperature Tests

Test	Status	Time
FC1	Pass	11:43am
SRC	Pass	11:43am
DET	Pass	11:43am
BAR	Pass	11:43am
BT	Pass	11:43am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:44am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:44am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:44am

Preventive Maintenance Status: Pass

Pass

11:44am

CAL

Analyst

IREDELL COUNTY IREDELL COUNTY SD 480

Serial Number: 008809 Test Date: 05/13/2014

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: 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: AG335201 Exp Date: 12/18/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	11:48am 11:49am 11:49am 11:50am
AIR BLK	.00	11:52am
SUB TEST	.00	11:53am
AIR BLK	.00	11:55am

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	Instrument Location States ville PD
Instrument Ser	ial No. 008619 330 S. Trodd St., Statesvilk
Troi	We deal between EC/ID II to be followed at least once over
four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus 2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4,	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
THE STATE OF THE S	Signature of Certifying Official  Certificate Number

## IREDELL COUNTY STATESVILLE PD 480

Serial Number: 008619

Test Record Number: 1009

Test Date: 05/13/2014

Test Time: 12:08pm EDT

System Check: Passed

## Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:09pm
SRC	Pass	12:09pm
DET	Pass	12:09pm
BAR	Pass	12:09pm
BT	Pass	12:09pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:09pm

## Printer Tests

Test

CAL

PRNT	Pass	12:09pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:10pm

Status

Time

12:10pm

Preventive Maintenance Status: Pass

Pass

Analyst

#### IREDELL COUNTY STATESVILLE PD 480

Serial Number: 008619 Test Date: 05/13/2014

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: 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: AG308702 Exp Date: 03/28/2015

Test	g/210L	Time
DIAG	Pass	12:12pm
AIR BLK	.00	12:13pm
ACCY CHK	.08	12:13pm
AIR BLK	00	12:14pm
SUB TEST	.00	12:15pm
AIR BLK	.00	12:15pm
SUB TEST	.00	12:17pm
AIR BLK	.00	12:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	<b>INTOXIMETE</b>	ERS, MODEL INTOX EC	C/IR II
County	-redell	Instrument Location \( \frac{1}{2} \)	esville PD
Instrument S	erial No. <u>008685</u>	750 W. Iredell	Ave. Mooresville
		704-664-31	1
The prevention four months	•	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	r displays pressure, or the alcoholic br egree centigrade;	eath simulator thermometer show
2.	Verify instrument displays tim	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	l;	
5.	Verify instrument accuracy;	× ·	
6.	When "PLEASE BLOW" app	pears, collect breath sample;	· · · · · · · · · · · · · · · · · · ·
7.	When "PLEASE BLOW" app	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	nd	
10.		nister is being changed before expiration in the state of	
•	ere performed on the instrument inc	the dicated above, in accordance with cur the instrument is functioning properly	
TO THE STATE OF TH	CAROLL Sign	nature of Certifying Official	656 Certificate Number

#### IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008685

Test Record Number: 2159

Test Date: 05/13/2014

Test Time: 1:36pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	1:37pm
FLO	Pass	1:37pm
FC	Pass	1:37pm

## Temperature Tests

Test	Status	Time
FC1	Pass	1:37pm
SRC	Pass	1:37pm
DET	Pass	1:37pm
BAR	Pass	1:37pm
BT	Pass	1:37pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:38pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:38pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:38pm 1:38pm

Preventive Maintenance Status: Pass

#### IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008685 Test Date: 05/13/2014

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: 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
· ·	Pass	1:40pm 1:41pm
AIR BLK ACCY CHK	.00	1:41pm
AIR BLK	.00	1:43pm
SUB TEST	.00	1:43pm
AIR BLK	.00	1:44pm
SUB TEST	.00	1:45pm
AIR BLK	.00	1:46pm

Reported AC: \.00 g/210L

Signature of Chemica Analy

Court CVR

Analyst

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

INTOXIMETERS, MODEL INTOX EC/IR II
lecklenburg Instrument Location Mecklenburg County SI
erial No. 008690 801 E 4 th St., CharbHe
ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
are:
Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
Verify instrument displays time and date;
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 date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
on the day of 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.
Signature of Certifying Official  Certificate Number

#### MECKLENBURG COUNTY SHERIFFS DEPARTMENT 590

Serial Number: 008690 Test Record Number: 4348 Test Date: 05/15/2014 Test Time: 1:38pm 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	1:39pm
SRC	Pass	1:39pm
DET	Pass	1:39pm
BAR	Pass	1:39pm
BT	Pass	1:39pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:39pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:39pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:39pm
CAL	Pass	1:39pm

Preventive Maintenance Status: Pass

Analyst

#### MECKLENBURG COUNTY SHERIFFS DEPARTMENT 590

Serial Number: 008690 Test Date: 05/15/2014

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: 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: AG335201 Exp Date: 12/18/2015

Test	g/210L	Time
DIAG	Pass	1:47pm
AIR BLK	.00	1:48pm
ACCY CHK	.08	1:49pm
AIR BLK	.00	1:50pm
SUB TEST	.00	1:50pm
AIR BLK	.00	1:51pm
SUB TEST	.00	1:52pm
ATR BLK	.00	1:53pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

	INO. <u>008594</u>	Instrument Location CMP  60) E. Trade St., C	D-LEC Charlotle
The preventive n		601 E. Trade St., C	Charlotte
	naintenance procedures for the In		
		toximeters, Model Intox EC/IR II to I	pe followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	lisplays pressure, or the alcoholic bre gree 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" appear	ars, collect breath sample;	
7.	When "PLEASE BLOW" appear	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		eter is being changed before expiration ged every four months or after 125 A	
	performed on the instrument indi	the force in accordance with current is functioning properly.	
THE STATE OF ALL	A Signal	ature of Certifying Official	Certificate Number

#### MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008594

Test Record Number: 1973

Test Date: 05/15/2014

Test Time: 3:02pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	3:02pm
FLO	Pass	3:02pm
FC	Pass	3:02pm

## Temperature Tests

Test	Status	Time
FC1	Pass	3:02pm
SRC	Pass	3:02pm
DET	Pass	3:02pm
BAR	Pass	3:02pm
BT	Pass	3:02pm

## Blank Tests

Test	Status	Time
AIR	Pass	3:03pm

## Printer Tests

Test	Status	Time
PRNT	Pass	3:03pm

#### CRC Tests

Test	Status	Time
COMP	Pass	3:03pm
CAL	Pass	3:03pm

Preventive Maintenance Status: Pass

Analyst

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008594 Test Date: 05/15/2014

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: 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: AG405702 Exp Date: 02/26/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	3:07pm 3:08pm 3:08pm 3:09pm
SUB TEST	.00	3:10pm
AIR BLK SUB TEST	.00 .00	3:11pm
		3:12pm
AIR BLK	.00	3:13pm

Reported AC: \.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County	Necklandurg Instrument Location CMPD LEC
Instrument S	000000 (01 T -T 1 01 01 11)
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 w	on the 15 th day of 0,20 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	See See Mand
	Signature of Certifying Official Certificate Number

#### MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008691

Test Record Number: 4626

Test Date: 05/15/2014

Test Time: 2:37pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:37pm 2:37pm
FC	Pass	2:38pm

## Temperature Tests

Test	Status	Time
FC1	Pass	2:38pm
SRC	Pass	2:38pm
DET	Pass	2:38pm
BAR	Pass	2:38pm
BT	Pass	2:38pm

#### Blank Tests

Test	Status	Time
אדם	Dagg	2 - 3 8 mm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:38pm

#### CRC Tests

Test	Status	Time
COMP	Pass	2:38pm
CAL	Pass	2:38pm

Preventive Maintenance Status: Pass

Analyst

#### MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008691 Test Date: 05/15/2014

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 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	Pass	2:50pm 2:51pm
ACCY CHK	.07	2:51pm
AIR BLK	.00	2:52pm
SUB TEST	.00	2:53pm
AIR BLK	.00	2:54pm
SUB TEST	.00	2:55pm
AIR BLK	.00	2:56pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County	Martin	Instrument Location MA	Yin Cb. S.O.
Instrument	Serial No. 008918	305 E. Main 4	K., Williamston, N
The preven	•	r the Intoximeters, Model Intox EC/IR I	I to be followed at least once every
1.	Verify the ethanol gas ca 34 degrees, plus or minu	nister displays pressure, or the alcoholics .2 degree centigrade;	c breath simulator thermometer show
2.	Verify instrument display	ys time and date;	
3.	Initiate breath test seque	nce;	
4.	Enter information as pro	mpted;	
5.	Verify instrument accura	су;	
6.	When "PLEASE BLOW	" appears, collect breath sample;	
7.	When "PLEASE BLOW	" appears, collect breath sample;	
8.	Print test record;	·	
9.	Verify Diagnostic Progra	ım; and	
10.		as canister is being changed before exping changed every four months or after 1	
	7th	MAY ,20/4	the forgoing preventive maintenance
	were performed on the instrume	ent indicated above, in accordance with and the instrument is functioning prop	current regulations of the N.C.
THE STA	TE OF AM		
GREAT	ORTH CARD	e must	
A COR CITY	NOOS TO SEE SEE SEE SEE SEE SEE SEE SEE SEE SE	MUA. Lese	647
	\ 7	Signature of Certifying Official	Certificate Number

#### MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008918 Test Date: 05/07/2014

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: 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 ACCY CHK	Pass .00 .08	10:55am 10:56am 10:56am
AIR BLK	.00	10:57am
SUB TEST	.00	10:58am
AIR BLK	.00	10:59am
SUB TEST	.00	11:00am
AIR BLK	.00	11:01am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Finds fleen
Analyst

## MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008918

Test Record Number: 333

Test Date: 05/07/2014

Test Time: 11:03am EDT

## System Check: Passed

## Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:05am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:05am
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

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

No. 008921 110 N. Church St., Hertford,
No. 008921 110 N. Church St., Hertford,
aintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
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 date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
e 13 day of May, 20 14 the forgoing preventive maintenance erformed on the instrument indicated above, in accordance with current regulations of the N.C. alth and Human Services, and the instrument is functioning properly.
Signature of Certifying Official Certificate Number

#### PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921 Test Date: 05/13/2014

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: AG326006 Exp Date: 09/17/2015

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921 Test Rec

Test Record Number: 490
Test Time: 11:14am EDT

Test Date: 05/13/2014 Test Time: 11:14am EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	11:15am

#### Printer Tests

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

COMP	Pass	11:15am
CAL	Pass	11:15am

Preventive Maintenance Status: Pass

Analyst

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



Signature of Certifying Official-

Certificate Number

#### WAKE COUNTY DETENTION CENTER 910

Serial Number: 008924 Test Date: 05/06/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:39am 9:40am
ACCY CHK	.07	9:41am
AIR BLK	.00	9:42am
SUB TEST	.00	9:43am
AIR BLK	.00	9:44am
SUB TEST	.00	9:46am
AIR BLK	.00	9:47am

Reported AC:

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

#### WAKE COUNTY DETENTION CENTER 910

Serial Number: 008924 Test Record Number: 648 Test Date: 05/06/2014 Test Time: 9:48am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:48am
FLO	Pass	9:48am
FC	Pass	9:48am

## Temperature Tests

Test	Status	Time
FC1	Pass	9:48am
SRC	Pass	9:48am
DET	Pass	9:48am
BAR	Pass	9:48am
BT	Pass	9:48am

#### Blank Tests

Test	Status	Time
ΔTR	Pass	9:49am

## Printer Tests

CAL

9:49am

Test	Status	Time
PRNT	Pass	9:49am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:49am

Pass

Preventive Maintenance Status: Pass

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

Rev. 12/2007

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

County W	Instrument Location Bay Mobile Unit 5
Instrument Seri	ial No
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the 3 day of 704 , 20 14 the forgoing preventive maintenance performed on the instrument indigated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF MANY 20-175	Signature of Certifying Official Certificate Number

#### WILKES BAT MOBILE UNIT 5 960

Serial Number: 008698

Test Record Number: 1098

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	8:09pm
FLO	Pass	mqe0:8
FC	Pass	8:09pm

## Temperature Tests

pı	m
pı	m
pı	m
pi	m
þI	m
pi pi	n n

#### Blank Tests

Test	Status	Time
AIR	Pass	mqe0:8

#### Printer Tests

Test	Status	Time
PRNT	Pass	mae0:8

#### CRC Tests

Test	Status	Time
COMP	Pass	8:10pm
CAL	Pass	8:10pm

Preventive Maintenance Status: Pass

Analyst

WILKES BAT MOBILE UNIT 5 960

Serial Number: 008698 Test Date: 05/03/2014

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

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	8:00pm
AIR BLK	.00	8:01pm
ACCY CHK	.07	8:02pm
AIR BLK	.00	8:03pm
SUB TEST	.00	8:04pm
AIR BLK	.00	8:05pm
SUB TEST	.00	8:06pm
AIR BLK	.00	8:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County	18 Ve King Instrument Location But mobile Unit 5
Instrument S	erial No. <u>80 860</u> 0
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department o	on the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

#### CLEVELAND BAT MOBILE UNIT 5 220

Serial Number: 008600

Test Record Number: 1426

Test Date: 05/10/2014

Test Time: 8:24pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	8:25pm
FLO	Pass	8:25pm
FC	Pass	8:25pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	8:25pm 8:25pm 8:25pm 8:25pm
BT	Pass	8:25pm

#### Blank Tests

Test	Status	Time
AIR	Pass	8:26pm

## Printer Tests

Test	Status	Time
PRNT	Pass	8:26pm
	CRC Tests	
Test	Status	Time
COMP	Pass	8:26pm

Preventive Maintenance Status: Pass

8:26pm

CAL Pass

Analyst

#### CLEVELAND BAT MOBILE UNIT 5 220

Serial Number: 008600 Test Date: 05/10/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: TOWERY, CHAD V

Permit Number: 26632E

Effective:

10/18/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	8:16pm
AIR BLK	.00	8:18pm
ACCY CHK	.07	8:18pm
AIR BLK	.00	8:19pm
SUB TEST	.00	8:20pm
AIR BLK	.00	8:21pm
SUB TEST	.00	8:22pm
AIR BLK	.00	8:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County	1 eveland Instrument Location B. + M	obile Units
Instrument S	erial No. 00 8698	
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be are:	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 Alco whichever occurs first.	ate, or the alcoholic breath sholic Breath Simulator tests,
I certify that of procedures we Department of	on theday of, 20, 20 the forgere performed on the instrument indicated above, in accordance with current f Health and Human Services, and the instrument is functioning properly.	going preventive maintenance regulations of the N.C.
O THE STATE OF THE		L 5 g Certificate Number

#### CLEVELAND BAT MOBILE UNIT 5 220

Serial Number: 008698

Test Record Number: 1109

Test Date: 05/10/2014

Test Time: 8:23pm EDT

System Check: Passed

## Baseline Tests

Status	Time
Pass Pass	8:23pm 8:23pm 8:23pm
	Pass

## Temperature Tests

Test	Status	Time
FC1	Pass	8:23pm
SRC	Pass	8:23pm
DET	Pass	8:23pm
BAR	Pass	8:23pm
$\mathtt{BT}$	Pass	8:23pm

#### Blank Tests

Test	Status	Time
AIR	Pass	8:24pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:24pm
	CRC Tests	
Test	Status	Time

24pm 24pm

Preventive Maintenance Status: Pass

Analyst/

CLEVELAND BAT MOBILE UNIT 5 220

Serial Number: 008698 Test Date: 05/10/2014

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	8:14pm
AIR BLK	.00	8:15pm
ACCY CHK	.07	8:16pm
AIR BLK	.00	8:17pm
SUB TEST	.00	8:18pm
AIR BLK	.00	8:19pm
SUB TEST	.00	8:20pm
AIR BLK	.00	8:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County Mar	clison Instrument Location Mass Hill PD
Instrument Ser	ial No. 008582 Mass Hill, 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.
	the day of 10, 20 / 4 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OF PLANTE OF THE STATE OF THE S	Signature of Certifying Official Certificate Number

#### MADISON COUNTY MARS HILL PD 560

Serial Number: 008582 Test Date: 05/08/2014

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: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2013-06/01/2015

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	4:28pm
AIR BLK	.00	4:29pm
ACCY CHK	.07	4:29pm
AIR BLK	.00	4:30pm
SUB TEST	.00	4:31pm
AIR BLK	.00	4:32pm
SUB TEST	.00	4:33pm
AIR BLK	.00	4:34pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MADISON COUNTY MARS HILL PD 560

Serial Number: 008582

Test Record Number: 991

Test Date: 05/08/2014

Test Time: 4:35pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:35pm
FLO	Pass	4:35pm
FC	Pass	4:36pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:36pm
SRC	Pass	4:36pm
DET	Pass	4:36pm
BAR	Pass	4:36pm
BT	Pass	4:36pm

#### Blank Tests

Test	Status	Time	

AIR Pass 4:36pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:36pm

#### CRC Tests

Test	Status	Time
COMP	Pass	4:36pm
CAL	Pass	4:36pm

Preventive Maintenance Status: Pass

Analyst

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

County Wa	tuga	Instrument Location_\( \lambda \)	latavga	Co. Jail
	al No. <u>00 87/5</u>	Instrument Location 4	oone ,	NC.
The preventive four months are	maintenance procedures for the l	Intoximeters, Model Intox EC	C/IR II to be follow	ved at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		oholic breath simu	lator thermometer show
2.	Verify instrument displays tim	e and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	! <b>;</b>		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" app	ears, collect breath sample;		
7.	When "PLEASE BLOW" app	ears, collect breath sample;		
8.	Print test record;			•
9.	Verify Diagnostic Program; an	d		
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.			
I certify that on procedures were Department of H	the day ofday of	4 , 20 / 4 icated above, in accordance the instrument is functioning	the forgoing pwith current regular	preventive maintenance ations of the N.C.
OTHE STATE OF A STATE	Optil CAROLINA	Constanting to the second of t		2.40
- uturan	Sign	nature of Certifying Official	CONTRACTOR SHEET S	Certificate Number

#### WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008715 Test Date: 05/07/2014

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: 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

Test	g/210L	Time
DIAG AIR BLK	Pass	6:04pm 6:05pm
ACCY CHK	.07	6:06pm
AIR BLK	.00	6:07pm
SUB TEST	.00	6:07pm
AIR BLK	.00	6:08pm
SUB TEST	.00	6:10pm
AIR BLK	.00	6:11pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008715

Test Record Number: 1426

Test Date: 05/07/2014

Test Time: 6:12pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	6:12pm
FLO	Pass	6:12pm
FC	Pass	6:13pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	6:13pm
SRC	Pass	6:13pm
DET	Pass	6:13pm
BAR	Pass	6:13pm
$\mathtt{BT}$	Pass	6:13pm

#### Blank Tests

Test	Status	Time
AIR	Pass	6:13pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	6:13pm

#### CRC Tests

Test	Status	Time
COMP	Pass	6:13pm
CAL	Pass	6:13pm

Preventive Maintenance Status: Pass

Analyst

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

<i>&gt;</i> ^	INTOXIMETERS, MODEL INTOX EC/IR	
County		CO. DETENTION CTR
Instrument Seri	al No. 008593 231 COUNTY PARK.	RD YANCEYVILLE, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration da simulator solution is being changed every four months or after 125 Alcoholichever occurs first.	
	the <u>O2</u> day of <u>MAY</u> , 20 4 the forgo performed on the instrument indicated above, in accordance with current relealth and Human Services, and the instrument is functioning properly.	ing preventive maintenance egulations of the N.C.
O'THE STATE OF A		
	TO AND THE PARTY OF THE PARTY O	
AND STATE OF THE S	Signature of Certifying Official	Certificate Number

#### CASWELL COUNTY DETENTION CENTER 160

Serial Number: 008593 Test Date: 05/02/2014

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

Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D
Permit Number: 8937E
Effective:
08/01/2013-08/01/2015

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	12:38pm 12:39pm 12:40pm 12:41pm
SUB TEST	.00	12:41pm
AIR BLK	.00	12:43pm
SUB TEST	.00	12:44pm
AIR BLK	.00	12:45pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

#### CASWELL COUNTY DETENTION CENTER 160

Serial Number: 008593

Test Record Number: 1089

Test Date: 05/02/2014

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 ITHE	Test	Status	Time
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PRNT Pass 12:57pm

#### CRC Tests

Test	Status	Time
COMP	Pass	12:57pm

CAL Pass 12:57pm

Preventive Maintenance Status: Pass

Analyst

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

	INTOXIMETERS, MODEL INTOX EC/IR II
County 1	AKE Instrument Location CARY PD
Instrument S	erial No. 008587 120 WILKINSON AVE. CARY, 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 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
15 Transming	
ON THE STATE	
	CAR
	I Service of the serv
ESSE QUAM VI	1515 D Anux 637
	Signature of Certifying Official Certificate Number

WAKE COUNTY CARY PD 910

Serial Number: 008587 Test Date: 05/01/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:11pm
AIR BLK	.00	3:11pm
ACCY CHK	.08	3:12pm
AIR BLK	.00	3:13pm
SUB TEST	.00	3:14pm
AIR BLK	.00	3:14pm
SUB TEST	.00	3:16pm
ATP BLK	$\cap \cap$	3 · 17mm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WAKE COUNTY CARY PD 910

Serial Number: 008587

Test Record Number: 2639

Test Date: 05/01/2014

Test Time: 3:19pm EDT

System Check: Passed

#### Baseline Tests

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

#### 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
ΔTR	Dacc	3 · 2 / mm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:20pm

#### CRC Tests

Test	Status	Time
COMP	Pass	3:20pm
CAL	Pass	3:20pm

Preventive Maintenance Status: Pass

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

#### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891 Test Date: 05/01/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: 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

DIAG	Pass	3:36pm
AIR BLK	.00	3:37pm
ACCY CHK	.08	3:37pm
AIR BLK	.00	3:39pm
SUB TEST	.00	3:40pm
		- 4 A

g/210L

Time

3:40pmAIR BLK .00 SUB TEST .00 3:42pm

AIR BLK .00 3:43pm

Reported AC: .00 g/210L

Court CVR

This form is used when performing Rreventive Maintenance procedures

Forensic Tests for Alcohol Branch Department of Health and Human Services

Rev. 12/2007

#### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891

Test Record Number: 2581

Test Date: 05/01/2014

Test Time: 3:46pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:46pm
FLO	Pass	3:46pm
FC	Pass	3:46pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:46pm
SRC	Pass	3:46pm
DET	Pass	3:46pm
BAR	Pass	3:46pm
BT	Pass	3:46pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:47pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:47pm

#### CRC Tests

Test	Status	Time
COMP	Pass	3:47pm
CAL	Pass	3:47pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Instrument Serial No. 008878 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; 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. Print test record; 8. Verify Diagnostic Program; and 9. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the forgoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly. Signature of Certifying Official Certificate Number

#### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878 Test Date: 05/01/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

~ / 21 AT

Time

To at

g/210L	Time
Pass	3:02pm
.00	3:03pm
.07	3:04pm
.00	3:05pm
.00	3:06pm
.00	3:07pm
.00	3:11pm
.00	3:12pm
	Pass .00 .07 .00 .00

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

#### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878

Test Record Number: 2858

Test Date: 05/01/2014

Test Time: 3:13pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:13pm 3:13pm
FC	Pass	3:13pm
ГC	rass	2:T#DIII

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:14pm
SRC	Pass	3:14pm
DET	Pass	3:14pm
BAR	Pass	3:14pm
BT	Pass	3:14pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	3:14pm	

#### Printer Tests

Test	Status	Time	
PRNT	Pass	3:14pm	

#### CRC Tests

Test	Status	Time	
COMP	Pass	3:14pm	
CAL	Pass	3:14pm	

Preventive Maintenance Status: Pass

Analyst

County (	INTOXIMETERS, MODEL INTOX EC/IR II
Instrument Se	orial No. <u>00 8865</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.
	n theday of
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.

#### GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008865 Test Date: 05/15/2014

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: DEAN, L K
Permit Number: 11598E

Effective:

06/01/2013-06/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	10:30am 10:30am 10:31am 10:32am
SUB TEST	.00	10:32am
AIR BLK	.00	10:33am
SUB TEST	.00	10:35am
AIR BLK	.00	10:36am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

S. Lewin law Analyst

#### GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008865 Test Record Number: 279

Test Date: 05/15/2014 Test Time: 10:26am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
7 TD	Dagg	10.27am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:27am
	CRC Tests	

COMP	Pass	10:28am
CAL	Pass	10:28am

Status Time

Preventive Maintenance Status: Pass

Test

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

		Instrument Location ( )	AT MOBILE L	,, <del>, , , , , , , , , , , , , , , , , ,</del>
Instrumen	t Serial No. <u>008 707</u>	Ri	CHLANOS, NC	en Investi
The preve	ntive maintenance procedures for the In	toximeters, Model Intox EC/IR	II to be followed at least on	ce every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 degrees.	displays pressure, or the alcoholigree centigrade;	c breath simulator thermom	ieter shows
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;		:	
4.	Enter information as prompted;			
5.	Verify instrument accuracy;	·		
6.	When "PLEASE BLOW" appe	ars, collect breath sample;		
7.	When "PLEASE BLOW" appe	ars, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and	l		e giá
10.		ster is being changed before exp ged every four months or after 1		
	at on the day of	cated above, in accordance with		intenance N.C.
OD SET A THE GREAT SET OF THE GREAT SET	ATE OF NORTH	ature of Certifying Official	Certificate Nu	

#### ONSLOW COUNTY BAT MOBILE UNIT 3 660

Serial Number: 008707 Test Date: 05/02/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	11:13pm 11:14pm 11:14pm 11:15pm
SUB TEST	.00	11:15pm
AIR BLK	.00	11:17pm
SUB TEST AIR BLK	<b>.00</b> .00	11:19pm 11:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ONSLOW COUNTY BAT MOBILE UNIT 3 660

Serial Number: 008707

Test Record Number: 1995

Test Date: 05/02/2014

Test Time: 11:21pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:23pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:23pm
	CRC Tests	
Test	Status	Time

COMP	Pass	11:23pm
CAL	Pass	11:23pm

Preventive Maintenance Status: Pass

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

County	CRAVEN	_ Instrument Location	BAT MOBILE UNIT 3 RIVERIBEND, N.C.
Instrument	Serial No. <u>008647</u>		RIVERIBEND, NC
The prever		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		alcoholic breath simulator thermometer shows
2.	Verify instrument displays tim	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	<b>l</b> ;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample	le;
7.	When "PLEASE BLOW" app	pears, collect breath sample	le;
8.	Print test record;		
9.	Verify Diagnostic Program; ar	nd	
10.			fore expiration date, or the alcoholic breath or after 125 Alcoholic Breath Simulator tests,
I certify that procedures Departmen	at on the day of day of were performed on the instrument in t of Health and Human Services, and	, 20 dicated above, in accordanthe instrument is function	the forgoing preventive maintenance nee with current regulations of the N.C. sing properly.
STATE COLEAN STATE OF THE	Cilia K	nature of Certifying Offic	ial Certificate Number

#### CRAVEN COUNTY BAT MOBILE UNIT 3 240

Serial Number: 008647 Test Date: 05/03/2014

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: 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 AIR BLK	Pass .00 .08 .00 .00	11:01pm 11:02pm 11:02pm 11:03pm 11:04pm 11:05pm
SUB TEST	.00	11:06pm
AIR BLK	.00	11:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### CRAVEN COUNTY BAT MOBILE UNIT 3 240

Serial Number: 008647 Test Date: 05/03/2014 Test

Test Record Number: 1936
Test Time: 11:08pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
ΔTR	Pagg	11 • 0 9 mm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:09pm
	CRC Tests	

Test	Status	Time
COMP	Pass	11:09pm
CAL	Pass	11:09pm

Preventive Maintenance Status: Pass

Analyst

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

County	CARTERET Instrumen	NEWPORT NC
Instrument	Serial No. <u>008616</u>	NEWPORT, NC
The preven		Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays press 34 degrees, plus or minus .2 degree centigrad	sure, or the alcoholic breath simulator thermometer shows de;
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect br	reath sample;
7.	When "PLEASE BLOW" appears, collect br	reath sample;
% · · <b>8.</b>	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being c simulator solution is being changed every for whichever occurs first.	changed before expiration date, or the alcoholic breath ur months or after 125 Alcoholic Breath Simulator tests,
I certify that procedures Department	t on the	, 20 / the forgoing preventive maintenance in accordance with current regulations of the N.C. is functioning properly.
STA CIRCLE CONTROL OF STATE CONTROL OF S	Regulation Ray	Bues 648
	Signature of Certif	fying Official Certificate Number

#### CARTERET COUNTY BAT MOBILE UNIT 3 150

Serial Number: 008616 Test Date: 05/17/2014

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: 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	Pass .00 .08	9:02pm 9:03pm 9:04pm 9:05pm
SUB TEST AIR BLK	.00 .00	9:05pm 9:06pm
SUB TEST AIR BLK	.00	9:07pm 9:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CARTERET COUNTY BAT MOBILE UNIT 3 150

Serial Number: 008616

Test Record Number: 1907

Test Date: 05/17/2014

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

Anaivst

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

County C	ARTERET Instrument Location BAT	MOBILE UNI-
Instrument Seri	ARTERET Instrument Location BAT  ai No. 008647 MEWA	PORT, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be f	followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	a .
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
<b>7.</b>	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 daysimulator solution is being changed every four months or after 125 Alcoholic whichever occurs first.	ate, or the alcoholic breath holic Breath Simulator tests,
I certify that on procedures wer Department of	the day of day of 20 the forgote performed on the instrument indicated above, in accordance with current Health and Human Services, and the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
TARE 12. TIPES	Signature of Certifying Official	Certificate Number

#### CARTERET COUNTY BAT MOBILE UNIT 3 150

Serial Number: 008647 Test Date: 05/17/2014

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: 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	Pass	8:59pm mq00:0
ACCY CHK	.08	9:01pm
AIR BLK	.00	9:01pm
SUB TEST	.00	9:02pm
AIR BLK	.00	9:03pm
SUB TEST	.00	9:05pm
AIR BLK	.00	9:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CARTERET COUNTY BAT MOBILE UNIT 3 150

Serial Number: 008647

Test Record Number: 1940

Test Date: 05/17/2014

Test Time: 9:07pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:07pm
FLO	Pass	9:07pm
FC	Pass	9:08pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:08pm
SRC	Pass	9:08pm
DET	Pass	9:08pm
BAR	Pass	9:08pm
BT	Pass	9:08pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:08pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:08pm

#### CRC Tests

Test	Status	Time
COMP	Pass	9:09pm
CAL	Pass	9:09pm

Preventive Maintenance Status: Pass

Analyst

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

County	ARTERET Instrument Location BAT MOBILE UNIT
Instrument Se	erial No. 008707 NEWPORT 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 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;
<b>8.</b>	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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 theday of, 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.
To the same of the	
CREAT SE	
* ESF QUAM VI	Signature of Certifying Official Certificate Number

#### CARTERET COUNTY BAT MOBILE UNIT 3 150

Serial Number: 008707 Test Date: 05/17/2014

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: BARNES, ALVIN R

Permit Number: 15671E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	8:57pm 8:58pm
ACCY CHK	.08	8:59pm
AIR BLK	.00	9:00pm
SUB TEST	.00	9:00pm
AIR BLK	.00	9:01pm
SUB TEST	.00	9:03pm
AIR BLK	.00	9:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CARTERET COUNTY BAT MOBILE UNIT 3 150

Serial Number: 008707

Test Record Number: 2000

Test Date: 05/17/2014

Test Time: 9:04pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time	
	•		

AIR Pass 9:06pm

#### Printer Tests

rest	Status	TIME

PRNT Pass 9:06pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

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

County_	BRUNSWICK Instrument Location BAT	MOBILE UNI
Instrument S	erial No. <u>008707</u>	AND , NC
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be are:	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 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 a simulator solution is being changed every four months or after 125 Alc whichever occurs first.	
I certify that procedures w Department of	on theday of, 20 / defended the formula on the instrument indicated above, in accordance with current of Health and Human Services, and the instrument is functioning properly.	going preventive maintenance t regulations of the N.C.
STATE STATE		
+ ESTE QUAM VI	and Ky Bands	648
	Signature of Certifying Official	Certificate Number

#### BRUNSWICK COUNTY BAT MOBILE UNIT 3 090

Serial Number: 008707 Test Date: 05/24/2014

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: BARNES, ALVIN R
Permit Number: 15671E
Effective:

09/01/2013-09/01/2015

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

Agency: DHHS

Test Type: Breath Test

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

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

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: 2003 Test Date: 05/24/2014 Test Time: 12:11am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Status	Time
Pass	12:12am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	12:12am

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:12am

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County V	Macon Instrument	Location Macan	Co. Magistra
Instrument Se	erial No. <u>008795</u> <u>His</u>	Clands, NC	
The preventiv	ve maintenance procedures for the Intoximeters, M are:	odel Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister displays pressi 34 degrees, plus or minus .2 degree centigrade	ure, or the alcoholic breath : e;	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 broaders	eath sample;	
7.	When "PLEASE BLOW" appears, collect br	eath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being cl simulator solution is being changed every fou whichever occurs first.	hanged before expiration da ir months or after 125 Alcol	ate, or the alcoholic breath holic Breath Simulator tests,
I certify that of procedures we Department of	on the day of	in accordance with current	oing preventive maintenance regulations of the N.C.
THE STATE	E Or AV		
	A STATE OF THE STA		
A STATE OF THE STA			
ARRIEZ ITE	Dilk C	ath.	635
	Signature of Certi	fying Official	Certificate Number

#### MACON COUNTY MACON CO MAGISTRATE 550

Serial Number: 008795 Test Date: 05/08/2014

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: 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 AIR BLK	Pass .00 .08	10:51am 10:52am 10:53am 10:54am
SUB TEST	.00	10:54am
AIR BLK	.00	10:55am
SUB TEST	.00	10:57am
AIR BLK	.00	10:57am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## MACON COUNTY MACON CO MAGISTRATE 550

Serial Number: 008795

Test Record Number: 338

Test Date: 05/08/2014

Test Time: 10:58am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:59am 10:59am
FC	Pass	10:59am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:59am
SRC	Pass	10:59am
DET	Pass	10:59am
BAR	Pass	10:59am
BT	Pass	10:59am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:00am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:00am
÷	CRC Tests	
Test	Status	Time
COMP	Pass	11:00am

Preventive Maintenance Status: Pass

Pass

11:00am

CAL

Analyst

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

<b>.</b>	Pender Instrument Location Pender County
County	Serial No. 008946 Sheriff Dept-
The prever	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures	t on the
STARS STARS	Signature of Certifying Official Certificate Number

PENDER PENDER COUNTY SD 700

Serial Number: 008946 Test Date: 05/29/2014

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: RHODES, KENNETH C
Permit Number: 5329E
Effective:

09/01/2013-09/01/2015

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

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	8:41am
AIR BLK	.00	8:41am
ACCY CHK	.08	8:42am
AIR BLK	.00	8:43am
SUB TEST	.00	8:43am
AIR BLK	.00	8:44am
SUB TEST	.00	8:46am
AIR BLK	.00	8:47am

Reported AC: .00 8/210L

Signature of Chemical Analyst

Court CVR

K.C. Pholee
Analyst

#### PENDER PENDER COUNTY SD 700

Serial Number: 008946 Test Record Number: 705
Test Date: 05/29/2014 Test Time: 8:47am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:48am
FLO	Pass	8:48am
FC	Pass	8:48am

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:48am
SRC	Pass	8:48am
DET	Pass	8:48am
BAR	Pass	8:48am
BT	Pass	8:48am

#### Blank Tests

Test	Status	Time
AIR	Pass	8:48am

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:48am
	CRC Tests	

COMP Pass 8:49an CAL Pass 8:49an	

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD

	,	INTOXIMETERS, MODEL INTOX EC/IR II
Count	y_/_	Ender Instrument Location Pender County
Instru	ment Seria	INO. 00890/ Sheriff Dept
•	reventive 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;
i.	6.	When "PLEASE BLOW" appears, collect breath sample;
	7.	When "PLEASE BLOW" appears, collect breath sample;
	8.	Print test record;
	9.	Verify Diagnostic Program; and
16	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 certif proced Depart	y that on t lures were tment of H	he <u>J G</u> day of <u>May</u> , 20 <u>/ 4</u> the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
THE GREAT SET	THE STATE OF NO.	Signature of Certifying Official Certificate Number

PENDER COUNTY PENDER CO SD 700

Serial Number: 008901 Test Date: 05/29/2014

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: RHODES, KENNETH C

Permit Number: 5329E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	8:39am 8:40am
ACCY CHK	.07	8:41am
AIR BLK SUB TEST	.00 .00	8:42am 8:42am
AIR BLK	.00	8:43am
SUB TEST	.00	8:45am
AIR BLK	.00	8:46am

Reported AC: .00/g/210L

Signature of Chemical Analyst

Court CVR

Ke Colloste

#### PENDER COUNTY PENDER CO SD 700

Serial Number: 008901

Test Record Number: 625

Test Date: 05/29/2014

Test Time: 8:46am EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	8:47am 8:47am
FC	Pass	8:47am

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:47am
SRC	Pass	8:47am
DET	Pass	8:47am
BAR	Pass	8:47am
BT	Pass	8:47am

#### Blank Tests

Test	Status	Time
AIR	Pass	8:48am

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:48am

#### CRC Tests

Test	Status	Time
COMP	Pass	8:48am
ĆAL	Pass	8:48am

Preventive Maintenance Status: Pass

Analyst

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

	. INTOANSELERS, NODEL INTOA ECIK II
County //	ew Hanover Instrument Location Wilmington
Instrument Seri	al No. 008628 Instrument Location Wilmington Police Dept.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ::
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the <u>Jay of May</u> , 20 14 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
TO THE STATE OF TH	J. 1. Mode 601

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628 Test Date: 05/28/2014

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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: AG405702 Exp Date: 02/26/2016

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

Reported AC:  $_{\pi}00$  g/210L

Signature of Chemical Analyst

Court CVR

H.C. Maller Analyst

### NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628 Test Record Number: 3112 Test Date: 05/28/2014 Test Time: 4:13pm EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	4:14pm
SRC	Pass	4:14pm
DET	Pass	4:14pm
BAR	Pass	4:14pm
BT	Pass	4:14pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:15pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:15pm
	CRC Tests	

Test	Status	Time
COMP	Pass	4:15pm
CAT.	Pass	4:15pm

Preventive Maintenance Status: Pass

# PREVENTIVE MAINTENANCE RECORD

	INTOXIMETERS, MODEL INTOX EC/IR II
County	New Hanover Instrument Location New Hanover Cou
Instrument S	Serial No. 008617 Shuff Dept
The prevent four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures v	on the
CTAT	
CALA	CAROLL CA
ESE QUAN V	50 //holla 60/
	Signature of Certifying Official Certificate Number

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

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008617 Test Date: 05/28/2014

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: 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: AG409709 Exp Date: 04/07/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00 .00	3:01pm 3:02pm 3:02pm 3:03pm 3:04pm
AIR BLK SUB TEST	.00 .00	3:05pm 3:06pm
AIR BLK	.00	3:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Malyst

#### NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008617

Test Record Number: 2310

Test Date: 05/28/2014

Test Time: 3:08pm EDT

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	3:09pm

#### Printer Tests

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

Pass 3:10pm

Preventive Maintenance Status: Pass

CAL

K.C. J. Male

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

	INTOXIMETERS, MODEL INTOX EC/IR II
County_/	I sw Hanover Instrument Location New 1 tonover C.
Instrument So	erial No. <u>D08626</u> Sheriff Dept
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	on the
STATE STATE OF THE	ON CAROLINA

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

Signature of Certifying Official

Certificate Number

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008626 Test Date: 05/28/2014

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: RHODES, KENNETH C
Permit Number: 5329E
Effective:

09/01/2013-09/01/2015

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	3:00pm 3:00pm 3:01pm
AIR BLK	.00	3:02pm
SUB TEST	.00	3:03pm
AIR BLK	.00	3:04pm
SUB TEST	.00	3:05pm
AIR BLK	.00	3:06pm

Reported AC: .90 g/210L

Signature of Chemical Analyst

Court CVR

M.C. Malyst

NEW HANOVER COUNTY NEW HANOVER CO NO 640

Serial Number: 008626

Test Record Number: 6:40

Test Date: 05/28/2014

Test Time: 3:08pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:(=) <b>pm</b>
FLO	Pass	3 : € 8 <b>pm</b>
FC	Pass	3:⊕8 <mark>p</mark> m

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:09 <b>pm</b>
SRC	Pass	3:09 <b>pm</b>
DET	Pass	3:09 <b>pm</b>
BAR	Pass	3:0 <b>⊃pm</b>
BT	Pass	3:00 <b>pm</b>

#### Blank Tests

Test	Status	${ m Times}$

AIR Pass 3:00pm

#### Printer Tests

rest	Blacus	L .L. (1 * )
PRNT	Pass	3:09 <b>pm</b>

#### CRC Tests

Test	Status	Time
COMP	Pass Pass	3:00 pm mare::8

Preventive Maintenance Status: Pass

K.C Mode

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

bound	ĮNTOXIMETERS, MODEL INTOX EC/IR ĮI
County	Pender Instrument Location Pender County
Instrument Se	rial No. 008948 Sher! Ff Dept Annex
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath-Simulator tests, whichever occurs first.
	the
ONE STATE OF THE CORE AT THE C	Signature of Certifying Official Certificate Number

#### PENDER COUNTY SHERIFF DEPT ANNEX 700

Serial Number: 008948 Test Date: 05/28/2014

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: RHODES, KENNETH C

Permit Number: 5329E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:01pm
AIR BLK	.00	2:01pm
ACCY CHK	.08	2:02pm
AIR BLK	.00	2:03pm
SUB TEST	.00	2:03pm
AIR BLK	.00	2:04pm
SUB TEST	.00	2:05pm
ATR BLK	. 0.0	2:06pm

Reported AC: .00/g/210I

Signature of Chemical Analyst

Court CVR

Analyst

#### PENDER COUNTY SHERIFF DEPT ANNEX 700

Serial Number: 008948

Test Record Number: 668

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	2:08pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:08pm

## CRC Tests

Test	Status	Time
COMP	Pass	2:08pm
CAL	Pass	2:08pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Han over Instrument Location_ Instrument Serial No. 008667 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. 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

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008667 Test Date: 05/28/2014

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

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:07pm
AIR BLK	.00	1:07pm
ACCY CHK	.08	1:08pm
AIR BLK	.00	1:09pm
SUB TEST	.00	1:09pm
AIR BLK	.00	1:10pm
SUB TEST	.00	1:12pm
AIR BLK	.00	1:12pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

M.C. Mode

#### NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008667 Test Record Number: 1320 Test Date: 05/28/2014 Test Time: 1:13pm EDT

System Check: Passed

Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:14pm
SRC	Pass	1:14pm
DET	Pass	1:14pm
BAR	Pass	1:14pm
$\mathtt{BT}$	Pass	1:14pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:14pm

#### Printer Tests

IESL	Status	Time
PRNT	Pass	1:14pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:14pm 1:14pm

Preventive Maintenance Status: Pass

En C. Maller
Analyst

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

	INTOXIMETERS, MODEL INTOX EC/IR II
Čounty	en) Hanver Instrument Location Caroling Beach
Instrument Seri	al No. DOB661 Police Dept.
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 2 day of 104, 20 14 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
TO THE STATE OF THE	15.6.//M/Mar

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

Signature of Certifying Official

Certificate Number

NEW HANOVER COUNTY CAROLINA BEACH PD 640

Serial Number: 008661 Test Date: 05/28/2014

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: 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

Toat

~/21 OT.

Time

lest	9/21011	TTIME
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:59am 11:59am 12:00pm
AIR BLK	.00	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

Malyst Analyst

#### NEW HANOVER COUNTY CAROLINA BEACH PD 640

Serial Number: 008661

Test Record Number: 1785

Test Date: 05/28/2014 Test Time: 12:05pm EDT

System Check: Passed

## Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:05pm
SRC	Pass	12:05pm
DET	Pass	12:05pm
BAR	Pass	12:05pm
$\mathtt{BT}$	Pass	12:05pm

#### 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

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

,	
County	SRUNSWICK Instrument Location BRUNSWICK C
Instrument Ser	ial No. 008602 Sheriff Dept.
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the <u>S</u> day of <u>May</u> , 20 <u>S</u> the forgoing preventive maintenance be 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.
O'THE STATE OF THE	n. C. Maller Gol
	Signature of Certifying Official Certificate Number

#### BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008602 Test Date: 05/28/2014

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	10:16am 10:17am 10:18am 10:19am
SUB TEST	.00	10:20am
AIR BLK	.00	10:20am
SUB TEST	.00	10:22am
AIR BLK	.00	10:23am

Reported AC:

Signature of Chemical Analyst

Court CVR

#### BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008602 Test Record Number: 2823
Test Date: 05/28/2014 Test Time: 10:24am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:25am
FLO	Pass	10:25am
FC	Pass	10:25am

### Temperature Tests

Test	Status	Time
FC1	Pass	10:25am
SRC	Pass	10:25am
DET	Pass	10:25am
BAR	Pass	10:25am
BT	Pass	10:25am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:26am

#### Printer Tests

Ctatuc

Time

10:26am

resc	Status	TIME
PRNT	Pass	10:26am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:26am

Preventive Maintenance Status: Pass

Pass

CAL

K.C. Mach

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

e de la composition della comp	INTOXIMETERS, MODEL INTOX EC/IR II
County /S	FUNSWICK Instrument Location Brunswick Co.
Instrument Seria	al No. 008585 Sheriff Deft
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on a procedures were Department of H	the
OT THE STATE OF A STAT	Signatura of Contificing Official Contification Number

#### BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008585 Test Date: 05/28/2014

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: 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: AG409709 Exp Date: 04/17/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	10:16am 10:16am 10:17am 10:18am <b>10:19am</b> 10:20am
SUB TEST	.00	10:21am
AIR BLK	.00	10:22am

Reported AC:

Signature of Chemical Analyst

Court CVR

#### BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008585 Test Record Number: 2729
Test Date: 05/28/2014 Test Time: 10:22am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:24am

#### Printer Tests

Test

CAL

PRNT	Pass	10:24am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:24am

Status Time

Pass 10:24am

Preventive Maintenance Status: Pass

My C. Mille

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

County	RUNSWICK Instrument Location OAK Istand
Instrument Se	erial No. <u>008648</u> Police Dept
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;
, <b>7.</b>	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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 OF THE STATE	

#### BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648 Test Date: 05/28/2014

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: RHODES, KENNETH C

Permit Number: 5329E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:05am
AIR BLK	.00	9:06am
ACCY CHK	.07	9:06am
AIR BLK	.00	9:07am
SUB TEST	.00	9:08am
AIR BLK	.00	9:08am
SUB TEST	.00	9:10am
ATR BLK	ሰበ	9 • 11 am

Reported AC: .00 /g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648 Test Record Number: 1199
Test Date: 05/28/2014 Test Time: 9:13am EDT

System Check: Passed

Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:13am
SRC	Pass	9:13am
DET	Pass	9:13am
BAR	Pass	9:13am
$\mathtt{BT}$	Pass	9:13am

#### Blank Tests

Test	Status	Time
AIR	?ass	9:14am

#### Printer Tests

Status

Test

Time

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

Preventive Maintenance Status: Pass

K.C.Masset

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

5	APP .	, MODEL INTOX EC	
County /	Srunswick 1	Instrument Location 54	weat Beach
Instrument S	erial No. <u>008874</u> _	Po 1.	ice Dept.
	•		
The prevention four months	ve maintenance procedures for the Intoxi are:	meters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister displayed degrees, plus or minus .2 degree		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;	e ye
8.	Print test record;		
9.	Verify Diagnostic Program; and	) 	
10.	Verify that the ethanol gas canister i simulator solution is being changed whichever occurs first.	s being changed before expiration every four months or after 125 A	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
procedures we	on the <u>2</u> 8 day of <u>Ma</u> ere performed on the instrument indicated f Health and Human Services, and the in	ujacove, ili accordance with curi	
- cpui iniciti	/	summent is functioning property	•
Of THE STATE OF TH	The state of the s		
STATE OF THE PARTY	CARO		
ARIL 12. TTE	1. C.	of Certifying Official	601
	Signature	OF COULTAINS OTHERS	Certificate Number

#### BRUNSWICK COUNTY SUNSET BEACH PD 090

Serial Number: 008874 Test Date: 05/28/2014

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

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

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

Test	g/2101	Time
DIAG	Pass	7:59am
AIR BLK	.00	8:00am
ACCY CHK	.08	8:01am
AIR BLK	.00	8:02am
SUB TEST	.00	8:02am
AIR BLK	.00	8:03am
SUB TEST	.00	8:05am
AIR BLK	.00	8:05am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

M.C. Mulle Analyst

#### BRUNSWICK COUNTY SUNSET BEACH PD 090

Serial Number: 008874

Test Record Number: 353

Test Date: 05/28/2014

Test Time: 8:06am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:06am
FLO	Pass	8:06am
FC	Pass	8:06am

#### Temperature Tests

Status	Time
Pass	8:06am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	8:07am

#### Printer Tests

Test	Status	Time
	· ·	
יייזאכום	Daga	0 . 07 am

#### CRC Tests

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

Preventive Maintenance Status: Pass

Ánalyst

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

Country	INTUXIMETERS, MODEL INTUX ECT	umbus Co.
County_(	Gerial No. <u>008875</u> She7. 64	Deft
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 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;	<i>1</i> **
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.	
•	on the	orgoing preventive maintenance nt regulations of the N.C.
THE STATE OF THE S		
	Signature of Certifying Official	Certificate Number

#### COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008875 Test Date: 05/27/2014

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: AG315701 Exp Date: 06/06/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	3:31pm 3:31pm 3:32pm
AIR BLK	.00	3:33pm
SUB TEST	.00	3:33pm
AIR BLK	.00	3:34pm
SUB TEST	.00	3:36pm
AIR BLK	.00	3:36pm

Reported AC: .00 q/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008875

Test Record Number: 1247

Test Date: 05/27/2014

Test Time: 3:38pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:39pm 3:39pm
FC	Pass	3:39pm

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	3:39pm 3:39pm
DET	Pass	3:39pm
BAR	Pass	3:39pm
BT	Pass	3:39pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:40pm

#### Printer Tests

rest	Status	111116
PRNT	Pass	3:40pm

#### CRC Tests

Test	Status	Time
COMP	Pass	3:40pm
CAL	Pass	3:40pm

Preventive Maintenance Status: Pass

K.C. Maller Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II		
County (	Columbus Instrument Location Columbus Co.	
Instrument S		
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.	
	on the 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.	
THE STATE OF THE S		
- Januar	Signature of Certifying Official Certificate Number	

#### COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008886 Test Date: 05/27/2014

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: AG405702 Exp Date: 02/26/2016

Test	g/210L	Time
DIAG AIR BLK	Pass .00	3:32pm 3:32pm
ACCY CHK	.08	3:33pm
AIR BLK	.00	3:34pm
SUB TEST	.00	3:34pm
AIR BLK	.00	3:36pm
SUB TEST	.00	3:37pm
AIR BLK	.00	3:38pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

K.C. Malyst

#### COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008886 Test Record Number: 967
Test Date: 05/27/2014 Test Time: 3:38pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:39pm
FLO	Pass	3:39pm
FC	Pass	3:39pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:39pm
SRC	Pass	3:39pm
DET	Pass	3:39pm
BAR	Pass	3:39pm
BT	Pass	3:39pm

#### Blank Tests

Test	Status	Time
AIR	Pass	mqeE:E

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:40pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:40pm 3:40pm

Preventive Maintenance Status: Pass

K.C. Malla Analyst

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

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

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008894 Test Date: 05/27/2014

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: AG404101 Exp Date: 02/10/2016

DIAG Pass 2:05p AIR BLK .00 2:05p ACCY CHK .08 2:06p AIR BLK .00 2:07p SUB TEST .00 2:07p AIR BLK .00 2:08p	m m m
SUB TEST .00 2:08p	
AIR BLK .00 2:10p	

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

H. C. Macket

#### BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008894 Test Date: 05/27/2014

Test Record Number: 614 Test Time: 2:20pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:20pm
FLO	Pass	2:20pm
FC	Pass	2:20pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	2:21pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:21pm
	CRC Tests	

Test	Status	Time
COMP	Pass	2:21pm
CAL	Pass	2:21pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County	Instrument Location 61919en Co
Instrument Seria	al No. 008818 Sheriff Dept
The preventive i	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the day of
OF THE COLUMN VIDES AT THE COLUMN THE COLUMN VIDES AT THE COLUMN THE COLUMN VIDES AT THE COLUMN VIDES AT THE COLUMN VIDES AT THE COLUMN VIDES AT THE COLUMN	Signatura Oscalala Cartificia Oscalala Cartifica Novale

#### BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008818 Test Date: 05/27/2014

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTNENACE

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

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

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

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	2:06pm 2:07pm
ACCY CHK	.07	2:07pm
AIR BLK	.00	2:08pm
SUB TEST	.00	2:09pm
AIR BLK	.00	2:10pm
SUB TEST	.00	2:11pm
AIR BLK	.00	2:12pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008818 Test Record Number: 805 Test Date: 05/27/2014 Test Time: 2:19pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:19pm
FLO	Pass	2:19pm
FC	Pass	2:19pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:20pm
SRC	Pass	2:20pm
DET	Pass	2:20pm
BAR	Pass	2:20pm
BT	Pass	2:20pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:20pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:20pm
	CRC Tests	
Test	Status	Time

COMP Pass 2:20pm CAL Pass 2:20pm

Preventive Maintenance Status: Pass

K. C. Moch

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

	INTOXIMETERS, MODEL INTOX EC/IR II
County	Jampson Instrument Location Sampson Counts
Instrument S	erial No. 008825 Sheriff Dept.
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.
	on theday of
OT ANY 20. 17	Signature of Certifying Official Certificate Number

SAMPSON COUNTY SAMPSON CO SD 810

Serial Number: 008825 Test Date: 05/27/2014

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: 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	12:39pm 12:40pm 12:40pm 12:41pm 12:42pm 12:42pm
SUB TEST	.00	12:44pm
AIR BLK	.00	12:45pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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#### SAMPSON COUNTY SAMPSON CO SD 810

Serial Number: 008825 Test Date: 05/27/2014

Test Record Number: 1788 Test Time: 12:46pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:46pm
FLO	Pass	12:46pm
FC	Pass	12:46pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:46pm
SRC	Pass	12:46pm
DET	Pass	12:46pm
BAR	Pass	12:46pm
BT	Pass	12:46pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:47pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

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

	INTOXIMETERS, MODEL INTOX EC/IR II
County	Sampson Instrument Location Sampson County
Instrument Se	erial No. 008877 Shoriff Dept
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department o	on the day of May, 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.
O'THE STATE O'THE	Signature of Certifying Official Certificate Number

SAMPSON COUNTY SAMPSON COUNTY SD 810

Serial Number: 008877 Test Date: 05/27/2014

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: AG405702 Exp Date: 02/26/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	12:29pm 12:30pm 12:30pm 12:31pm 12:32pm
AIR BLK	.00	12:33pm
SUB TEST	.00	12:34pm
AIR BLK	.00	12:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

K.C. Molle Analyst

#### SAMPSON COUNTY SAMPSON COUNTY SD 810

Serial Number: 008877 Test Date: 05/27/2014 Test Record Number: 1658
Test Time: 12:36pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:37pm
SRC	Pass	12:37pm
DET	Pass	12:37pm
BAR	Pass	12:37pm
$\mathtt{BT}$	Pass	12:37pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:38pm

#### Printer Tests

Test	Status	Time
1000	Deacab	TIME
PRNT	Pass	12:38pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:38pm 12:38pm

Preventive Maintenance Status: Pass

K.C. Molles

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

r	INTOXIMETERS, MODEL INTOX EC/IR	
County 🗸	DADIN Instrument Location Walls	ace PD
Instrument S	Serial No	
· · · · · · · · · · · · · · · · · · ·		
The prevention four months a	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be for are:	llowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath s 34 degrees, plus or minus .2 degree centigrade;	imulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration dat simulator solution is being changed every four months or after 125 Alcohowhichever occurs first.	
I certify that of procedures we Department of	on theday of	ing preventive maintenance egulations of the N.C.
THE STATE OF THE PARTY OF THE P	- KI IIMI MAN	601
	Signature of Certifying Official	Certificate Number

DUPLIN COUNTY WALLACE PD 300

Serial Number: 008858 Test Date: 05/29/2014

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: 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: AG409709

Exp Date: 04/07/2016

Test	g/210L	Time
エーシィ	9/21011	エエニニ

DIAG	Pass	9:34am
AIR BLK	.00	9:35am
ACCY CHK	.07	9:35am
AIR BLK	.00	9:36am
SUB TEST	.00	9:37am
AIR BLK	.00	9:38am
SUB TEST	.00	9:39am
AIR BLK	.00	9:40am

Reported AC:

 $0.0/a/210T_0$ 

Signature of Chemical Analyst

Court CVR

M. (- //WO/We Analyst

Anaiyst

#### DUPLIN COUNTY WALLACE PD 300

Serial Number: 008858 Test Date: 05/29/2014 Test Record Number: 644
Test Time: 9:48am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:48am
FLO	Pass	9:48am
FC	Pass	9:48am

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:48am
SRC	Pass	9:48am
DET	Pass	9:48am
BAR	Pass	9:48am
BT	Pass	9:48am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:49am

#### Printer Tests

rest	Status	TIME
PRNT	Pass	9:49am

#### CRC Tests

Test	Status	Time
COMP	Pass	9:49am
CAL	Pass	9:49am

Preventive Maintenance Status: Pass

KC Mode

•	PREVENTIVE MAINTENANCE RECORD	1.
County	INTOXIMETERS, MODEL INTOX EC/IR II  Instrument Location	³ /_
Instrument S	200017 7/7/1 From A ST	
	Burling to NC	
The preventi	ive maintenance procedures for the Intoximeters, Model Intox EO/IR II to be followed at least once e are:	very
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 34 degrees, plus or minus .2 degree centigrade;	· shov
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.	ath tests,
I certify that procedures w	on the day of day of 20 the forgoing preventive mainte vere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.	nance
A STATE AND SO STATE OF STATE	Signature of Certifying Official Certificate Number	ər

### ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008812 Test Date: 05/30/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	12:17pm 12:18pm 12:19pm
AIR BLK	.00	12:20pm
SUB TEST	.00	12:21pm
AIR BLK	.00	12:22pm
SUB TEST	.00	12:23pm
AIR BLK	0.0	12:24pm

Reported AC: .00 q/210L

Signature of Chemidal An

Court CVR

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Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

#### ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008812

Test Record Number: 1984

Test Date: 05/30/2014

Test Time: 12:27pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:27pm
SRC	Pass	12:27pm
DET	Pass	12:27pm
BAR	Pass	12:27pm
BT	Pass	12:27pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:28pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:28pm

#### CRC Tests

Test	Status	Time
COMP	Pass	12:28pm
CAL	Pass	12:28pm

Preventive Maintenance Status: Pass

Analyst

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

Rev. 12/2007

	INTOXIMETERS, MOI		
County		nt Location Burl. h	e for the
Instrument S	608G07 76	7 W. From	H 5t.
	Bur	ling to	NC
The prevent	ive maintenance procedures for the Intoximeters, I are:	Model Intox EC/IR II to be fo	llowed at least once every
1.	Verify the ethanol gas canister displays pres 34 degrees, plus or minus .2 degree centigra		imulator thermometer show
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect b	reath sample;	
7.	When "PLEASE BLOW" appears, collect b	reath sample;	
8.	Print test record;	·	e e e e e e e e e e e e e e e e e e e
9.	Verify Diagnostic Program; and		The second section of the section of the second section of the section of the second section of the
10.	Verify that the ethanol gas canister is being of simulator solution is being changed every for whichever occurs first.		
	on the day of day of cere performed on the instrument indicated above, of Health and Human Services, and the instrument	In accordance with current re	ng preventive maintenance egulations of the N.C.
		<i>)</i> .	
OF THE STAT	S ON ON		
		num.	Access to the second of the se
FESSE QUAM V	1 ale Fo	· r ley	655
	Signature of Certi	fying-Official—	Certificate Number

#### ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008907 Test Date: 05/30/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: 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: AG320602 Exp Date: 07/25/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	12:01pm 12:02pm 12:02pm 12:04pm
SUB TEST	.00	12:04pm
AIR BLK	.00	12:05pm
SUB TEST	.00	12:07pm
AIR BLK	.00	12:08pm

Reported AC: .00 g/210L

Signature of Chemical Madvet

Court CVR

Analyst

#### ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008907 Test Record Number: 621 Test Date: 05/30/2014 Test Time: 12:10pm EDT

System Check: Passed

### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:10pm
SRC	Pass	12:10pm
DET	Pass	12:10pm
BAR	Pass	12:10pm
BT	Pass	12:10pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:11pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

CAL

This form is used when performing Preventive Maintenance procedures

Pass 12:11pm

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

Analyst

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

	INTOXIMET	eks, model	INTOX EC/IR	. 11
County C	atawba	Instrument Lo	cation Catawba	: County SD .
Instrument S	erial No. <u>008687</u>	100 B		Blvd Newton
The prevention four months	ve maintenance procedures for the are:	Intoximeters, Mode	l 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		or the alcoholic breath s	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" ap	pears, collect breath	sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath	sample;	
8.	Print test record;			
9.	Verify Diagnostic Program; a	nd		
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.			
procedures we	on the <u>274k</u> day of <u>M</u> ere performed on the instrument in f Health and Human Services, and	idicated above, in ac	cordance with current re	ing preventive maintenance egulations of the N.C.
THE STATE OF THE S	month E. E. Sign	that gnature of Certifying	Official	65 B Certificate Number

#### CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008687 Test Date: 05/27/2014

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: 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	4:56pm 4:57pm
ACCY CHK	.08	4:57pm 4:59pm
SUB TEST	.00	4:59pm
AIR BLK	.00	5:00pm
SUB TEST	.00	5:01pm
AIR BLK	.00	5:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008687 Test Date: 05/27/2014 Test Record Number: 1848 Test Time: 5:03pm EDT

System Check: Passed

#### Baseline Tests

Test	Status Time	!
	· · · · · · · · · · · · · · · · · · ·	4
IR	Pass 5:03pm	1
FLO	Pass 5:03pm	1
FC	Pass 5:04pm	1,

#### Temperature Tests

Test	Status	Time
FC1	Pass	5:04pm
SRC	Pass	5:04pm
DET	Pass	5:04pm
BAR	Pass	5:04pm
$\mathtt{BT}$	Pass	5:04pm
	- ディー 関係 おはい (A)	一个几日 110多 圆翅形的

#### Blank Tests

Test Status Till	Test	Status	Time
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AIR Pass 5:04pm

#### Printer Tests

TT = = = L	~ · · · · · · ·	Time
Test	Status	11:11 ma

PRNT Pass 5:04pm

CRC Tests

Test Status Time

COMP Pass 5:04pm CAL Pass 5:04pm

Preventive Maintenance Status: Pass

Analyst