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

County Mo	adison Instrument Location Madison Co. Jail	
Instrument Se	erial No. 008599 Marshall NC	
The preventive four months as	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever are:	у
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sh 34 degrees, plus or minus .2 degree centigrade;	.ow
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.	ts,
procedures we	on the	ice
STATE OF STA	Signature of Certifying Official  Certificate Number	_

#### MADISON COUNTY MADISON COUNTY JAIL 560

Serial Number: 008599 Test Date: 11/04/2014

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: 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 ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	2:11pm 2:12pm 2:13pm 2:14pm 2:14pm 2:15pm
SUB TEST	.00	2:17pm
AIR BLK	.00	2:17pm 2:17pm
TITE DITE	.00	2.1/Pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## MADISON COUNTY MADISON COUNTY JAIL 560

Serial Number: 008599

Test Record Number: 571

Test Date: 11/04/2014

Test Time: 2:18pm EST

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	2:19pm
SRC	Pass	2:19pm
DET	Pass	2:19pm
BAR	Pass	2:19pm
BT	Pass	2:19pm

## Blank Tests

Test	Status	Time
AIR	Pass	2:19pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:19pm

## CRC Tests

Test	Status	Time
COMP	Pass	2:20pm
CAL	Pass	2:20pm

Preventive Maintenance Status: Pass

Analyst

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

County	ones	Instrument Location Jone:	5 County
Instrument Ser	rial No. 00 8705	SHERIFF'S OFFICE	
The preventive four months ar		Intoximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 degrees.	displays pressure, or the alcoholic breat egree centigrade;	h simulator thermometer show
2.	Verify instrument displays tim	ne and date;	
3.	Initiate breath test sequence;		e e
4.	Enter information as prompted	<b>!</b> ;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; an	nd	
10.		ister is being changed before expiration on a ster 125 Alconged every four months or after 125 Alconged	
		UCMBER, 20/4 the fordicated above, in accordance with current the instrument is functioning properly.	going preventive maintenance t regulations of the N.C.
ON STATE OF THE ST	CAROLL STATE OF THE STATE OF TH		
THE IZ THE		ueg EHall	354
	Sigr	nature of Certifying Official	Certificate Number

JONES COUNTY JONES COUNTY SD 510

Serial Number: 008705 Test Date: 11/26/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HALL, RANDY E

Permit Number: 3462E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:05pm
AIR BLK	.00	3:05pm
ACCY CHK	.07	3:06pm
AIR BLK	.00	3:07pm
SUB TEST	.00	3:07pm
AIR BLK	.00	3:08pm
SUB TEST	.00	3:10pm
ATR BLK	.00	3:11pm

Reported\_AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Karels E Half
Analyst

## JONES COUNTY JONES COUNTY SD 510

Serial Number: 008705

Test Record Number: 955

Test Date: 11/26/2014

Test Time: 3:11pm EST

System Check: Passed

## Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Test Status T		Time	
	*			
AIR	Pass	3:12	οn	

## Printer Tests

Test	Status	Time
PRNT	Pass	3:12pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

Rank E Half
Analyst

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

County /	RAVEN Instrument Location CRAVEN COUNTY
Instrument Ser	ial No. 807732 SHERIFF'S OFFICE
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the 26 day of November, 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.
TARE CUAM VIOLENT	Signature of Certifying Official  Certificate Number

CRAVEN COUNTY CRAVEN COUNTY SD 240

Serial Number: 008732 Test Date: 11/26/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Driver's License Number: NONE

Analyst's Name: HALL, RANDY E

Permit Number: 3462E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:19pm
AIR BLK	.00	2:19pm
ACCY CHK	.07	2:20pm
AIR BLK	.00	2:21pm
SUB TEST	.00	2:21pm
AIR BLK	.00	2:22pm
SUB TEST	.00	2:24pm
ATR BLK	0.0	2 · 25 mm

Reported AC: ...00 g/210L

Signature of Chemical Analyst

Court CVR

Karl E-Half
Analyst

#### CRAVEN COUNTY CRAVEN COUNTY SD 240

Serial Number: 008732

Test Record Number: 1271

Test Date: 11/26/2014

Test Time: 2:25pm EST

## System Check: Passed

## Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
ΔTD	Dagg	2 • 26pm

## Printer Tests

Test	Status	Time
PRNT	Pass	2:26pm
* · · · · · · · · · · · · · · · · · · ·	CRC Tests	**************************************
Test	Status	Time

Status	TTIIIC
Pass	2:26pm
Pass	2:26pm
	Pass

Preventive Maintenance Status: Pass

Analyst

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

County	LRAVEN Instrument Location Nea	JBERN P.A.
Instrument	Serial No. <u>008817</u>	
The prevent four months	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to sare:	to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic by 34 degrees, plus or minus .2 degree centigrade;	oreath 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;	
, <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 expirat simulator solution is being changed every four months or after 125 whichever occurs first.	tion date, or the alcoholic breath Alcoholic Breath Simulator tests,
procedures v	on the <u>Jlo</u> day of <u>November</u> , 20 14 the were performed on the instrument indicated above, in accordance with cut of Health and Human Services, and the instrument is functioning proper	rrent regulations of the N.C.
TATE OF THE STATE	Cauly E-Hall	ر ر سے
Winner of the Common of the Co	Signature of Certifying Official	Certificate Number

CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817 Test Date: 11/26/2014

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HALL, RANDY E

Permit Number: 3462E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	T'ime
DIAG	Pass	1:30pm
AIR BLK	00	1:31pm
ACCY CHK	.07	1:31pm
AIR BLK	.00	1:32pm
SUB TEST	.00	1:33pm
AIR BLK	.00	1:34pm
SUB TEST	.00	1:35pm
AIR BLK	.00	1:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Kard E-Holf
Analyst

## CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817 Test Record Number: 1071 Test Date: 11/26/2014 Test Time: 1:37pm EST

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

Kard E-Half
Analyst

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

County 4	CRAVEN In	strument Location MCA5	CHERRY POINT
Instrument S	Serial No. <u>0/08/9</u>	PMO	<u> </u>
The preventi	tive maintenance procedures for the Intoxin s are:	neters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas canister displa 34 degrees, plus or minus .2 degree c		th simulator thermometer show
2.	Verify instrument displays time and o	late;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, co	ollect breath sample;	
7.	When "PLEASE BLOW" appears, co	ollect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is simulator solution is being changed exwhichever occurs first.		
I certify that of procedures we Department o	on the 2 6 day of Novemere performed on the instrument indicated of Health and Human Services, and the inst	above, in accordance with currer rument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
THE STATE OF THE S	Caud	48 Hall	<i>35</i> 4
	Signature of	f Certifying Official	Certificate Number

#### CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 010819 Test Date: 11/26/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HALL, RANDY E

Permit Number: 3462E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	12:31pm
AIR BLK	.00	12:31pm
ACCY CHK	.08	12:32pm
AIR BLK	.00	12:33pm
SUB TEST	.00	12:33pm
AIR BLK	.00	12:35pm
SUB TEST	.00	12:36pm
AIR BLK	.00	12:37pm

Reported AC: /.00 g/210L

Signature of Chemical Analyst

Court CVR

Karl E-Half Analyst

### CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 010819 Test Record Number: 393 Test Date: 11/26/2014 Test Time: 12:37pm EST

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	12:38pm
SRC	Pass	12:38pm
DET	Pass	12:38pm
BAR	Pass	12:38pm
BT	Pass	12:38pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:39pm

## Printer Tests

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

rest	Status	rime
COMP	Pass	12:39pm
CAL	Pass	12:39pm

Preventive Maintenance Status: Pass

**Analyst** 

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

County (	RAVEN Instrument Location HAVE LOCK P. D.
Instrument S	erial No. <u>008800</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;
. <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 opposed we Department o	on the 26 day of November, 20/4 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
CHE STATE OTHER ST	Range Hall 354
	Signaturé of Certifying Official Certificate Number

CRAVEN COUNTY HAVELOCK PD 240

Serial Number: 008800 Test Date: 11/26/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HALL, RANDY E

Permit Number: 3462E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
	_	
DIAG	Pass	11:46am
AIR BLK	.00	11:46am
ACCY CHK	.07	11:47am
AIR BLK	.00	11:48am
SUB TEST	.00	11:49am
AIR BLK	.00	11:50am
SUB TEST	.00	11:51am
AIR BLK	.00	11:52am

Reported AC: 100 g/210L

Signature of Chemical Analyst

Court CVR

Karel E-Holf Analyst

## CRAVEN COUNTY HAVELOCK PD 240

Serial Number: 008800 Test Record Number: 878
Test Date: 11/26/2014 Test Time: 11:53am EST

System Check: Passed

Baseline Tests

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

## Temperature Tests

Test Status	Time
FC1 Pass	11:53am
SRC Pass	11:53am
DET Pass	11:53am
BAR Pass	11:53am
BT Pass	11:53am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:54am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:54am
- -	CRC Tests	
Test	Status	Time

•		
	•	
COMP	Pass	11:54am
CAL	Pass	11:54am

Preventive Maintenance Status: Pass

and E-Half
Analyst

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

County	CARteret Instrument Location Morehead C. ty A.D.
Instrumen	Serial No. 008731
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures	t on the
STA CREATER TO THE COMMENT OF THE CREATER COM	Rouge EHRO 354
	Signature of Certifying Official Certificate Number

#### CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008731 Test Date: 11/25/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: HALL, RANDY E

Permit Number: 3462E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:21pm
AIR BLK	.00	3:22pm
ACCY CHK	.08	3:22pm
AIR BLK	.00	3:23pm
SUB TEST	.00	3:24pm
AIR BLK	.00	3:25pm
SUB TEST	.00	3:26pm
AIR BLK	.00	3:27pm

Reported AC; .00 g/210L

Signature of Chemical Analyst

Court CVR

Kard E Half
Analyst

#### CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008731 Test Date: 11/25/2014

Test Record Number: 1610
Test Time: 3:27pm EST

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	3:28pm
SRC	Pass	3:28pm
DET	Pass	3:28pm
BAR	Pass	3:28pm
BT	Pass	3:28pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:28 <b>p</b> m

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:29pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

Rand E Half
Analyst

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

County/	ARTERET	Instrument Location LAKTER	et County
Instrument S	Gerial No. <u>008882</u>	SHERIFF'S OFF	700
The preventi	ve maintenance procedures for the Int are:	oximeters, Model Intox EC/IR II to be	e followed at least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr	isplays pressure, or the alcoholic brea ree 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" appea	ars, collect breath sample;	
7.	When "PLEASE BLOW" appea	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.	ter is being changed before expiration ged every four months or after 125 Ale	date, or the alcoholic breath coholic Breath Simulator tests,
procedures v	on the <u>26</u> day of <u>Noo</u> vere performed on the instrument indic of Health and Human Services, and the	cated above, in accordance with curren	rgoing preventive maintenance nt regulations of the N.C.
OF THE STAT	CONCERNICATION OF THE PROPERTY		
	2		
ARE QUANTY	U Care	Cy Cartifying Official	355/ Certificate Number

## CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008882 Test Date: 11/26/2014

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HALL, RANDY E
Permit Number: 3462E
Effective:
09/01/2013-09/01/2015

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:24am 10:25am 10:26am
AIR BLK	.00	10:27am
SUB TEST	.00	10:28am
AIR BLK	.00	10:28am
SUB TEST	.00	10:30am
AIR BLK	.00	10:31am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Karls E-Holf Analyst

## CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008882 Test Record Number: 1206
Test Date: 11/26/2014 Test Time: 10:32am EST

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	10:32am
SRC	Pass	10:32am
DET	Pass	10:32am
BAR	Pass	10:32am
$\mathtt{BT}$	Pass	10:32am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:33am

#### Printer Tests

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

Preventive Maintenance Status: Pass

Karl E-Half
Analyst

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

County C	ARTERET Instrument Location CARTERE	+ County
Instrument Se	erial No. 008605 SHERIFFS OFFICE	
The preventiv	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be follower:	wed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath sim 34 degrees, plus or minus .2 degree centigrade;	ulator 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 Alcoholi whichever occurs first.	or the alcoholic breath c Breath Simulator tests,
I certify that o procedures we Department of	on the <u>Joenberk</u> , 20 14 the forgoing ere performed on the instrument indicated above, in accordance with current reging the land Human Services, and the instrument is functioning properly.	preventive maintenance plations of the N.C.
THE STATE OF THE S	A CANOLINA C	
SEE QUAM VIDE	Signature of Certifying Official	354 Certificate Number

#### CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008605 Test Date: 11/26/2014

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

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

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

Analyst's Name: HALL, RANDY E
Permit Number: 3462E
Effective:
09/01/2013-09/01/2015

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Kard E-Half
Analyst

#### CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008605 Test Record Number: 3122 Test Date: 11/26/2014 Test Time: 10:32am EST

System Check: Passed

Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
ATR	Pass	10:33am

#### Printer Tests

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

Preventive Maintenance Status: Pass

Rank E-Hall
Analyst

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

County	AR heret Instrument Location AtLAN	Hic Beach P.D.
Instrument S	Gerial No. <u>003785</u>	
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to are:	be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic bre 34 degrees, plus or minus .2 degree centigrade;	eath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	•
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiratio simulator solution is being changed every four months or after 125 A whichever occurs first.	
I certify that of procedures we Department of	on the <u>J5</u> day of <u>November</u> , 20 / 4 the forest performed on the instrument indicated above, in accordance with current feelth and Human Services, and the instrument is functioning properly.	orgoing preventive maintenance ent regulations of the N.C.
THE STATE OF THE S	STORE OF THE CASE	
William Co.	Signature of Certifying Official	Certificate Number
	Digitation of Collecting Children	Attitions itsilings

#### CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008785 Test Date: 11/25/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HALL, RANDY E

Permit Number: 3462E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:45pm
AIR BLK	.00	2:45pm
ACCY CHK	.07	2:46pm
AIR BLK	.00	2:47pm
SUB TEST	.00	2:47pm
AIR BLK	.00	2:48pm
SUB TEST	.00	2:50pm
AIR BLK	.00	2:51pm

Reported\_AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Karl E Half
Analyst

#### CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008785 Test Record Number: 805
Test Date: 11/25/2014 Test Time: 2:51pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:51pm
FLO	Pass	2:51pm
FC	Pass	2:52pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:52pm
SRC	Pass	2:52pm
DET	Pass	2:52pm
BAR	Pass	2:52pm
BT	Pass	2:52pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:52pm

### Printer Tests

Test	Status	Time
PRNT	Pass	2:52pm
	CRC Tests	
Test	Status	Time

COMP Pass 2:53pm CAL Pass 2:53pm

Preventive Maintenance Status: Pass

Kard E-Half
Analyst

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

County <u>A</u>	Instrument Location EMERALD ISLE A. A
Instrument Seri	ial No. 008620
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 35 day of November, 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.
OF THE STATE OF A STAT	Signature of Certifying Official  Signature of Certifying Official  Signature of Certifying Official

#### CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008620 Test Date: 11/25/2014

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HALL, RANDY E
Permit Number: 3462E
Effective:
09/01/2013-09/01/2015

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

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

Test	g/210L	Time
	The second of th	
DIAG	Pass	1:58pm
AIR BLK	.00	1:59pm
ACCY CHK	.08	1:59pm
AIR BLK	.00	2:01pm
SUB TEST	.00	2:01pm
AIR BLK	.00	2:02pm
SUB TEST	.00	2:04pm
AIR BLK	.00	2:05pm

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

Rand E Holf
Analyst

#### CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008620 Test Record Number: 1678
Test Date: 11/25/2014 Test Time: 2:05pm EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	2:06pm
FLO	Pass	2:06pm
FC	Pass	2:06pm

#### Temperature Tests

FC1 Pass 2:06pm SRC Pass 2:06pm DET Pass 2:06pm BAR Pass 2:06pm BT Pass 2:06pm	Test	Status	Time
bi rass 2.00pm	SRC DET BAR	Pass Pass Pass	2:06pm 2:06pm 2:06pm
			<u>-</u>

#### Blank Tests

Test		Statu	s	Time
1	1.0		120	
ATR	-	Pass		2:06pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:07pm
	CRC Tests	
Test	Status	Time

COMP CAL	Pass Pass	2:07pm 2:07pm
·		

Preventive Maintenance Status: Pass

Analyst

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

County_	ONSLOW Instrument	Location MCAS	New RIVER AI
		·	
Instrume	nt Serial No. 00 88/9	·	
The preve	entive maintenance procedures for the Intoximeters, Moths are:	odel Intox EC/IR II to be	e followed at least once every
1.	Verify the ethanol gas canister displays pressu 34 degrees, plus or minus .2 degree centigrade		th simulator thermometer shows
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect brea	ath sample;	
7.	When "PLEASE BLOW" appears, collect brea	ath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being chasimulator solution is being changed every four whichever occurs first.	anged before expiration months or after 125 Alc	date, or the alcoholic breath coholic Breath Simulator tests,
procedure	nat on the <u>35</u> day of <u>Novembe</u> s were performed on the instrument indicated above, in the of Health and Human Services, and the instrument is	accordance with currer	going preventive maintenance at regulations of the N.C.
GREAT STATES	U. auge	Hall	354 Cariff of Number
	Signature, of Certify	ing Official	Certificate Number

ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: 008819 Test Date: 11/25/2014

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

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

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

Analyst's Name: HALL, RANDY E
Permit Number: 3462E
Effective:
09/01/2013-09/01/2015

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	12:46pm 12:46pm 12:47pm
AIR BLK	.00	12:48pm
SUB TEST	.00	12:49pm
AIR BLK	.00	12:49pm
SUB TEST	.00	12:51pm
AIR BLK	.00	12:52pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

## ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: 008819 Test Record Number: 602

Test Date: 11/25/2014 Test Time: 12:52pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:53pm
FLO	Pass	12:53pm
FC	Pass	12:53pm

## Temperature Tests

Test	Status	Time
FC1	Pass	12:53pm
SRC	Pass	12:53pm
DET	Pass	12:53pm
BAR	Pass	12:53pm
BT	Pass	12:53pm

#### Blank Tests

Test	7	Status	Time
AIR		Pass	12:53pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:54pm
	CRC Tests	
Test	Status	Time

COMP Pass 12:54pm CAL Pass 12:54pm

Preventive Maintenance Status: Pass

Rand E Holf Analyst

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

County	ONSLOW	Instrument Location JACK	sonuile P.A.
Instrument S	erial No. <u>008930</u>		
mstrument 5			
The prevention four months	we maintenance procedures for the In are:	toximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	lisplays pressure, or the alcoholic br tree centigrade;	eath simulator thermometer show
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	ars, collect breath sample;	
7.	When "PLEASE BLOW" appear	ars, collect breath sample;	*:
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canis simulator solution is being chang whichever occurs first.	ter is being changed before expirations ged every four months or after 125 A	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
procedures w	on the <u>J5</u> day of <u>No</u> ere performed on the instrument indi- f Health and Human Services, and th	ouend etc., 20 14 the cated above, in accordance with current is functioning properly	rent regulations of the N.C.
TAPE			
	NORTH C		
* COSE CULAN VIE	Jan Can	eg EHall	354
	Signa	ture of Certifying Official	Certificate Number

#### ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: 008930 Test Date: 11/25/2014

Citation Number: M0000000-0 Subject's Name:

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

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

Analyst's Name: HALL, RANDY E
Permit Number: 3462E
Effective:
09/01/2013-09/01/2015

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

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

Test	g/210L	Time
DIAG	Pass	10:54am
AIR BLK	.00	10:55am
ACCY CHK	.07	10:55am
AIR BLK	.00	10:56am
SUB TEST	.00	10:57am
AIR BLK	.00	10:58am
SUB TEST	.00	10:59am
AIR BLK	.00	11:00am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Rand E-Holf
Analyst

# ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: 008930 Test Record Number: 2002 Test Date: 11/25/2014 Test Time: 11:03am EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	11:03am
FLO	Pass	11:03am
FC	Pass	11:03am

### Temperature Tests

Test	Status	Time
FC1	Pass	11:03am
SRC	Pass	11:03am
DET	Pass	11:03am
BAR	Pass	11:03am
BT	Pass	11:03am

### Blank Tests

Test	Status	Time
	100	
AIR	Pass	11:04am

### Printer Tests

Test	Status	Time
PRNT	Pass	11:04am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:04am 11:04am

Preventive Maintenance Status: Pass

Analyst

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

County	ONSLOW Instrument Location ONSLOW County
Instrumen	Serial No. 008932 SHERIFF OFFICE
The preve	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
SEE	Signature of Certifying Official  Certificate Number

#### ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008932 Test Date: 11/25/2014

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HALL, RANDY E
Permit Number: 3462E
Effective:
09/01/2013-09/01/2015

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

Lot Number: AG414801 Exp Date: 05/28/2016

Test	g/210L	Time
DIAG	Dagg	11:57am
	Pass	
AIR BLK	.00	11:58am
ACCY CHK	.07	11:58am
AIR BLK	.00	11:59am
SUB TEST	.00	12:00pm
AIR BLK	.00	12:01pm
SUB TEST	.00	12:03pm
AIR BLK	.00	12:04pm

Reported AC: 1.00 g/210L

Signature of Chemical Analyst

Court CVR

Karl E Half
Knalyst

### ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008932 Test Record Number: 2794
Test Date: 11/25/2014 Test Time: 12:04pm EST

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 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:05pm 12:05pm 12:05pm 12:05pm 12:05pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:05pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:05pm
:	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:06pm 12:06pm

Preventive Maintenance Status: Pass

Karel E-Half
Analyst

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

County	DNSLOW	Instrument Location Outh	ow County
Instrument S	Serial No. <u>20893/</u>	SHERIFF'S OFFI	<u> </u>
The prevent four months	•	intoximeters, 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 de	displays pressure, or the alcoholic breat egree 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;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	
8.	Print test record;		1 1 2
9.	Verify Diagnostic Program; and	d	
10.		ister is being changed before expiration need every four months or after 125 Alc	
	ere performed on the instrument ind	the for licated above, in accordance with current che instrument is functioning properly.	going preventive maintenance at regulations of the N.C.
OF THE STATE OF TH		may E. Hall	354
	Sign	ature of Certifying Official	Certificate/Number

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008931 Test Date: 11/25/2014

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

Analyst's Name: HALL, RANDY E
Permit Number: 3462E
Effective:
09/01/2013-09/01/2015

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

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

Test	g/210L	Time
DIAG	Pass	11:56am
AIR BLK	.00	11:57am
ACCY CHK	.08	11:58am
AIR BLK	0.0	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

Rand E Half
Analyst

#### ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008931 Test Record Number: 2100 Test Date: 11/25/2014 Test Time: 12:08pm EST

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 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:09pm 12:09pm 12:09pm 12:09pm 12:09pm
	and the second second second	

### Blank Tests

Test	Status	Time
AIR	Pass	12:10pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

> Karls E-Half Analyst

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

County	DUSKOW Instrument Location CAMS	Lejeune PMC
Instrument S	Serial No. 008920	
The prevent four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to lare:	be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic bre 34 degrees, plus or minus .2 degree centigrade;	ath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5,	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 A whichever occurs first.	
	on the	orgoing preventive maintenance ent regulations of the N.C.
ON STATE	S NO SELECTION OF THE SECOND O	
APER 12, 171	RangEfell	354
	Signature of Certifying Official	Certificate Number

ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008920 Test Date: 11/25/2014

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HALL, RANDY E
Permit Number: 3462E
Effective:
09/01/2013-09/01/2015

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

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

Test	g/210L	Time
DIAG	Pass	9:50am
AIR BLK	.00	9:50am
ACCY CHK	.08	9:51am
AIR BLK	.00	9:52am
SUB TEST	.00	9:52am
AIR BLK	.00	9:53am
SUB TEST	.00	9:55am
AIR BLK	.00	9:56am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Karel E Holf
Analyst

#### ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008920 Test Record Number: 1074

Test Date: 11/25/2014 Test Time: 9:56am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:57am 9:57am
FC	Pass	9:57am

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	9:57am

#### Printer Tests

PRNT Pass 9:58am	Test	Status	Time
	PRNT	Pass	9:58am

### CRC Tests

rest	Status	Time
COMP	Pass	9:58am
CAL	Pass	9:58am

Preventive Maintenance Status: Pass

Karl E Half
Analyst

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

		METERS, MODEL INTOX EC	/IK II
County	ender	Instrument Location	oder co
Instrument	Serial No. <u>0089</u>	01 Sherifi	E Dept
The prevent four months		s for the Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.		s canister displays pressure, or the alcoholic br inus .2 degree centigrade;	eath simulator thermometer show
2.	Verify instrument dis	plays time and date;	·
3.	Initiate breath test sec	quence;	·
4,	Enter information as	prompted;	
5.	Verify instrument acc	curacy;	
6.	When "PLEASE BLO	OW" appears, collect breath sample;	
7.	When "PLEASE BLO	OW" appears, collect breath sample;	
8.	Print test record;		
9	Verify Diagnostic Pro	ogram; and	
10.		I gas canister is being changed before expiration of the changed every four months or after 125 Att.	
	vere performed on the instru	ument indicated above, in accordance with curreces, and the instrument is functioning properly	
•			
THE STATE	Eogh		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
SEE A	AR CAR		
A ESTE QUAM V		1 Marla-	- 601
		Signature of Certifying Official	Certificate Number

PENDER COUNTY PENDER CO SD 700

Serial Number: 008901 Test Date: 11/24/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	11:00am 11:01am 11:01am 11:03am
AIR BLK	.00	11:04am
SUB TEST	.00	11:06am
ATR BLK	. 0.0	11:07am

Reported AC:

Signature of Chemical Analyst

Court CVR

-///////////Analyst

#### PENDER COUNTY PENDER CO SD 700

Serial Number: 008901 Test Record Number: 794 Test Date: 11/24/2014

Test Time: 11:09am EST

System Check: Passed

# Baseline Tests

Test	Status	Time
IR FT.O	Pass Pass	11:10am 11:10am
FC	Pass	11:10am

### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:11am

#### Printer Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR I

6	INTOXIMETERS, MODEL INTOX EC/IR II
County	ender Instrument Location Pender Co.
Instrument Se	rial No. 008946 Sheriff Dept.
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	n the
STATE OF THE STATE	Signature of Certifying Official Certificate Number

PENDER PENDER COUNTY SD 700

Serial Number: 008946 Test Date: 11/24/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210I

Signature of Chemical Analyst

Court CVR

Knalyst Analyst

### PENDER PENDER COUNTY SD 700

Serial Number: 008946

Test Record Number: 720 Test Time: 11:09am EST

Test Date: 11/24/2014

## System Check: Passed

### Baseline Tests

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

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:11am

#### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

CAL

C. Moch

11:11am

Analyst

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

County R	INTOXIMETERS, MODEL INTOX EC/IR II  Instrument Location Pitt (a. Defeation (en fe
Instrument S	Berial No. 008918 124 Detention Dr., Greenville
The preventi	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the 21 day of November, 2014 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 CHAN YOU	Lall Al

#### PITT COUNTY PITT CO DETENTION 730

Serial Number: 008918 Test Date: 11/21/2014

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: GUARD, KELLY G

Permit Number: 12955E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:55am
AIR BLK	.00	9:56am
ACCY CHK	.08	9:57am
AIR BLK	.00	9:58am
SUB TEST	.00	9:59am
AIR BLK	.00	10:00am
SUB TEST	.00	10:02am
AIR BLK	.00	10:03am

Reported AC: .00 g/2104

Signature) of Chemical Analyst

Court CVR

#### PITT COUNTY PITT CO DETENTION 730

Serial Number: 008918 Test Record Number: 362

Test Date: 11/21/2014 Test Time: 10:04am EST

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	10:04am
SRC	Pass	10:04am
$\mathtt{DET}$	Pass	10:04am
BAR	Pass	10:04am
BT	Pass	10:04am

### Blank Tests

Test	Status	Time
AIR	Pass	10:05am

# Printer Tests

Test	Status	Time
PRNT	Pass	10:05am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:05am 10:05am

Preventive Maintenance Status: Pass

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

t-common of	INTOXIMETERS, MODEL INTOX EC/IR II
County 10	Guimans Instrument Location Perquimans Co. S.O.
Instrument Se	
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 were Department of	the day of Normbox, 20/1/ 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.
THE STATE OF THE S	

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

Signature of Certifying Official

### PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921 Test Date: 11/25/2014

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:41am 11:42am
ACCY CHK	.08	11:42am
AIR BLK	.00	11:43am
SUB TEST	.00	11:44am
AIR BLK	.00	11:45am
SUB TEST	.00	11:47am
ATR BLK	. 0.0	11:48am

Reported AC: .00 g/210L\_

Signature of Chemical Analyst

Court CVR

Analyst

### PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921 Test Record Number: 519
Test Date: 11/25/2014 Test Time: 11:49am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:50am
FLO	Pass	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 CAL	Pass Pass	11:51am 11:51am

Preventive Maintenance Status: Pass

Analyst

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

	INTOXIMETER	S, MODEL INTOX EC/I	
County	ave.	Instrument Location Dire (	5.5.0 Haltera
Instrument S	erial No. <u>00880 7</u>	50346 NC Hay 12	Frisio, NC
	ve maintenance procedures for the Inte		
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr	splays pressure, or the alcoholic breat ree centigrade;	h simulator thermometer shows
2.	Verify instrument displays time a	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	rs, collect breath sample;	
7.	When "PLEASE BLOW" appear	rs, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		er is being changed before expiration ended every four months or after 125 Alc	
procedures we	on the 12 day of Novembere performed on the instrument indicate f Health and Human Services, and the	ated above, in accordance with curren	going preventive maintenance t regulations of the N.C.
eTATE			
SIANE	CAROLINI CAR		
APRIL 12, 1176	V. 1. 1		1112
	Signatu	ire of Certifying Official	Certificate Number

DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807 Test Date: 11/12/2014

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: GUARD, KELLY G

Permit Number: 12955E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	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	2:57pm
SUB TEST	.00	2:59pm
ATR BLK	. 0.0	3:00pm

Reported AC:

Signature of Chemical Analyst

Court CVR

Analyst

### DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807

Test Record Number: 609

Test Date: 11/12/2014

Test Time: 3:01pm EST

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1	Pass	3:01pm
SRC	Pass	3:01pm
DET	Pass	3:01pm
BAR	Pass	3:01pm
$\mathtt{BT}$	Pass	3:01pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:02pm

# Printer Tests

Test	Status	Time
PRNT	Pass	3:02pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

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

INTOXIMETERS, MODEL INTOX EC/IR II		
County	yde	Instrument Location Hyde (0.5.0 Devaco
Instrument S	Serial No. <u>008797</u>	NC 12, Ocracoke, N.C
The prevent		toximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	lisplays pressure, or the alcoholic breath simulator thermometer shows gree centigrade;
2.	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;
<b>7.</b>	When "PLEASE BLOW" appear	ars, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program, and	
10.		ter is being changed before expiration date, or the alcoholic breath ged every four months or after 125 Alcoholic Breath Simulator tests,
		the forgoing preventive maintenance cated above, in accordance with current regulations of the N.C. e instrument is functioning properly.
The same of the sa	200-	
OF THE STATE	TO ROLL TO THE PARTY OF THE PAR	
	CAR	
APRIL 12. 07	Kell 1	1,43
	Signa	ture of Certifying Official Certificate Number

#### HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797 Test Date: 11/12/2014

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: 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: AG414801 Exp Date: 05/28/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	12:45pm 12:46pm 12:46pm
AIR BLK	.00	12:47pm
SUB TEST	.00	12:48pm
AIR BLK	.00	12:49pm
SUB TEST	.00	12:50pm
AIR BLK	.00	12:51pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797

Test Record Number: 390

Test Date: 11/12/2014

Test Time: 12:52pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:52pm
FLO	Pass	12:52pm
FC	Pass	12:53pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:53pm 12:53pm 12:53pm 12:53pm 12:53pm

### Blank Tests

Test	Status	Time
AIR	Pass	12:53pm

#### Printer Tests

rest	Status	Time
PRNT	Pass	12:53pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:53pm

Preventive Maintenance Status: Pass

Analyst

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

County /	SOBESON Instrument I	Location RAFT SWA	amp FIRE DEFT.
Instrument Se		POTON NC	TEMPORARY (
The preventive four months a	e maintenance procedures for the Intoximeters, More:	del Intox EC/IR II to be fol	lowed at least once every
1.	Verify the ethanol gas canister displays pressur 34 degrees, plus or minus .2 degree centigrade;	e, or the alcoholic breath sin	mulator thermometer show
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect brea	ath sample;	
7.	When "PLEASE BLOW" appears, collect brea	th sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being cha simulator solution is being changed every four whichever occurs first.	nged before expiration date months or after 125 Alcoho	, or the alcoholic breath lic Breath Simulator tests,
procedures we	n the <u>25</u> day of <u>Novem 352</u> bre performed on the instrument indicated above, in f Health and Human Services, and the instrument is	accordance with current reg	ng preventive maintenance gulations of the N.C.
OF THE STATE			
NA PARAMETER STATE OF THE PARAMETER STATE OF			
APRIL 12. IT IS		mall	37/
	Signature of Certifyi	ng Official	Certificate Number

#### ROBESON COUNTY RAFT SWAMP FD 770

Serial Number: 008629 Test Date: 11/25/2014

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

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

Lot Number: AG425303 Exp Date: 09/10/2016

Test	g/210L	Time
DIAG AIR BLK	Pass	2:31pm 2:32pm
ACCY CHK	.07	2:32pm
AIR BLK	.00	2:33pm
SUB TEST AIR BLK	.00 .00	2:34pm 2:35pm
SUB TEST	.00	2:37pm
AIR BLK	.00	2:38pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### ROBESON COUNTY RAFT SWAMP FD 770

Serial Number: 008629

Test Record Number: 258

Test Date: 11/25/2014

Test Time: 2:39pm EST

# System Check: Passed

#### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1	Pass	2:40pm
SRC	Pass	2:40pm
DET	Pass	2:40pm
BAR	Pass	2:40pm
$\mathtt{BT}$	Pass	2:40pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:40pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:40pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

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

	INTOXIMET	ERS, MODEL INTOX E	
County /	SOBESON'	Instrument Location \( \sqrt{27-7}	SWAMPFIRE DEAT.
Instrument S	erial No. <u>DO 8/657</u>	LUMBERTON, NC	
		(2809NC Hwy72 West	-)
The preventi four months		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	er displays pressure, or the alcoholic l degree centigrade;	breath simulator thermometer show
2.	Verify instrument displays tir	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	nd	
10.	Verify that the ethanol gas can simulator solution is being ch whichever occurs first.	nister is being changed before expirations anged every four months or after 125	tion date, or the alcoholic breath Alcoholic Breath Simulator tests,
procedures w	ere performed on the instrument in	the instrument is functioning proper	irrent regulations of the N.C.
OF THE STATE OF TH	ON NORTH CAROLINA CAR		many **many &
	- \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	gnature of Certifying Official	

ROBESON COUNTY RAFT SWAMP FD 770

Serial Number: 008657 Test Date: 11/25/2014

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

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

Test Type: Breath Test

Lot Number: AG414801 Exp Date: 05/28/2016

Test	g/210L	Time
DIAG AIR BLK	Pass	3:08pm 3:09pm
ACCY CHK	.07	3:10pm
AIR BLK	.00	3:10pm
SUB TEST	.00	3:11pm
AIR BLK	.00	3:12pm
SUB TEST	.00	3:14pm
AIR BLK	.00	3:14pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

#### ROBESON COUNTY RAFT SWAMP FD 770

Serial Number: 008657

Test Record Number: 999

Test Date: 11/25/2014

Test Time: 3:25pm EST

System Check: Passed

### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1	Pass	3:26pm
SRC	Pass	3:26pm
DET	Pass	3:26pm
BAR	Pass	3:26pm
BT	Pass	3:26pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:27pm

#### Printer Tests

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

CAL Pass 3:27pm

Preventive Maintenance
Status: Pass

Analyst

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

County County	ultocal	Instrument Location Bat (	nobile Units
Instrument Ser	rial No. <u>008989</u>	Unc-GPD	· ————————————————————————————————————
The preventive four months ar	· · · · · · · · · · · · · · · · · · ·	oximeters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr	isplays pressure, or the alcoholic brea ree centigrade;	ath simulator thermometer shows
2.	Verify instrument displays time a	and date;	
3.	Initiate breath test sequence;		3
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appea	rs, collect breath sample;	
7.	When "PLEASE BLOW" appea	rs, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.	er is being changed before expiration ed every four months or after 125 Al	date, or the alcoholic breath coholic Breath Simulator tests,
	e performed on the instrument indic	the formated above, in accordance with curre instrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
OF THE STATE OF TH	NOPPLIE CAROL		
SE QUAM VIDEN	Signat Signat	ure of Certifying Official	Certificate Number

GREENSBORO BAT MOBILE UNIT 2 400

Serial Number: 008929 Test Date: 11/14/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENACE

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: AG411202 Exp Date: 04/22/2016

Test	g/210L	Time
DIAG	Pass	11:18pm
AIR BLK	.00	11:20pm
ACCY CHK	.08	11:20pm
AIR BLK	.00	11:21pm
SUB TEST	.00	11:22pm
AIR BLK	.00	11:23pm
SUB TEST	.00	11:24pm
AIR BLK	.00	11:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Donya B Skynnin

#### GREENSBORO BAT MOBILE UNIT 2 400

Serial Number: 008929 Test Date: 11/14/2014 Test Record Number: 809 Test Time: 11:27pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Status	Time
Pass	11:28pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	11:28pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:28pm
	CRC Tests	
Test	Status	Time
COMP	Pass	11:29pm

Preventive Maintenance Status: Pass

Pass

11:29pm

CAL

Donya Bokuner Analyst

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

County County	1 ford Instrument Location Bat Mobile (Init 2
Instrument Seria	1NO(0860) UNC-G
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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.
	day of
OF THE STATE OF NO.	Sonia B Stronger 1041
	Signature of Certifying Official Certificate Number

#### GREENSBORO BATMOBILE UNIT 2 400

Serial Number: 008601 Test Date: 11/14/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENACE

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Doya Balyst

Analyst

#### GREENSBORO BATMOBILE UNIT 2 400

Serial Number: 008601 Test Date: 11/14/2014 Test Record Number: 974
Test Time: 10:13pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:13pm
SRC	Pass	10:13pm
DET	Pass	10:13pm
BAR	Pass	10:13pm
BT	Pass	10:13pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:14pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County Gui	Instrument Location Baf Mobile Unit	<u> </u>
Instrument Seria	ial N6/08736 UNG-G PD	· ——
The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once eve	ry
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shad degrees, plus or minus .2 degree centigrade;	iows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	•
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.	
	the day of cyc, 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.	nce
CTATE		
STATE OF NO.		
* GET QUAM VIDER *	Signature of Certifying Official Certificate Number	_ ·

#### GREENSBORO BAT MOBILE UNIT 2 400

Serial Number: 008736 Test Date: 11/14/2014

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	Pass	10:25pm
AIR BLK	.00	10:26pm
ACCY CHK	.08	10:26pm
AIR BLK	.00	10:27pm
SUB TEST	.00	10:28pm
AIR BLK	.00	10:29pm
SUB TEST	.00	10:30pm
AIR BLK	.00	10:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Donya B Skin

#### GREENSBORO BAT MOBILE UNIT 2 400

Serial Number: 008736

Test Record Number: 713 

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10·35pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:35pm
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

10:35pm

10:35pm

COMP

CAL

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

County	Wake Instrument Location Bat Mobile Control
Instrument	Serial No. 008778 Holly Spanings
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures	at on theday ofday of, 20/// the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. t of Health and Human Services, and the instrument is functioning properly.
SE S	
	Signature of Certifying Official Certificate Number

## WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008778

Test Record Number: 1266

Test Date: 11/07/2014

Test Time: 9:57pm EST

## System Check: Passed

#### Baseline Tests

Test	Stat <b>us</b>	Time
IR	Pass	9:58pm
FLO	Pass	9:58pm
FC	Pass	9:58pm

## Temperature Tests

Status	Time
Pass	9:58pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	9:59pm

## Printer Tests

Test	Status	Time
PRNT	Pass	9:59pm
	CRC Tests	

Test	Status	Time
COMP	Pass	9:59pm
CAL	Pass	9:59pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008778 Test Date: 11/07/2014

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: 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: AG425303 Exp Date: 09/10/2016

Test	g/210L	Time
DIAG	Pass	9:45pm
AIR BLK	.00	9:46pm
ACCY CHK	.08	9:46pm
AIR BLK	.00	9:47pm
SUB TEST	.00	9:48pm
AIR BLK	.00	9:49pm
SUB TEST	.00	9:50pm
AIR BLK	.00	9:51pm

Reported AC: \_00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County /	w// /	dile Cont
Instrument S	erial No008704	Springs
The preventi	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be fol are:	lowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath si 34 degrees, plus or minus .2 degree centigrade;	mulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	·
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date simulator solution is being changed every four months or after 125 Alcohowhichever occurs first.	e, or the alcoholic breath lic Breath Simulator tests,
I certify that procedures w Department of	on the	ng preventive maintenance gulations of the N.C.
GREAT STATE		
APRI 12. CT	Signature of Certifying Official	Certificate Number

## WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008704

Test Record Number: 342

Test Date: 11/07/2014

Test Time: 11:58pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:59pm
SRC	Pass	11:59pm
DET	Pass	11:59pm
BAR	Pass	11:59pm
$\mathtt{BT}$	Pass	11:59pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:00am

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

Printer Tests

PRNT Pass 12:00am

CRC Tests

Test Status Time

COMP Pass 12:00am CAL Pass 12:00am

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008704 Test Date: 11/07/2014

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: 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	11:50pm 11:51pm 11:51pm 11:52pm 11:53pm
AIR BLK SUB TEST	.00	11:54pm 11:55pm
AIR BLK	.00	11:56pm

00 g/210L Reported AC Signature of Chemical Analyst

Court CVR

Analyst

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

County	Water	Instrument Location But MOA	Bile Living
Instrument	t Serial No. <u>0085 2</u> 7	folly 5,	22 in 65
			· · · · · · · · · · · · · · · · · · ·
The preven		oximeters, Model Intox EC/IR II to be fol	lowed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	isplays pressure, or the alcoholic breath since centigrade;	mulator thermometer shows
2.	Verify instrument displays time	and date;	•
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appea	ars, collect breath sample;	
7.	When "PLEASE BLOW" appea	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.	ter is being changed before expiration date ged every four months or after 125 Alcoho	, or the alcoholic breath lic Breath Simulator tests,
I certify the procedures Departmen	at on theday ofday of	the forgoing the forgoing detected above, in accordance with current received instrument is functioning properly.	ng preventive maintenance gulations of the N.C.
CREAT SA	ATE OF ROBERT		
Tan ou		ture of Certifying Official	Certificate Number

#### WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008577 Test Record Number: 1090 Test Date: 11/07/2014 Test Time: 11:11pm EST

System Check: Passed

Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:13pm

#### Printer Tests

Test

PRNT	Pass	11:13pm

Status

Time

#### CRC Tests

resc	status	TTIIIC
COMP	Pass	11:13pm
CAL	Pass	11:13pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008577 Test Date: 11/07/2014

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: NC
Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

/ O T O T

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County	Instrument Location BAT 1110B. LE CONTTENTION BOLLY Springs
Instrumen	t Serial No. OD8612 Hally Spaines
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify the procedure Department	at on theday of
GOREAT SELLEN	ATE OF NO POPULATION OF THE PO
A SEE OF	Signature of Certifying Official Certificate Number

#### WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008612

Test Record Number: 1568

Test Date: 11/07/2014 Test Time: 11:06pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
λΤΌ	Dagg	11 • 0 8 mm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:08pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008612 Test Date: 11/07/2014

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: MORGART, STEPHEN G
Permit Number: 9372E
Effective:

09/01/2013-09/01/2015

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:57pm 10:58pm
ACCY CHK	.00	10:50pm
AIR BLK	.00	11:00pm
SUB TEST	.00	11:00pm
AIR BLK	.00	11:01pm
SUB TEST	.00	11:03pm
AIR BLK	.00	11:04pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

<i>_</i>	, , INTOXIMETE	RS, MODEL INTOX	EC/IR II
County (	a barrus	Instrument Location (A)	ballus County Sl
Instrument Se	rial No. <u>008685</u>	30 Corban A	Ive., Concord
		704-920-30	200
The preventive four months a	•	ntoximeters, Model Intox EC/IR	II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		c breath simulator thermometer show
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" 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.			ration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
	014	14	
I certify that or			the forgoing preventive maintenance
	re performed on the instrument indi Health and Human Services, and the		
OF THE STATE OF	N.S.		
		٨	
2811 12. 178			
ESTE QUAM VIDER	11 was	1 Hay	656
	Signa	ture of Certifying Official	Čertificate Number

#### CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008625 Test Record Number: 3741 Test Date: 11/03/2014 Test Time: 9:52am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FIO	Pass Pass	9:53am 9:53am
FC	Pass	9:53am

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	9:54am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:54am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:54am

Preventive Maintenance Status: Pass

Pass

9:54am

CAL

Analyst /

#### CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008625 Test Date: 11/03/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2014-01/01/2016

Officer's Name: NONE, NONE

Type of Agency: XX

Agency: DHHS

Test Type: Breath Test

Lot Number: AG418903 Exp Date: 07/08/2016

Test g/210L Time DIAG Pass 9:56am 9:57am AIR BLK .00 ACCY CHK .08 9:58am AIR BLK .00 9:58am SUB TEST .00 9:59am AIR BLK .00 10:00am SUB TEST .00 10:01am 10:02am AIR BLK .00

Reported AC:  $\setminus$  .00 g/210L

Signature of Chemical An

Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County(	Jabarrus Instrument Location Cabarrus County S.
Instrument	Serial No. 008792 30 Corban Ave., Cancord 704 920-3000
The prevent	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the 3th day of 101mby, 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 OFF U.S. 17 Files QUANVI	Was 656

#### CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008792 Test Record Number: 1573

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	9:36am
FLO	Pass	9:36am
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
BT	Pass	9:36am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:3 <b>7a</b> m

#### Printer Tests

Test	Status	'I'ime
PRNT	Pass	9:3 <b>7a</b> m
	CRC Tests	
Test	Status	Time
COMP	Pass	9:37am
CAL	Pass	9:37am

Preventive Maintenance Status: Pass

Analyst

#### CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008792 Test Date: 11/03/2014

Citation Number: M0000000000

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: XX

Agency: DHHS

Test Types, Breath Test

Lot Number: AG405702 Exp Daye: 02/25/2016

Test		g/210	T.	Ti.me
		2.4		
DIAC	<del>호</del> : [설문]	Pass		9:40am
	BLK.		٠	9:41am
ACCI	7 CHK	. 08		9:42am
AIR	BLK	.00		9:43am
SUB	TEST	.00	- : : : .	9:43am
AIR	BLK	.00		9:44am
SUB	TEST	.00		9:46am
ATR	BLK	.00		9:47am

.00 g/210L Reparted AC:

Signature

Court CVR

Analyst

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

County	Instrument Location Swain	n Co Tuil
Instrument Se	rial No. <u>008723</u> <u>Bryson City</u>	NC
The		1 0 11
four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to re:	be followed at least once every
1,	Verify the ethanol gas canister displays pressure, or the alcoholic bre 34 degrees, plus or minus .2 degree centigrade;	eath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 A whichever occurs first.	n date, or the alcoholic breath lcoholic Breath Simulator tests,
I certify that on procedures wer Department of	theday of	orgoing preventive maintenance ent regulations of the N.C.
STATE OF THE STATE	A CAROLLA I	
The state of the s	Oril R. Cuth	635
	Signature of Certifying Official	Certificate Number

#### SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008723 Test Date: 11/07/2014

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	2:08pm 2:09pm 2:10pm 2:11pm 2:12pm 2:14pm
AIR BLK	.00	2:14pm 2:15pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Ouif R. Cath

#### SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008723 Test Record Number: 560

Test Date: 11/07/2014

Test Time: 2:17pm EST

#### System Check: Passed

## Baseline Tests

Test	Status	Time.
IR FLO	Pass Pass	2:17pm 2:17pm
FC	Pass	2:17pm

## Temperature Tests

Test	Status	Time
FC1	Pass	2:17pm
SRC	Pass	2:17pm
DET	Pass	2:17pm
BAR	Pass	2:17pm
BT	Pass	2:17pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:18pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:18pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:18pm

Pass 2:18pm

Preventive Maintenance Status: Pass

CAL

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

County_	waih Instrument Location Swa	
Instrument Se	rial No. <u>CO8727</u> Bryson City	Ne
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to re:	be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic br 34 degrees, plus or minus .2 degree centigrade;	eath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	:
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	•
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 A whichever occurs first.	
	n the day of November , 20/4 the	C
I certify that or procedures we Department of	re performed on the instrument indicated above, in accordance with curry Health and Human Services, and the instrument is functioning properly	ent regulations of the N.C.
THE STATE O		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		•
STAN S		
		······································
* ESSE QUAM VIDES	Cail R. Cuth	635
	Signature of Certifying Official	Certificate Number

#### SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008727 Test Date: 11/07/2014

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: CUTLER, DANIEL R

Permit Number: 8457E

Effective:

10/01/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	2:07pm 2:08pm
ACCY CHK	.08	2:09pm
AIR BLK	.00	2:09pm
SUB TEST	.00	2:10pm
AIR BLK	.00	2:11pm
SUB TEST	.00	2:12pm
AIR BLK	.00	2:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008727

Test Record Number: 929

Test Date: 11/07/2014

Test Time: 2:16pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:17pm
FLO	Pass	2:17pm
FC	Pass	2:17pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:17pm
SRC	Pass	2:17pm
DET	Pass	2:17pm
BAR	Pass	2:17pm
BT	Pass	2:17pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:17pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:17pm
	CRC Tests	•
Test	Status	Time
COMP CAL	Pass Pass	2:18pm 2:18pm

Preventive Maintenance Status: Pass

Analyst

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

County Gr	aham	Instrument Location Gra	hant	Co. S	5.0.
Instrument Ser	ial No. <u>0089//</u>	Robbinsuille,	NC		
	$\frac{1}{1+\delta} \leq \frac{1}{2\delta} \left( \frac{1}{\delta} \left( \frac{1}{\delta} \right) + \frac{1}{\delta} \left( \frac{1}{\delta} \right) \right) $			<u> </u>	
The preventive four months are	maintenance procedures for the Inte	oximeters, Model Intox EC/IR	I to be fol	lowed at least	once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	isplays pressure, or the alcoholice centigrade;	c breath si	mulator therm	ometer show
2.	Verify instrument displays time	and date;			4.
3.	Initiate breath test sequence;			·	•
4.	Enter information as prompted;	·		#124 	
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" appea	nrs, collect breath sample;	٠		
7.	When "PLEASE BLOW" appear	ars, collect breath sample;			٠.
8.	Print test record;				
9.	Verify Diagnostic Program; and				4 ·
10.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.	ter is being changed before expi ged every four months or after 1	ration date 25 Alcoho	, or the alcoholic Breath Sin	olic breath nulator tests,
	1 11	1			
I certify that on procedures wer Department of	the day of 1000 e performed on the instrument indic Health and Human Services, and the	cated above, in accordance with e instrument is functioning prop	current re	ig preventive gulations of th	maintenance ie N.C.
THE STATE OF TAKE 20, 1775	NON				
	#\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
					e de la companya de l
* ESSE QUAM VIDEN	0.16	Cath		635	ar.
	Signa	ture of Certifying Official		Certificate	Number

GRAHAM CO GRAHAM COUNTY SO 370

Serial Number: 008911 Test Date: 11/06/2014

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: CUTLER, DANIEL R
Permit Number: 8457E
Effective:

10/01/2013-10/01/2015

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	2:49pm 2:50pm
ACCY CHK	.07	2:51pm
AIR BLK	.00	2:51pm
SUB TEST	.00	2:52pm
AIR BLK	.00	2:53pm
SUB TEST	.00	2:55pm
AIR BLK	.00	2:56pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### GRAHAM CO GRAHAM COUNTY SO 370

Serial Number: 008911 Test Record Number: 229
Test Date: 11/06/2014 Test Time: 2:46pm EST

System Check: Passed

# Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:46pm 2:46pm
	. – –	-
FC	Pass	2:46pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:46pm
SRC	Pass	2:46pm
DET	Pass	2:46pm
BAR	Pass	2:46pm
BT	Pass	2:46pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:47pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:47pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:47pm

2:47pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

County Hence	derson Instrument Location Henderson Co. Detention
Instrument Seria	Instrument Location Henderson Co. Detention  Henderson Ville, NC
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on to procedures were Department of H	the <u>// day of <i>Novembel</i></u> , 20 <u>/14</u> the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
STATE OF N. STATE	Signature of Certifying Official  Certificate Number

#### HENDERSON COUNTY DETENTION 440

Serial Number: 008822 Test Date: 11/10/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2013-06/01/2015

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:07pm
AIR BLK	.00	3:08pm
ACCY CHK	.07	3:09pm
AIR BLK	.00	3:10pm
SUB TEST	.00	3:10pm
AIR BLK	.00	3:11pm
SUB TEST	.00	3:13pm
AIR BLK	.00	3:14pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### HENDERSON COUNTY DETENTION 440

Serial Number: 008822

Test Record Number: 1724

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	3:15pm
FLO	Pass	3:15pm
FC	Pass	3:15pm

# Temperature Tests

Status	Time
Pass	3:15pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	3:16pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:16pm
	CRC Tests	

Test	Status	Time
COMP	Pass	3:16pm
CAL	Pass	3:16pm

Preventive Maintenance Status: Pass

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

County Heno	Instrument Location Henderson Co. Detention  AL NO. 00 8806  Henderson Ville, NC.
Instrument Seria	ALNO. 008806 Henderson Ville, NC
The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the <u>lo</u> day of <u>November</u> , 20/4 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
STATE OF AN TO ANY TO A	Signature of Certifying Official  Certificate Number

#### HENDERSON COUNTY DENTENTION 440

Serial Number: 008806 Test Date: 11/10/2014

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

06/01/2013-06/01/2015

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	3:06pm 3:07pm
ACCY CHK	.08	3:08pm 3:09pm
SUB TEST	.00	3:09pm
AIR BLK	.00	3:10pm
SUB TEST	.00	3:12pm
AIR BLK	.00	3:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### HENDERSON COUNTY DENTENTION 440

Serial Number: 008806 Test Record Number: 1672
Test Date: 11/10/2014 Test Time: 3:14pm EST

System Check: Passed

# Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:15pm 3:15pm
FC	Pass	3:15pm

## Temperature Tests

Test	Status	Time
FC1	Pass	3:15pm
SRC	Pass	3:15pm
DET	Pass	3:15pm
BAR	Pass	3:15pm
BT	Pass	3:15pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:16pm

### Printer Tests

Test		Status	Time
PRNT	1.	Pass	3:16pm

#### CRC Tests

Test	Status	Time
COMP	Pass	3:16pm
CAL	Pass	3:16pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	and I	instrument Location Forsith County Defenition
Instrument S	Serial No. <u>008583</u>	Winston-Salem, NC
The preventi	ive maintenance procedures for the Intoxinare:	meters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displaced at degrees, plus or minus .2 degree of	ays pressure, or the alcoholic breath simulator thermometer show centigrade;
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, c	ollect breath sample;
7.	When "PLEASE BLOW" appears, c	ollect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is simulator solution is being changed ewhichever occurs first.	being changed before expiration date, or the alcoholic breath very four months or after 125 Alcoholic Breath Simulator tests,
certify that o procedures we Department of		above, in accordance with current regulations of the N C
STATE OF THE STATE	Xmth And Signature o	f Certifying Official Certificate Number

FORSYTH COUNTY FORSYTH CO DETENTION 330

> Serial Number: 008583 Test Date: 11/14/2014

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:

09/01/2014-09/01/2016

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	Pass .00 .08 .00 .00	10:20am 10:21am 10:22am 10:23am 10:23am
SUB TEST	.00	10:26am
AIR BLK	.00	10:27am

Reported AC:

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

# FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583 Test Date: 11/14/2014

Test Record Number: 5295 Test Time: 10:28am EST

System Check: Passed

### Baseline Tests

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

# Temperature Tests

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

# Blank Tests

Test	Status	Time
AIR	Pass	10:29am

#### Printer Tests

Test

COMP

PRNT	Pass	10:29am
•	CRC Tests	
Test	Status	Time

Status

Time

10:29am

CAL Pass 10:29am
Preventive Maintenance

Pass

Status: Pass

Analysf

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

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



Signature of Certifying Official

Certificate Number

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008925 Test Date: 11/14/2014

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:

09/01/2014-09/01/2016

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	9:58am
AIR BLK	.00	9:59am
ACCY CHK	.08	9:59am
AIR BLK	.00	10:00am
SUB TEST	.00	10:01am
AIR BLK	.00	10:02am
SUB TEST	.00	10:03am
ATR BLK	. 00	10:04am

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

# FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008925 Test Date: 11/14/2014

Test Record Number: 747
Test Time: 10:06am EST

System Check: Passed

# Baseline Tests

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

# Temperature Tests

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

#### Blank Tests

Test	Status	Time	
	•		

AIR Pass 10:07am

#### Printer Tests

Test	Status	Time

PRNT Pass 10:07am

# CRC Tests

Test	Status	Time
COMP	Pass	10:07am

CAL Pass 10:07am

Preventive Maintenance Status: Pass

Analyst

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

MALONIMETE	ks, model in tô	ZX EC/IR II
Davie	Instrument Location	Davie County Jail
erial No. <u>008905</u>		Mocksville, NC
ve maintenance procedures for the Intare:	toximeters, Model Intox EC	VIR II to be followed at least once every
Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	lisplays pressure, or the alcoree centigrade;	pholic breath simulator thermometer show
Verify instrument displays time	and date;	
Initiate breath test sequence;		
Enter information as prompted;		
Verify instrument accuracy;		
When "PLEASE BLOW" appea	rs, collect breath sample;	
When "PLEASE BLOW" appea	rs, collect breath sample;	
Print test record;		
Verify Diagnostic Program; and		
Verify that the ethanol gas caniston simulator solution is being chang whichever occurs first.	er is being changed before e ed every four months or aft	expiration date, or the alcoholic breath er 125 Alcoholic Breath Simulator tests,
n the day of Nove re performed on the instrument indicate Health and Human Services, and the	ated above, in accordance we instrument is functioning p	the forgoing preventive maintenance with current regulations of the N.C. properly.
Jane Since	are of Certifying Official	Certificate Number
	ve maintenance procedures for the Interest verify the ethanol gas canister of 34 degrees, plus or minus .2 deg Verify instrument displays time Initiate breath test sequence; Enter information as prompted; Verify instrument accuracy; When "PLEASE BLOW" appear When "PLEASE BLOW" appear Print test record; Verify Diagnostic Program; and Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.  The day of Mover performed on the instrument indicated the alth and Human Services, and the same services are performed on the instrument indicated the alth and Human Services, and the same services are performed on the instrument indicated the alth and Human Services, and the same services are performed on the instrument indicated the alth and Human Services, and the same services are performed on the instrument indicated the same services are performed on the instrument indicated the same services are performed on the instrument indicated the same services are performed on the instrument indicated the same services are performed on the instrument indicated the same services are performed on the instrument indicated the same services are performed on the instrument indicated the same services are performed on the instrument indicated the same services are performed on the instrument indicated the same services are performed on the instrument indicated the same services are performed on the instrument indicated the same services are performed on the instrument indicated the same services are performed on the instrument indicated the same services are performed on the instrument indicated the same services are performed on the instrument indicated the same services are performed on the instrument indicated the same services are performed to the same s	ve maintenance procedures for the Intoximeters, Model Intox EC are:  Verify the ethanol gas canister displays pressure, or the alco 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 a simulator solution is being changed every four months or after whichever occurs first.  The Lagrange day of November 120 / 20 / 20 / 20 / 20 / 20 / 20 / 20

DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905 Test Date: 11/12/2014

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: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

09/01/2014-09/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	10:12am 10:13am 10:13am 10:14am <b>10:15am</b> 10:16am
SUB TEST	.00	10:17am
AIR BLK	.00	10:18am

Rendrated AC.

00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905

Test Record Number: 1484

Test Date: 11/12/2014

Test Time: 10:19am EST

System Check: Passed

### Baseline Tests

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

## Temperature Tests

Status	Time
Pass	10:20am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	10:20am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:20am
	CRC Tests	

rest	Status	ттше
COMP	Pass	10:21am
CAL	Pass	10:21am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

green .	INTUXIMETERS, MODEL INTOX EC/IR II
County	Stanly County SD
Instrument Se	erial No. 008842 1265.3451, Albemarle
***	704-986-3734
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the 13th day of 10 lend of 20 th 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.
TOTAL STATE OF THE	Market 656
	Signature of Certifying Official Certificate Number

# STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008842 Test Date: 11/12/2014

Test Record Number: 1435 Test Time: 10:54am EST

System Check: Passed

# Baseline Tests

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

### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:56am

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008842 Test Date: 11/12/2014

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: HAYS, MARK D

Permit Number: 15924E

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

Officer's Name: NONE, NONE

Type of Agency: XX

Agency: *DHHS* 

Test Type: Breath Test

Lot Number: AG315701

Exp Date: 06/06/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00 .00	10:58am 10:59am 11:00am 11:01am 11:02am 11:03am
AIR BLK	.00	11:04am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

gê.	, INTOXIMETERS, MODEL INTOX EC/IR II
County(	agston Instrument Location Gaston County S. J
Instrument S	account har all M is a C
The prevent	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 we	on the <u>2410</u> day of <u>1000000000000000000000000000000000000</u>
THE STATE OF THE S	Signature of Certifying Official Certificate Number

# GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008684

Test Record Number: 2821

Test Date: 11/24/2014

Test Time: 9:08am EST

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

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

# Blank Tests

Test	Status	Time
AIR	Pass	9:09am

# Printer Tests

Test	Status	Time
PRNT	Pass	9:10am
	CRC Tests	
Test.	Status	Time

Test	Status	Time
COMP	Pass	9:10am
CAL	Pass	9:10am

Preventive Maintenance Status: Pass

Analyst

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008684 Test Date: 11/24/2014

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: 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: AG425303 Exp Date: 09/10/2016

Test	g/210L	Time
DIAG AIR BLK	Pass	9:12am
ACCY CHK	.07	9:13am 9:13am
AIR BLK	.00	9:14am
SUB TEST	.00	9:15am
AIR BLK	.00	9:16am
SUB TEST	.00	9:18am
AIR BLK	00	9:19am

Reported AC: \.00 g/210L

Signature of Chemical

Court CVR

Analyst

# PREVENTIVE MAINTENANCE RECORD

	INTOXIMETERS, MODEL INTOX EC/IR II
County	Instrument Location Se/ma to/icel
Instrument Ser	ial No 008595 Selma N.C.
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 on orocedures were Department of I	theday of
THE STATE OF THE S	Jose Farley 655
	Signature of Certifying Official Certificate Number

JOHNSTON COUNTY SELMA PD 500

Serial Number: 008595 Test Date: 11/25/2014

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: FARLEY, CYNTHIA D Permit Number: 24123E

Effective:

11/01/2014-11/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS, Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	12:26pm 12:27pm 12:28pm 12:29pm
SUB TEST	.00	12:30pm
AIR BLK	.00	12:31pm
SUB TEST	.00	12:33pm
AIR BLK	.00	12:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR '

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch
Department of Health and Human Services

# JOHNSTON COUNTY SELMA PD 500

Serial Number: 008595

Test Record Number: 798

# System Check: Passed

#### Baseline Tests

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

# Temperature Tests

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

### Blank Tests

Test	Status	Time	
AIR	Pass	12:35pm	

## Printer Tests

Test	Status	Time
PRNT	Pass	12:36pm

#### CRC Tests

Test	Status	Time
COMP	Pass	12:36pm
CAL	Pass	12:36pm

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	Johnston Instrument Location Box	
Instrument S	nt Serial No. 008885 Banson	N.C.
The preventive four months a	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to this are:	be followed at least once every
	Verify the ethanol gas canister displays pressure, or the alcoholic bre 34 degrees, plus or minus .2 degree centigrade;	ath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Al whichever occurs first.	date, or the alcoholic breath coholic Breath Simulator tests,
procedures we	at on the 24th day of November, 20th the forwere performed on the instrument indicated above, in accordance with curre t of Health and Human Services, and the instrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
STATE OF STA	ME o lo l	- man of the state
* ESTE QUAM VIDEN	Jal Fai Cen	655
	Signature of Certifying Official	Certificate Number

JOHNSTON COUNTY BENSON POLICE DEPT. 500

Serial Number: 008885 Test Date: 11/24/2014

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: FARLEY, CYNTHIA D
Permit Number: 24123E
Effective:
11/01/2014-11/01/2016

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	12:46pm 12:47pm 12:48pm
AIR BLK	.00	12:49pm
SUB TEST	.00	12:50pm
AIR BLK	.00	12:51pm
SUB TEST	.00	12:54pm
AIR BLK	.00	12:55pm

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

### JOHNSTON COUNTY BENSON POLICE DEPT. 500

Serial Number: 008885 Test Record Number: 393 Test Date: 11/24/2014 Test Time: 12:56pm EST

System Check: Passed

# Baseline Tests

Test	Status	Time
***	_	
IR	Pass	12:57pm
FLO	Pass	12:57pm
FC	Pass	12:57pm

### 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	12:58pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:58pm
	CRC Tests	,
Test	Status	Time
COMP	Pass Pass	12:58pm

Preventive Maintenance Status: Pass

Analyst

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

Rev. 12/2007-

PREVENTIVE MAINTENANCE RECORD

INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 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; 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; 8. Print test record: Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

HARNETT COUNTY DUNN POLICE DEPT. 420

Serial Number: 008644 Test Date: 11/24/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2014-11/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	10:41am 10:42am 10:43am 10:44am 10:45am 10:45am
AIR BLK	.00	10:48am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Anaiyst

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

# HARNETT COUNTY DUNN POLICE DEPT. 420

Serial Number: 008644

Test Record Number: 1096

Test Date: 11/24/2014

Test Time: 10:48am EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	10:49am
FLO	Pass	10:49am
FC	Pass	10:49am

# Temperature Tests

Test	Status	Time
FC1	Pass	10:49am
SRC	Pass	10:49am
DET	Pass	10:49am
BAR	Pass	10:49am
BT	Pass	10:49am

### Blank Tests

Test	Status	Time
AIR	Pass	10:50am

## Printer Tests

Test	Status	Time
PRNT	Pass	10:50am

### CRC Tests

Test	Status	Time
COMP	Pass	10:50am
CAL	Pass	10:50am

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	LEE	Instrument Location <u>LEE</u> ()	Sail
Instrument S	erial No. <u>008645</u>	SANFORD, NC	
The preventi	ve maintenance procedures for the Intare:	oximeters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	isplays pressure, or the alcoholic brea ree 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" appea	rs, collect breath sample;	
7.	When "PLEASE BLOW" appea	rs, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.	er is being changed before expiration ed every four months or after 125 Ale	date, or the alcoholic breath coholic Breath Simulator tests,
I certify that procedures w Department of	on the <u>20</u> day of <u>Nov</u> ere performed on the instrument indic of Health and Human Services, and the	the forested above, in accordance with current in the forest instrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
OF THE STATE	OF NO.		
	AROLL		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		) (	
STEE QUAM VI		and I movell	37/
	Signat	ure of Certifying Official	Certificate Number

LEE COUNTY LEE CO. LEC. 520

Serial Number: 008645 Test Date: 11/20/2014

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

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

Test Type: Breath Test

Lot Number: AG414801 Exp Date: 05/28/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	5:20pm 5:20pm 5:21pm
AIR BLK	.00	5:22pm
SUB TEST	.00	5:22pm
AIR BLK	.00	5:23pm
SUB TEST	.00	5:25pm
AIR BLK	.00	5:26pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

**A**nalyst

LEE COUNTY LEE CO. LEC. 520

Serial Number: 008645

Test Record Number: 1423

Test Date: 11/20/2014

Test Time: 5:27pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	5:27pm
FLO	Pass	5:27pm
FC	Pass	5:27pm

### Temperature Tests

Test	Status	Time
FC1	Pass	5:27pm
SRC	Pass	5:27pm
DET	Pass	5:27pm
BAR	Pass	5:27pm
BT	Pass	5:27pm

### Blank Tests

Test	Status	Time
AIR	Pass	5:28pm

### Printer Tests

Test	Status	Time
PRNT	Pass	5:28pm

CRC Tests

Test	Status	Time
COMP	Pass	5:28pm
CAL	Pass	5:28pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS. MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County (	umberland Instrument Location amberland
Instrument Se	rial No.008614 Defention Onter
	Farse Heville NC
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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.
	the day of day o
the second	
STATE	CAROUN CAROUN
* ESE QUAM VIDER	Chale Farly 655
	Signature of Certifying Official Certificate Number

#### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008614 Test Date: 11/21/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2014-11/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	1:32pm 1:33pm 1:34pm 1:35pm 1:36pm
AIR BLK	.00	1:37pm
SUB TEST	.00	1:38pm
AIR BLK	.00	1:39pm

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

### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008614

Test Record Number: 2812

Test Date: 11/21/2014 Test Time: 1:41pm EST

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	1:42pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:42pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:42pm 1:42pm

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

A Commence	INTOXIMETERS, MODEL INTOX EC/IR II
County C	umberland Instrument Location Cum Perland C
<sup>2</sup> MPP	NOSCOTO De la timo Con Les
Instrument Se	rial NoOO 8612 Lefention Contr.
· · · · · · · · · · · · · · · · · · ·	targetter. Ice, NC
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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.
	71st Naver ho
I certify that or	the 2/5t day of 1000 1000 1000 1000 1000 1000 1000 1
	Health and Human Services, and the instrument is functioning properly.
Of THE STATE OF	
ARIL 12, 1776	* A Comment of the co
The same of the sa	(1 Yeller Ferricen 6))
	Signature of Certifying Officia Certificate Number

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

#### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008672 Test Date: 11/21/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Driver's License Number: NONE

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2014-11/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG414801 Exp Date: 05/28/2016

Test	g/210L	Time
DIAG AIR BLK	Pass	1:28pm 1:29pm
ACCY CHK	.07	1:30pm
AIR BLK	.00	1:31pm
SUB TEST	.00	1:33pm
AIR BLK	.00	1:34pm
SUB TEST	.00	1:35pm
AIR BLK	.00	1:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

#### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008672 Test Record Number: 4215 Test Date: 11/21/2014 Test Time: 1:38pm EST

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 SRC	Pass Pass	1:38pm 1:38pm
DET	Pass Pass	1:38pm
BAR	Pass	1:38pm
$\mathtt{BT}$	Pass	1:38pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:39pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:39pm
	CRC Tests	

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

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

, pro		S, MODEL INTOX EC/IR II
County	un Barbard	Instrument Location ( who ban and
Instrument S	Serial No. <u>008632</u>	Detention Onter
		FauseHerrille NC.
The prevent four months	ive maintenance procedures for the Into	ximeters Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degre	plays pressure, or the alcoholic breath simulator thermometer show be centigrade;
2.	Verify instrument displays time ar	nd date;
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears	, collect breath sample;
7.	When "PLEASE BLOW" appears	, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister simulator solution is being changed whichever occurs first.	is being changed before expiration date, or the alcoholic breath every four months or after 125 Alcoholic Breath Simulator tests,
I certify that of procedures we Department of		the forgoing preventive maintenance ed above, in accordance with current regulations of the N.C. nstrument is functioning properly.
THE STATE OF THE S	S NO AROUN	

Signature of Certifying Official

Certificate Number

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

## CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632 Test Date: 11/21/2014

Citation Number: M0000000-0 Subject's Name:

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

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

Analyst's Name: FARLEY, CYNTHIA D Permit Number: 24123E Effective: 11/01/2014-11/01/2016

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00 .00	11:49am 11:50am 11:51am 11:55am 11:55am 11:55am
AIR BLK	.00	12:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

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

Rev. 12/2007

## CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632

Test Record Number: 2946

Test Date: 11/21/2014

Test Time: 12:02pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:03pm
FLO	Pass	12:03pm
FC	Pass	12:03pm

## Temperature Tests

Test	Status	Time
FC1	Pass	12:03pm
SRC	Pass	12:03pm
DET	Pass	12:03pm
BAR	Pass	12:03pm
BT	Pass	12:03pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:04pm

## Printer Tests

Test	Status	Time
PRNT	Pass	12:04pm

## CRC Tests

Test	Status	Time
COMP	Pass	12:04pm
CAL	Pass	12:04pm

Preventive Maintenance Status: Pass

Analyst

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

Mark and	)	is, model intox ec/i	W 11
County (	imperland	Instrument Location ( 4 m /2	erland Cu.
Instrument Se	rial No. <u>008633</u>	Detention 6.	nter
·		Fanc Her. 16	
The preventive four months ar	e maintenance procedures for the Intre:	toximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 degr	isplays pressure, or the alcoholic breath ree 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" appear	rs, collect breath sample;	
7.	When "PLEASE BLOW" appear	rs, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	·	
10.	Verify that the ethanol gas caniste simulator solution is being change whichever occurs first.	er is being changed before expiration da ed every four months or after 125 Alcoh	ite, or the alcoholic breath nolic Breath Simulator tests,
I certify that on procedures were Department of I	the day of	the forgo ated above, in accordance with current r instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
O'THE STATE OF MENT TO	Control of the contro	e Tero Change	The second secon
	Signatu	ire of Certifying Official	Certificate Number
		ar F	

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

DHHS 4080 (11/07)

#### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008633 Test Date: 11/21/2014

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: FARLEY, CYNTHIA D
Permit Number: 24123E
Effective:
11/01/2014-11/01/2016

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	11:59am 12:00pm 12:01pm 12:02pm 12:03pm 12:04pm
SUB TEST		12:05pm
AIR BLK	.00	12:06pm

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

#### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008633 Test Record Number: 3010 Test Date: 11/21/2014 Test Time: 12:07pm EST

System Check: Passed

### Baseline Tests

Test	Status	Time
	1000	4. 14 July 1
IR	Pass	12:07pm
FLO	Pass	12:07pm
FC	Pass	12:07pm

## Temperature Tests

Test	Status	Time
FC1	Pass	12:07pm
SRC	Pass	12:07pm
DET	Pass	12:07pm
BAR	Pass	12:07pm
BT	Pass	12:07pm

## Blank Tests

Test	Status	Time
AIR	Pass	12:08pm

#### Printer Tests

Status

Time

12:08pm

Test

CAL

PRNT	Pass	12:08pm
	CRC Tests	:
Test	Status	Time
COMP	Pass	12:08pm

Preventive Maintenance Status: Pass

Pass

Analyst

	PREVENTIVE MAINTENANCE RECORD
County	INTOXIMETERS, MODEL INTOX EC/IR II  Instrument Location / au ture P.
Instrument Ser	rial No. 008658 (Jan + W) NC
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.
F	the 20 day of 100 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.
CREATE OF STATE OF ST	Collina Carlouria (Carlouria Carlouria Carlour

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

Signature of Certifying Official

Certificate Number

JOHNSTON COUNTY CLAYTON PD. 500

Serial Number: 008658 Test Date: 11/20/2014

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: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2014-11/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	5:25pm 5:26pm
ACCY CHK	.08	5:26pm
AIR BLK	.00	5:27pm
SUB TEST	.00	5:28pm
AIR BLK	.00	5:29pm
SUB TEST	.00	5:31pm
AIR BLK	.00	5:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

#### JOHNSTON COUNTY CLAYTON PD. 500

Serial Number: 008658

Test Record Number: 1058

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	5:33pm
FLO	Pass	5:33pm
FC	Pass	5:34pm

## Temperature Tests

Test	Status	Time
FC1	Pass	5:34pm
SRC	Pass	5:34pm
DET	Pass	5:34pm
BAR	Pass	5:34pm
BT	Pass	5:34pm

#### Blank Tests

Test	Status	Time
AIR	Pass	5:34pm

#### Printer Tests

T'est	Status	Time
PRNT	Pass	5:34pm
	CRC Tests	
Test	Status	Time
COMP	Pass	5:35pm

Preventive Maintenance Status: Pass

Pass

5:35pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location County 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; Enter information as prompted; 4. 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. 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.

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

Certificate Number

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008810 Test Date: 11/20/2014

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: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2014-11/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	4:16pm
AIR BLK	.00	4:17pm
ACCY CHK	.08	4:18pm
AIR BLK	.00	4:19pm
SUB TEST	.00	4:21pm
AIR BLK	.00	4:22pm
SUB TEST	.00	4:24pm
AIR BLK	.00	4:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVK

Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

#### JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008810

Test Record Number: 1746

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	4:29pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:29pm

#### CRC Tests

Test	Status	Time
COMP	Pass	4:29pm
CAL	Pass	4:29pm

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 County 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; Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before 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

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008846 Test Date: 11/20/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTANENCE

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

Subject's Sex: Male

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

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2014-11/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:43pm
AIR BLK	.00	3:44pm
ACCY CHK	.08	3:44pm
AIR BLK	.00	3:45pm
SUB TEST	.00	3:46pm
AIR BLK	.00	3:47pm
SUB TEST	.00	3:51pm
AIR BLK	.00	3:52pm

Reported AC: .00 g/210L

Signature of Chemical Analys

Court CVR

Analyst

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008846 Test Record Number: 3542
Test Date: 11/20/2014 Test Time: 3:54pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:55pm
FLO	Pass	3:55pm
FC	Pass	3:55pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:55pm
SRC	Pass	3:55pm
DET	Pass	3:55pm
BAR	Pass	3:55pm
BT	Pass	3:55pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:55pm

## Printer Tests

Test	Status	Time
PRNT	Pass	3:55pm

#### CRC Tests

Test	Status	Time
COMP	Pass	3:56pm
CAL	Pass	3:56pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXINETERS, NIODEL INTOX EC/IR II
County Fa	ndolph Instrument Location Liberty F. 12.
Instrument Seria	11 No. 008830 451 W. Swadnanoa Ave
	Liberta NC
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 shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the day of November, 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.
THE STATE OF NO.	Signature of Certifying Official Certificate Number

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

#### RANDOLPH LIBERTY POLICE DEPT 750

Serial Number: 008830 Test Date: 11/18/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2014-11/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court/CVR

Analyst

#### RANDOLPH LIBERTY POLICE DEPT 750

Serial Number: 008830 Test Record Number: 469

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
ATR	Pagg	9.47am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:47am
	CRC Tests	

Test	Status	Time
COMP	Pass	9:48am
CAL	Pass	9:48am

Preventive Maintenance Status: Pass

	PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II	
County /	lew Hanover Instrument Location Wrights Ville Bear	
1-7 4	Instrument Serial No. 008667 Police Department	
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;	
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.	
I certify that procedures v	on theday of	
STATE OF STA	E O NO CALLED TO THE CALLED THE C	



Signature of Certifying Official

Certificate Number

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

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008667 Test Date: 11/25/2014

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

f. C. Marie

## NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008667

Test Record Number: 1379

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:14pm
FLO	Pass	3:14pm
FC	Pass	3:14pm

#### 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	3:15pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:15pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:15pm 3:15pm

Preventive Maintenance Status: Pass

Analyst

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

Instrument S	Certai No. Con e Cy
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the 25 day of November, 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.



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 CAROLINA BEACH PD 640

Serial Number: 008661 Test Date: 11/25/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	2:04pm 2:05pm
ACCY CHK	.07	2:05pm
AIR BLK	.00	2:06pm
SUB TEST	.00	2:07pm
AIR BLK	.00	2:07pm
SUB TEST	.00	2:09pm
AIR BLK	.00	2:10pm

Reported AC: .00 g/270L

Signature of Chemical Analyst

Court CVR

45 C. Molecular Analyst

#### NEW HANOVER COUNTY CAROLINA BEACH PD 640

Serial Number: 008661 Test Record Number: 1890 Test Date: 11/25/2014 Test Time: 2:10pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:11pm
FLO	Pass	2:11pm
FC	Pass	2:11pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:11pm
SRC	Pass	2:11pm
DET	Pass	2:11pm
BAR	Pass	2:11pm
BT	Pass	2:11pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:12pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:12pm
	CRC Tests	
Test	Status	Time

Test	Status	Time
COMP	Pass	2:12pm
CAL	Pass	2:12pm

Preventive Maintenance Status: Pass

Applyst Applyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County	Veal Hanover Instrument Location New Hanover
Instrument Se	erial No. 008617 County Sheriff
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the day of dove whee, 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.
CT A TO	
OF THE STATE	
A ESSE QUANTE	<b>1</b>

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: 008617 Test Date: 11/25/2014

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RHODES, KENNETH C Permit Number: 5329E

ermit 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	Pass .00 .07	12:57pm 12:57pm 12:58pm 12:59pm
SUB TEST	.00	1:00pm
AIR BLK	.00	1:00pm
SUB TEST	.00	1:02pm
AIR BLK	.00	1:03pm

Reported AC: .00/g/210L

Signature of Chemical Analyst

Court CVR

K. C. Males

## NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008617

Test Record Number: 2404

Test Date: 11/25/2014

Test Time: 1:04pm EST

## System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	1:05pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

K. C. Alfoch

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

	INTOXIMETERS, MODEL INTOX EC/IR II
County	New Hanover Instrument Location New Hanover
Instrumen	t Serial No. 808626 County Sher; FF. Dep
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	that on the
5 THE ST	ATE OF NO. 1778



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: 008626 Test Date: 11/25/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	12:54pm 12:55pm 12:56pm
AIR BLK	.00	12:57pm
SUB TEST	.00	12:58pm
AIR BLK	.00	12:59pm
SUB TEST	.00	1:00pm
ATR BLK	.00	1:01pm

Reported AC:

Court CVR

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008626

Test Record Number: 5441

Test Date: 11/25/2014

Test Time: 1:02pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass	1:02pm 1:02pm 1:02pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:03pm
SRC	Pass	1:03pm
DET	Pass .	1:03pm
BAR	Pass	1:03pm
BT	Pass	1:03pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:03pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:03pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

K.C. Malyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	lew Hanover Instrument Location Wilmington
Instrument S	erial No. 008628 Police 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 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	on the
TALE STATE OF THE	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 WILMINGTON PD 640

Serial Number: 008628 Test Date: 11/25/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENNACE

Subject'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: AG425303 Exp Date: 09/10/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	11:57am 11:57am 11:58am 11:59am <b>11:59am</b> 12:00pm
SUB TEST	.00	12:02pm
ATR BIK	- 00	12:03pm

Reported AC: .00/g/210L

Signature of Chemical Analyst

Court CVR

M.C. Mhoda

## NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628 Test Record Number: 3298
Test Date: 11/25/2014 Test Time: 12:03pm EST

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

#### Printer Tests

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

Preventive Maintenance Status: Pass

Malyst Malyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County /S	ZUMSWICK Instrument Location Seunswick County
Instrument Se	rial No. 008585 Sherift Dept
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	on the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

#### BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008585 Test Date: 11/25/2014

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RHODES, KENNETH C Permit Number: 5329E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG409709 Exp Date: 04/17/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	10:13am 10:13am 10:14am 10:15am 10:16am
AIR BLK	.00	10:17am
SUB TEST	.00	10:18am
AIR BLK	.00	10:19am

Reported AC: .00/g/210L

Signature of Chemical Analyst

Court CVR

K. C-Millella Analyst

#### BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008585 Test Record Number: 3015 Test Date: 11/25/2014 Test Time: 10:21am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:22am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:22am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:22am 10:22am

Preventive Maintenance Status: Pass

K. C. Mocks

# PREVENTIVE MAINTENANCE RECORD

**	INTOXIMETERS, MODEL INTOX EC/IR II
County /	BRUNSWICK Instrument Location BRUNSWICK Co.
Instrument S	erial No. 008602 Sleiff 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 show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the day of day of 20/4 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
OTALE STATE	



Signature of Certifying Official

#### BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008602 Test Date: 11/25/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00/g/210L

Signature of Chemical Analyst

Court CVR

L. C. Market

#### BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008602 Test Record Number: 2956

Test Time: 10:18am EST Test Date: 11/25/2014

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:18am 10:18am
FC	Pass	10:18am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:18am
SRC	Pass	10:18am
DET	Pass	10:18am
BAR	Pass	10:18am
BT	Pass	10:18am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:19am

#### Printer Tests

Status

Test

CAL

PRNT	Pass	10:19am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:19am

Time

10:19am

Preventive Maintenance Status: Pass

Pass

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

Marketon Mar	INTOXIMETERS, MODEL INTOX EC/IR II
County_	Scanswick Instrument Location PAIC IS/and
Instrument S	erial No. 008648 Palice Depr
The prevention	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
procedures w	rere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATE WILL CONTROL OF THE STATE	© NOME OF THE PARTY OF THE PART
* ESSE QUAN VI	f. Chale 601
•	Signature of Certifying Official Certificate Number

#### BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648 Test Date: 11/25/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:12am 9:13am
ACCY CHK	.07	9:13am
AIR BLK	.00	9:14am
SUB TEST	.00	9:15am
AIR BLK	.00	9:16am
SUB TEST	.00	9:17am
AIR BLK	.00	9:18am

Reported AC: .00 g/2/10L

Signature of Chemical Analyst

Court CVR

Aralyst

#### BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648

Test Record Number: 1269

Test Date: 11/25/2014

Test Time: 9:20am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:20am
FLO	Pass	9:20am
FC	Pass	9:21am

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:21am
SRC	Pass	9:21am
DET	Pass	9:21am
BAR	Pass	9:21am
$\mathtt{BT}$	Pass	9:21am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:21 <b>a</b> m

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:21am
	CRC Tests	
Test	Status	Time

COMP	Pass	9:22am
CAL	Pass	9:22am

Preventive Maintenance Status: Pass

Analyst

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

County 15	runswick	Instrument Location_	Sunser	Beach
Instrument Se	rial No. <u>008874</u>		Police	Dept.
The preventiv	e maintenance procedures for the In	ntoximeters, Model Intox	EC/IR II to be followed	l at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		llcoholic breath simulat	or thermometer show
2.	Verify instrument displays time	e and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;	;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears, collect breath sample;			
7.	When "PLEASE BLOW" appears, collect breath sample;			
8.	Print test record;			
9.	Verify Diagnostic Program; and	<b>i</b> .		
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.			
procedures we	n the 25 day of 10th day of 10	icated above, in accordanc	ce with current regulation	ventive maintenance ons of the N.C.
STATE OF STA	NORTH CAROLINA		A second	601
	Sign	ature of Certifying Officia	al Cer	tificate Number

BRUNSWICK COUNTY SUNSET BEACH PD 090

Serial Number: 008874 Test Date: 11/25/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	7:59am
AIR BLK	.00	8:00am
ACCY CHK	.08	8:00am
AIR BLK	.00	8:01am
SUB TEST	.00	8:02am
AIR BLK	.00	8:03am
SUB TEST	.00	8:04am
AIR BLK	.00	8:05am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

K. C. Mach

#### BRUNSWICK COUNTY SUNSET BEACH PD 090

Serial Number: 008874

Test Record Number: 397

Test Date: 11/25/2014

Test Time: 8:06am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	8:07am

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:07am
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

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

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

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



Signature of Certifying Official

Certificate Number

#### COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008886 Test Date: 11/24/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	4:29pm 4:29pm
ACCY CHK	.08	4:30pm
AIR BLK	.00	4:31pm
SUB TEST	.00	4:31pm
AIR BLK	.00	4:32pm
SUB TEST	.00	4:34pm
AIR BLK	.00	4:35pm

Reported AC: .00 \$/21/0L

Signature of Chemical Analyst

Court CVR

Analyst

#### COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008886

Test Record Number: 1015

Test Date: 11/24/2014

Test Time: 4:38pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:39pm
FLO	Pass	4:39pm
FC	Pass	4:39pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:39pm
SRC	Pass	4:39pm
DET	Pass	4:39pm
BAR	Pass	4:39pm
BT	Pass	4:39pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:39pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:40pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4:40pm

Preventive Maintenance Status: Pass

Pass

4:40pm

CAL

Analyst

	PREVENTIVE MAINTENANCE RECORD
County (	INTOXIMETERS, MODEL INTOX EC/IR II
County (	-0/4mbus Instrument Location (0/4mhus Cou
Instrument	Serial No 808875 Sheriff 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 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 o procedures we Department of	on the
STATE OF STA	

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

Signature of Certifying Official

Certificate Number

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008875 Test Date: 11/24/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

'Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	4:28pm 4:28pm
ACCY CHK	.08	4:29pm
AIR BLK	.00	4:30pm
SUB TEST	.00	4:30pm
AIR BLK	.00	4:31pm
SUB TEST	.00	4:32pm
AIR BLK	.00	4:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008875

Test Record Number: 1415

Test Date: 11/24/2014

Test Time: 4:36pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:36pm
FLO ·	Pass	4:36pm
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
ВТ	Pass	4:36pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:37pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:37pm

#### CRC Tests

Test	Status	Time
COMP	Pass	4:37pm
CAL	Pass	4:37pm

Preventive Maintenance Status: Pass

Analyst/

County	Slade Instrument Location 5/4 clear County
Instrument S	Serial No. OOBERY Sheriff Deple
The preventi four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 day of November, 20/1 the forgoing preventive maintenance vere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE	CONORTH TO THE PROPERTY OF THE
SHAMINE	

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

Signature of Certifying Official

Certificate Number

#### BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008894 Test Date: 11/24/2014

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	3:28pm 3:29pm
ACCY CHK	.08	3:29pm
AIR BLK	.00	3:30pm
SUB TEST	.00	3:31pm
AIR BLK	.00	3:32pm
SUB TEST	.00	3:33pm
AIR BLK	.00	3:34pm

Reported AC: .00 g/219L

Signature of Chemical Analyst

Court CVR

K. C. Mode

#### BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008894 Test Record Number: 627 Test Date: 11/24/2014 Test Time: 3:35pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:35pm
FLO	Pass	3:35pm
FC	Pass	3:35pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	3:36pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:36pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:36pm

3:36pm

Preventive Maintenance Status: Pass

Pass

CAL

K. C. Moder

ي.		MAINTENANCE RECC RS, MODEL INTOX, EC/	
County S	Jaclan	Instrument Location 67	lan County
Instrument Se	rial No. <u>0088/8</u>	5he1:4	F Dept
The preventive four months as		toximeters, Model Intox EC/IR II to b	pe followed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	lisplays pressure, or the alcoholic breater 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.	Verify that the ethanol gas canis simulator solution is being chang whichever occurs first.	ter is being changed before expiration ged every four months or after 125 A	n date, or the alcoholic breath lcoholic Breath Simulator tests,
I certify that or procedures we Department of	e performed on the instrument indicate	the focated above, in accordance with curre in instrument is functioning properly.	orgoing preventive maintenance ent regulations of the N.C.
O'THE STATE OF THE	CAROLLI CAROLL	1 Moltanio Ostalal	Certificate Number

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008818 Test Date: 11/24/2014

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:27pm
AIR BLK	.00	3:27pm
ACCY CHK	.07	3:28pm
AIR BLK	.00	3:29pm
SUB TEST	.00	3:30pm
AIR BLK	.00	3:30pm
SUB TEST	.00	3:32pm
AIR BLK	.00	macs: 8

.00 Reported AC:

Signature of Chemical Analyst

Court CVR

#### BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008818 Test R Test Date: 11/24/2014 Test

Test Record Number: 912 Test Time: 3:34pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:35pm 3:35pm
FC	Pass	3:35pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:35pm
SRC	Pass	3:35pm
DET	Pass	3:35pm
BAR	Pass	3:35pm
BT	Pass	3:35pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:36pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:36pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:36pm 3:36pm

Preventive Maintenance Status: Pass

Analyst

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

	INTOXIMETERS, MODEL INTOX EC/IR II
County	Sampson Instrument Location Sampson (Or
Instrument S	Serial No. 008825 Sheriff Dypt
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.
procedures w	on the 24 day of November, 2015 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.
ale STATE	



Signature of Certifying Official

Certificate Number

SAMPSON COUNTY SAMPSON CO SD 810

Serial Number: 008825 Test Date: 11/24/2014

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:59pm
AIR BLK	.00	1:59pm
ACCY CHK	.08	2:00pm
AIR BLK	.00	2:01pm
SUB TEST	.00	2:01pm
AIR BLK	.00	2:02pm
SUB TEST	.00	2:04pm
ATR BIK	0.0	2 • 0 5 pm

Reported AC: .00 g/2101

Signature of Chemical Analyst

Court CVR

#### SAMPSON COUNTY SAMPSON CO SD 810

Serial Number: 008825

Test Record Number: 1826

Test Date: 11/24/2014 Test Time: 2:08pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	2:09pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:09pm

#### CRC Tests

Test	Status	Tim∈
COMP	Pass	2:09pm
CAL	Pass	2:09pm

Preventive Maintenance Status: Pass

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

. waite		NO, MODEL INTOX EC/IF	<b>VII</b>
County	amp son	Instrument Location Samps	Ton Cb.
Instrument Se	erial No. <u>0088 77</u>	Shor!	FF Dep
The preventive four months a	e maintenance procedures for the Intre:	oximeters, Model Intox EC/IR II to be f	ollowed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	isplays pressure, or the alcoholic breath ree 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" appea	rs, collect breath sample;	
7.	When "PLEASE BLOW" appea	rs, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.	er is being changed before expiration da ed every four months or after 125 Alcoh	te, or the alcoholic breath solic Breath Simulator tests,
procedures wei	n the day of	the forgo ated above, in accordance with current reinstrument is functioning properly.	ing preventive maintenance egulations of the N.C.
THE STATE OF THE S	NO CAROLLIN	Man Ma	(-0)
	Signati	are of Certifying Official	Certificate Number

SAMPSON COUNTY SAMPSON COUNTY SD 810

Serial Number: 008877 Test Date: 11/24/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	1:57pm 1:58pm 1:59pm
AIR BLK	.00	2:00pm
SUB TEST	.00	2:00pm
AIR BLK	.00	2:01pm
SUB TEST	.00	2:02pm
AIR BLK	.00	2:03pm

Reported AC: 100 g/210I

Signature of Chemical Analyst

Court CVR

Analyst

#### SAMPSON COUNTY SAMPSON COUNTY SD 810

Serial Number: 008877

Test Record Number: 1855

Test Date: 11/24/2014

Test Time: 2:08pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:08pm
FLO	Pass	2:08pm
FC	Pass	2:09pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	2:09pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:09pm
	CRC Tests	
Test	Status	Time

COMP Pass 2:09pm CAL Pass 2:09pm

Preventive Maintenance Status: Pass

K.C. Malvst

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

County Dayslin	Instrument Location Duplin	6.
Instrument Serial No. 208865	Shriff	201

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

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



Signature of Certifying Official

Certificate Number

DUPLIN COUNTY DUPLIN CO SD 300

Serial Number: 008864 Test Date: 11/24/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210F	Time
DIAG AIR BLK	Pass	12:58pm 12:59pm
ACCY CHK	.07	12:59pm
AIR BLK SUB TEST	.00 .00	1:00pm 1:01pm
AIR BLK	.00	1:01pm
SUB TEST	.00	1:03pm
AIR BLK	.00	1:040m

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Analyst

#### DUPLIN COUNTY DUPLIN CO SD 300

Serial Number: 008864

Test Record Number: 2360

Test Date: 11/24/2014

Test Time: 1:05pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:05pm
FLO	Pass	1:05pm
FC	Pass	1:05pm

#### Temperature Tests

Status	Time
Pass	1:05pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	1:06pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:06pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:06pm

Preventive Maintenance Status: Pass

Pass

1:06pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/ĮR II Instrument Location Instrument Serial No. OOBB 55 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; Enter information as prompted; 4 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; Ż. 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. 1 Vem bec, 20 / the forgoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

DUPLIN COUNTY WALLACE PD 300

Serial Number: 008858 Test Date: 11/24/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG409709

Exp Date: 04/07/2016

g/210L

Time

Test

	<b>J</b> .	
DIAG	Pass	12:01pm
AIR BLK	.00	12:01pm
ACCY CHK	.07	12:02pm
AIR BLK	.00	12:03pm
SUB TEST	.00	12:03pm
AIR BLK	.00	12:04pm

**SUB TEST .00 12:06pm** AIR BLK .00 12:06pm

Reported AC: .00 q/210L

Signature of Chemical Analyst

Court CVR

K. C. Maca

#### DUPLIN COUNTY WALLACE PD 300

Serial Number: 008858

Test Record Number: 667

Test Date: 11/24/2014

Test Time: 12:07pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:07pm 12:07pm
FC	Pass	12:07pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:08pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:08pm
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

12:08pm

12:08pm

COMP

CAL

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

County	BRUNSWICK	Instrument Location	BAT MOBILE UNIT 3
Instrument S	erial No. <u>008707</u>		GHALLOTTE, DC
The preventive four months a		he Intoximeters, Model Intox EC	IR II to be followed at least once every
1.	Verify the ethanol gas cani 34 degrees, plus or minus		pholic breath simulator thermometer show
2.	Verify instrument displays	time and date;	
3.	Initiate breath test sequence	<b>;</b>	
4.	Enter information as promp	oted;	
5.	Verify instrument accuracy	• 5	
6.	When "PLEASE BLOW"	appears, collect breath sample;	· 
7.	When "PLEASE BLOW"	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.			expiration date, or the alcoholic breath er 125 Alcoholic Breath Simulator tests,
I certify that o procedures we Department of	n theday of ere performed on the instrument f Health and Human Services, an	indicated above, in accordance value instrument is functioning	the forgoing preventive maintenance with current regulations of the N.C. properly.
THE STATE OF THE COLUMN TO THE	A CAROLINI CAROLINI		
ARRILIZ, TTO	_ QQ	2,13	648
	S	ignature of Certifying Official	Certificate Number

#### BRUNSWICK COUNTY BAT MOBILE UNIT 3 090

Serial Number: 008707 Test Date: 11/14/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG414801 Exp Date: 05/28/2016

lest	9/2101	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:11pm 10:12pm 10:13pm
AIR BLK	.00	10:13pm
SUB TEST	.00	10:14pm
AIR BLK	.00	10:15pm
SUB TEST	.00	10:16pm
AIR BLK	.00	10:17pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

<sup>(</sup> Analys

# BRUNSWICK COUNTY BAT MOBILE UNIT 3 090

Serial Number: 008707

Test Record Number: 2096

Test Date: 11/14/2014

Test Time: 10:18pm EST

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	10:18pm
FLO	Pass	10:18pm
FC	Pass	10:18pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:18pm
SRC	Pass	10:18pm
DE'T	Pass	10:18pm
BAR	Pass	10:18pm
$\mathtt{BT}$	Pass	10:18pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:19pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:19pm
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

10:19pm

10:19pm

COMP

CAL

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

County	BRUNSWICK	Instrument Location BAT	MOBILE UNIT 3
Instrument	Serial No. <u> </u>	51-1A	CLOTTE, NC
The prevent	tive maintenance procedures for the II	ntoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic br	eath simulator thermometer shows
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;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	đ	
10.	Verify that the ethanol gas canisimulator solution is being charwhichever occurs first.	ster is being changed before expiration in the state of t	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
	on the 14 day of 20 were performed on the instrument ind of Health and Human Services, and the		
TATE STATE OF THE	E S NORTH CAROLINA CA		648
	Sign	ature of Certifying Official	Certificate Number

#### BRUNSWICK COUNTY BAT MOBILE UNIT 3 090

Serial Number: 008616 Test Date: 11/14/2014

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

09/01/2013-09/01/2015

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	10:13pm 10:14pm 10:14pm 10:15pm 10:16pm
AIR BLK	.00	10:10pm
SUB TEST	.00	10:18pm
AIR BLK	.00	10:19pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BRUNSWICK COUNTY BAT MOBILE UNIT 3 090

Serial Number: 008616 Test Record Number: 2003 Test Date: 11/14/2014 Test Time: 10:20pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:20pm
SRC	Pass	10:20pm
DET	Pass	10:20pm
BAR	Pass	10:20pm
$\mathtt{BT}$	Pass	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

Preventive Maintenance Status: Pass

Analyst

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

County J	BRUNSWICK	Instrument Location BAT	- MOBILE UNIT 3
Instrument Se	rial No. <u>008647</u>	54	ALLOTTE NC
The preventive four months as		ntoximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		breath simulator thermometer show
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		·
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" 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.		ster is being changed before expira aged every four months or after 12	ation date, or the alcoholic breath 5 Alcoholic Breath Simulator tests,
procedures we	n the	icated above, in accordance with c	
STATE OF THE STATE	CORROLLAROLLAROLLAROLLAROLLAROLLAROLLARO		
Transporter Communication of the Communication of t	_ lilu 1	4/3	648
	Signa	ature of Certifying Official	Certificate Number

#### BRUNSWICK COUNTY BAT MOBILE UNIT 3 090

Serial Number: 008647 Test Date: 11/14/2014

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

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

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

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

Lot Number: AG414801 Exp Date: 05/28/2016

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Colung 13 - S Analyst

### BRUNSWICK COUNTY BAT MOBILE UNIT 3 090

Serial Number: 008647 Test Record Number: 2030 Test Date: 11/14/2014 Test Time: 10:15pm EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	10:16pm
FLO	Pass	10:16pm
FC	Pass	10:16pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:17pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:17pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:17pm

Preventive Maintenance Status: Pass

Analyst

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

County_	NEW	HANOUER	Instrument Location_	BAT M.	OBILE UNIT &
		008647			NGTON, NC
The prevenue four mon		nance procedures for th	e Intoximeters, Model Intox	EC/IR II to be fo	llowed at least once every
1.		y the ethanol gas canis egrees, plus or minus .2	ter displays pressure, or the a degree centigrade;	alcoholic breath s	mulator thermometer show
2.	Verif	y instrument displays t	ime and date;		
3.	Initia	te breath test sequence;	i		
4.	Enter	information as prompt	ed;		
5.	Verif	y instrument accuracy;			4
6.	Wher	"PLEASE BLOW" a	ppears, collect breath sample	,	
7.	Wher	"PLEASE BLOW" a	ppears, collect breath sample	;	
8.	Print	test record;			
9.	Verif	y Diagnostic Program;	and		
10.	simul		anister is being changed before hanged every four months or		
I certify the procedure Departme	nat on the s were perform nt of Health a	15 day of / ned on the instrument ind Human Services, an	OUE MAREM, 20 indicated above, in accordand the instrument is functioning	the forgoi ce with current reng properly.	ng preventive maintenance gulations of the N.C.
E GREAT SO.	TATE OF A SOUTH CAROLL				
A PARIL	12, TTB	Celm	Ly Bans		648
		Si	gnature of Certifying Officia	ıl	Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 3 640

> Serial Number: 008647 Test Date: 11/15/2014

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

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

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

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

Lot Number: AG414801 Exp Date: 05/28/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00	8:40pm 8:41pm 8:41pm 8:42pm 8:43pm 8:44pm 8:46pm
AIR BLK	.00	8:47pm
HILL DILL	.00	0.1,5

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

#### NEW HANOVER COUNTY BAT MOBILE UNIT 3 640

Serial Number: 008647

Test Record Number: 2035

Test Date: 11/15/2014

Test Time: 8:47pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	8:47pm 8:47pm
FC	Pass	8:48pm

#### Temperature Tests

Status	Time
Pass	8:48pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	8:48pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:48pm
	CRC Tests	
Test	Status	Time

CAL Pass 8:48pm

Pass

8:48pm

Preventive Maintenance Status: Pass

COMP

Analyst

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

County	NEW HANG	OUEIL	Instrument Location <u> </u>	BAT MOBILE UNIT
Instrumen	t Serial No. <u> </u>	.16	<u> </u>	JILMINGTON, NC
The preve		res for the Intoxi	meters, Model Intox EC/	IR II to be followed at least once every
1.	Verify the ethanol and degrees, plus or			nolic breath simulator thermometer show
2.	Verify instrument of	lisplays time and	l date;	
3.	Initiate breath test s	equence;		
4.	Enter information a	s prompted;		
5.	Verify instrument a	ccuracy;		
6.	When "PLEASE B	LOW" appears,	collect breath sample;	
7.	When "PLEASE B)	LOW" appears,	collect breath sample;	
8.	Print test record;			,
9.	Verify Diagnostic P	rogram; and		
10.		s being changed		xpiration date, or the alcoholic breath or 125 Alcoholic Breath Simulator tests,
I certify th procedures Departmen	at on the <u>/ 5</u> day were performed on the ins it of Health and Human Ser	of Dove trument indicate vices, and the in	d above, in accordance w strument is functioning p	the forgoing preventive maintenance ith current regulations of the N.C. roperly.
GREAT SE	ATE ON OR HE CAROLINE			
APRIL TO	M VIDER X	R,	Burn	648
		Signature	of Certifying Official	Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 3 640

Serial Number: 008616 Test Date: 11/15/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### NEW HANOVER COUNTY BAT MOBILE UNIT 3 640

Serial Number: 008616

Test Record Number: 2007

Test Date: 11/15/2014

Test Time: 8:56pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:56pm
SRC	Pass	8:56pm
DET	Pass	8:56pm
BAR	Pass	8:56pm
$\mathtt{BT}$	Pass	8:56pm

#### Blank Tests

Test	Sta	tus Time	
A TD	Dage	g 8.57nn	•

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:57pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	8:57pm 8:57pm

Preventive Maintenance Status: Pass

Analyst

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

County	NEW HANOVER Instrument Location B.	AT MOISILE UNIT
Instrument S	Serial No. <u>008707</u> <u>u</u>	MEMINUSTON, NE
The prevention four months	ive maintenance procedures for the Intoximeters, Model Intox EC/II are:	R II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoho 34 degrees, plus or minus .2 degree centigrade;	lic breath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before ex- simulator solution is being changed every four months or after whichever occurs first.	
I certify that of procedures we Department of	on the 15 day of DOVEMBEIL, 2014 yere performed on the instrument indicated above, in accordance with the strument and Human Services, and the instrument is functioning pro-	the forgoing preventive maintenance h current regulations of the N.C. operly.
STATE CULTURE STATE	OF ROLL WARDING TO THE REAL PROPERTY OF THE PR	
AFRE 12, 17%	aluky 13 and	648
	Signature of Certifying Official	Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 3 640

> Serial Number: 008707 Test Date: 11/15/2014

Citation Number: M0000000-0 Subject's Name:

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

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

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

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

Lot Number: AG414801 Exp Date: 05/28/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	8:44pm 8:45pm 8:45pm 8:46pm
SUB TEST	.00	8:47pm
AIR BLK	.00	8:48pm
SUB TEST	.00	8:49pm
AIR BLK	.00	8:50pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## NEW HANOVER COUNTY BAT MOBILE UNIT 3 640

Serial Number: 008707 Test Record Number: 2100

Test Date: 11/15/2014

Test Time: 8:51pm EST

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	8:51pm
FLO	Pass	8:51pm
FC	Pass	8:51pm

# Temperature Tests

Test	Status	Time
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
FC1	Pass	8.51pm
SRC	Pass	8:51pm
DET	Pass	8:51pm
BAR	Pass	8:51pm
BT	Pass	8:51pm

#### Blank Tests

Test	Status	Time
AIR	Pass	8:52pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:52pm

### CRC Tests

Test	Status	Time
COMP	Pass	8:52pm
CAL	Pass	8:52pm

Preventive Maintenance Status: Pass

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

County	CARTRET	Instrument Location	BAT MOIS	ILE UNI
Instrument	Serial No. <u> </u>	707	EMERALD	ISLE,
The prevent four months		for the Intoximeters, Model Intox	EC/IR II to be followed at	t least once every
1,		canister displays pressure, or the nus .2 degree centigrade;	alcoholic breath simulator	thermometer shows
2.	Verify instrument disp	lays time and date;		
3.	Initiate breath test sequ	uence;		
4.	Enter information as p	rompted;		
5.	Verify instrument accu	ıracy;		.*
6.	When "PLEASE BLO	W" appears, collect breath sample	е;	
7.	When "PLEASE BLO	W" appears, collect breath sample	e;	
8.	Print test record;			
9.	Verify Diagnostic Prog	gram; and		
10. I certify that procedures v	simulator solution is be whichever occurs first.  on the/ day of were performed on the instru	gas canister is being changed beforing changed every four months of the changed before the changed every four months of the changed	r after 125 Alcoholic Breat  / / the forgoing preventee with current regulations	th Simulator tests,
Aliania.	2000	es, and the instrument is functional	ng property.	
STATION STATION OF THE STATION OF TH	CAROLIN	- A B		116
- winder		Signature of Certifying Officia		48

CARTERET COUNTY BAT MOBILE UNIT 3 150

Serial Number: 008707 Test Date: 11/21/2014

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: 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: AG414801 Exp Date: 05/28/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:48pm 10:49pm 10:49pm
AIR BLK	.00	10:50pm
SUB TEST AIR BLK	.00 .00	10:51pm 10:52pm
SUB TEST	.00	10:53pm
AIR BLK	.00	10:54pm

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: 2105

Test Date: 11/21/2014

Test Time: 10:55pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:56pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:56pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:56pm 10:56pm

Preventive Maintenance Status: Pass

Colon Ray Bank

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

County	CRAVE W Instrument Lo	cation BAT MOBIL	$\epsilon$ $0$ $\mu$ 1 $\tau$
Instrument S	erial No. 008616	CATION BAT MOBIL	ى بى د
The prevention four months	ve maintenance procedures for the Intoximeters, Mode are:	I Intox EC/IR II to be followed at I	east once every
1.	Verify the ethanol gas canister displays pressure, 34 degrees, plus or minus .2 degree centigrade;	or the alcoholic breath simulator th	iermometer 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 chang simulator solution is being changed every four mo whichever occurs first.		
	on the	cordance with current regulations of	ive maintenance of the N.C.
STATE STATE OF THE PROPERTY OF	AQUITAL CARO		
ARM 12, 073	aluky 13.		18
	Signature of Certifying	Official Certific	ate Number

#### CRAVEN COUNTY BAT MOBILE UNIT 3 240

Serial Number: 008616 Test Date: 11/22/2014

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:36pm 11:37pm
ACCY CHK	.08	11:37pm
AIR BLK	.00	11:38pm
SUB TEST	.00	11:39pm
AIR BLK	.00	11:40pm
SUB TEST	.00	11:41pm
AIR BLK	.00	11:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# CRAVEN COUNTY BAT MOBILE UNIT 3 240

Serial Number: 008616 Test Record Number: 2012 Test Date: 11/22/2014 Test Time: 11:48pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:48pm
FLO	Pass	11:48pm
FC	Pass	11:48pm

#### 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	11:49pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:49pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:49pm 11:49pm

Preventive Maintenance Status: Pass

Analyst

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

County G	aston	Instrument Location	Belmont	PD
Instrument Se	orial No. 008733	201 Chroni	de Street	Belmont
		704-825-	3792	· · ·
The preventive four months a	re maintenance procedures for the	•	•	ed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	er displays pressure, or the alc degree centigrade;	oholic breath simula	ntor thermometer show
2.	Verify instrument displays ti	me and date;		
3. 4.	Initiate breath test sequence;  Enter information as prompt	ed:		
5.	Verify instrument accuracy;			
6.	No.	opears, collect breath sample;		
7.	When "PLEASE BLOW" ap	ppears, collect breath sample;		
8. <sub>2</sub> >9.	Print test record;  Verify Diagnostic Program;	The state of the s		: 
10,		nnister is being changed before nanged every four months or at		
<u>.</u>	. 11111			
procedures we	n the 1444 day of Normal day o	ndicated above, in accordance	with current regulat	eventive maintenance ions of the N.C.
분명 				e e e e e e e e e e e e e e e e e e e
OF THE STATE OF TH	NO.	10 (10 (10 (10 (10 (10 (10 (10 (10 (10 (		- W. 1004
S S S S S S S S S S S S S S S S S S S	S E E E E E E E E E E E E E E E E E E E	er en		•
APRIL 12, 1718 APRIL	Wash E	Arth	S 4	55B
	Sig	gnature of Certifying Official	Ce	rtificate Number

GASTON COUNTY BELMONT PD 350

Serial Number: 008733 Test Date: 11/14/2014

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: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2013-10/01/2015

Officer's Name: NONE, NONE

The of Agencies The

Agency: DHHS Test Type: Breath Test

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

Test	g/210	)L <sub>M-10</sub> Titme <sub>0-0</sub>
	tinit in	10:44am
		10:44am
AIR BLK	.00	10:45am
ACCY CHK	.08	10:46am
AIR BLK	0.0	10:47am
SUB TEST	.00	10:47am
AIR BLK	.00	10:48am
SUB TEST	.00	10:50am
AIR BLK	.00	10:51am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### GASTON COUNTY BELMONT PD 350

Serial Number: 008733

Test Record Number: 863

Test Date: 11/14/2014

Test Time: 10:52am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:53am

#### Printer Tests

Test	Status	Time
PLO	Pass	10:52am
PRNT	Pass	10:53am

#### CRC Tests

Test	Status	Time
COMP	Pass	10:53am
CAL	Pass	10:53am

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

lagg (

10 · 52am

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

CountyC	leveland	Instrument Loca	ution Kina	s Mountain	PD
Instrument Se	rial No. <u>008900</u>	HQ 5. 1	Piedmo	+ Ave K	
		704-1	134-04	44	
The preventive four months as	e maintenance procedures for the Ir	toximeters, Model	Intox EC/IR II	to be followed at lea	st once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 degrees.		the alcoholic	breath simulator ther	mometer shows
2.	Verify instrument displays time	and date;	٠.		
3.	Initiate breath test sequence;	1		-	
4.	Enter information as prompted;				1
5.	Verify instrument accuracy;	and the second s			The state of the s
6.	When "PLEASE BLOW" appe	ars, collect breath s	ample;		and the second
7.	When "PLEASE BLOW" appe	ars, collect breath s	imple;		
8.	Print test record;	pro- Salanji ili	en de la companya de La companya de la co	The second se	
. <b>.9.</b>	Verify Diagnostic Program; and				
10. 🌾	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.				
I certify that or	n the 13+14 day of Nover	ented above in acco		e forgoing preventive	
	Health and Human Services, and th				
				4.1 -	
OF THE STATE OF TH	NON				•
CREAT	CAROL				
ARRI 12, 1716	Joseph E Htt	Warman	and the second s	659	Ó
	// / Signa	ture of Certifying C	fficial	Certificate	Number

#### CLEVELAND COUNTY KINGS MOUNTAIN PD 220

Serial Number: 008900 Test Date: 11/13/2014

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: 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

'l'est	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	12:29pm 12:30pm 12:31pm
AIR BLK SUB TEST	.00 .00	12:32pm 12:33pm
AIR BLK	.00	12:34pm
SUB TEST	.00	12:35pm
AIR BLK	.00	12:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CLEVELAND COUNTY KINGS MOUNTAIN PD 220

Serial Number: 008900

Test Record Number: 489

Test Date: 11/13/2014

Test Time: 12:37pm EST

System Check: Passed

# Baseline Tests

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

#### Temperature Tests

Status	Time
Pass.	12:38pm
Pass	12:38pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	12:38pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:38pm
	CRC Tests	

Test	Status	Time
COMP	Pass	12:38pm
CAL	Pass	12:38pm

Preventive Maintenance Status: Pass

Analyst

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

County	nion	Instrument 1	ocation Union	County 50
Instrument Se	rial No. <u>() () 88 (o (o</u>	<u>3344</u>	Presson Re	1. Monroe
<u> </u>		40 kg	1-283-37	1
The preventive four months a	e maintenance procedures for the In	toximeters, Mo	del 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		e, or the alcoholic breat	h simulator thermometer show
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appear	ars, collect brea	th sample;	
7.	When "PLEASE BLOW" appear	ars, collect brea	h sample;	1
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canis simulator solution is being chang whichever occurs first.			
procedures we	n the <u>4/44</u> day of <u>Nov</u> re performed on the instrument indic Health and Human Services, and th	cated above, in	accordance with current	going preventive maintenance regulations of the N.C.
STATE OF STA	NOW CAROLI		g)	
	Signa	ture of Certifying	g Official	650 Certificate Number

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008866 Test Date: 11/04/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00	2:50pm 2:51pm 2:52pm 2:53pm 2:53pm 2:54pm 2:56pm 2:56pm
WIV DIV	. • •	2.JOPm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## UNION COUNTY UNION COUNTY SD 890

Serial Number: 008866

Test Record Number: 1806

Test Date: 11/04/2014

Test Time: 2:45pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:46pm
FLO	Pass	2:46pm
FC	Pass	2:46pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	2:46pm 2:46pm 2:46pm 2:46pm 2:46pm
	** · ·	-

#### Blank Tests

Test	Status	Time

AIR Pass 2:47pm

## Printer Tests

m +		C + ~ + 11 ~	Time
Test		Status	Time

PRNT Pass 2:47pm

#### CRC Tests

Test	Status	Time
	* 1 a	!
COMP	Pass	2:47pm
CAL	Pass	2:47pm

Preventive Maintenance Status: Pass

Analyst

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

County_/	Mexador Instrument Location But mobile Unit 5
Instrument S	Serial No. 00 8704
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.
	on the
THE COLEY LOSS OF THE COLEY LO	all Woo
Canally .	Signature of Certifying Official Certificate Number

ALEXANDER BAT MOBILE UNIT 5 010

Serial Number: 008706 Test Date: 11/22/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

10/18/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:19pm
AIR BLK	.00	9:20pm
ACCY CHK	.07	9:20pm
AIR BLK	.00	9:21pm
SUB TEST	.00	9:22pm
AIR BLK	.00	9:23pm
SUB TEST	.00	9:25pm
AIR BLK	.00	9:25pm

Reported/AC: / .00 g/210L

Signature of Chemical Analyst

Court CVR

#### ALEXANDER BAT MOBILE UNIT 5 010

Serial Number: 008706

Test Record Number: 3327

Test Date: 11/22/2014

Test Time: 9:28pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:28pm 9:28pm
FC	Pass	9:28pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:28pm
SRC	Pass	9:28pm
DET	Pass	9:28pm
BAR	Pass	9:28pm
BT	Pass	9:28pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:29pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:29pm
	CRC Tests	
Test	Status	Time

Test	Status	Time	
COMP	Pass	9:29pm	
CAL	Pass	9:29pm	

Preventive Maintenance Status: Pass

Analyst

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

County_	Meck len buy Instrument Location But mubile Unit 5
Instrume	t Serial No. 008 698
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify th procedures Departmen	at on the
CREAT	
*ESE QU	C100 000 / 608
	Signature of Certifying Official Certificate Number

#### MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008698 Test Date: 11/21/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

10/18/2013-10/01/2015

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:53pm
AIR BLK	.00	9:54pm
ACCY CHK	.08	9:55pm
AIR BLK	.00	9:56pm
SUB TEST	.00	9:56pm
AIR BLK	.00	9:57pm
SUB TEST	.00	9:59pm
AIR BLK	.00	1.0:00pm

Reported AG: . . 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008698

Test Record Number: 1208

Test Date: 11/21/2014

Test Time: 10:04pm EST

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	Pass	10:05pm
SRC	Pass	10:05pm
DET	Pass	10:05pm
BAR	Pass	10:05pm
BT	Pass	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

Analyst

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

County Mec	Klabury Instrument Location	But mobile Vaits
Instrument Seria	al No. 008704	
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox E	EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the al 34 degrees, plus or minus .2 degree centigrade;	coholic breath simulator thermometer show
2.	Verify instrument displays time and date;	
. 3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed befor simulator solution is being changed every four months or a whichever occurs first.	
	he <u>'Z/</u> day of <u>Nover Ser</u> , 20 / performed on the instrument indicated above, in accordance ealth and Human Services, and the instrument is functioning	
O'NE STATE OF NO WAY 20, 1775 AND THE PROPERTY OF NO WAY 20, 1775 AND THE PROPERTY OF NO WAY AND THE P	CU V Joy	6 S8

#### MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008706

Test Record Number: 3320

Test Date: 11/21/2014

Test Time: 9:59pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass	10:00pm
r LU	Pass	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
$\mathtt{BT}$	Pass	10:00pm

#### Blank Tests

Test	Status	Time
ATR	Pagg	10 · 00pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:01pm
	CRC Tests	
Tect	Ctatue	Time

Test	Status	Time
COMP	Pass	10:01pm
CAL	Pass	10:01pm

Preventive Maintenance Status: Pass

Analyst

#### MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008706 Test Date: 11/21/2014

Citation Number: M0000000-0

- Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: TOWERY, CHAD V

Permit Number: 26632E

Effective:

10/18/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:51pm
AIR BLK	.00	9:52pm
ACCY CHK	.08	9:53pm
AIR BLK	.00	9:54pm
SUB TEST	.00	9:55pm
AIR BLK	.00	9:56pm
SUB TEST	.00	9:57pm
AIR BLK	.00	9:58pm

Reported AC:

00 g/210L

Signature of Chemic Analyst

Court C

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

	hs are:	ter displays pressure, or the alcoholi degree centigrade;	II to be followed at least once every c breath simulator thermometer show
four mont  1.  2.	hs are:  Verify the ethanol gas canis 34 degrees, plus or minus .2	ter displays pressure, or the alcoholi degree centigrade;	·
four mont  1.  2.	hs are:  Verify the ethanol gas canis 34 degrees, plus or minus .2	ter displays pressure, or the alcoholi degree centigrade;	·
2.	34 degrees, plus or minus .2	degree centigrade;	c breath simulator thermometer show
	Verify instrument displays t	ime and date:	
2		mic and date,	
	Initiate breath test sequence	:	
4.	Enter information as prompt	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" a	ppears, collect breath sample;	
7.	When "PLEASE BLOW" a	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.		anister is being changed before expir hanged every four months or after 12	ration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
I certify the procedures Departmen	at on the 2) day of No were performed on the instrument in the day of the day	ndicated above, in accordance with d the instrument is functioning prop	the forgoing preventive maintenance current regulations of the N.C. erly.
COREATE STATE OF THE STATE OF T	ANE O TO STATE OF THE STATE OF	pnature of Certifying Official	Le S &

#### MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008788

Test Record Number: 1112

Test Date: 11/21/2014

Test Time: 10:03pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:04pm
SRC	Pass	10:04pm
DET	Pass	10:04pm
BAR	Pass	10:04pm
$\mathtt{BT}$	Pass	10:04pm

#### Blank Tests

Test	Status	Time
ΔΤΡ	Pagg	10.05pm

#### Printer Tests

PRNT	Pass	10:05pm
rest	Status	Time

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst /

#### MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008788 Test Date: 11/21/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: TOWERY, CHAD V

Permit Number: 26632E

Effective:

10/18/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported ,AC; .0,0 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County 6	Instrument Location Caldwell Co. Jail
Instrument Se	erial No. 008803 Instrument Location Caldwell Co. Jail
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o procedures we Department of	n the
THE STATE OF THE S	Section of the sectio
	Signature of Certifying Official Certificate Number

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008803 Test Date: 11/20/2014

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

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

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008803 Test Record Number: 394 Test Date: 11/20/2014 Test Time: 11:12am EST

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

Preventive Maintenance Status: Pass

Analyst

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

County Calo	Instrument Location Coldwell Co. Jail
Instrument Seria	INO. 008719 Lenoir, NC
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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	the 20 day of November, 20/4 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
THE STATE OF NO.	Signature of Certifying Official  Certificate Number

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

DHHS 4080 (11/07)

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008719 Test Date: 11/20/2014

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	11:04am 11:05am 11:05am 11:06am 11:07am 11:08am
SUB TEST	.00	11:09am
AIR BLK	.00	11:10am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008719 Test Record Number: 1718
Test Date: 11/20/2014 Test Time: 11:12am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:12am 11:12am
FLO	Pass .	
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
$\mathtt{BT}$	Pass	11:12am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:13am

#### Printer Tests

Status

Test

CAL

Time

11:13am

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

Preventive Maintenance Status: Pass

Pass

Analyst

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

County B	Uncombe Instrument Location Buncombe Co. Jail
Instrument S	erial No. 008916 Asheville NC
The prevention	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures we Department of	on the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

### BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008916 Test Date: 11/26/2014

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG414801 Exp Date: 05/28/2016

-- /0101

Test	g/210L	Time
DIAG	Pass	4:36pm
AIR BLK	.00	4:37pm
ACCY CHK	.07	4:38pm
AIR BLK	.00	4:39pm
SUB TEST	.00	4:40pm
AIR BLK	.00	4:41pm
SUB TEST	.00	4:43pm
AIR BLK	.00	4:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008916 Test Record Number: 718 Test Date: 11/26/2014 Test Time: 4:45pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	4:45pm 4:45pm
FC	Pass	4:45pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:45pm
SRC	Pass	4:45pm
DET	Pass	4:45pm
BAR	Pass	4:45pm
BT	Pass	4:45pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:46pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:46pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:46pm 4:46pm

Preventive Maintenance Status: Pass

Analyst

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

County Dag	Moph Instrument Location Bat Mobile Unite
Instrument Se	rial No. DO8736 Archdale PD
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5,	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the day of
STATE OF THE STATE	Signature of Certifying Official Certificate Number

#### RANDOLPH COUNTY BAT MOBILE UNIT 2 750

Serial Number: 008736 Test Date: 11/22/2014

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 SUB TEST	Pass .00 .08 .00 .00	10:17pm 10:18pm 10:18pm 10:19pm 10:20pm 10:21pm 10:22pm
AIR BLK	.00	10:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Analyst

#### RANDOLPH COUNTY BAT MOBILE UNIT 2 750

Serial Number: 008736 Test Date: 11/22/2014 Test Record Number: 717
Test Time: 10:45pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test Status Time,

AIR Pass 10:46pm

#### Printer Tests

Test Status Time

PRNT Pass 10:46pm

CRC Tests

Test Status Time

COMP Pass 10:46pm CAL Pass 10:46pm

Preventive Maintenance Status: Pass

Donge Bothnen

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

* •	INTUAIME	ERS, MODEL INTOX EC	IR II
County	andolph	Instrument Location	robile United
Instrument S	erial No. (2026)	AcchorP	
The preventi		ne Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ter displays pressure, or the alcoholic bre degree centigrade;	ath simulator thermometer shov
2.	Verify instrument displays t	ime and date;	
3.	Initiate breath test sequence	;	
4.	Enter information as promp	ted;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" a	appears, collect breath sample;	
7.	When "PLEASE BLOW" a	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.	Verify that the ethanol gas c simulator solution is being c whichever occurs first.	anister is being changed before expiration thanged every four months or after 125 A	n date, or the alcoholic breath lcoholic Breath Simulator tests,
procedures w		indicated above, in accordance with current the instrument is functioning properly.	
OF THE STATE OF THE PROPERTY O			1.1
The same of the sa	SMARS	ignature of Certifying Official	Certificate Number

#### RANDOLPH COUNTY BATMOBILE UNIT 2 750

Serial Number: 008601 Test Date: 11/22/2014

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

rest	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:15pm 10:16pm 10:17pm
AIR BLK	.00	10:17pm
SUB TEST	.00	10:19pm
AIR BLK	.00	10:20pm
SUB TEST	.00	10:21pm
AIR BLK	.00	10:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Donya Bookinger Analyst

#### RANDOLPH COUNTY BATMOBILE UNIT 2 750

Serial Number: 008601 Tes Test Date: 11/22/2014 Te

Test Record Number: 978
Test Time: 10:24pm EST

System Check: Passed

Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:24pm
SRC	Pass	10:24pm
DET	Pass	10:24pm
BAR	Pass	10:24pm
BT	Pass	10:24pm

#### Blank Tests

Test	Status	Time
		*

AIR Pass 10:25pm

#### Printer Tests

Test	Status	Time

PRNT Pass 10:25pm

#### CRC Tests

Test	Status	Time
Test	Status	Tim∈

COMP Pass 10:25pm CAL Pass 10:25pm

Preventive Maintenance Status: Pass

Donya B Skynger

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

County (	ilson Instrument Location Bat Mobile Unit 2
Instrument Seri	al No.008601 Wilson PD
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
.8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the day of North R.C. 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.
ONE STATE OF THE S	Signature of Certifying Official Certificate Number

#### WILSON COUNTY BATMOBILE UNIT 2 970

Serial Number: 008601 Test Date: 11/26/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAITENANCE

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

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

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

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	9:55pm
AIR BLK	.00	9:56pm
ACCY CHK	.07	9:57pm
AIR BLK	.00	9:58pm
SUB TEST	.00	9:59pm
AIR BLK	.00	10:00pm
SUB TEST	.00	10:03pm
AIR BLK	.00	10:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### WILSON COUNTY BATMOBILE UNIT 2 970

Serial Number: 008601

Test Record Number: 982

Test Date: 11/26/2014

Test Time: 10:05pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:06pm
FLO FC	Pass Pass	10:06pm 10:06pm
FC	rass	TO: Ophii

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time	

10:07pm AIR Pass

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:07pm

#### CRC Tests

Test	Status	Time
COMP	Pass	10:07pm
CAL	Pass	10:07pm

Preventive Maintenance Status: Pass

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

County	WAKE Instrument Location BAT WOBILE Conit
Instrument	Serial No. 008778
The prevent	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 shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures	t on the 2/ day of 1000 day, 20/4 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STA CKEAT STORY	Signature of Certifying Official Certificate Number

#### WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008778 Test Record Number: 1280 Test Date: 11/21/2014 Test Time: 11:20pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:21pm

#### Printer Tests

Test

PRNT	Pass	11:21pm
	CRC Tests	
Test	Status	Time

Status

Time

ICSL	beacus	111110
COMP	Pass	11:22pm
CAL	Pass	11:22pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008778 Test Date: 11/21/2014

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

09/01/2013-09/01/2015

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

Agency: DHHS

Test Type: Breath Test

Lot Number: AG425303 Exp Date: 09/10/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:07pm 11:08pm 11:09pm
AIR BLK	.00	11:09pm
SUB TEST	.00	11:11pm
AIR BLK	.00	11:12pm
SUB TEST	.00	11:13pm
ATR BLK	.00	11:14pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Sex 6.700 Analyst

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

County	WAKE Instrument Location BAT WIOBILE USE IT
Instrumen	t Serial No. OOS6/2 APEX
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
I certify th procedures	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  at on the
Departme.	to of Literature and Literature over 1,100 to 1,
THE CREAT SECTION OF S	Signature of Certifying Official Certificate Number

#### WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008612

Test Record Number: 1579

Test Date: 11/21/2014

Test Time: 11:21pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:22pm
FLO	Pass	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
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PRNT Pass 11:23pm

CRC Tests

Test Status Time

COMP Pass 11:23pm CAL Pass 11:23pm

Preventive Maintenance Status: Pass

Analyst

#### WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008612 Test Date: 11/21/2014

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 nalvst's Name: MORGART, STEPHEN

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: AG425303 Exp Date: 09/10/2016

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Steph 6:11/och

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

County 1	Instrument Location BAT MOBILE LINIT
Instrument S	erial No. 00 8377 Ap &
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 3/ day of New Care , 20/4 the forgoing preventive maintenance
procedures w	on the
THE STATE OF THE S	
	Signature of Certifying Official Certificate Number

#### WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008577 Test Record Number: 1101 Test Date: 11/21/2014 Test Time: 11:30pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:30pm 11:30pm
FC	Pass	11:31pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:31pm
SRC	Pass	11:31pm
DET	Pass	11:31pm
BAR	Pass	11:31pm
$\mathtt{BT}$	Pass	11:31pm

#### Blank Tests

Test	Status	Time
AIR	Pass	11:31pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:31pm

#### CRC Tests

rest	Status	TIME
COMP	Pass	11:32pm
CAL	Pass	11:32pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008577 Test Date: 11/21/2014

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:11pm 11:12pm 11:12pm
AIR BLK	.00	11:13pm
SUB TEST	.00	11:14pm
AIR BLK	.00	11:15pm
SUB TEST	.00	11:16pm
AIR BLK	.00	11:17pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Storge

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

County	JAKE Instrument Location BAT MUBICE LENIT
Instrument Ser	rial No. 008-704 Apex
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer	the 2/ day of NOVEMBER, 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

#### WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008704 Test Test Date: 11/21/2014 Test

Test Record Number: 349
Test Time: 11:46pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:46pm
FLO	Pass	11:46pm
FC	Pass	11:46pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:47pm
SRC	Pass	11:47pm
$\mathtt{DET}$	Pass	11:47pm
BAR	Pass	11:47pm
BT	Pass	11:47pm

#### Blank Tests

Test	Status	Time
AIR	Pass	11:47pm

#### Printer Tests

Test	Status	ттше
PRNT	Pass	11:47pm

#### CRC Tests

Test	Status	Time
COMP	Pass	11:47pm
CAL	Pass	11:47pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008704 Test Date: 11/21/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	11:36pm
AIR BLK	.00	11:37pm
ACCY CHK	.08	11:38pm
AIR BLK	.00	11:39pm
SUB TEST	.00	11:40pm
AIR BLK	.00	11:40pm
SUB TEST	.00	11:43pm
ATR BLK	. 0.0	11:44pm

Reported AC:

 $.00 \, q/210L$ 

Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX, EÇ/IR I<u>I</u>

	INTOXIMETERS, MODEL INTOX EC/IR II
County	Hokes Instrument Location King Holice
Instrument S	Serial No. <u>008610</u> <u>Department</u>
The preventi	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
SEE GREAT STATE OF THE STATE OF	Signature of Certifying Official  Certificate Number

STOKES COUNTY KING PD 840

Serial Number: 008610 Test Date: 11/21/2014

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:

09/01/2014-09/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

iest	9/2101	rime
DIAG	Pass	11:40am
AIR BLK	.00	11:40am
ACCY CHK	.07	11:41am
AIR BLK	.00	11:42am
SUB TEST	.00	11:43am
AIR BLK	.00	11:44am
SUB TEST	.00	11:45am
AIR BLK	.00	11:46am

Reported AC: .00 g/210L

Signature of Chamical Analyst

Court CVR

Analyst

#### STOKES COUNTY KING PD 840

Serial Number: 008610 Test Record Number: 1534
Test Date: 11/21/2014 Test Time: 11:47am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:47am 11:47am
FC	Pass	11:48am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:48am
SRC	Pass	11:48am
DET	Pass	11:48am
BAR	Pass	11:48am
BT	Pass	11:48am

#### Blank Tests

Test	Status	Time
٠		
AIR	Pass	11:48am

#### Printer Tests

rest	Status	rime
:		
PRNT	Pass	11:48am

#### CRC Tests

Test	Status	Time
COMP	Pass	11:49am
CAL	Pass	11:49am

Preventive Maintenance Status: Pass

Analyst /

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

County <u>~</u>	Stokes Instrument Location Stokes County Jail
Instrument S	erial No. 088596 Danbury, Nic.
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the day of
STATE OF THE STATE	Signature of Certificial Certificate Number

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596 Test Date: 11/21/2014

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:

09/01/2014-09/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	10:47am 10:48am 10:48am 10:49am <b>10:50am</b>
AIR BLK	.00	10:51am
SUB TEST	.00	10:52am
ATR BLK	. 0.0	10.53am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596 Test Record Number: 708
Test Date: 11/21/2014 Test Time: 10:55am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:56am

#### Printer Tests

Test

PRNT	Pass	10:56am
	CRC Tests	

Status

Time

Test	Status	Time
COMP	Pass	10:56am
CAL	Pass	10:56am

Preventive Maintenance Status: Pass

Analyst

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

new.		eks, MODEL INTO A EC	
County	URRY	Instrument Location Fixin	n Police
Instrument Se	erial No. <u>008926</u>	Depar	tment
			No.
The preventive four months a		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	er displays pressure, or the alcoholic bedgree centigrade;	reath simulator thermometer show
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		,
4.	Enter information as prompte	d;	•
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" 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.		nister is being changed before expirati anged every four months or after 125	
procedures we	ere performed on the instrument in	the instrument is functioning properly	rent regulations of the N.C.
STATE OF THE STATE	AROLL SANDER	The state of the s	657
	Sig	nature of Certifying Official	Certificate Number

SURRY COUNTY ELKIN PD 850

Serial Number: 008926 Test Date: 11/17/2014

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

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

Analyst's Name: BENFIELD II, KENNETH R
Permit Number: 22067E
Effective:
09/01/2014-09/01/2016

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	11:31am 11:32am 11:32am 11:33am
SUB TEST	.00	11:34am
AIR BLK	.00	11:35am
SUB TEST	.00	11:36am
AIR BLK	.00	11:37am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### SURRY COUNTY ELKIN PD 850

Serial Number: 008926

Test Record Number: 625

Test Date: 11/17/2014

Test Time: 11:38am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:39am
FLO	Pass	11:39am
FC	Pass	11:39am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:39am
SRC	Pass	11:39am
DET	Pass	11:39am
BAR	Pass	11:39am
BT	Pass	11:39am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:39am

#### Printer Tests

Test	Status	Time
PRNT	 Pass	11:40am

### CRC Tests

Test	Status	Time
COMP	Pass	11:40am
CAL	Pass	11:40am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

and the same of th	. INTOXIMETERS, MODEL INTOX EC/I	RII
County FOR	Instrument Location KEENERS	wills Police
Instrument Seria	Instrument Location REENERS al No. 18650	tnen t
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 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 of simulator solution is being changed every four months or after 125 Alc whichever occurs first.	
	heday of	going preventive maintenance t regulations of the N.C.
O'ME STATE OF NO.	Signature of Certifying Official	Cortificate Number

#### FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650 Test Date: 11/14/2014

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:

09/01/2014-09/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

lest	9/2101	TIME
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	12:15pm 12:15pm 12:16pm 12:17pm
SUB TEST	.00	12:18pm
AIR BLK	.00	12:19pm
SUB TEST	.00	12:20pm
AIR BLĶ	.00	12:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650

Test Record Number: 1089

Test Date: 11/14/2014

Test Time: 12:22pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Status	Time
Pass	12:22pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
	e .	
AIR	Pass	12:23pm

#### Printer Tests

rest	Status	111116
PRNT	Pass	12:23pm

### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst 6

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 6	INTOXIMETERS, MODEL INTOX ECTR II  ORSYH Instrument Location FORSYH County Detention
Instrument Ser	ial No. 008659 Winston-Salem, NC
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
STATE OF STA	Signature of Certificing Official Certificate Number

FORSYTH COUNTY FORSYTH CO DETENTION 330

> Serial Number: 008659 Test Date: 11/14/2014

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:

09/01/2014-09/01/2016

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

Agency: DHHS

Test Type: Breath Test

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

lest	9/2101	1111116
DIAG	Pass	10:42am
AIR BLK	.00	10:42am
ACCY CHK	.07	10:43am
AIR BLK	.00	10:44am
SUB TEST	.00	10:45am
AIR BLK	.00	10:45am
SUB TEST	.00	10:47am
AIR BLK /	.00	10:48am

Signature of Chemical Analyst

Court CVR

#### FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659 Test Record Number: 3108
Test Date: 11/14/2014 Test Time: 10:49am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:49am
FLO	Pass	10:49am
FC	Pass	10:49am

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:49am 10:49am 10:49am 10:49am 10:49am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:50am

#### Printer Tests

Status

Time

10:50am

Test

CAL

PRNT	Pass	10:50am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:50am

Preventive Maintenance Status: Pass

Pass

Analyst

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

County	Wight		Sile Unit #7
Instrument S	erial No. <u>008778</u>	6 Anne	
The preventi four months	•	ntoximeters, Model Intox EC/IR II to be f	ollowed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath gree centigrade;	simulator thermometer 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.		ster is being changed before expiration danged every four months or after 125 Alcoh	
	ere performed on the instrument indi	DUCONBERM, 20 4 the forgo icated above, in accordance with current of the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
STATE STATE OF THE	CARO	(110 Jan)	(36
		ature of Certifying Official	Certificate Number

#### WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008778 Test Record Number: 1274
Test Date: 11/14/2014 Test Time: 11:23pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:23pm 11:23pm
FC	Pass	11:24pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:24pm 11:24pm 11:24pm 11:24pm 11:24pm
	_	

#### Blank Tests

Test	Status	Time
AIR	Pass	11:24pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:24pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:25pm 11:25pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008778 Test Date: 11/14/2014

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG425303 Exp Date: 09/10/2016

lest	9/2101	TIME
DIAG	Pass	11:13pm
AIR BLK	.00	11:14pm
ACCY CHK	.08	11:14pm
AIR BLK	.00	11:15pm
SUB TEST	.00	11:17pm
AIR BLK	.00	11:18pm
SUB TEST	.00	11:21pm
AIR BLK	.00	11:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County	WAKE Instrument Location FAT MOBILE UNIT
Instrument	Serial No. 008577 (GANNER
The prevent	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
	vere 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.
TATE OF LEAST AND THE STATE OF	CAROLINA CONTRACTOR OF THE CON

#### WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008577 Test Record Number: 1097 Test Date: 11/14/2014 Test Time: 11:33pm EST

System Check: Passed

## Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:35pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:35pm
	CRC Tests	
Test	Status	Time
COMP	Pass	11:35pm

11:35pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008577 Test Date: 11/14/2014

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00 .00	11:17pm 11:18pm 11:18pm 11:19pm 11:21pm 11:22pm
AIR BLK	.00	11:24pm

Signature of Chemical Analyst

Court CVR

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

	INTOXIMETERS, MODELI INTOX ECINTI
County /	JARKEY Co. Instrument Location Northing P.D
Instrument So	Moreline, NC
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sh 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.
I certify that o procedures we Department of	n theday of
STATE OF THE STATE	Signature of Certifying Official Certificate Number

#### WARREN COUNTY NORLINA POLICE DEPT 920

Serial Number: 008945 Test Date: 11/17/2014

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, 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: AG300202 Exp Date: 01/02/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:38am 11:39am 11:40am
AIR BLK	.00	11:41am
SUB TEST	.00	11:41am
AIR BLK	.00	11:42am
SUB TEST		11:44am
AIR BLK	.00	11:45am

Reported AC: .

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Signature of Chemical Analyst

Court CVR

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

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

#### WARREN COUNTY NORLINA POLICE DEPT 920

Serial Number: 008945 Test Record Number: 280 Test Date: 11/17/2014 Test Time: 11:46am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:46am
FLO	Pass	11:46am
FC	Pass	11:46am

#### Temperature Tests

Status	Time
Pass	11:46am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	11:47am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:47am

#### CRC Tests

Test	Status	Time
COMP	Pass	11:47am
CAL	Pass	11:47am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/I	
County	MAKE Instrument Location ARY	. P. D.
Instrument S	Gerial No. 00587 120 W. 1kinse	N Ave
	CACY / /	
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be are:	e followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breat 34 degrees, plus or minus .2 degree centigrade;	th simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Alc whichever occurs first.	date, or the alcoholic breath coholic Breath Simulator tests,
	on the	going preventive maintenance t regulations of the N.C.
ASE CHAM AND THE STATE OF THE S		654
	Signature of Certifying Official	Certificate Number

WAKE COUNTY CARY PD 910

Serial Number: 008587 Test Date: 11/17/2014

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, 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: AG409709 Exp Date: 04/07/2016

Test	g/210L	Tim∈
DIAG AIR BLI ACCY CI AIR BLI SUB TE: AIR BLI SUB TE:	HK .07 K .00 <b>ST .00</b> K .00	1:42pm 1:43pm 1:44pm 1:45pm 1:45pm 1:46pm 1:48pm
AIR BL		1:49pm

Reported AC: 1.00 2210L

Signature of Chemical Analyst

Court CVR

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

Analyst

#### WAKE COUNTY CARY PD 910

Serial Number: 008587 Test Record Number: 2802 Test Date: 11/17/2014 Test Time: 1:50pm EST

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

Status	Time
Pass	1:50pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	1:51pm

## Printer Tests

Test	Status	Time
PRNT	Pass	1:51pm

#### CRC Tests

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

Preventive Maintenance

// Status: Pass

Analyst

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

		RS, MODEL INTOX EC	1111 0
County	NAKE	Instrument Location Fund	totale 1.5.
Instrument S	erial No. <u>88 38</u>	979 Steeple	Square CT.
		Knightdake,	×/C
The preventive four months a		toximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	lisplays pressure, or the alcoholic bre gree centigrade;	eath simulator thermometer show
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		÷ .
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	ars, collect breath sample;	
7.	When "PLEASE BLOW" appear	ars, collect breath sample;	•
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		ter is being changed before expiration ged every four months or after 125 A	
	re performed on the instrument indic	the force the decard above, in accordance with curre e instrument is functioning properly.	orgoing preventive maintenance ent regulations of the N.C.
OF THE STATE OF TH	No.		
	See /	•	
APRA 12, 076			634
	Signa	ture of Certifying Official	Certificate Number

WAKE COUNTY KNIGHTDALE PS 910

Serial Number: 008838 Test Date: 11/17/2014

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

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

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

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

iest	9/2101	TIME
DIAG	Pass	2:43pm
AIR BLK	.00	2:44pm
ACCY CHK	.07	2:45pm
AIR BLK	.00	2:45pm
SUB TEST	.00	2:46pm
AIR BLK	.00	2:47pm
SUB TEST	.00	2:48pm
AIR BLK	.00	2:49pm

Reported AC:

00 0/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WAKE COUNTY KNIGHTDALE PS 910

Serial Number: 008838

Test Record Number: 1128

Test Date: 11/17/2014

Test Time: 2:56pm EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:56pm 2:56pm
FC	Pass	2:56pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:56pm
SRC	Pass	2:56pm
DE'T	Pass	2:56pm
BAR	Pass	2:56pm
BT	Pass	2:56pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:57pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:57pm

#### CRC Tests

Test	Status	Time
COMP	Pass	2:57pm
CAL	Pass	2:57pm

Preventive Maintenance Status: Pass

Analyst

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

• • •	INTOXIMETERS, MODEL INTOX EC/IR II	
County /	JARREN Instrument Location (VARRENCO A	(E.C.
Instrument Seri	erial No. 008793 128 RAFTERS LAND	
	WARRENTON N.C.	
The preventive four months are	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at learne:	ast once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator the 34 degrees, plus or minus .2 degree centigrade;	rmometer 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 alco simulator solution is being changed every four months or after 125 Alcoholic Breath S whichever occurs first.	
	n the	e maintenance the N.C.
STATE OF A		<b>✓</b>
	Signature of Certifying Official Certificat	e Number

#### WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793 Test Date: 11/17/2014

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

rest	g/210L	Time
DIAG AIR BLK	Pass	10:53am
	.00	10:55am
ACCY CHK	.07	10:55am
AIR BLK	.00	10:56am
SUB TEST	.00	10:57am
AIR BLK	.00	10:58am
SUB TEST	.00	10:59am
AIR BLK	.00	11:00am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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Department of Health and Human Services
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Analyst

#### WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793 Test Record Number: 776
Test Date: 11/17/2014 Test Time: 11:02am EST

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:03am

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst