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

County/	MAKE Instrument Location BAT MOBILE Civit 2
Instrument S	erial No. <u>608778</u> Roleigy
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	on the
OTHE STATE OF THE	CAROLLE STATE OF THE STATE OF T
AND THE PARTY OF T	Signature of Certifying Official Certificate Number

### WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008778 Test Record Number: 1258
Test Date: 10/10/2014 Test Time: 11:12pm EDT

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

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

#### Blank Tests

Test	Status	Time	

AIR Pass 11:14pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:14pm

### CRC Tests

Test	Status	Time
COMP	Pass	11:14pm
CAL	Pass	11:14pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008778 Test Date: 10/10/2014

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Analyst

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

County	Wake Instrument Location BAT MOBILE UNIT
Instrument S	Gerial No. 0086/2 Robert
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
STATE STATE OF THE	September 11/04 636

#### WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008612

Test Record Number: 1562

Test Date: 10/10/2014

Test Time: 10:39pm EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	10:39pm
FLO	Pass	10:39pm
FC	Pass	10:39pm

### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:39pm 10:39pm 10:39pm 10:39pm 10:39pm

#### Blank Tests

Test	Status	Time

AIR Pass 10:40pm

#### Printer Tests

Test	Status	Time

PRNT Pass 10:40pm

#### CRC Tests

Test	Status	Time
COMP	Pass	10:40pm
CAL	Pass	10.40pm

Preventive Maintenance Status: Pass

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008612 Test Date: 10/10/2014

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: 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 ACCY CHK	Pass .00 .07	10:29pm 10:30pm 10:31pm
AIR BLK	.00	10:32pm
SUB TEST	.00	10:33pm
AIR BLK	.00	10:34pm
SUB TEST	.00	10:35pm
AIR BLK	.00	10:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

Analyst

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

County_	Wake Instrument Location BAT MOBILE CONIT
Instrumer	nt Serial No. 608577 RAISERY
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every this are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
· 8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	nat on the
SO SELLA SEL	Signature of Certifying Official Certificate Number

### WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008577 Test Record Number: 1083 Test Date: 10/10/2014 Test Time: 10:41pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	10:41pm
FLO	Pass	10:41pm
FC	Pass	10:41pm

### Temperature Tests

Test	Status	Time
FC1	Pass	10:41pm
SRC	Pass	10:41pm
DET	Pass	10:41pm
BAR	Pass	10:41pm
BT	Pass	10:41pm

#### Blank Tests

Test	Status	Time
ATR	Pass	10:42pm

# Printer Tests

Test	Status	Time
PRNT	Pass	10:42pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:42pm

Preventive Maintenance Status: Pass

Pass

10:42pm

CAL

Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008577 Test Date: 10/10/2014

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: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:31pm 10:32pm
ACCY CHK	.07	10:33pm
AIR BLK	.00	10:34pm
SUB TEST	.00	10:35pm
AIR BLK	.00	10:35pm
SUB TEST	.00	10:37pm
ATP BIK	$\cap$ $\cap$	10 · 38 mm

Reported AC:

.00 g/210L

Signature of Chemical Analyst

Court CVR

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

County	WAKE	Instrument Location Bat W	pBile UNIT
Instrument	Serial No. <u>208704</u>	RALENE	Top .
The preven		Intoximeters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	r displays pressure, or the alcoholic brea egree centigrade;	th simulator thermometer show
2.	Verify instrument displays tim	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	<b>!</b> ;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	ears, collect breath sample;	
8.	Print test record;		·
9.	Verify Diagnostic Program; an	ad	
10.		ister is being changed before expiration inged every four months or after 125 Ald	
	were performed on the instrument inc	, 20 / the for the instrument is functioning properly.	
SSS STA	TE TE		
GREAT	CAROL		
* EDE CITY	<u> </u>	nature of Certifying Official	636 Certificate Number

#### WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008704 Test Date: 10/11/2014 Test Record Number: 335
Test Time: 12:51am EDT

System Check: Passed

Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	12:52am
SRC	Pass	12:52am
DET	Pass	12:52am
BAR	Pass	12:52am
BT	Pass	12:52am

#### Blank Tests

AIR Pass 12:52am

#### Printer Tests

Test	Status	Time

PRNT Pass 12:52am

#### CRC Tests

Test Status Time

COMP Pass 12:52am CAL Pass 12:52am

Preventive Maintenance

Status: Pass

Analyst

#### WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008704 Test Date: 10/11/2014

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	12:37am 12:38am 12:39am 12:40am
SUB TEST	.00	12:40am
AIR BLK	.00	12:41am
SUB TEST	.00	12:44am
AIR BLK	.00	12:45am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Se 6.7115 MANASTER

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOAIMETE	RS, MODEL INTOX EC/IR II
County	Water	Instrument Location 311 MoBile Land
Instrument	t Serial No. <u>20876</u> 0	PHEWAI
The prever		toximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	isplays pressure, or the alcoholic breath simulator thermometer show ree centigrade;
2.	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 date, or the alcoholic breath ged every four months or after 125 Alcoholic Breath Simulator tests,
I certify the procedures Departmen	at on theday ofc were performed on the instrument indic it of Health and Human Services, and th	the forgoing preventive maintenance cated above, in accordance with current regulations of the N.C. e instrument is functioning properly.
OF THE STA	ATE OF ALL	
MICO SORP	N VOOR AS	
And And	1 Sixt	ture of Certifying Official Certificate Number

### WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008760 Test Record Number: 668
Test Date: 10/11/2014 Test Time: 12:50am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:50am 12:50am
FC	Pass	12:50am

## Temperature Tests

Status	Time
Pass	12:50am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	12:51am

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:51am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:51am 12:51am

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008760 Test Date: 10/11/2014

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00	12:39am 12:40am 12:41am 12:41am 12:43am 12:44am
SUB TEST	.00	12:45am
AIR BLK	.00	12:46am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

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

County	WALES	Instrument Location Bot M	phile Ling IT
Instrument	nt Serial No. <u>808623</u>	RALELD,	14
The prever		Intoximeters, Model Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	er displays pressure, or the alcoholic breath a degree centigrade;	simulator thermometer show
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	nd	
10.	Verify that the ethanol gas car simulator solution is being cha whichever occurs first.	nister is being changed before expiration datanged every four months or after 125 Alcoh	te, or the alcoholic breath olic Breath Simulator tests,
I certify that procedures Departmen	s were performed on the instrument in	dicated above, in accordance with current rethe instrument is functioning properly.	ing preventive maintenance egulations of the N.C.
OF THE STA	ATE OF NO.		
SE S	CARO		
* FOF QUANTIES	M ADDINA	al 6 7/10 A	636

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008623 Test Record Number: 2927 Test Date: 10/11/2014 Test Time: 12:52am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:52am
FLO	Pass	12:52am
FC	Pass	12:52am

### Temperature Tests

Test	Status	Time
FC1	Pass	12:52am
SRC	Pass	12:52am
DET	Pass	12:52am
BAR	Pass	12:52am
BT	Pass	12:52am

#### Blank Tests

Test	Status	Time
AIR	Pass	12:53am

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:53am

#### CRC Tests

Test	Status	Time
COMP	Pass	12:53am
CAL	Pass	12:53am

Preventive Maintenance Status: Pass

So 6. 1115 Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008623 Test Date: 10/11/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG305202

Exp Date: 02/21/2015

Test	g/210L	Time
DIAG	Pass	12:42am
AIR BLK	.00	12:43am
ACCY CHK	.07	12:44am
AIR BLK	.00	12:45am
SUB TEST	.00	12:46am
AIR BLK	.00	12:47am
SUB TEST	.00	12:48am
AIR BLK	.00	12:49am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

	INTOXIMET	ERS, MODEL INTOX EC	IIR II
County F	RANKLIN	Instrument Location FRAN	KLINTON PD
Instrument Se	erial No. <u>008815</u>	#7 W. MASON ST.	FRANKLINTON, NC
The preventive four months a		e Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	er displays pressure, or the alcoholic bro degree centigrade;	eath simulator thermometer show
2.	Verify instrument displays ti	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	and	
10.		nister is being changed before expiration anged every four months or after 125 A	
I certify that or procedures we Department of	n the <u>28</u> day of <u>0c7</u> re performed on the instrument in Health and Human Services, and	the following properly.	orgoing preventive maintenance ent regulations of the N.C.
THE STATE OF THE S	See	1) Amuts	637
	Sig	nature of Certifying Official	Certificate Number

#### FRANKLIN COUNTY FRANKLINTON PD 340

Serial Number: 008815 Test Date: 10/28/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:40am
AIR BLK	.00	9:41am
ACCY CHK	.08	9:42am
AIR BLK	.00	9:43am
SUB TEST	.00	9:43am
AIR BLK	.00	9:44am
SUB TEST	.00	9:45am
AIR BLK	.00	9:46am

Reported AC: .0,0 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### FRANKLIN COUNTY FRANKLINTON PD 340

Serial Number: 008815 Test Record Number: 913 Test Date: 10/28/2014 Test Time: 9:47am EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1	Pass	9:47am
SRC	Pass	9:47am
DET	Pass	9:47am
BAR	Pass	9:47am
${f BT}$	Pass	9:47am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:48am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:48am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:48am 9:48am

Preventive Maintenance Status: Pass

Analyst

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

	INTOXIMETERS, MODEL INTOX EC/IR II
County	Stanly County SD
Instrument S	Serial No. 008694 1263 135t., Albemarle
	764-96-3734
The preventi	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures we Department o	on the 13th day of Ocholo , 20 14 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official  Certificate Number

# STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008694 Test Date: 10/13/2014 Test Record Number: 812
Test Time: 11:46am EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	11:47am
FLO	Pass	11:47am
FC	Pass	11:47am

### Temperature Tests

Test	Status	Time
FC1	Pass	11:47am
SRC	Pass	11:47am
DET	Pass	11:47am
BAR	Pass	11:47am
BT	Pass	11:47am

### Blank Tests

Test	Status	Time
AIR	Pass	11:47am

## Printer Tests

Test	Status	Time
PRNT	Pass	11:48am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:48am 11:48am

Preventive Maintenance Status: Pass

Analyst

#### STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008694 Test Date: 10/13/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2014-01/01/2016

Officer's Name: NONE, NONE

Type of Agency: XX

Agency: DHHS

Test Type: Breath Test

Lot Number: AG315701 Exp Date: 07/06/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	11:52am 11:52am 11:53am 11:54am 11:55am
AIR BLK	.00	11:56am
SUB TEST	.00	11:57am
AIR BLK	.00	11:58am

Reported AC: <.00 g/210L

Signature of Chemical Analyst

Court CVR

Analys∜

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County 5	Hanly Instrument Location Stany Gunty SD
Instrument Ser	
	704-986-3734
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the 13 day of October, 20 14 the forgoing preventive maintenance experformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF N. STATE	ON THE CAROLINA CAROL
*Ese Quam viberi *	Signature of Certifying Official Certificate Number
	$\Lambda$

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

DHHS 4080 (11/07)

### STANLY COUNTY STANLY COUNTY SD 830

Test Record Number: 971 Serial Number: 008824 Test Date: 10/13/2014

Test Time: 11:25am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:26am
FLO	Pass	11:26am
FC	Pass	11:26am

### Temperature Tests

Test	Status	Time
FC1	Pass	11:26am
SRC	Pass	11:26am
DET	Pass	11:26am
BAR	Pass	11:26am
BT	Pass	11:26am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:27am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:27am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:27am

Preventive Maintenance Status: Pass

Analyst

#### STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008824 Test Date: 10/13/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HAYS, MARK D Permit Number: 15924E

Effective:

01/01/2014-01/01/2016

Officer's Name: NONE, NONE

Type of Agency: XX
Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:32am 11:32am
ACCY CHK		11:33am
AIR BLK	.00	11:34am
SUB TEST	.00	11:35am
AIR BLK	.00	11:36am
SUB TEST	.00	11:37am
AIR BLK	.00	11:38am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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



Signature of Certifying Official

Certificate Number

### RUTHERFORD COUNTY RUTHERFORD COUNTY SD 800

Serial Number: 008914 Test Record Number: 1483 Test Date: 10/15/2014 Test Time: 9:17am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:18am
FLO	Pass	9:18am
FC	Pass	9:18am

# Temperature Tests

Test	Status	Time
FC1	Pass	9:18am
SRC	Pass	9:18am
DET	Pass	9:18am
BAR	Pass	9:18am
$\mathtt{BT}$	Pass	9:18am

## Blank Tests

Test	Status	Time
AIR	Pass	9:19am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:19am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:19am

Preventive Maintenance Status: Pass

Pass

9:19am

CAL

Analyst

RUTHERFORD COUNTY RUTHERFORD COUNTY SD 800

Serial Number: 008914 Test Date: 10/15/2014

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2014-01/01/2016

Officer's Name: NONE, NONE

Type of Agency: XX

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC:

 $\sim 00 \text{ g}/210\text{L}$ 

Signature of Chemical

of Chemical Analyst

Court CVR

Analyst

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

County	POIK Instrument Location Polk County SD
Instrumen	nt Serial No. 008832 46 Ward St. Columbus
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	at on the day of
WILL SEE WAS A STATE OF THE SEE O	CAROL MARINE TO THE STATE OF TH

### POLK COUNTY POLK COUNTY SD 740

Serial Number: 008832 Test Record Number: 1087
Test Date: 10/15/2014 Test Time: 10:17am EDT

Test Date: 10/15/2014 Test Time: 10:1/am E

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

Test	Status	Time
PRNT	Pass	10:19am

## CRC Tests

Test	Status	Time
COMP	Pass	10:19am
CAL	Pass	10:19am

Preventive Maintenance Status: Pass

Analyst

POLK COUNTY POLK COUNTY SD 740

Serial Number: 008832 Test Date: 10/15/2014

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HAYS, MARK D
Permit Number: 15924E
Effective:

01/01/2014-01/01/2016

Officer's Name: NONE, NONE

Type of Agency: XX
Agency: FTA

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:22am
AIR BLK	.00	10:23am
ACCY CHK	.07	10:24am
AIR BLK	.00	10:25am
SUB TEST	.00	10:25am
AIR BLK	.00	10:26am
SUB TEST	.00	10:28am
AIR BLK	.00	10:29am

Reported AC: \.00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

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

Α -		ens, model intox e	
County /	lexander	Instrument Location Alex	ander County SD
Instrument Se	rial No. <u>008813</u>	91 Commercial . 828-632-40	Park Ave. Tayberll
The preventive four months as		Intoximeters, Model Intox EC/IR II to	o be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	er displays pressure, or the alcoholic be degree centigrade;	reath simulator thermometer shows
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; ar	nd	
10.		nister is being changed before expiration anged every four months or after 125	
	e performed on the instrument inc	dicated above, in accordance with cur the instrument is functioning properly	
STATE OF STA		nature of Certifying Official	656 Certificate Number

### ALEXANDER COUNTY ALEXANDER COUNTY SD 010

Serial Number: 008813 Test Record Number: 1282 Test Date: 10/23/2014 Test Time: 9:41am EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:42am 9:42am
FC	Pass	9:42am

## Temperature Tests

Test	Status	Time
FC1	Pass	9:42am
SRC	Pass	9:42am
DET	Pass	9:42am
BAR	Pass	9:42am
$\mathtt{BT}$	Pass	9:42am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:43am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:43am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:43am 9:43am

Preventive Maintenance Status: Pass

nalyst

# ALEXANDER COUNTY ALEXANDER COUNTY SD 010

Serial Number: 008813 Test Date: 10/23/2014

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male ver's License State: X

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: AG326006 Exp Date: 09/17/2015

Test	g/210L	Time
	Pass	9:46am
AIR BLK	.00	9:46am
ACCY CHK	.07	9:47am
AIR BLK	.00	9:48am
SUB TEST	.00	9:49am
AIR BLK	.00	9:49am
SUB TEST	.00	9:51am
AIR BLK	.00.	9:52am

Reported AC: \ .00 g/210L

Signature of Chemical Analyst

7

Court CVR

Analyst

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

County M	echlenburg	Instrument Location_	Hunters	Vilk.	<u> </u>
Instrument Serie	al No. <u>006747</u>	9630 Julian	Clark	Ave.	Humasrille
The preventive four months are	maintenance procedures for the In	toximeters, Model Intox E	EC/IR II to be fol	llowed at I	east once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg		lcoholic breath si	mulator th	ermometer shows
2.	Verify instrument displays time	and date;			
3.	Initiate breath test sequence;	•			
4.	Enter information as prompted;				
5.	Verify instrument accuracy;	·			
6.	When "PLEASE BLOW" appe	ars, collect breath sample;			
7.	When "PLEASE BLOW" appe	ars, collect breath sample;			
8.	Print test record;				
9.	Verify Diagnostic Program; and				
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.				
	he <u>SOTO</u> day of <u>OC</u> ) performed on the instrument indicalth and Human Services, and the		e with current reg		ive maintenance of the N.C.
OTHE STATE OF ALL OF AL	Signa	ture of Centifying Official		( 5 Certifica	ote Number

# MECKLENBURG HUNTERSVILLE PD 590

Serial Number: 008747 Tes

Test Record Number: 2361

Test Date: 10/30/2014

Test Time: 9:23am EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	9:24am
FLO	Pass	9:24am
FC	Pass	9:24am

# Temperature Tests

Test	Status	Time
FC1	Pass	9:24am
SRC	Pass	9:24am
DET	Pass	9:24am
BAR	Pass	9:24am
$\mathtt{BT}$	Pass	9:24am

# Blank Tests

Test	Status	Time
AIR	Pass	9:25am

## Printer Tests

Test	Status	Time
PRNT	Pass	9:25am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:25am

Preventive Maintenance Status: Pass

Pass

9:25am

CAL

Analyst

#### MECKLENBURG HUNTERSVILLE PD 590

Serial Number: 008747 Test Date: 10/30/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: 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: AG404101 Exp Date: 02/10/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	9:29am 9:29am 9:30am
AIR BLK	.00	9:31am
SUB TEST AIR BLK	.00 .00	<b>9:31am</b> 9:32am
SUB TEST	.00	9:34am

Reported AC: \.00 g/210L

Signature of Chemical Analyst

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Court CVR

Analyst

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

	, INTOAIMET	EKS, MODEL INTOX EC/I	
County	(gaston	Instrument Location (305)	· County SD
Instrument	Serial No. <u>2089/0</u>	425 N. Mariettas	i), Gashnia
The prevent	•	Intoximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic breatlegree centigrade;	h simulator thermometer show
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	l;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample;	
7.	When "PLEASE BLOW" app	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	ıd	
10.		ister is being changed before expiration d nged every four months or after 125 Alco	
procedures v	on the $\frac{3}{5}$ day of $\frac{0}{5}$ day of $\frac{0}{5}$ were performed on the instrument into of Health and Human Services, and	the forg dicated above, in accordance with current the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
THE STATE OF THE S		nature of Certifying Official	656 Certificate Number

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

DHHS 4080 (11/07)

# GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008910 Test Record Number: 450 Test Date: 10/31/2014 Test Time: 2:11pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:12pm
FLO	Pass .	2:12pm
FC	Pass	2:12pm

# Temperature Tests

Test	Status	Time
FC1	Pass	2:12pm
SRC	Pass	2:12pm
DET	Pass	2:12pm
BAR	Pass	2:12pm
BT	Pass	2:12pm

## Blank Tests

Test	Status	Time
AIR	Pass	2:13pm

## Printer Tests

Test	Status	Time
PRNT	Pass	2:13pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:13pm

Pass 2:13pm

Preventive Maintenance Status: Pass

CAL

\nalys#

# GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008910 Test Date: 10/31/2014

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG322601 Exp Date: 08/14/2015

Test	g/210L	Time
DIAG	Pass	2:16pm
AIR BLK	.00	2:17pm
ACCY CHK	.08	2:17pm
AIR BLK	.00	2:18pm
SUB TEST	.00	2:18pm
AIR BLK	.00	2:19pm
SUB TEST	.00	2:21pm
AIR BLK	.00	2:22pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County_C	Sarrus Instrument Location But Moh. le Va. 7 5
Instrument S	Serial No. <u>068706</u>
The prevent four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the
THE STATE OF THE S	Signature of Certificate Number

CABARRUS BAT MOBILE UNIT 5 120

Serial Number: 008706 Test Date: 10/23/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

10/18/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	5:06pm 5:07pm
ACCY CHK	.07	5:08pm
AIR BLK	.00	5:09pm
SUB TEST	.00	5:09pm
AIR BLK	.00	5:10pm
SUB TEST	.00	5:12pm
ATR BIK	0.0	5 · 12pm

Reported AG: .00 g/210L

Signature of Chemical Analyst

Court CVR

# CABARRUS BAT MOBILE UNIT 5 120

Serial Number: 008706

Test Record Number: 3307

Test Date: 10/23/2014

Test Time: 5:15pm EDT

# System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass o	5:16pm
FLO	Pass	5:16pm
FC	Pass	5:16pm

# Temperature Tests

Test	Status	Time
FC1	Pass	5:16pm
SRC	Pass	5:16pm
DET	Pass	5:16pm
BAR	Pass	5:16pm
BT	Pass	5:16pm

#### Blank Tests

Test	Status	Time
AIR	Pass	5:17pm

## Printer Tests

Test	Status	Time
PRNT	Pass	5:17pm

# CRC Tests

Test	Status	Time
COMP	Pass	5:17pm
CAL	Pass	5:17pm

Preventive Maintenance Status: Pass

Analyst

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

County_ <u>C</u>	evelual Instrument Location Bet mobile Vn. 15
Instrument S	erial No. 008704
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 shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o procedures we Department of	n the // day of October, 20 // the forgoing preventive maintenance are performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF THE STATE	C11 V20

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

Certificate Number

CLEVELAND BAT MOBILE UNIT 5 220

Serial Number: 008706 Test Date: 10/18/2014

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: TOWERY, CHAD V

Permit Number: 26632E

Effective:

10/18/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG322601

Exp Date: 08/14/2015

Test	g/210L	Time
DIAG	Pass	8:08pm
AIR BLK	.00	8:09pm
ACCY CHK	.08	8:10pm
AIR BLK	.00	8:11pm
SUB TEST	.00	8:11pm
AIR BLK	.00	8:12pm
SUB TEST	.00	8:14pm
ATR BLK	0.0	8 · 15pm

Signature of Chemical Analyst

Court CVR

Analyst

## CLEVELAND BAT MOBILE UNIT 5 220

Serial Number: 008706

Test Record Number: 3304

Test Date: 10/18/2014

Test Time: 8:15pm EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	8:16pm
FLO	Pass	8:16pm
FC	Pass	8:16pm

# Temperature Tests

Test	Status	Time
FC1	Pass	8:16pm
SRC	Pass	8:16pm
DET	Pass	8:16pm
BAR	Pass	8:16pm
BT	Pass	8:16pm

#### Blank Tests

Test	Status	Time
AIR	Pass	8:17pm

## Printer Tests

Test	Status	Time
PRNT	Pass	8:17pm

## CRC Tests

Test	Status	Time
COMP	Pass	8:17pm
CAL	Pass	8:17pm

Preventive Maintenance Status: Pass

Analyst

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

County_	Lincoln Instrument Location Bed Mobile Va. + 5
Instrumer	t Serial No. <u>00 8704</u>
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify the procedures Departmen	at on the
TO STATE OUR STA	Signature of Certifying Official  Certificate Number

LINCOLN BAT MOBILE UNIT 5 540

Serial Number: 008706 Test Date: 10/17/2014

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective: 10/18/2013-10/01/2015

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	7:33pm
AIR BLK	.00	7:34pm
ACCY CHK	.08	7:35pm
AIR BLK	.00	7:36pm
SUB TEST	.00	7:36pm
AIR BLK	.00	7:37pm
SUB TEST	.00	7:39pm
ATR BLK	. 00	7 · 4 0 mm

Reported M: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# LINCOLN BAT MOBILE UNIT 5 540

Serial Number: 008706

Test Record Number: 3299

Test Date: 10/17/2014

Test Time: 7:43pm EDT

System Check: Passed

# Baseline Tests

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

# Temperature Tests

Test	Status	Time
FC1	Pass	7:44pm
SRC	Pass	7:44pm
DET	Pass	7:44pm
BAR	Pass	7:44pm
BT	Pass	7:44pm

# Blank Tests

Test	Status	Time
AIR	Pass	7:45pm

# Printer Tests

Test	Status	Time
PRNT	Pass	7:45pm

# CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County Li-	Instrument Location But mobile Unit 5		
Instrument Se	erial No. <u>00 8698</u>		
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
procedures we	n the		
STATE OF STA	Signature of Certifying Official  Les B  Certificate Number		

LINCOLN BAT MOBILE UNIT 5 540

Serial Number: 008698 Test Date: 10/17/2014

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	7:34pm
AIR BLK	.00	7:35pm
ACCY CHK	.07	7:36pm
AIR BLK	.00	7:37pm
SUB TEST	.00	7:37pm
AIR BLK	.00	7:38pm
SUB TEST	.00	7:39pm
AIR BLK	.00	7:400m

Reported AC: 100 g/2101

Signature of Chemical Analyst

Court CVR

Analyst

## LINCOLN BAT MOBILE UNIT 5 540

Serial Number: 008698

Test Record Number: 1201

Test Date: 10/17/2014

Test Time: 7:44pm EDT

System Check: Passed

# Baseline Tests

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

# Temperature Tests

Test	Status	Time
FCI	Pass	7:45pm
SRC	Pass	7:45pm
DET	Pass	7:45pm
BAR	Pass	7:45pm
BT	Pass	7:45pm

# Blank Tests

Test	Status	Time
AIR	Pass	7:45pm

# Printer Tests

Test	Status	Time
PRNT	Pass	7:45pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

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

County	Mell 12 burg Instrument Location But Models Vant 5
Instrument S	erial No. <u>00</u> 8789
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 30 day of 00/66. , 20/7 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

## MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008788

Test Record Number: 1107

Test Date: 10/30/2014

Test Time: 10:14pm EDT

# System Check: Passed

# Baseline Tests

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

# Temperature Tests

Test	Status	Time
FC1	Pass	10:15pm
SRC	Pass	10:15pm
$\operatorname{DET}$	Pass	10:15pm
BAR	Pass	10:15pm
${f BT}$	Pass	10:15pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:15pm

## Printer Tests

Test	Status	Time
PRNT	Pass	10:16pm

# CRC Tests

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

Preventive Maintenance Status: Pass

# MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008788 Test Date: 10/30/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: TOWERY, CHAD V

Permit Number: 26632E

Effective:

10/18/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:03pm 10:04pm
ACCY CHK	.07	10:04pm
AIR BLK	.00	10:05pm
SUB TEST	.00	10:06pm
AIR BLK	.00	10:07pm
SUB TEST	.00	10:08pm
ATR BLK	. 00	10:09pm

Reported AC 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County	neckla burg	Instrument Location BJ	mos.k Unt 5
Instrument S	Serial No. 008698		
The prevent four months		e Intoximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas canisto 34 degrees, plus or minus .2	er displays pressure, or the alcoholic degree centigrade;	breath simulator thermometer show
2.	Verify instrument displays ti	me and date;	•
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	ınd	
10.		nister is being changed before expira anged every four months or after 125	
Ą	2. 4.1	, 24	
procedures w	vere performed on the instrument ir	the instrument is functioning proper	urrent regulations of the N.C.
OT THE STATE			
	700	. / >	
TATE QUANT		gnature of Certifying Official	658
	Sig	nature of Certifying Official	Certificate Number

# MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008698 Test Date: 10/30/2014

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:03pm 10:04pm
ACCY CHK	. 0'7	10:05pm
AIR BLK SUB TEST	.00 . <b>00</b>	10:06pm 10:06pm
AIR BLK	.00	10:07pm
SUB TEST	.00	10:09pm
AIR BLK	.00	10:10pm

Reported AC: \ .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008698

Test Record Number: 1204

Test Date: 10/30/2014

Test Time: 10:13pm EDT

System Check: Passed

# Baseline Tests

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

# Temperature Tests

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

# Blank Tests

Test	Status	Time
AIR	Pass	10:15pm

# Printer Tests

Test	Status	Time
PRNT	Pass	10:15pm

# CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County Med	11/rabing In	nstrument Location <u>BL Ma</u>	bile VL, +5
Instrument Seri	ai No. <u>008704</u>		
The preventive four months are	maintenance procedures for the Intoxin	neters, Model Intox EC/IR II to be	e followed at least once every
1.	Verify the ethanol gas canister displa 34 degrees, plus or minus .2 degree c		h simulator thermometer show
2.	Verify instrument displays time and	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 e whichever occurs first.		
I certify that on procedures were Department of H	he day of October performed on the instrument indicated ealth and Human Services, and the inst	, 20 14 the forgabove, in accordance with current rument is functioning properly.	going preventive maintenance regulations of the N.C.
THE STATE OF N. ST	CU John Signature o	f Centifying Official	Certificate Number

MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008706 Test Date: 10/30/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: TOWERY,  $CHAD\ V$ 

Permit Number: 26632E

Effective:

10/18/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:02pm
AIR BLK ACCY CHK	.00	10:03pm
ACCY CHK	.08	10:03pm 10:04pm
SUB TEST	.00	10:04pm
AIR BLK	.00	10:05pm
SUB TEST	.00	10:07pm
ATR BLK	0.0	10.08pm

Report d AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008706 Test Date: 10/30/2014 Test Record Number: 3312
Test Time: 10:10pm EDT

System Check: Passed

# Baseline Tests

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

# Temperature Tests

Test	Status	Time
FC1 SRC	Pass	10:10pm
DET	Pass Pass	10:10pm 10:10pm
BAR	Pass	10:10pm
${ t BT}$	Pass	10:10pm

## Blank Tests

Test	Status	Time
AIR	Pass	10:11pm

## Printer Tests

rest	Status	T TIIIC
PRNT	Pass	10:11pm

# CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County C	herokee Instrument Location Che	rokee C	0. Ja:/
Instrument S	herokee Instrument Location Chee erial No. 008711 Murphy, NC		
The prevention four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II	to be followed at lea	st once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic last degrees, plus or minus .2 degree centigrade;	breath simulator ther	mometer show
2.	Verify instrument displays time and date;		
3:	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expirat simulator solution is being changed every four months or after 125 whichever occurs first.		
procedures we	on the 27 day of October, 2014 the ere performed on the instrument indicated above, in accordance with cut of Health and Human Services, and the instrument is functioning proper	rrent regulations of	e maintenance the N.C.
of the STATE OF TH			
WALLS OF STATE OF STA	Signature of Certifying Official	<u> </u>	Number

CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

Serial Number: 008711 Test Date: 10/27/2014

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	12:46pm
AIR BLK	.00	12:47pm
ACCY CHK	.07	12:48pm
AIR BLK	.00	12:49pm
SUB TEST	.00	12:50pm
AIR BLK	.00	12:50pm
SUB TEST	.00	12:52pm
AIR BLK	.00	12:53pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

Serial Number: 008711

Test Record Number: 756

Test Date: 10/27/2014

Test Time: 12:54pm EDT

# System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	12:55pm
FLO	Pass	12:55pm
FC	Pass	12:55pm

## Temperature Tests

Test	Status	Time
	•	
FC1	Pass	12:55pm
SRC	Pass	12:55pm
DET	Pass	12:55pm
BAR	Pass	12:55pm
BT	Pass	12:55pm

# Blank Tests

Test	Status	Time
AIR	Pass	12:55pm

## Printer Tests

Test	Status	Time
PRNT	Pass	12:55pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:56pm 12:56pm

Preventive Maintenance Status: Pass

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

County C	herokee In	strument Location <u>Chero</u> .	kee Co. Jail
Instrument Se	rial No. <u>0086</u> 22 <u>/</u>	Murphy, No	
The preventive four months a	e maintenance procedures for the Intoxime:	neters, Model Intox EC/IR II to be	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 ewhichever occurs first.	being changed before expiration very four months or after 125 Alc	date, or the alcoholic breath coholic Breath Simulator tests,
I certify that o procedures we Department of	n the 27 day of Coronal reperformed on the instrument indicated realth and Human Services, and the inst	20 /2/ the for above, in accordance with current rument is functioning properly.	going preventive maintenance at regulations of the N.C.
STATE OF STA	CVORTH CAROL		
AND 12. OF	Signature of	Cuthor Official	Certificate Number

CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

Serial Number: 008622 Test Date: 10/27/2014

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	12:44pm 12:45pm 12:46pm
AIR BLK	.00	12:47pm
SUB TEST	.00	12:47pm
AIR BLK	.00	12:48pm
SUB TEST	.00	12:50pm
AIR BLK	.00	12:51pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

Serial Number: 008622 Test Date: 10/27/2014 Test Record Number: 882 Test Time: 12:52pm EDT

System Check: Passed

## Baseline Tests

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

# Printer Tests

Test	Status	Time
PRNT	Pass	12:53pm

## CRC Tests

Test	Status	Time
COMP	Pass	12:53pm
CAL	Pass	12:53pm

Preventive Maintenance Status: Pass

Analyst

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

County Hay		Instrument Location Haywo	od Co. Jail
		Waynesville, N	
The preventive four months are	•	Intoximeters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic brea egree centigrade;	ath simulator thermometer show
2.	Verify instrument displays tim	ne and date;	
3.	Initiate breath test sequence;		
,. <b>4.</b>	Enter information as prompted	!;	•
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		₹
9,	Verify Diagnostic Program; an	ad	
10.		ister is being changed before expiration nged every four months or after 125 Ale	
I certify that on t procedures were Department of H	he 24 day of 0c- performed on the instrument indealth and Human Services, and	the following properly.	rgoing preventive maintenance nt regulations of the N.C.
THE STATE ON NOTICE OF THE STATE OF THE STAT	CAROLINA CAR		
FESSE QUAM VIDER *	Out of sin	R. Cuth	Certificate Number

#### HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712 Test Date: 10/24/2014

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: 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	11:24am 11:25am
ACCY CHK	.08	11:25am
AIR BLK	.00	11:26am
SUB TEST	.00	11:27am
AIR BLK	.00	11:28am
SUB TEST	.00	11:29am
AIR BLK	.00	11:30am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712

Test Record Number: 1446

Test Date: 10/24/2014

Test Time: 11:21am EDT

System Check: Passed

# Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:22am

## Printer Tests

Test	Status	T'ime
PRNT	Pass	11:22am
	CRC Tests	
Test	Status	Time

COMP Pass 11:22am CAL Pass 11:22am

Preventive Maintenance Status: Pass

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

County //	aywood	Instrument Location Haywoo	d Co. Jail
Instrument S	Serial No. <u>008714</u>	Waynesville, No	
The prevent four months		Intoximeters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic brea legree centigrade;	ath simulator thermometer show
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		•
9.	Verify Diagnostic Program; ar	nd ·	
10.		nister is being changed before expiration anged every four months or after 125 Ale	
I certify that procedures w Department c	on the <u>24</u> day of <u>Oc</u> vere performed on the instrument inc of Health and Human Services, and	dicated above, in accordance with current the instrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
STATE OF THE STATE	S. LO.	R LAL	635
	Sigr	nature of Certifying Official	Certificate Number

#### HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714 Test Date: 10/24/2014

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: CUTLER, DANIEL R

Permit Number: 8457E

Effective:

10/01/2013-10/01/2015

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DEAG	Pass	11:15am
AIR BLK	.00	11:16am
ACCY CHK	. 07	11:17am
AIR BLK	.00	11:18am
SUB TEST	.00	11:18am
AIR BLK	.00.	11:19am
SUB TEST	.00	11:21am
AIR BLK	.00	11:21am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714

Test Record Number: 1139

Test Date: 10/24/2014

Test Time: 11:22am EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:22am 11:22am
FC	Pass	11:23am

# Temperature Tests

Test	Status	Time
FC1	Pass .	11:23am
SRC	Pass	11:23am
DET	Pass	11:23am
BAR	Pass	11:23am
BT	Pass	11:23am

## Blank Tests

Test	Status	Time
AIR	Pass	11:23am

# Printer Tests

Test	Status	Time
PRNT	Pass	11:23am

# CRC Tests

Test	Status	Time
COMP	Pass	11:24am
CAL	Pass	11:24am

Preventive Maintenance Status: Pass

Analyst

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

		b, Model III on	I C/IICIL	
County //	ansylvania			Co. Jai
Instrument Se	erial No. 008820	Brevard 1	10	
The preventiv	ve maintenance procedures for the Into	oximeters, Model Intox EC/IR	II to be followed at	l least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr		lic breath simulator	thermometer show
2.	Verify instrument displays time a	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appear	s, collect breath sample;		
7.	When "PLEASE BLOW" appear	s, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas caniste simulator solution is being change whichever occurs first.	er is being changed before exp ed every four months or after	niration date, or the a	alcoholic breath th Simulator tests,
procedures we	n the 23 day of 016 ore performed on the instrument indicate f Health and Human Services, and the	ated above, in accordance with	h current regulations	ntive maintenance s of the N.C.
TO THE STATE ON THE STATE OF TH	Signatu	are of Certifying Official		cate Number

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

> Serial Number: 008820 Test Date: 10/23/2014

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Dal R. Cuth

## TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

Serial Number: 008820

Test Record Number: 810

Test Date: 10/23/2014

Test Time: 12:09pm EDT

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:10pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:10pm
	CRC Tests	
Test	Status	Time
COMP	Pagg	12 · 10 mm

Preventive Maintenance Status: Pass

Pass

12:10pm

CAL

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

County /r	ansylvania Instrument Location Transylvania Co. Jai
Instrument S	Serial No. 008609 Brevard, NC
The preventi four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
<b>1.</b>	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 23 day of October, 20/4 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official  Certificate Number

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

> Serial Number: 008609 Test Date: 10/23/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: CUTLER, DANIEL R

Permit Number: 8457E

Effective:

10/01/2013-10/01/2015

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

#### TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

Serial Number: 008609

Test Record Number: 607

Test Date: 10/23/2014

Test Time: 12:06pm EDT

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	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	12:07pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

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

County 5	waih	Instrument Location Che	rokee PD
Instrument Se	erial No. <u>008782</u>	Instrument Location <u>Che</u> <u>Cherokee</u>	NC
The preventive four months a		Intoximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic egree centigrade;	breath simulator thermometer show
2.	Verify instrument displays tim	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	i,	 
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	nd ·	
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	nister is being changed before expira anged every four months or after 125	tion date, or the alcoholic breath S Alcoholic Breath Simulator tests,
I certify that of procedures we Department of	on the day of cere performed on the instrument income f Health and Human Services, and	the instrument is functioning proper	e forgoing preventive maintenance urrent regulations of the N.C.
OF WE STATE OF WAY 20, 1775	ASPER CAROLINA David A	C. Cuth	635
	Sigi	nature of Certifying Official	Certificate Number

SWAIN COUNTY CHEROKEE INDIAN PD 860

Serial Number: 008782 Test Date: 10/03/2014

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: CUTLER, DANIEL R Permit Number: 8457E

Effective:

10/01/2013-10/01/2015

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

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Out R Cuth

#### SWAIN COUNTY CHEROKEE INDIAN PD 860

Serial Number: 008782 Test Date: 10/03/2014 Test Record Number: 830 Test Time: 10:59am EDT

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:00am

### Printer Tests

Status

Time

11:00am

Test

CAL

PRNT	Pass	11:00am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:00am

Preventive Maintenance Status: Pass

Pass

Analyst

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

County $Bu$	1 Combe Instrument Location Buncombe Co. Jail
Instrument Seria	Instrument Location Buncombe Co. Jail  Asheville, VC
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.
procedures were	he 30 day of 0c+obc/, 20/4 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.
O'THE STATE OF ALL THE	Signature of Certifying Official Certificate Number

# BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008798 Test Date: 10/30/2014

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

06/01/2013-06/01/2015

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	3:25pm 3:26pm
ACCY CHK	.08	3:26pm
AIR BLK	.00	3:28pm
SUB TEST	.00	3:28pm
AIR BLK	.00	3:29pm
SUB TEST	.00	3:30pm
AIR BLK	.00	3:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

Rev. 12/2007

#### BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008798

Test Record Number: 3250

Test Date: 10/30/2014 Test Time: 3:33pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:33pm
FLO	Pass	3:33pm
FC	Pass	3:33pm

# Temperature Tests

Test	Status	Time
FC1	Pass	3:33pm
SRC	Pass	3:33pm
$\mathtt{DET}$	Pass	3:33pm
BAR	Pass	3:33pm
$\mathtt{BT}$	Pass	3:33pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:34pm

### Printer Tests

Test	Status	Time
PRNT	Pass	3:34pm
	CRC Tests	

Test	Status	Time
COMP	Pass	3:34pm
CAL	Pass	3:34pm

Preventive Maintenance Status: Pass

Analyst

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

County Bo	Instrument Location Buncombe Co Jail
Instrument Ser	ial No. 008697 Instrument Location Buncombe Co. Ja: 1  Asheville, MC
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2,.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the 30 day of 0c to be 1, 20 14 the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official  Certificate Number

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008697 Test Date: 10/30/2014

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

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

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

Analyst's Name: 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

Test	g/210L	Time
DIAG	Pass	3:25pm
AIR BLK	.00	3:26pm
ACCY CHK	.07	3:27pm
AIR BLK	.00	3:28pm
SUB TEST	.00	3:29pm
AIR BLK	.00	3:30pm
SUB TEST	.00	3:32pm
AIR BLK	.00	3:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008697

Test Record Number: 2557

Test Date: 10/30/2014

Test Time: 3:34pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:34pm
FLO	Pass	3:34pm
FC	Pass	3:34pm

# Temperature Tests

Test	Status	Time
FC1	Pass	3:34pm
SRC	Pass	3:34pm
DET	Pass	3:34pm
BAR	Pass	3:34pm
BT	Pass	3:34pm

## Blank Tests

Test	Status	Time
AIR	Pass	3:35pm

### Printer Tests

Test	Status	Time
PRNT	Pass	3:35pm
	CRC Tests	
	<b>a</b>	m-!

Test	Status	Time
COMP	Pass	3:35pm
CAL	Pass	3:35pm

Preventive Maintenance Status: Pass

Analyst

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

$\overline{\Omega}$	INTUATIVE LERS, WODEL INTO A EC/IR II
County <u>B</u>	instrument Location Buncombe Co Jail
Instrument Se	rial No. 008631 Asheville, NC
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures wer Department of	the <u>50</u> day of <u>0c+ober</u> , 20/4 the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF	Signature of Certifying Official Certificate Number

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008631 Test Date: 10/30/2014

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG400603 Exp Date: 01/27/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	3:24pm 3:25pm 3:26pm
AIR BLK	.00	3:27pm
SUB TEST	.00	3:27pm
AIR BLK	.00	3:28pm
SUB TEST	.00	3:30pm
AIR BLK	.00	3:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008631

Test Record Number: 3747
Test Time: 3:33pm EDT

Test Date: 10/30/2014 Te

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:33pm
FLO	Pass	3:33pm
FC	Pass	3:33pm

# Temperature Tests

Test	Status	Time
FC1	Pass	3:33pm
SRC	Pass	3:33pm
DET	Pass	3:33pm
BAR	Pass	3:33pm
BT	Pass	3:33pm

# Blank Tests

Test	Status	Time
AIR	Pass	3:34pm

# Printer Tests

Test	Status	Time
PRNT	Pass	3:34pm

## CRC Tests

Test	Status	Time
COMP	Pass	3:34pm
CAL	Pass	3:34pm

Preventive Maintenance Status: Pass

Analyst

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

~	INTOAINETERS, NODEL INTOA EC/IN II
County B	Urke Instrument Location BUKE - Catawba Jai
Instrument Se	erial No. 008831 Morganton, NC
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o procedures we Department of	on the 3/ day of October, 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.
THE STATE OF THE S	TOOL TOOL TO THE T
	Signature of Certifying Official Certificate Number

#### BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008831 Test Date: 10/31/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: 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	2:54pm
AIR BLK	.00	2:55pm
ACCY CHK	.08	2:55pm
AIR BLK	.00	2:56pm
SUB TEST	.00	2:57pm
AIR BLK	.00	2:58pm
SUB TEST	.00	2:59pm
AIR BLK	.00	3:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008831

Test Record Number: 1460

Test Date: 10/31/2014

Test Time: 3:09pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:10pm
FLO	Pass	3:10pm
FC	Pass	3:10pm

# Temperature Tests

Status	Time
Pass	3:10pm
	Pass Pass Pass Pass

## Blank Tests

Test	Status	Time
AIR	Pass	3:11pm

## Printer Tests

Test	Status	Time
PRNT	Pass	3:11pm
	CRC Tests	

Test	Status	Time
COMP	Pass	3:11pm
CAL	Pass	3:11pm

Preventive Maintenance Status: Pass

Analyst

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

	INTOAMIETERS, MODEL INTOX EC/IR II
County BU	rke Instrument Location Burke - Catawba Ja:
Instrument Seria	INO. 008904 Morganton, NC
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on to procedures were Department of H	he 3/ day of October , 20/4 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
STATE ON CONTROL OF THE STATE OF THE	CAR
* EST QUAM VIDER *	Signature of Certifying Official Certificate Number

# BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008904 Test Date: 10/31/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2013-06/01/2015

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	2:55pm 2:56pm 2:56pm
AIR BLK	.00	2:57pm
SUB TEST	.00	2:58pm
AIR BLK	.00	2:59pm
SUB TEST	.00	3:00pm
AIR BLK	.00	3:01pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008904

Test Record Number: 1451

Test Date: 10/31/2014

Test Time: 3:09pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	3:10pm
FLO	Pass	3:10pm
FC	Pass	3:10pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:10pm
SRC	Pass	3:10pm
DET	Pass	3:10pm
BAR	Pass	3:10pm
BT	Pass	3:10pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:11pm

## Printer Tests

Test	Status	Time
PRNT	Pass	3:11pm

#### CRC Tests

Test	Status	Time
COMP	Pass	3:11pm
CAL	Pass	3:11pm

Preventive Maintenance Status: Pass

Analyst

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

County $M_{c}$	Dowell Instrument Location Mr. Dowell
Instrument Seria	INO. 008888 Marion, NC
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on the procedures were Department of Ho	the 29 day of October, 20 14 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
THE STATE OF MONTH AND STATE OF	Signature of Certifying Official Certificate Number

MCDOWELL COUNTY JAIL 580

Serial Number: 008888 Test Date: 10/29/2014

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

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

Analyst's Name: 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	Pass .00 .07	2:48pm 2:49pm 2:50pm
ACCY CHR	.00	2:50pm 2:51pm
SUB TEST	.00	2:51pm
AIR BLK	.00	2:52pm
SUB TEST	.00	2:54pm
AIR BLK	.00	2:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# MCDOWELL COUNTY JAIL 580

Serial Number: 008888

Test Record Number: 1148

Test Date: 10/29/2014

Test Time: 2:56pm EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	2:56pm
FLO	Pass	2:56pm
FC	Pass	2:57pm

# Temperature Tests

Test	Status	Time
FC1	Pass	2:57pm
SRC	Pass	2:57pm
DET	Pass	2:57pm
BAR	Pass	2:57pm
BT	Pass	2:57pm

#### 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

County $M_{c}$	Dowell Instrument Location McDoVell
Instrument Serie	al No. 008892 Marion, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of H	the 24 day of October, 20/4 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Italian Human Services, and the instrument is functioning properly.
THE STATE OF A PART OF A P	Signature of Certifying Official  Certificate Number

MCDOWELL COUNTY JAIL 580

Serial Number: 008892 Test Date: 10/29/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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	2:49pm
AIR BLK	.00	2:50pm
ACCY CHK	.08	2:51pm
AIR BLK	.00	2:51pm
SUB TEST	.00	2:52pm
AIR BLK	.00	2:53pm
SUB TEST	.00	2:54pm
AIR BLK	.00	2:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## MCDOWELL COUNTY JAIL 580

Serial Number: 008892 Test Date: 10/29/2014

Test Record Number: 384
Test Time: 2:56pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	2:57pm
FLO	Pass	2:57pm
FC	Pass	2:57pm

# Temperature Tests

Status	Time
Pass	2:57pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	2:57pm

## Printer Tests

Test	Status	Time
PRNT	Pass	2:57pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:58pm 2:58pm

Preventive Maintenance Status: Pass

Analyst

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

County_/	Monteomery Instrument Location Monte	compay Co. JAIL
Instrument S	erial No. <u>008863</u> <u>TROY NC</u>	
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II tare:	o be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic b 34 degrees, plus or minus .2 degree centigrade;	reath 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	ar and a second
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.	ion date, or the alcoholic breath Alcoholic Breath Simulator tests,
procedures w	on the 29 day of 270,652, 20 / the ere performed on the instrument indicated above, in accordance with cut of Health and Human Services, and the instrument is functioning properly	frent regulations of the N.C.
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OF THE STATE		
SE S	Z Z	
A LISE QUAM VI	( ) I - Land !	31/
	Signature of Certifying Official	Certificate Number

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008863 Test Date: 10/29/2014

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

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

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

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

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

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

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Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	3:50pm 3:51pm 3:51pm
AIR BLK	.00	3:52pm
SUB TEST	.00	3:53pm
AIR BLK	.00	3:54pm
SUB TEST	.00	3:56pm
AIR BLK	.00	3:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

# MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008863

Test Record Number: 282

Test Date: 10/29/2014

Test Time: 3:59pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:59pm
FLO	Pass	3:59pm
FC	Pass	3:59pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:59pm
SRC	Pass	3:59pm
DET	Pass	3:59pm
BAR	Pass	3:59pm
$\mathtt{BT}$	Pass	3:59pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:00pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:00pm
	CRC Tests	
Test	Status	Time

Test	Status	Time
COMP	Pass	4:00pm
CAL	Pass	4:00pm

Preventive Maintenance Status: Pass

Analyst

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

	INTOXIMETI	ERS, MODEL INTOX	R EC/IR II
County <	ANDOLPH	_ Instrument Location / 🖟	NDLEMAN FOLICE DEAT.
Instrument Ser	ial No. 008737	RANDLEMAN	NC
The preventive four months are		Intoximeters, Model Intox EC/II	R II to be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d		olic breath simulator thermometer show
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		·
9.	Verify Diagnostic Program; ar	nd	
10.			piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
		dicated above, in accordance wit	the forgoing preventive maintenance h current regulations of the N.C. operly.
OF HE STATE OF A	Octum CARO		
ARIE 12, DTE	NS Sign	nature of Certifying Official	Certificate Number

#### RANDOLPH COUNTY RANDLEMAN PD 750

Serial Number: 008737 Test Date: 10/28/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RUSSELL, LARRY H
Permit Number: 6108E
Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	2:00pm 2:01pm
ACCY CHK	.07	2:01pm
AIR BLK	.00	2:02pm
SUB TEST	.00	2:03pm
AIR BLK	.00	2:04pm
SUB TEST	.00	2:05pm
ATR BLK	. 0.0	2:06pm

Reported AC: \_.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# RANDOLPH COUNTY RANDLEMAN PD 750

Serial Number: 008737 Test Date: 10/28/2014 Test Record Number: 754
Test Time: 2:17pm EDT

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: <b>17</b> pm
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

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

2:18pm

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

County	CUMBERLAND Instrument Location 7	BRAGG	
Instrument So	erial No. <u>60 8903</u> P. M. C	2.	
The preventive four months a	we maintenance procedures for the Intoximeters, Model Intox EC/IR are:	II to be followed at least	once every
1.	Verify the ethanol gas canister displays pressure, or the alcohol 34 degrees, plus or minus .2 degree centigrade;	ic breath simulator thermo	meter show
2.	Verify instrument displays time and date;		e e
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;		1
9.	Verify Diagnostic Program; and	Ayes .	
10.	Verify that the ethanol gas canister is being changed before expi simulator solution is being changed every four months or after 1 whichever occurs first.		
	on the <u>30</u> day of <u>OCTOBETO</u> , 20 14 Fore performed on the instrument indicated above, in accordance with The Health and Human Services, and the instrument is functioning prop	current regulations of the	naintenance N.C.
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S C C C C C C C C C C C C C C C C C C C			
APRIL 12, 1776	pul amizio	652	
	Signature of Certifying Official	Certificate N	umber

#### CUMBERLAND COUNTY FORT BRAGG LEC. 250

Serial Number: 008903 Test Date: 10/30/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name:

QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:47am
AIR BLK	.00	10:47am
ACCY CHK	.08	10:48am
AIR BLK	.00	10:49am
SUB TEST	.00	10:50am
AIR BLK	.00	10:51am
SUB TEST	.00	10:52am
AIR BLK	.00	10:53am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# CUMBERLAND COUNTY FORT BRAGG LEC. 250

Serial Number: 008903

Test Record Number: 1413

Test Date: 10/30/2014

Test Time: 10:56am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:56am
FLO	Pass	10:56am
FC	Pass	10:57am

## Temperature Tests

Test Status Tim	
FC1 Pass 10:	57am
SRC Pass 10:	57am
DET Pass 10:	57am
BAR Pass 10:	57am
BT Pass 10:	57am

#### Blank Tests

Test	Status	Time	

AIR Pass 10:57am

## Printer Tests

Test	Status	Time
PRNT	Pass	10:57am

#### CRC Tests

Test	Status	Time
COMP	Pass	10:58am
CAL	Pass	10:58am

Preventive Maintenance Status: Pass

Analyst

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

County H	OFF Instrument Location HOKE CO. DETENTION C
Instrument Se	rial No. 008855 RAFFORD N.C.
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.
	the day of october 1, 2014 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.
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TO STATE OF THE ST	M (Ceruiza 65a
	Signature of Certifying Official Certificate Number

#### HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855 Test Date: 10/29/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test g/210L Time DIAG Pass 11:19am AIR BLK .00 11:20am ACCY CHK .07 11:21am AIR BLK .00 11:21am SUB TEST .00 11:22am 11:23am AIR BLK .00 SUB TEST .00 11:25am AIR BLK .00 11:25am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855 Test Record Number: 1019
Test Date: 10/29/2014 Test Time: 11:28am EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:28am 11:28am
F.LO FC	Pass	11:20am

## Temperature Tests

Test	Status	Time
FC1	Pass	11:29am
SRC	Pass	11:29am
DET	Pass	11:29am
BAR	Pass	11:29am
BT	Pass	11:29am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:29am

# Printer Tests

Test	Status	Time
PRNT	Pass	11:29am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:30am 11:30am

Preventive Maintenance Status: Pass

Analyst

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

County	HOKE	Instrument Location HOV-E	E Co.	DETENTION
Instrument	Serial No. <u>00</u> 8852	PAFFORD	N.(	•
The prevent	tive maintenance procedures for the In	toximeters, Model Intox EC/IR	II to be folk	owed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg		ic breath sin	nulator thermometer shows
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" 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.			
	on the day of day of day of day of day of day of	cated above, in accordance with	current regu	preventive maintenance plations of the N.C.
THE STATE OF THE S	CAROLIN CAROLI	Descrita )		652
	Signat	ture of Certifying Official	<del>.</del> <del>.</del>	Certificate Number

#### HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852 Test Date: 10/29/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name:

QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	11:17am
AIR BLK ACCY CHK	.00	11:18am 11:18am
AIR BLK	.00	11:19am
SUB TEST	.00	11:20am
AIR BLK	.00	11:21am
SUB TEST	.00	11:22am
AIR BLK	.00	11:23am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

# HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852

Test Record Number: 625

Test Date: 10/29/2014 Test Time: 11:24am EDT

## System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:24am 11:24am
FC	Pass	11:24am

## Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass	11:24am 11:24am 11:24am 11:24am
BT	Pass	11:24am

#### Blank Tests

Test	Status	Time

AIR 11:25am Pass

#### Printer Tests

Test	Status	Time

PRNT 11:25am Pass

#### CRC Tests

Test Status Time	ذ
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COMP Pass 11:25am CAL Pass 11:25am

Preventive Maintenance Status: Pass

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

County	BRUNSWICK Instrument Location BAT MOISILE UNIT
Instrument Se	PRINON OO8707 Instrument Location BAT MOBILE UNIT
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 shows 34 degrees, plus or minus 2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o procedures we Department of	n the
OF THE STATE OF THE CORE AT TH	Signature of Certifying Official  Certificate Number

#### BRUNSWICK COUNTY BAT MOBILE UNIT 3 090

Serial Number: 008707 Test Date: 10/11/2014

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

Driver's License 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	11:25pm 11:26pm
ACCY CHK	.08	11:26pm
AIR BLK	.00	11:27pm
SUB TEST	.00	11:28pm
AIR BLK	.00	11:29pm
SUB TEST	.00	11:31pm
AIR BLK	.00	11:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR /

Analyst

#### BRUNSWICK COUNTY BAT MOBILE UNIT 3 090

Serial Number: 008707

Test Record Number: 2081

Test Date: 10/11/2014

Test Time: 11:32pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
TR	Pass	11:33pm
FLO	Pass	11:33pm
FC	Pass	11:33pm

# Temperature Tests

Test	Status	Time
FC1	Pass .	11:33pm
SRC	Pass	11:33pm
DET	Pass	11:33pm
BAR	Pass	11:33pm
BT	Pass	11:33pm

#### Blank Tests

Test	Status	Time
AIR	Pass	11:33pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:33pm

# CRC Tests

Test	Status	Time
COMP	Pass	11:34pm
CAL	Pass	11:34pm

Preventive Maintenance Status: Pass

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

County	DN 54.0W Instrument Location Br	IT MOBILE UNIT
Instrument Ser	ial No. 008616 Ho	LLY RIDGE, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR I	I to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic 34 degrees, plus or minus .2 degree centigrade;	c breath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expir simulator solution is being changed every four months or after 12 whichever occurs first.	ration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
I certify that on procedures were Department of I	the	the forgoing preventive maintenance current regulations of the N.C. erly.
STATE OF STA	SALE SALE SALE SALE SALE SALE SALE SALE	
FOR QUAM VIDEN	Cilm Ry Bens	648
	Signature of Certifying Official	Certificate Number

#### ONSLOW COUNTY BAT MOBILE UNIT 3 660

Serial Number: 008616 Test Date: 10/17/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:44pm
AIR BLK	.00	9:45pm
ACCY CHK	.08	9:46pm
AIR BLK	.00	9:46pm
SUB TEST	.00	9:47pm
AIR BLK	.00	9:48pm
SUB TEST	.00	9:50pm
AIR BLK	.00	9:50pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ONSLOW COUNTY BAT MOBILE UNIT 3 660

Serial Number: 008616

Test Record Number: 1995

Test Date: 10/17/2014

Test Time: 9:51pm EDT

System Check: Passed

# Baseline Tests

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	9:52pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:52pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County	ONSLOW Instrument Location BAT MOBILE UNIT
Instrument Ser	rial No. 008647 Instrument Location BAT MOBILE UNIT
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the
OF THE STATE OF TH	Signature of Certifying Official Certificate Number

#### ONSLOW COUNTY BAT MOBILE UNIT 3 660

Serial Number: 008647 Test Date: 10/17/2014

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	9:41pm
AIR BLK	.00	9:42pm
ACCY CHK	.08	9:43pm
AIR BLK	.00	9:44pm
SUB TEST	.00	9:45pm
AIR BLK	.00	9:45pm
SUB TEST	.00	9:47pm
AIR BLK	.00	9:48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ONSLOW COUNTY BAT MOBILE UNIT 3 660

Serial Number: 008647

Test Record Number: 2022

Test Date: 10/17/2014

Test Time: 9:49pm EDT

System Check: Passed

## Baseline Tests

IR Pass 9:49pm FLO Pass 9:49pm FC Pass 9:49pm	,

## Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	9:50pm

## Printer Tests

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

Test	Status	Time
COMP	Pass	9:50pm
CAL	Pass	9:50pm

Preventive Maintenance Status: Pass

Analyst

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

County	CRAVEN	Instrument Location_	BATA	TOBILE DAT
Instrument Ser	rial No. 008707		BRIDG	E 70N, NC
The preventive four months ar	e maintenance procedures for the In e:	toximeters, Model Intox	EC/IR II to be fo	llowed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg		lcoholic breath s	imulator thermometer shows
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			•
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" 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 befo ged every four months or	re expiration date after 125 Alcoho	e, or the alcoholic breath olic Breath Simulator tests,
I certify that on procedures wer Department of	the /8 day of 000 e performed on the instrument indic Health and Human Services, and th	cated above, in accordance instrument is functioning	the forgoi e with current re ng properly.	ng preventive maintenance gulations of the N.C.
STATE OF STA	A CAROLL			
1981 12. 178 **ESE QUAM VIDEN	alu 19	Bus		648
	Signa	ture of Certifying Officia		Certificate Number

#### CRAVEN COUNTY BAT MOBILE UNIT 3 240

Serial Number: 008707 Test Date: 10/18/2014

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: 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	Pass .00 .08 .00	10:41pm 10:42pm 10:42pm 10:43pm 10:44pm
AIR BLK SUB TEST AIR BLK	.00 .00	10:45pm 10:46pm 10:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## CRAVEN COUNTY BAT MOBILE UNIT 3 240

Serial Number: 008707

Test Record Number: 2089

Test Date: 10/18/2014

Test Time: 10:48pm EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	10:48pm
SRC	Pass	10:48pm
DET	Pass	10:48pm
BAR	Pass	10:48pm
BT	Pass	10:48pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:49pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:49pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Co	unty_	1/leghany	Instrument Location <u>A//</u>	eghany County TAil
Ins	trument S	Serial No. <u>08890</u>	Sp4R	ta, N.C.
	preventi r months	ive maintenance procedures for the Into are:	oximeters, Model Intox EC/IR II	to be followed at least once every
	1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr		breath simulator thermometer show
	2.	Verify instrument displays time a	and date;	
	3.	Initiate breath test sequence;		
	4.	Enter information as prompted;		
	5.	Verify instrument accuracy;		
	6.	When "PLEASE BLOW" appear	s, collect breath sample;	
	7.	When "PLEASE BLOW" appear	s, collect breath sample;	
1 13 14	8.	Print test record;		
	9.	Verify Diagnostic Program; and		
	10.	Verify that the ethanol gas caniste simulator solution is being change whichever occurs first.		tion date, or the alcoholic breath Alcoholic Breath Simulator tests,
proc		on the day of day of day of day of day of day of Health and Human Services, and the	nted above, in accordance with cu	
THE CIREAT SCA	STATE OUAM VIOLENTIAL TO THE STATE OF THE ST	STORE CARGO		657
	-annuaro	Signatu	re of Certifying Official	Certificate Number

# ALLEGHANY COUNTY ALLEGHANY CO JAIL 020

Serial Number: 008890 Test Date: 10/16/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: 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

g/210L Time Test DIAG Pass 4:13pm .00 AIR BLK 4:13pm ACCY CHK .07 4:14pm AIR BLK .00 4:15pm SUB TEST .00 4:15pm AIR BLK .00 4:16pm SUB TEST .00 4:18pm

4:19pm

Reported AC: .00 g/210L

AIR BLK .00

Signature of Chemical Analyst

Court CVR

## ALLEGHANY COUNTY ALLEGHANY CO JAIL 020

Serial Number: 008890 Test Date: 10/16/2014 Test Record Number: 501
Test Time: 4:20pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	4:20pm
FLO	Pass	4:20pm
FC	Pass	4:20pm

## Temperature Tests

Test	Status	Time
FC1	Pass	4:20pm
SRC	Pass	4:20pm
DET	Pass	4:20pm
BAR	Pass	4:20pm
BT	Pass	4:20pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:21pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:21pm

#### CRC Tests

Test	Status	Time
COMP	Pass	4:21pm
CAL	Pass	4:21pm

Preventive Maintenance Status: Pass

Analyst

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

County_	INTOXIMETERS, MODEL INTOX EC/IR II  Instrument Location Ashe County Jail
Instrument S	Serial No. 008849 Jefferson, N.C.
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
O'NE STATE	100 miles   100 mi
	Signature of Certifying Official Certificate Number

ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849 Test Date: 10/16/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: 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: AG335201 Exp Date: 12/18/2015

Test	g/210L	Time
DIAG	Pass	2:18pm
AIR BLK	.00	2:19pm
ACCY CHK	.07	2:19pm
AIR BLK	.00	2:20pm
SUB TEST	.00	2:21pm
AIR BLK	.00	2:22pm
SUB TEST	.00	2:23pm
AIR BLK	.00	2:24pm

Reported AC:

00 q/210L

Signature of Chemical Analyst

Court CVR

#### ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849

Test Record Number: 872

Test Date: 10/16/2014

Test Time: 2:25pm EDT

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	2:25pm
SRC	Pass	2:25pm
DET	Pass	2:25pm
BAR	Pass	2:25pm
BT	Pass	2:25pm

## Blank Tests

Test	Status	Time
AIR	Pass	2:26pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:26pm
	CDC Toata	

#### CRC Tests

Test	Status	Time
COMP	Pass	2:26pm
CAL	Pass	2:26pm

Preventive Maintenance Status: Pass

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

		MODEL INTOX EC/	
County	Jare Ins	strument Location Deve (	o Defeation len
Instrument S	Gerial No. <u>008783</u> <u>/0</u>	44 Driffwood	Dr. Manteu, MC
The prevent four months	ve maintenance procedures for the Intoximo	eters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas canister display 34 degrees, plus or minus .2 degree ce		th simulator thermometer shows
2.	Verify instrument displays time and da	ate;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, col	llect breath sample;	
7.	When "PLEASE BLOW" appears, col	llect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is b simulator solution is being changed ever whichever occurs first.	eing changed before expiration erry four months or after 125 Alc	date, or the alcoholic breath oholic Breath Simulator tests,
I certify that opposed ures we Department o	on the 30 day of Ochober ere performed on the instrument indicated all f Health and Human Services, and the instru	bove, in accordance with curren	going preventive maintenance t regulations of the N.C.
OF OUR STATE OF OU	Jan Marian		643
	) Digitatule of	Certifying Official	Certificate Number

#### DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Date: 10/30/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

08/01/2013-08/01/2015

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	11:28am
AIR BLK	.00	11:29am
ACCY CHK	.07	11:29am
AIR BLK	.00	11:30am
SUB TEST	.00	11:31am
AIR BLK	.00	11:31am
SUB TEST	.00	11:33am
ATR BLK	.00	11:34am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783

Test Record Number: 487

Test Date: 10/30/2014

Test Time: 11:35am EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

SRC Pass 11:36ar DET Pass 11:36ar BAR Pass 11:36ar	Test	Status	Time
BT Pass 11:36ar	SRC DET	Pass Pass Pass	11:36am 11:36am 11:36am 11:36am
	$\mathtt{BT}$	Pass	11:36am

## Blank Tests

Test	Status	Time
AIR	Pass	11:36am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:36am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:36am 11:36am

Preventive Maintenance Status: Pass

Analyst

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

~	INTOAIMET	ERS, MODEL INTOX I	
County D	ave	Instrument Location	e Co. Detention
Instrument S	erial No. <u>00 8804</u>	1044 Driffwoo	d Dr. Marteo, 1
The preventi		Intoximeters, Model Intox EC/IR I	I to be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d		breath simulator thermometer shows
2.	Verify instrument displays tir	Verify instrument displays time 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.		nister is being changed before expira anged every four months or after 12	
procedures we	ere performed on the instrument in	dicated above, in accordance with c the instrument is functioning prope	urrent regulations of the N.C.
O'NE STATE	A CONTRACTOR OF THE PARTY OF TH		
The state of the s	Zell N	nature of Certifying Official	Certificate Number
	· J Sigi	nature of Certifying Official	Certificate Number

#### DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804 Test Date: 10/30/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	11:15am 11:16am
ACCY CHK	.00	11:16am 11:17am
SUB TEST	.00	11:18am
AIR BLK	.00	11:19am
SUB TEST	.00	11:21am
AIR BLK	.00	11:21am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804 Test Record Number: 1448 Test Date: 10/30/2014 Test Time: 11:23am EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	11:23am
FLO	Pass	11:23am
FC	Pass	11:23am

# Temperature Tests

Test	Status	Time
FC1	Pass	11:23am
SRC	Pass	11:23am
DET	Pass	11:23am
BAR	Pass	11:23am
BT	Pass	11:23am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:24am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:24am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:24am 11:24am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD

	INTOXIMETERS, MODEL INTOX EC/IR II
County 301	HORD Instrument Location UNC-Greens OPO
Instrument Seria	ai No. 008604 Police Department
The preventive if four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	he
ONE STATE OF NO.	Signature of Certifying Official Certificate Number

#### GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604 Test Date: 10/17/2014

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: DEAN, L K

Permit Number: 11598E

Effective:

06/01/2013-06/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604

Test Record Number: 1279

Test Date: 10/17/2014

Test Time: 11:53am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time	

AIR Pass 11:54am

#### Printer Tests

rest	Status	rime
ידואקס	Dagg	11.54am

#### CRC Tests

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

Preventive Maintenance Status: Pass

X Lein Dean Analyst

PREVENTIVE MAINTENANCE RECORD

A STATE OF THE STA	INTOXIMETERS, MODEL INTOX EC/IR II
County	Suilford Instrument Location Greensboro JAIL
Instrument Se	erial No. 008638
1	
The preventive four months a	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	n theday of
OTHE STATE OF THE OTHER OF THE OTHER OF THE OTHER OTHE	

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008638 Test Date: 10/17/2014

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: DEAN, L K

Permit Number: 11598E

Effective: 06/01/2013-06/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA
Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	3:15pm 3:16pm
ACCY CHK	.07	3:16pm
AIR BLK	.00	3:17pm
SUB TEST	.00	3:18pm
AIR BLK	.00	3:19pm
SUB TEST	.00	3:20pm
ATR BLK	. 0.0	3:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

S. Heinbert Analyst

#### GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008638

Test Record Number: 1888

Test Date: 10/17/2014

Test Time: 3:22pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:22pm
FLO	Pass	3:22pm
FC	Pass	3:22pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:22pm
SRC	Pass	3:22pm
DET	Pass	3:22pm
BAR	Pass	3:22pm
$\mathtt{BT}$	Pass	3:22pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:23pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:23pm

#### CRC Tests

Test	Status	Time
COMP	Pass	3:23pm
CAL	Pass	3:23pm

Preventive Maintenance Status: Pass

Analyst

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

County	Andolph	Instrument Location ARChdAle
Instrument S	Serial No. <u>008791</u>	Police Department
The prevent four months	=	oximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr	splays pressure, or the alcoholic breath simulator thermometer show ee centigrade;
2.	Verify instrument displays time a	and date;
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appear	rs, collect breath sample;
7.	When "PLEASE BLOW" appear	s, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.		er is being changed before expiration date, or the alcoholic breath ed every four months or after 125 Alcoholic Breath Simulator tests,
		the forgoing preventive maintenance ated above, in accordance with current regulations of the N.C. instrument is functioning properly.
OF THE STATE		

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

Certificate Number

#### RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791 Test Date: 10/28/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

06/01/2013-06/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	11:39am 11:40am 11:41am 11:42am 11:42am 11:43am
SUB TEST	.00	11:44am
AIR BLK	.00	11:45am

Signaturé of Chemical Analyst

Court CVR

#### RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791 Test Date: 10/28/2014

Test Record Number: 989
Test Time: 11:46am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:47am
FLO	Pass	11:47am
FC	Pass	11:47am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:47am
SRC	Pass	11:47am
DET	Pass	11:47am
BAR	Pass	11:47am
BT	Pass	11:47am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:47am

#### Printer Tests

rest	Status	Time
PRNT	Pass	11:47am

#### CRC Tests

Test	Status	Time
COMP	Pass	11:48am
CAL	Pass	11:48am

Preventive Maintenance Status: Pass

Analyst

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

County	SOUAN Instrument Location SA/	sburg
Instrument S	Serial No. 008868 Police De	partment
The preventi	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;	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.	
	on the 28 day of 2-16ber, 20/4 the force performed on the instrument indicated above, in accordance with curre f Health and Human Services, and the instrument is functioning properly.	orgoing preventive maintenance nt regulations of the N.C.
APPER OF THE STATE		642

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868 Test Date: 10/28/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: DEAN, L K

Permit Number: 11598E Effective:

06/01/2013-06/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	2:11pm 2:12pm
ACCY CHK	.07	2:13pm
AIR BLK	.00	2:14pm
SUB TEST	.00	2:14pm
AIR BLK	.00	2:15pm
SUB TEST	.00	2:17pm
AIR BLK	.00	2:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868

Test Record Number: 2223

Test Date: 10/28/2014

Test Time: 2:18pm EDT

#### System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:18pm
FLO	Pass	2:18pm
FC	Pass	2:19pm

#### Temperature Tests

#### 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

2:20pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

e,	7 INTOXIMETERS, MODEL INTOX EC/IR II
County_	SOUAN Instrument Location SAlesburg
Instrument S	Serial No. 008835 Police Department
·	
The prevent four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the 28 day of October, 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.
STATE STATE OF THE	

Signature of Certifying Official

Certificate Number

#### ROWAN COUNTY SALISBURY PD 790

Serial Number: 008835 Test Date: 10/28/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

06/01/2013-06/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG305202

Test

Exp Date: 02/21/2015

DIAG	Pass	2:07pm
AIR BLK	.00	2:07pm
ACCY CHK	.08	2:08pm
AIR BLK	.00	2:09pm
	0.0	0 10

q/210L

Time

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

#### ROWAN COUNTY SALISBURY PD 790

Serial Number: 008835 Test Date: 10/28/2014

Test Record Number: 1456

Test Time: 2:14pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:14pm
SRC	Pass	2:14pm
DET	Pass	2:14pm
BAR	Pass	2:14pm
$\mathtt{BT}$	Pass	2:14pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:15pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:15pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

de la companya de la	INTOXIMETERS, MODEL INTOX EC/IR II
County_/	OWAN Instrument Location CAINA Grave
Instrument S	erial No.008862 Rolice Doppetment
The prevention four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o procedures we Department of	on the Ochober, 20 14 the forgoing preventive maintenance are performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	

ROWAN COUNTY CHINA GROVE PD .790

Serial Number: 008862 Test Date: 10/28/2014

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	3:04pm
AIR BLK	.00	3:05pm
ACCY CHK	. 0'7	3:06pm
AIR BLK	.00	3:07pm
SUB TEST	.00	mq80:6
AIR BLK	.00	3:09pm
SUB TEST	.00	3:10pm
AIR BLK	.00	3:11pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

X. Lein Ceon Analyst

#### ROWAN COUNTY CHINA GROVE PD 790

Serial Number: 008862

Test Record Number: 467

Test Date: 10/28/2014

Test Time: 3:12pm EDT

#### System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:12pm
FLO	Pass	3:12pm
FC	Pass	3:12pm

#### Temperature Tests

Status	Time
Pass	3:12pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	3:14pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

3:14pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	NTOXIMETERS, MODEL INTOX EC/IR II
County	-viltord Instrument Location Greens boro PP
Instrument So	erial No. 008725 100 Police Plaza Greensboro, N
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
. <b>2.</b>	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	n the
OF THE STATE OF	



Signature of Certifying Official

Certificate Number

#### GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725 Test Date: 10/29/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: *Male* ver's License State: *X* 

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

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

06/01/2013-06/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:34pm
AIR BLK	.00	1:34pm
ACCY CHK	.07	1:35pm
AIR BLK	.00	1:36pm
SUB TEST	.00	1:37pm
AIR BLK	.00	1:38pm
SUB TEST	.00	1:39pm
AIR BLK	.00	1:40pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

S. Lun Dean Analyst

#### GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725

Test Record Number: 3263

Test Date: 10/29/2014

Test Time: 1:41pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:42pm 1:42pm
FC	Pass	1:42pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:42pm
SRC	Pass	1:42pm
DET	Pass	1:42pm
BAR	Pass	1:42pm
$\mathtt{BT}$	Pass	1:42pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:42pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:43pm
	CRC Tests	
To at	Ctatua	Шima

Test	Status	Time
COMP	Pass	1:43pm
CAL -	Pass	1:43pm

Preventive Maintenance Status: Pass

L. Lewn Dean
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOXIEC/IR II

parent .	INTOXIMETERS, MODEL INTOX EC/IR II
County K	OCKINGKAM Instrument Location Keldsville
Instrument S	Gerial No. 008784 Police Degartment
The prevent	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 29 day of October, 20 14 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
STATE STATE OF THE	CAROUN

#### ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784 Test Date: 10/29/2014

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX

Driver's License Number: NONE

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	2:50pm 2:51pm 2:52pm
AIR BLK	.00	2:53pm
SUB TEST	.00	2:54pm
AIR BLK	.00	2:55pm
SUB TEST	.00	2:56pm
AIR BLK	.00	2:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Low Dean Analyst

#### ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784

Test Record Number: 813
Test Time: 3:00pm EDT

Test Date: 10/29/2014

Test Time: 3:00pm EDI

#### System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Status	Time
Pass	3:00pm
Pass	mq00:E
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	3:01pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:01pm
	CRC Tests	
		_

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

Preventive Maintenance Status: Pass

Analyst

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

Instrument S	Serial No. 008636 Police Department
The prevents four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the 29 day of 066, 2014 the forgoing preventive maintenance are performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	

ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636 Test Date: 10/29/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

06/01/2013-06/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	3:50pm 3:51pm 3:51pm
AIR BLK	.00	3:52pm
SUB TEST	.00	3:53pm
AIR BLK	.00	3:54pm
SUB TEST	.00	3:55pm
AIR BLK	.00	3:56pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636

Test Record Number: 1470

Test Date: 10/29/2014

Test Time: 3:57pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:57pm
FLO	Pass	3:57pm
FC	Pass	3:57pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:58pm
SRC	Pass	3:58pm
DET	Pass	3:58pm
BAR	Pass	3:58pm
BT	Pass	3:58pm

#### Blank Tests

Test	Status	Time
ΔTD	Dagg	3.50nm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:59pm
	CRC Tests	
Toat	Status	Timo

rest	Status	TTITE
COMP	Pass	3:59pm
CAL	Pass	3:59pm

Preventive Maintenance Status: Pass

6	PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II
County	XKINGLAM Instrument Location Rockingham (O. JA!
Instrument !	erial No. 008796 Wentworth, N.C
***************************************	
The prevent four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department of	on the <u>39</u> day of <u>662</u> , 20 14 the forgoing preventive maintenance per performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
ATA TA	
SI S	TO THE CARD IN THE
1900 00 077	

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

Signature of Certifying Official

#### ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

Serial Number: 008796 Test Date: 10/29/2014

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

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

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

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

Test	g/210L	Time
DIAG	Pass	4:46pm
AIR BLK	.00	4:47pm
ACCY CHK	.07	4:47pm
AIR BLK	.00	4:48pm
SUB TEST	.00	4:49pm
AIR BLK	.00	4:50pm
SUB TEST	.00	4:51pm
AIR BLK	.00	4:52pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

Serial Number: 008796

Test Record Number: 1763

Test Date: 10/29/2014

Test Time: 4:53pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:53pm
FLO	Pass	4:53pm
FC	Pass	4:53pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:54pm
SRC	Pass	4:54pm
DET	Pass	4:54pm
BAR	Pass	4:54pm
$\mathtt{BT}$	Pass	4:54pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:54pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:54pm

#### CRC Tests

Test	Status	Time
COMP	Pass	4:54pm
CAL	Pass	4:54pm

Preventive Maintenance Status: Pass

Analyst

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

46.	INTUXIMETE	RS, MODEL INTOX EC/I	KII
County		Instrument Location Duiz H	
Instrument S	Gerial No. <u>008859</u>	217 S. MANGUM S	T. DURHAM, NC
The preventi	•	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 breatlegree centigrade;	n 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.		ster is being changed before expiration d aged every four months or after 125 Alco	
procedures we	ere performed on the instrument indi	TURTER , 20 14 the forgicated above, in accordance with current he instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
nate STATE	Manual Co		
TO SECURE OF THE PROPERTY OF T	CAROLINE TO THE PARTY OF THE PA	1) South	637
	Signs	oture of Certifying Official	Contificate Number

#### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859 Test Date: 10/29/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00 .00	11:34am 11:35am 11:36am 11:37am 11:38am
AIR BLK	.00	11:39am
SUB TEST	.00	11:40am
AIR BLK	.00	11:41am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Buo D Amo

#### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859

Test Record Number: 1819

Test Date: 10/29/2014

Test Time: 11:42am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:44am

### Printer Tests

iest	Status	rime
PRNT	Pass	11:44am

#### CRC Tests

Test	Status	Time
COMP	Pass	11:44am
CAL	Pass	11:44am

Preventive Maintenance Status: Pass

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

	INTOXIMET	ERS, MODEL INTOX EC/	RII
County 11	AKE	Instrument Location WAKE 1	OREST PD
Instrument Se	erial No. <u>008700</u>	2255. TAYLOR ST.	WAKE FUREST, A
The preventive four months a	•	Intoximeters, Model Intox EC/IR II to be	e followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic breat legree centigrade;	h simulator thermometer shows
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	nd ·	
10.		nister is being changed before expiration anged every four months or after 125 Alc	
I certify that o procedures we Department of	on the <u>29</u> day of <u>0c</u> ere performed on the instrument in f Health and Human Services, and	TOBEE , 20/4 the for dicated above, in accordance with curren the instrument is functioning properly.	going preventive maintenance t regulations of the N.C.
THE STATE OF THE S	A CONTRACTOR OF THE PARTY OF TH	Λ	
QUAM VIDE	440	D Small	637
	Sign	nature of Certifying Official	Certificate Number

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700 Test Date: 10/29/2014

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

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

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

Analyst's Name: SMITH, BRIAN D
Permit Number: 8937E
Effective:
08/01/2013-08/01/2015

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

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

Test	g/210L	Time
DIAG	Pass	10:21am
AIR BLK	.00	10:23am
ACCY CHK	.08	10:23am
AIR BLK	.00	10:24am
SUB TEST	.00	10:25am
AIR BLK	.00	10:26am
SUB TEST	.00	10:27am
ATR BLK	. 00	10:28am

Reported AC: /.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Analyst

#### WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700 Test Record Number: 803 Test Date: 10/29/2014 Test Time: 10:29am EDT

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:31am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:31am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:31am 10:31am

Preventive Maintenance Status: Pass

alyst

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

County Fa		Instrument Location FRANKLIN CO. JAIL
, <u>-</u>		285 T. KEMP RO LOUISBURG, NC
The prevent four months	_	e Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	er displays pressure, or the alcoholic breath simulator thermometer shows degree centigrade;
2.	Verify instrument displays ti	me and date;
3.	Initiate breath test sequence;	
4.	Enter information as prompte	ed;
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" ap	pears, collect breath sample;
7.	When "PLEASE BLOW" ap	pears, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; a	and Control of the Co
10.		nister is being changed before expiration date, or the alcoholic breath langed every four months or after 125 Alcoholic Breath Simulator tests,
I certify that of procedures we Department of	on the <u>28</u> day of <u>0c</u> - ere performed on the instrument in of Health and Human Services, and	the forgoing preventive maintenance adicated above, in accordance with current regulations of the N.C. I the instrument is functioning properly.
OF THE STATE	O NO.	
370		
ARIL 12, 078	Bus	D. Smito 637

### FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008933 Test Date: 10/28/2014

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SMITH, BRIAN D
Permit Number: 8937E
Effective:
08/01/2013-08/01/2015

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	10:34am 10:35am 10:35am 10:36am
SUB TEST	.00	10:37am
AIR BLK	.00	10:37am
SUB TEST	.00	10:39am
AIR BLK	.00	10:40am

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008933

Test Record Number: 650

Test Date: 10/28/2014

Test Time: 10:41am EDT

## System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	10:41am
FLO	Pass	10:41am
FC	Pass	10:41am

## Temperature Tests

Test	Status	Time
FC1	Pass	10:41am
SRC	Pass	10:41am
DET	Pass	10:41am
BAR	Pass	10:41am
BT	Pass	10:41am

### Blank Tests

Test	Status	Time

AIR Pass 10:42am

## Printer Tests

Test	Status	Time

PRNT Pass 10:42am

#### CRC Tests

Test	Status	Time
COMP	Pass	10:42am
CAL	Pass	10:42am

Preventive Maintenance Status: Pass

Analyst

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

		EKS, MO	DEL INTOX EC	AR II
County_F	RANKLIN			UN B. JAIL
Instrument	Serial No. <u>008942</u>	<u> 285</u>	T. KEMPRD	LOUISBURG, NO
The prevent	tive maintenance procedures for the are:	Intoximeters,	Model Intox EC/IR II to b	pe followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2			ath simulator thermometer show
. 2.	Verify instrument displays tir	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 b	reath sample;	
7.	When "PLEASE BLOW" ap	pears, collect b	reath sample;	
8.	Print test record;			
9.	Verify Diagnostic Program; a	nd		
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.			date, or the alcoholic breath coholic Breath Simulator tests,
I certify that procedures w Department of	on the <u>28</u> day of <u>Oc</u> vere performed on the instrument in of Health and Human Services, and	TUBER dicated above, the instrument	20// the fo in accordance with curre is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
TANK REPORT OF THE PROPERTY OF	CAROLL	<u> </u>	Smith	637
	Sig	nature of Certi	fying Official	Certificate Number

### FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008942 Test Date: 10/28/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	10:33am 10:33am 10:34am
AIR BLK	.00	10:35am
SUB TEST	.00	10:35am
AIR BLK	.00	10:36am
SUB TEST	.00	10:38am
AIR BLK	.00	10:39am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analvšt

## FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008942

Test Record Number: 777

Test Date: 10/28/2014

Test Time: 10:42am EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	10:42am
FLO	Pass	10:42am
FC	Pass	10:42am

## Temperature Tests

Test	Status	Time
FC1	Pass	10:42am
SRC	Pass	10:42am
DET	Pass	10:42am
BAR	Pass	10:42am
BT	Pass	10:42am

#### Blank Tests

Test	Status	Time

AIR Pass 10:43am

### Printer Tests

Test	Status	Time	

PRNT Pass 10:43am

### CRC Tests

Test	Status	Tıme
		•
COMP	Pass	10:43am
CAL	Pass	10:43am

Preventive Maintenance

Preventive Maintenance Status: Pass

nalvst

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

County	RANDOLPH	Instrument Location_	RAI	PORPH	Co. JA
Instrument Se	rial No. <u>008899</u>	ASHEBO	10 <u></u>	NC.	
The preventive four months a	e maintenance procedures for the In	toximeters, Model Intox E	C/IR II to b	e followed at l	east once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg		coholic brea	th simulator th	ermometer 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" appe	ars, collect breath sample;			
7.	When "PLEASE BLOW" appe	ars, collect breath sample;			
8.	Print test record;	-			
9.	Verify Diagnostic Program; and			٠.	
10.	Verify that the ethanol gas can is simulator solution is being chan whichever occurs first.	ster is being changed before ged every four months or a	e expiration after 125 Ale	date, or the alcoholic Breath	coholic breath Simulator tests
procedures we	n the <u>37</u> day of <u>3</u> re performed on the instrument indi Health and Human Services, and th	cated above, in accordance	with curre	rgoing prevent nt regulations o	ive maintenance of the N.C.
	N7-				
OF THE STATE	NORTH	•		. *	
	#CAR				
TOTAL CO. MILES		Deruta )		65	み
	Signa	ature of Certifying Official		Certific	ate Number

#### RANDOLPH COUNTY RANDOLPH CO. JAIL 750

Serial Number: 008899 Test Date: 10/27/2014

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:52am 10:53am
ACCY CHK	.07	10:53am
AIR BLK	.00	10:54am
SUB TEST	.00	10:55am
AIR BLK	.00	10:56am
SUB TEST	.00	10:58am
AIR BLK	.00	10:59am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### RANDOLPH COUNTY RANDOLPH CO. JAIL 750

Serial Number: 008899 Test Record Number: 1941 Test Date: 10/27/2014 Test Time: 11:00am EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	11:01am
SRC	Pass	11:01am
DET	Pass	11:01am
BAR	Pass	11:01am
$\mathtt{BT}$	Pass	11:01am

### Blank Tests

Test	Status	Time
AIR	Pass	11:01am

## Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County_	RAIDLAH	Instrument Location_	RAN	DOIPM	Co.	JA12
Instrume	nt Serial No. <u>OO 8860</u>	ASHER	<u> </u>	<u> </u>	<b>(</b>	
The previous mon	entive maintenance procedures for the ths are:	Intoximeters, Model Intox	EC/IR II t	o be followed	at least or	ice every
1.	Verify the ethanol gas canisto 34 degrees, plus or minus .2		lcoholic b	reath simulato	r thermon	neter show
2.	Verify instrument displays ti	me and date;				
3.	Initiate breath test sequence;				•	
4.	Enter information as prompte	ed;				
5.	Verify instrument accuracy;					
6.	When "PLEASE BLOW" ap	pears, collect breath sample	ţ	1		
7.	When "PLEASE BLOW" ap	pears, collect breath sample	<b>;</b>			
8.	Print test record;					•
9.	Verify Diagnostic Program; a	and				
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nister is being changed befo anged every four months or	re expirati after 125	on date, or the Alcoholic Bre	alcoholic ath Simul	breath ator tests,
procedure	hat on the <u>27</u> day of <u>6</u> es were performed on the instrument in the of Health and Human Services, and		ce with cur	rent regulation	entive ma	intenance I.C.
R GREAT SE	TATE ON NO BELLEVILLE					
A rece of	I.E. OTE ANALYMOUS ANALYMO	enature of Certifying Officia		<u>6</u> Certi	S) ficate Nu	mber

RANDOLPH COUNTY RANDOLPH COUNTY JAIL
750

Serial Number: 008860 Test Date: 10/27/2014

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: *Male* iver's License State: X

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

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

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	10:59am 11:00am 11:01am 11:01am
AIR BLK SUB TEST	.00 .00	11:03am 11:05am
AIR BLK	.00	11:05am

Reported AC: .00 g/210L

Signature (of Chemical Analyst

Court CVR

Analyst

### RANDOLPH COUNTY RANDOLPH COUNTY JAIL 750

Serial Number: 008860 Test Date: 10/27/2014

Test Record Number: 2109 Test Time: 11:10am EDT

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	<b>1</b> 1:10am
BT	Pass	11:10am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:11am

Pass

### Printer Tests

Test	Status	Time

Time

11:11am PRNT Pass

### CRC Tests

Test	Status	Time
COMP	Pass	11:11am
${ m CAL}$	Pass	11:11am

Preventive Maintenance Status: Pass

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

County +	IALNETT CO. DETENTION
Instrument Se	rial No. 608729 Lillington 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 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 wer	the
THE STATE ON THE STATE OF THE S	A COMMENT 652
	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)

### HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729 Test Date: 10/24/2014

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	9:47am 9:47am 9:48am
AIR BLK	.00	9:49am
SUB TEST	.00	9:50am
AIR BLK	.00	9:50am
SUB TEST	.00	9:52am
AIR BLK	.00	9:53am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729

Test Record Number: 1835

Test Date: 10/24/2014

Test Time: 9:58am EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	9:58am
FLO FC	Pass	9:58am 9:58am
FC	Pass	9:50am

### Temperature Tests

Test	Status	Time
FC1	Pass	9:58am
SRC	Pass	9:58am
DET	Pass	9:58am
BAR	Pass	9:58am
BT	Pass	9:58am

### Blank Tests

Test	Status	Time

AIR Pass 9:59am

### Printer Tests

Test Status Time

PRNT Pass 9:59am

CRC Tests

Test Status Time

COMP Pass 9:59am CAL Pass 9:59am

Preventive Maintenance

Status: Pass

Analyst

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

County	HARNETT	Instrument Location_	HARNETT	CO. DETENTION
Instrument	Serial No. <u>DO</u> 切り	LILLINGTON	N.C.	
The preven	tive maintenance procedures for th	e Intoximeters, Model Intox	EC/IR II to be fol	lowed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ter displays pressure, or the a degree centigrade;	llcoholic breath si	mulator thermometer shows
2.	Verify instrument displays t	ime and date;		
3.	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.	Verify that the ethanol gas consimulator solution is being considered whichever occurs first.	anister is being changed befor nanged every four months or	re expiration date after 125 Alcoho	, or the alcoholic breath lic Breath Simulator tests,
procedures	t on the day of were performed on the instrument of Health and Human Services, an	ndicated above, in accordant	se with current reg	ng preventive maintenance gulations of the N.C.
PER STANDED TO THE STAND T	TE OCNOPIA STATE OF THE STATE	) ALTO		652
e e		gnature of Certifying Officia	ıl	Certificate Number

#### HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730 Test Date: 10/24/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:44am 9:45am
ACCY CHK	.07	9:46am 9:46am
SUB TEST	.00	9:47am
AIR BLK	.00	9:48am
SUB TEST	.00	9:49am
AIR BLK	.00	9:50am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

( ) Analyst

## HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730

Test Record Number: 2131

Test Date: 10/24/2014

Test Time: 9:51am EDT

System Check: Passed

### Baseline Tests

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

## Temperature Tests

Status	Time
Pass	9:51am
	Pass Pass Pass Pass

### Blank Tests

Test	Status	Time
AIR	Pass	9:52an

## Printer Tests

Status

Time

Test

PRNT	Pass	9:52am
-	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:52am 9:52am

Preventive Maintenance Status: Pass

Analyst

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

County	LEE	Instrument Location_	SAMOR	& Police Dep
Instrument Se	rial No. <u>008867</u>		D.O.	
The preventiv	e maintenance procedures for the re:	Intoximeters, Model Intox E	EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	r displays pressure, or the al egree centigrade;	coholic breath s	simulator thermometer show
2.	Verify instrument displays tin	ne and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	i;		3
5.	Verify instrument accuracy;			te .
6.	When "PLEASE BLOW" app	pears, collect breath sample;		
<b>7.</b> .	When "PLEASE BLOW" app	pears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; as	nd		
10.	Verify that the ethanol gas car simulator solution is being cha whichever occurs first.	nister is being changed befor anged every four months or	e expiration dat after 125 Alcoh	te, or the alcoholic breath olic Breath Simulator tests,
procedures we	n the day of day of day of the performed on the instrument in Health and Human Services, and	dicated above, in accordance	e with current r	ing preventive maintenance egulations of the N.C.
OF THE STATE OF TH	Sig	nature 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)

### LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: 008867 Test Date: 10/24/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

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

Reported AC: .00 g/210L

Signature (of Chemical Analyst

Court CVR

Analyst

### LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: 008867

Test Record Number: 808

Test Date: 10/24/2014

Test Time: 11:28am EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:28am 11:28am
FC	Pass	11:29am

## Temperature Tests

Test	Status	Time
FC1	Pass	11:29am
SRC	Pass	11:29am
DET	Pass	11:29am
BAR	Pass	11:29am
BT	Pass	11:29am

#### Blank Tests

Test	Status	Time	
	•		

AIR Pass 11:29am

## Printer Tests

Test	Status	Time	

PRNT Pass 11:29am

## CRC Tests

Test	Status	Time
COMP	Pass	11:29am
CAL	Pass	11:29am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD

INTOXIMETERS, MODEL INTOX EC/IR II

County ORANGE Instrument Location Nage Hill P.D.

Instrument Serial No. 009839 878 Marking Luther King TR Blue.

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

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

I certify that on the day of d



Signature of Certifying Official

Certificate Number

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008839 Test Date: 10/22/2014

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E Effective:

02/01/2014-02/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:37am
AIR BLK	.00	10:38am
ACCY CHK	.08	10:39am
AIR BLK	.00	10:40am
SUB TEST	.00	10:41am
AIR BLK	.00	10:42am
SUB TEST	.00	10:43am
ATR RIK	0.0	10:44am

Reported AC: .00, g/210L

Signature of Chemical Analyst

Court CVR

## ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008839 Test Record Number: 1288
Test Date: 10/22/2014 Test Time: 10:47am EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	10:47am
FLO	Pass	10:47am
FC	Pass	10:48am

## Temperature Tests

Status	Time
Pass	10:48am
Pass	:10:48am
Pass	10:48am
Pass	10:48am
Pass	10:48am
	Pass Pass Pass Pass

### Blank Tests

Test	Status	Time
1 .		
A T C	Dage	10.40am

### Printer Tests

Test	Status	TTILE
PRNT	Pass	10:48am

### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County	DRANGE Instrument Location Chape Hill V.D.
Instrument So	erial No. 08856 828 Martin Luther King TKB
	Inapel (111)
The preventive four months a	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	n the
STATE OF THE STATE	Signature of Certifying Official Certificate Number

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856 Test Date: 10/22/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2014-02/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: ) .00 g/2101

Signature of Chemical Analyst

Court CVR

Analyst

## ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856 Test Record Number: 1508

Test Date: 10/22/2014 Test Time: 10:44am EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	10:44am
SRC	Pass	10:44am
DET	Pass	10:44am
BAR	Pass	10:44am
$\mathtt{BT}$	Pass	10:44am

### Blank Tests

Test	Status	Time
AIR	Pass	10:45am

### Printer Tests

Test	Status	Time
PRNT	Pass	10:45am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:45am 10:45am

Preventive Maintenance Status: Pass

Analyst

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

	INTOXIMETERS, MODEL INTOX EC/IR II	
County	Versoy Instrument Location Jersoy (3.	LEC
Instrument S	Serial No. 00 8693 120 Court 57	
	LOX BORD, MC	
The preventi four months	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed s are:	at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulate 34 degrees, plus or minus .2 degree centigrade;	or thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the simulator solution is being changed every four months or after 125 Alcoholic Brownichever occurs first.	e alcoholic breath eath Simulator tests,
	on the	ventive maintenance ons of the N.C.
OTHER STATE OF MAN 20, 177	Signature & Cartifician Official	ificate Number

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693 Test Date: 10/22/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2014-02/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:14am 9:15am
ACCY CHK	.07	9:15am
AIR BLK	.00	9:16am
SUB TEST	.00	9:17am
AIR BLK	.00	9:17am
SUB TEST	.00	9:19am
AIR BLK	.00	9:20am

Reported AC: /.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693 Test Record Number: 1088

Test Time: 9:22am EDT Test Date: 10/22/2014

System Check: Passed

### Baseline Tests

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

## Temperature Tests

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

### Blank Tests

三方方がなる 聖教者者

Test	Status	Time
AIR	Pass	9:23am

### Printer Tests

Test	Status	Time
PRNT	Pass	9:23am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:23am

9:23am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

County Per	Instrument Location Person Co. 1. E. C.
Instrument Seri	al No. 00 8880 120 Court ST. Fox Dorc, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of H	the
THE STATE OF A STATE O	Signature of Certifying Official Certificate Number

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880 Test Date: 10/22/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2014-02/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	9:12am 9:13am 9:14am
AIR BLK	.00	9:15am
SUB TEST	.00	9:15am
AIR BLK	.00	9:16am
SUB TEST	.00	9:17am
ATR BLK	.00	9:18am

Reported Age .00

 $00\sqrt{g}/210L$ 

Signature of Chemical Analyst

Court CVR

Analyst

#### PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880

Test Record Number: 772

Test Date: 10/22/2014

Test Time: 9:19am EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

Status	Time
Pass	9:20am
	Pass Pass Pass Pass

## Blank Tests

Test	Status	Time
AIR	Pass	9:20am

### Printer Tests

Test	Status	Time
PRNT	Pass	9:20am
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CHATHAM Instrument Location SILER City POLICE DE
Instrument S	Serial No. 008811 SILR CITY, NC
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 v	on the
MAND STATE WAY TO THE STATE OF	3-11 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-71 - 3-
	(Signature of Certifying Official Certificate Number

CHATHAM COUNTY SILER CITY PD. 180

Serial Number: 008811 Test Date: 10/17/2014

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: 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: AG312802 Exp Date: 05/08/2015

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## CHATHAM COUNTY SILER CITY PD. 180

Serial Number: 008811 Test Record Number: 1109
Test Date: 10/17/2014 Test Time: 12:08pm EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	12:09pm

### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County	MOORE	Instrument Location	ROBBINS	Ψ.Δ.
Instrumen	t Serial No. <u>008728</u>	Instrument Location	N.C.	
The preve	ntive maintenance procedures for th	e 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 alco	pholic breath simulato	r thermometer show
2.	Verify instrument displays t	ime and date;		
3.	Initiate breath test sequence	•		
4.	Enter information as prompt	ted;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" a	When "PLEASE BLOW" 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 hanged every four months or af	expiration date, or the ter 125 Alcoholic Bre	e alcoholic breath ath Simulator tests,
I certify th procedures Departmen	at on the 6 day of 6	indicated above, in accordance and the instrument is functioning	the forgoing prev with current regulation properly.	rentive maintenance ns of the N.C.
E S S S S S S S S S S S S S S S S S S S	Wint !	Ignature of Certifying Official	Certi	ificate Number

MOORE COUNTY ROBBINS PD 620

Serial Number: 008728 Test Date: 10/16/2014

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	12:26pm 12:27pm 12:28pm 12:28pm 12:30pm
AIR BLK	.00	12:30pm
SUB TEST	.00	12:32pm
AIR BLK	.00	12:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst `

## MOORE COUNTY ROBBINS PD 620

Serial Number: 008728 Test Date: 10/16/2014

Test Record Number: 255 Test Time: 12:39pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:39pm
FLO	Pass	12:39pm
FC	Pass	12:39pm

## Temperature Tests

Test	Status	Time
FC1 SRC DET	Pass Pass Pass	12:39pm 12:39pm 12:39pm
BAR	Pass	12:39pm
$\mathtt{BT}$	Pass	12:39pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:40pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:40pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:40pm 12:40pm

Preventive Maintenance Status: Pass

Analyst

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

County G	aston Instrument Location But mobile Units		
Instrument Serie	al No. 008704		
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 to procedures were Department of H	the 3 day of October, 20 19 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.		
TASE QUANTUMENT	Signature of Certifying Official Certificate Number		

GASTON BAT MOBILE UNIT 5 350

Serial Number: 008706 Test Date: 10/03/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# GASTON BAT MOBILE UNIT 5 350

Serial Number: 008706

Test Record Number: 3290

Test Date: 10/03/2014

Test Time: 9:21pm EDT

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	9:23pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:23pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

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

	INTOXIMETERS, MODEL INTOX EC/IR II
County 5	ates Instrument Location Gates (55)
Instrument Ser	rial No. 008884 202 Court St., Gatesuille, 1
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	NOTATION CAROLINA CAR
* SSE CLIAM VIDEN	Signature of Certifying Official Certificate Number

GATES COUNTY GATES CO SO 360

Serial Number: 008884 Test Date: 10/01/2014

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

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

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### GATES COUNTY GATES CO SO 360

Test Record Number: 602 Serial Number: 008884

Test Time: 11:14am EDT Test Date: 10/01/2014

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:14am 11:14am
FC FTO		11:14am
F C	Pass	11:14am

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:15am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:15am

# CRC Tests

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

Preventive Maintenance Status: Pass

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

INTOXIMETERS, MODEL INTOX EC/IR II
secombe Instrument Location Edge combe Co. Magis
rial No. 008663 Office 3005. Anaronda Pd., Tarboro
e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
Verify instrument displays time and date;
Initiate breath test sequence;
Enter information as prompted;
Verify instrument accuracy;
When "PLEASE BLOW" appears, collect breath sample;
When "PLEASE BLOW" appears, collect breath sample;
Print test record;
Verify Diagnostic Program; and
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
the day of other, , 20 / the forgoing preventive maintenance be performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
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)

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008663 Test Date: 10/02/2014

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

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

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

Analyst's Name: 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: AG411202 Exp Date: 04/22/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	10:49am 10:50am 10:50am
AIR BLK	.00	10:51am
SUB TEST	.00	10:52am
AIR BLK	.00	10:53am
SUB TEST	.00	10:54am
AIR BLK	.00	10:55am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008663

Test Record Number: 2213

Test Date: 10/02/2014

Test Time: 10:57am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:57am
FLO	Pass	10:57am
FC	Pass	10:57am

# Temperature Tests

Test	Status	Time
FC1	Pass	10:57am
SRC	Pass	10:57am
DET	Pass	10:57am
BAR	Pass	10:57am
BT	Pass	10:57am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:58am

Printer Tests

Test	Status	Time
PRNT	Pass	10:58am

CRC Tests

Test	Status	Time
COMP	Pass	10:58am
CAL	Pass	10:58am

Preventive Maintenance Status: Pass

Analyst

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

	militers, Model in I	
County Edge combe	Instrument Location <	Edgeroube Co. Magistra
(L)	D3 Office, 300	•
The preventive maintenance procedu four months are:	ires for the Intoximeters, Model Intox E	EC/IR II to be followed at least once every
	gas canister displays pressure, or the al minus .2 degree centigrade;	coholic 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 B	LOW" appears, collect breath sample;	*
7. When "PLEASE B	LOW" appears, collect breath sample;	
8. Print test record;		
9. Verify Diagnostic I	Program; and	
simulator solution i whichever occurs fi  I certify that on theday procedures were performed on the ins	s being changed every four months or a irst.	
CARDINA VIDENT	Signature of Certifying Official	Certificate Number

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008603 Test Date: 10/02/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:25am 10:26am
ACCY CHK AIR BLK	.07 .00	10:27am 10:28am
SUB TEST	.00	10:29am
AIR BLK	.00	10:30am
SUB TEST	.00	10:32am
AIR BLK	.00	10:33am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008603 Test Record Number: 1407 Test Date: 10/02/2014 Test Time: 10:34am EDT

System Check: Passed

# Baseline Tests

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

# Temperature Tests

Test	Status	Time
FC1	Pass	10:35am
SRC	Pass	10:35am
DET	Pass	10:35am
BAR	Pass	10:35am
BT	Pass	10:35am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:35am

## Printer Tests

Test	Status	Time
PRNT	Pass	10:35am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:35am 10:35am

Preventive Maintenance Status: Pass

Analyst

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

	INTOXIME	ieks, model intox ec		
County	DURHAM	Instrument Location Dugs		
Instrument S	Serial No. <u>008891</u>	217 S. MANGUM	ST. DURHAM, NO	
The preventi		he Intoximeters, Model Intox EC/IR II to	be followed at least once every	
1.	Verify the ethanol gas canis 34 degrees, plus or minus	ster displays pressure, or the alcoholic bro 2 degree centigrade;	eath simulator thermometer show	
2.	Verify instrument displays	time and date;		
3.	Initiate breath test sequence	<b>;</b> ;		
4.	Enter information as promp	ted;		
5.	Verify instrument accuracy	Verify instrument accuracy;		
6.	When "PLEASE BLOW" a	appears, collect breath sample;		
7.	When "PLEASE BLOW" a	appears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program;	and		
10.		canister is being changed before expiration changed every four months or after 125 A		
procedures w	ere performed on the instrument	the foundation in the instrument is functioning properly.	orgoing preventive maintenance ent regulations of the N.C.	
	_			
OF THE STATE	NON			
SEA.	CAROLINIA CAROLI			
* ESE QUAM VE	13 J.	D Smith	637	
	S	ignature of Certifying Official	Certificate Number	

#### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891 Test Date: 10/01/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:23pm
AIR BLK	.00	3:24pm
ACCY CHK	.08	3:25pm
AIR BLK	.00	3:26pm
SUB TEST	.00	3:27pm
AIR BLK	.00	3:27pm
SUB TEST	.00	3:30pm
ATR BLK	. 00	3:31pm

Repeated AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891

Test Record Number: 2727

Test Date: 10/01/2014

Test Time: 3:31pm EDT

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

Test	Status	Time
FC1	Pass	3:32pm
SRC	Pass	3:32pm
DET	Pass	3:32pm
BAR	Pass	3:32pm
BT	Pass	3:32pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:32pm

## Printer Tests

Status	Time
Pass	3:33pm
CRC Tests	
Status	Time
	Pass CRC Tests

COMP Pass 3:33pm CAL Pass 3:33pm

Preventive Maintenance Status: Pass

Analyst

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

County	RANGE Instrument Location 1	HILLSBOROUGH PD
Instrument S	Serial No. <u>008738</u> 127 N. C.Hu.	RTON ST. HILLSBOROUG
The preventi	ive maintenance procedures for the Intoximeters, Model Intox Ed	C/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alc 34 degrees, plus or minus .2 degree centigrade;	oholic 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 simulator solution is being changed every four months or at whichever occurs first.	
procedures w	on the Olday of OCTOBER, 20/4 ere performed on the instrument indicated above, in accordance of Health and Human Services, and the instrument is functioning	with current regulations of the N.C.
THE STATE OF THE S	Bus D. Smith	637
	Signature of Certifying Official	Certificate Number

#### ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008738 Test Date: 10/01/2014

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00, g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008738 Test Record Number: 448
Test Date: 10/01/2014 Test Time: 4:41pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:42pm
FLO	Pass	4:42pm
FC	Pass	4:42pm

## Temperature Tests

Test	Status	Time
FC1	Pass	4:42pm
SRC	Pass	4:42pm
DET	Pass	4:42pm
BAR	Pass	4:42pm
$\mathtt{B}\mathbf{T}$	Pass	4:42pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4: <b>4</b> 3pm

# Printer Tests

Test	Status	Time
PRNT	Pass	4:43pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4: <b>4</b> 3pm

Preventive Maintenance Status: Pass

Pass

4:43pm

CAL

Analyst <sup>\*</sup>

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County <	INTOXIMETERS, MODEL INTOX EC/IR II
Instrument Se	orial No. <u>CO 8655</u>
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;
<b>7.</b>	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	n the
OTHE STATE OF THE	Signature of Certifying Official Certificate Number

#### GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008655 Test Date: 10/15/2014

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	3:47pm
AIR BLK	.00	3:47pm
ACCY CHK	.07	3:48pm
AIR BLK	.00	3:49pm
SUB TEST	.00	3:50pm
AIR BLK	.00	3:51pm
SUB TEST	.00	3:53pm
AIR BLK	.00	3:53pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008655 Test Record Number: 2451 Test Date: 10/15/2014 Test Time: 3:54pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:54pm
FLO	Pass	3:54pm
FC	Pass	3:54pm

## 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 CAL	Pass Pass	3:55pm 3:55pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	INTOXIMETERS, MODEL INTOX EC/IR II  FUIL FORM  Instrument Location High Point  Instrument Loca
Instrument S	Serial No. 008828 Police Department
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
STATE STATE OF THE	CAROLL CA

GUILFORD COUNTY HIGH POINT PD 401

Serial Number: 008828 Test Date: 10/15/2014.

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

06/01/2013-06/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	4:18pm
AIR BLK ACCY CHK	.00 .07	4:19pm 4:20pm
AIR BLK	.00	4:21pm
SUB TEST	.00	4:22pm
AIR BLK	.00	4:22pm
SUB TEST	.00	4:24pm
AIR BLK	.00	4:2500

.00 g/210L Reported AC:

Signature of Chemical Analyst

Court CVR

#### GUILFORD COUNTY HIGH POINT PD 401

Serial Number: 008828

Test Record Number: 1624

Test Date: 10/15/2014

Test Time: 4:26pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	4:26pm
FC	Pass	4:26pm 4:26pm
T. C	rabb	4.200111

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:26pm
SRC	Pass	4:26pm
DET	Pass	4:26pm
BAR	Pass	4:26pm
BT	Pass	4:26pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:27pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:27pm
	CRC Tests	·
Test	Status	Time

COMP Pass 4:27pm CAL Pass 4:27pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXII	METERS, MODEL INTOX	EC/IR II
County	Wayne	Instrument Location <u>W</u> w	iour Johnson A.F.B.
Instrument S	Serial No. <u>00678</u>	e 1010 Vermont	Charlison Rd.
			Galds 8010 NC
The prevent		s for the Intoximeters, Model Intox EC/IR	II to be followed at least once every
1.		s canister displays pressure, or the alcoholi- inus .2 degree centigrade;	c breath simulator thermometer show
2.	Verify instrument dis	plays time and date;	•
3.	Initiate breath test seq	juence;	
4.	Enter information as p	prompted;	
5.	Verify instrument acc	euracy;	
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	gram; and	
10.	Verify that the ethano simulator solution is b whichever occurs first	l gas canister is being changed before expineing changed every four months or after 1.	ration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
	ere performed on the instru	ument indicated above, in accordance with ces, and the instrument is functioning prop	
OF THE STATE			
A SEE OUM V		Linda Reel	647
	Commence.	Signature of Certifying Official	Certificate Number

#### WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: 008786 Test Date: 10/24/2014

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: 008786

Test Record Number: 199

Test Date: 10/24/2014

Test Time: 3:24pm EDT

# System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:25pm 3:25pm
FC	Pass	3:25pm

# Temperature Tests

Test	Status	Time
FC1	Pass	3:25pm
SRC	Pass	3:25pm
DET	Pass	3:25pm
BAR	Pass	3:25pm
BT	Pass	3:25pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:26pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:26pm
	CRC Tests	
		_

Test	Status	Time
COMP	Pass	3:26pm
CAL	Pass	3:26pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD - INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Cullification Cullificat D08949 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the forgoing preventive maintenance 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

#### CURRITUCK COUNTY SO-COROLLA 260

Serial Number: 008949 Test Record Number: 349 Test Date: 10/01/2014 Test Time: 2:31pm EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	2:31pm
FLO	Pass	2:31pm
FC	Pass	2:31pm

# Temperature Tests

Test	Status	Time
FC1	Pass	2:31pm
SRC	Pass	2:31pm
DET	Pass	2:31pm
BAR	Pass	2:31pm
$\mathtt{BT}$	Pass	2:31pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:32pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:32pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:32pm 2:32pm

Preventive Maintenance Status: Pass

#### CURRITUCK COUNTY SO-COROLLA 260

Serial Number: 008949

Test Record Number: 349
Test Time: 2:31pm EDT

Test Date: 10/01/2014

Test Time: 2:31pm EDI

# System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	2:31pm
FLO	Pass	2:31pm
FC	Pass	2:31pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:31pm
SRC	Pass	2:31pm
DET	Pass	2:31pm
BAR	Pass	2:31pm
$\mathtt{BT}$	Pass	2:31pm

# Blank Tests

Test	Status	Time
AIR	Pass	2:32pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:32pm
	CRC Tests	
Test	Status	Time

2:32pm

2:32pm

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD

()	,	eks, model ii			ΔΛ
County 1	asquotank	Instrument Location	on Wizube	M Ciry	P.V.
Instrument S	Serial No. 08950	302 Col	lonial. A	Ve., Elizab	weth c
				<u> </u>	N.C.
The prevent four months	ive maintenance procedures for the are:	Intoximeters, Model Int	ox EC/IR II to be	e followed at least	once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d		ne alcoholic breat	th simulator thermo	ometer show
2.	Verify instrument displays tin	ne and date;			
3.	Initiate breath test sequence;				
4.	Enter information as prompted	d;			
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" app	pears, collect breath sam	ple;		
7.	When "PLEASE BLOW" app	pears, collect breath sam	ple;		
8.	Print test record;				
9.	Verify Diagnostic Program; as	nd		*	
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.				
	155	**	1. /		
	on theday of vere performed on the instrument in of Health and Human Services, and		lance with curren	going preventive n t regulations of the	naintenance N.C.
OF THE STATE	ON NO.				
		*			
3					
ARIL 12, 078	Jin Jin	, LA. la	1	651	7
	Sign	nature of Certifying Off	icial	Certificate N	umber

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

PASQUOTANK COUNTY ELIZABETH CITY PD 690

Serial Number: 008950 Test Date: 10/01/2014

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: KEESLER, LINDA A Permit Number: 11646E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:12pm 12:13pm
ACCY CHK AIR BLK	.08	12:14pm 12:15pm
SUB TEST	.00	12:16pm
AIR BLK	.00	12:16pm
SUB TEST	.00	12:18pm
AIR BLK	.00	12:19pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## PASQUOTANK COUNTY ELIZABETH CITY PD 690

Serial Number: 008950

Test Record Number: 1067

Test Date: 10/01/2014

Test Time: 12:20pm EDT

System Check: Passed

#### Baseline Tests

Test	* .	Status	Time
IR		Pass	12:20pm
FLO		Pass	12:20pm
FC		Pass	12:20pm

# Temperature Tests

Test	Status	Time
FC1	Pass	12:21pm
SRC	Pass	12:21pm
DET	Pass	12:21pm
BAR	Pass	12:21pm
BT	Pass	12:21pm

#### Blank Tests

Test	Status	Time
Z T P	Dagg	12.21pm

#### Printer Tests

rest	Status	Time
PRNT	Pass	12:21pm
	CRC Tests	

Tri mo

Test	Status	Time
COMP	Pass	12:21pm
CAL	Pass	12:21pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County )	INTOXIMETERS, MODI	Location Wizabeth Ciry P.O.
Instrument Se	rial No. 008941 302 C	olopial Ave., Elizabeth Ci-
The preventive four months a		odel Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressu 34 degrees, plus or minus .2 degree centigrade	re, or the alcoholic breath simulator thermometer show;
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect 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 date, or the alcoholic breath months or after 125 Alcoholic Breath Simulator tests,
	151	1.1
	theday ofCTBEE_ e performed on the instrument indicated above, in Health and Human Services, and the instrument is	
•		
STATE OF STA		
	SAROUN CONTROL OF THE PROPERTY	
AFRE 12, 178	Imila A	Keese 647
	Signature of Certifyi	ng Official Certificate Number

PASQUOTANK COUNTY ELIZABETH CITY PD 690

Serial Number: 008941 Test Date: 10/01/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:57am 11:58am 11:59am
AIR BLK	.00	12:00pm
SUB TEST	.00	12:00pm
AIR BLK	.00	12:01pm
SUB TEST	.00	12:02pm
AIR BLK	.00	12:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### PASQUOTANK COUNTY ELIZABETH CITY PD 690

Serial Number: 008941

Test Record Number: 1036 Test Date: 10/01/2014 Test Time: 12:05pm EDT

## System Check: Passed

## Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	12:05pm 12:05pm
DET	Pass	12:05pm
BAR	Pass	12:05pm
BT	Pass	12:05pm

#### Blank Tests

Test	Status	Time
ATR	Pass	12·06pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

12:06pm

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

County	Wake Instrument Location Wake Co Defenction Cart
Instrument	Serial No. <u>DOSSIE 3301 Hammond Rel</u> Raleigh MC
The preven	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.
	t on the
STATE OUR VIEW OF THE COLUMN	Signature of Certifying Official Certificate Number

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008615 Test Date: 10/29/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG411202 Exp Date: 04/22/2016

~ /OI OT

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

Reported AC: , 00 g/2101

Signature of Chemical Analyst

Court CVR

#### WAKE COUNTY DETENTION CENTER 910

Serial Number: 008615 Test Date: 10/29/2014

Test Record Number: 4991 Test Time: 12:35pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time

AIR 12:37pm Pass

#### Printer Tests

Test	Status	Time	

12:37pm PRNT Pass

#### CRC Tests

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

Preventive Maintenance

Status: Pass

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

. ,	INTOAIMETE	KS, MODEL INTOX ECI.	
County	<u>VAKe</u>	Instrument Location (Dake (	o. Detention (enti
Instrument S	erial No. <u>008826</u>	3301 Hamn	world Ld
		KAleigh MC	1
The preventi		toximeters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	displays pressure, or the alcoholic breagree 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" 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 Ale	date, or the alcoholic breath coholic Breath Simulator tests,
I certify that oprocedures we Department o	ere performed on the instrument indi-	the forcated above, in accordance with current is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
			*.
OF THE STATE	OF NOAT	પ્ય	
<b>1 1 1 1 1 1 1 1 1 1</b>	S E E		
THE TOTAL PROPERTY OF THE PARTY			
SST QUAM VID		Hull	_654
. *	Signa	ture of Certifying Official	Certificate Number

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008826 Test Date: 10/29/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: 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: AG418903 Exp Date: 07/08/2016

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

Reported AC.

.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008826 Test Record Number: 7571

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:20pm
FLO	Pass	12:20pm
FC	Pass	12:20pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:20pm
SRC	Pass	12:20pm
DET	Pass	12:20pm
BAR	Pass	12:20pm
BT	Pass	12:20pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:20pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:21pm

#### CRC Tests

Test	Status	Time
COMP	Pass	12:21pm
CAL	Pass	12:21pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR I

	INTOXIMETERS, MODEL INTOX EC/IR II
County	JAKE Co. Instrument Location WAKE Co Detention Cen
Instrument Se	rial No. 008816 3301 Hammond Ref
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 we Department of	the day of day of deed, 20/4 the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE ON STATE OF STA	100 Jan 654
	Signature of Certifying Official Certificate Number

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008816 Test Date: 10/29/2014

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG411202 Exp Date: 04/22/2016

Test	g/210L	Time
DIAG AIR BLK	Pass	11:55am 11:56am
ACCY CHK	.08	11:57am
AIR BLK	.00	11:58am
SUB TEST	.00	11:58am
AIR BLK	.00	11:59am
SUB TEST	.00	12:01pm
ATR BLK	.00	12:02pm

Reperted AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WAKE COUNTY DETENTION CENTER 910

Serial Number: 008816 Test Record Number: 6778
Test Date: 10/29/2014 Test Time: 12:11pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:12pm

#### Printer Tests

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

COMP	Pass	12:13pm
CAL	Pass	12:13pm

Preventive Maintenance Status: Pass

Analyst

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

County	Dake Instrument Location Wake C	. Detention Ce
Instrument Se	rial No. 008686 3301 Hammond	Rel.
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be fee:	followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	·
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration da simulator solution is being changed every four months or after 125 Alcoh whichever occurs first.	
I certify that on procedures wer Department of I	theday of	ing preventive maintenance egulations of the N.C.
OF THE STATE OF TH	Signature of Certifying Official	65°5/
	Signature of Certifying Official	Certificate Number

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008686 Test Date: 10/29/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG411202 Exp Date: 04/22/2016

Test	g/210L	Time
DIAG AIR BLK	Pass	11:53am
ACCY CHK	.00	11:54am 11:55am
AIR BLK	.00	11:56am
SUB TEST	.00	11:57am
AIR BLK	.00	11:58am
SUB TEST	.00	12:00pm
AIR BLK	.00	12:01pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WAKE COUNTY DETENTION CENTER 910

Serial Number: 008686

Test Record Number: 5925

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:02pm 12:02pm
FC	Pass	12:02pm

### Temperature Tests

Test	Status	Time
FC1	Pass	12:02pm
SRC	Pass	12:02pm
DET	Pass	12:02pm
BAR	Pass	12:02pm
BT	Pass	12:02pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:03pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:03pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:03pm

Preventive Maintenance Status: Pass

Pass

12:03pm

CAL

Analyst

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

County	CUMBERIAND	Instrument Location	Reage
Instrument	Serial No. <u>60878</u>	7 <u>P.m.o.</u>	
The preven		or the Intoximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas co 34 degrees, plus or minu	anister displays pressure, or the alcoholic las .2 degree centigrade;	breath simulator thermometer show
2.	Verify instrument displa	ays time and date;	
3.	Initiate breath test seque	ence;	
4.	Enter information as pro	ompted;	
5.	Verify instrument accura	acy;	
6.	When "PLEASE BLOW	" appears, collect breath sample;	•
7.	When "PLEASE BLOW	" appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Progra	am; and	
10.	simulator solution is bein whichever occurs first.	as canister is being changed before expirating changed every four months or after 125	Alcoholic Breath Simulator tests,
procedures	were performed on the instrum	ent indicated above, in accordance with current is functioning proper	irrent regulations of the N.C.
STA'	TE CONTRACTOR		
1 1 2 2 2 1 1 2 2 1 1 1 1 1 1 1 1 1 1 1	**************************************		
CARA	S C C C C C C C C C C C C C C C C C C C		
* ESF QUAM	VVDGI 7	Signature of Certifying Official	37/ Certificate Number

CUMBERLAND CO. FORT BRAGG LEC. 250

Serial Number: 008787 Test Date: 10/30/2014

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	10:50am 10:51am 10:52am 10:52am
SUB TEST	.00	10:53am
AIR BLK SUB TEST	.00 .00	10:54am 10:56am
AIR BLK	.00	10:57am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### CUMBERLAND CO. FORT BRAGG LEC. 250

Serial Number: 008787

Test Record Number: 400

Test Date: 10/30/2014

Test Time: 11:00am EDT

## System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:01am
SRC	Pass	11:01am
DET	Pass	11:01am
BAR	Pass	11:01am
$\mathtt{BT}$	Pass	11:01am

#### Blank Tests

Test	Status	Time	
	•	:	
AIR	Pass	11:01am	

#### Printer Tests

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

Preventive Maintenance Status: Pass

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

County	MONTBOINERY Instrument Location Mon	Monery Co. Jak
Instrument Ser	rial No. 008709 TROY NC	
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR	II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholi 34 degrees, plus or minus .2 degree centigrade;	ic breath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	1
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	•
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before exp simulator solution is being changed every four months or after 1 whichever occurs first.	iration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
I certify that or procedures we Department of	n the	the forgoing preventive maintenance a current regulations of the N.C. perly.
STATE on STATE of The STATE of	ACREAL CARD	
Agen 12, 173 FOR CHAM VIEW	Signature of Certifying Official	37/ Certificate Number

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008709 Test Date: 10/29/2014

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

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

Analyst's Name: 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: AG409709 Exp Date: 04/07/2016

Test	g/210L	Time
DIAG	Pass	3:52pm
AIR BLK	.00	3:53pm
ACCY CHK	.08	3:54pm
AIR BLK	.00	3:55pm
SUB TEST	.00	3:55pm
AIR BLK	.00	3:56pm
SUB TEST	.00	3:58pm
AIR BLK	,00	3:59pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008709

Test Record Number: 871

Test Date: 10/29/2014

Test Time: 4:00pm EDT

#### System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:00pm
FLO	Pass	4:00pm
FC	Pass	4:00pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:01pm
SRC	Pass	4:01pm
DET	Pass	4:01pm
BAR	Pass	4:01pm
BT	Pass	4:01pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:01pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:01pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:01pm 4:01pm

Preventive Maintenance Status: Pass

Analyst

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

	INTOXIMETERS, MODEL INTOX EC/IR II
County	Vrcell Instrument Location Vrell (2.5.0.
Instrument S	erial No. 008902 402 Main ST., Columbia, N.C
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the day of da
THE STATE	

Signature of Certifying Official

Certificate Number

TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902 Test Date: 10/29/2014

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	11:57am 11:58am 11:58am 11:59am 12:00pm
SUB TEST	.00	12:02pm
AIR BLK	.00	12:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902

Test Record Number: 519

Test Date: 10/29/2014

Test Time: 12:04pm EDT

System Check: Passed

### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:05pm
SRC	Pass	12:05pm
DET	Pass	12:05pm
BAR	Pass	12:05pm
BT	Pass	12:05pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:06pm

#### Printer Tests

Status

Test

CAL

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

Time

12:06pm

Preventive Maintenance Status: Pass

Pass

Analyst

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

County	WAKE	Instrument Location 347 1110 A	Sile fenit T
Instrumen	t Serial No. <u> </u>	Woke	FOREST
The preve		toximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	lisplays pressure, or the alcoholic breath gree 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	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 de ged every four months or after 125 Alco	
	at on the day of were performed on the instrument indic t of Health and Human Services, and the	the forgotted above, in accordance with current e instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
THE COUNTY OF TH	STE ON OR THE CARD	Continued ture of Certifying Official	Certificate Number

#### WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008778 Test Record Number: 1251
Test Date: 10/05/2014 Test Time: 12:10am EDT

System Check: Passed

Baseline Tests

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

### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:11am

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:12am

#### CRC Tests

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

Preventive Maintenance Status: Pass

50/1107

#### WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008778 Test Date: 10/05/2014

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

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

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

Analyst's Name: 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: AG414801 Exp Date: 05/28/2016

rest	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	12:01am 12:02am 12:02am
AIR BLK	.00	12:03am
SUB TEST	.00	12:04am
AIR BLK	.00	12:05am
SUB TEST	.00	12:08am
AIR BLK	.00	12:09am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Step 6. CC | Analyst

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

County	WAKE Instrument Location BATMOBILE LEWIT #7
Instrument	Serial No. 008704 WARE FOREST
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5,	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	at on the
STAR STAR	TE O NOTE OF THE CASE OF THE C
ARE IZ.	Signature of Certifying Official Certificate Number

#### WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008704

Test Record Number: 330

Test Date: 10/05/2014

Test Time: 12:31am EDT

#### System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

tatus	Time
3SS	12:32am
ass	12:32am
RSS	12:32am
ass	12:32am
ass	12:32am
	tatus ass ass ass ass

#### Blank Tests

Test	Status	Time	

AIR Pass 12:32am

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:32am

### CRC Tests

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

Preventive Maintenance Status: Pass

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008704 Test Date: 10/05/2014

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

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

Analyst's Name: 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	12:23am
AIR BLK	.00	12:24am
ACCY CHK	.08	12:25am
AIR BLK	.00	12:26am
SUB TEST	.00	12:26am
AIR BLK	.00	12:27am
SUB TEST	.00	12:29am
AIR BLK	.00	12:30am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County Gu	Instrument Location Box Mobile (Mita)
Instrument Seri	al No. 10860/ Greenshoro 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 color down, 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.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

#### GREENSBORO BATMOBILE UNIT 2 400

Serial Number: 008601 Test Date: 10/30/2014

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

10/01/2013-10/01/2015

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	9:47pm 9:48pm 9:48pm
AIR BLK	.00	9:49pm
SUB TEST	.00	9:51pm
AIR BLK	.00	9:52pm
SUB TEST	.00	9:53pm
AIR BLK	.00	9:54pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Donga B Skinnen Analyst

#### GREENSBORO BATMOBILE UNIT 2 400

Serial Number: 008601 Test Record Number: 963
Test Date: 10/30/2014 Test Time: 9:56pm EDT

System Check: Passed

### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:56pm
SRC	Pass	9:56pm
DET	Pass	9:56pm
BAR	Pass	9:56pm
BT	Pass	9:56pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:57pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:57pm
	CRC Tests	
Teat	Status	Time

Test	Status	Time
COMP	Pass	9:57pm
CAL	Pass	9:57pm

Preventive Maintenance Status: Pass

Analyst

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

County Joh	Instrument Location BA+ Mobile Unit 4		
Instrument Seri	al No. 008871 Princeton 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.		
	the		
STATE OF N. STATE	Signature of Certifying Official Certificate Number		

JOHNSTON COUNTY BAT MOBILE UNIT 4 500

Serial Number: 008871 Test Date: 10/18/2014

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: AG400603 Exp Date: 01/06/2016

Test	g/210L	Time
DIAG	Pass	10:07pm
AIR BLK	.00	10:08pm
ACCY CHK	.07	10:09pm
AIR BLK	.00	10:09pm
SUB TEST	.00	10:10pm
AIR BLK	.00	10:11pm
SUB TEST ATR BLK	.00	10:12pm
ALK BLK	- 00	10:1300

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Onya Bokunen Analyst

#### JOHNSTON COUNTY BAT MOBILE UNIT 4 500

Serial Number: 008871

Test Record Number: 812

Test Date: 10/18/2014

Test Time: 10:15pm EDT

## System Check: Passed

#### Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
ΔΤΡ	Dagg	10 · 16pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:16pm
	CRC Tests	
Test	Status	Time

1000	Double	
COMP CAL	Pass Pass	10:16pm 10:16pm

Preventive Maintenance Status: Pass

BSKIMM

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

·	INTOXIMET	ERS, MODEL INTOX EC/	IR II
County JO	hnston	Instrument Location BAL ()	nobile Unit 4
Instrument Se	erial No. 008734	Princeton PD	
The preventive four months a	• • • • • • • • • • • • • • • • • • •	Intoximeters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic brea legree centigrade;	th simulator thermometer shov
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	nd	
10.		nister is being changed before expiration anged every four months or after 125 Ale	
	ere performed on the instrument in	dicated above, in accordance with current the instrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
OTHE STATE OF THE	Onya	BSKmin	1,41/

#### JOHNSTON COUNTY BAT MOBILE UNIT 4 500

Serial Number: 008734 Test Date: 10/18/2014

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: AG322601 Exp Date: 08/14/2015

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### JOHNSTON COUNTY BAT MOBILE UNIT 4 500

Serial Number: 008734

Test Record Number: 859

Test Date: 10/18/2014

Test Time: 10:18pm EDT

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 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:18pm 10:18pm 10:18pm 10:18pm 10:18pm

#### Blank Tests

Test	Status	Time
ATR	Pagg	10 · 19pm

#### Printer Tests

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

1000	Deacab	110
COMP	Pass	10:19pm
CAL	Pass	10:19pm

Preventive Maintenance Status: Pass

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

County	Instrument Location Bat Mobile Unit
Instrument S	Serial No (1) 8929 Ducham PO
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;
<b>2.</b>	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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, 20 \ the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	
W. Committee	Signature of Certifying Official Certificate Number

#### DURHAM COUNTY BAT MOBILE UNIT 2 310

Serial Number: 008929 Test Date: 10/25/2014 Test Record Number: 798 Test Time: 12:21am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:21am
FLO	Pass	12:21am
FC	Pass	12:21am

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:22am
SRC	Pass	12:22am
DET	Pass	12:22am
BAR	Pass	12:22am
BT	Pass	12:22am

#### Blank Tests

Test Status Time

AIR Pass 12:22am

#### Printer Tests

Time Test Status

PRNT Pass 12:22am

CRC Tests

Test Status Time

COMP Pass 12:22am CAL Pass 12:22am

Preventive Maintenance Status: Pass

DURHAM COUNTY BAT MOBILE UNIT 2 310

Serial Number: 008929 Test Date: 10/25/2014

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

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

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

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

10/01/2013-10/01/2015

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Donya B Skynen Analyst

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

County	uchan	Instrument Location Both	nobile Uni
Instrument S	erial No. <u>008601</u>	DurhamPo	1
The preventive four months a		e Intoximeters, Model Intox EC/IR II to be fol	llowed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	ter displays pressure, or the alcoholic breath si degree centigrade;	mulator thermometer shows
2.	Verify instrument displays ti	ime and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompt	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	ppears, collect breath sample;	÷
7.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	. *
10.		anister is being changed before expiration date hanged every four months or after 125 Alcoho	
	ere performed on the instrument i	ndicated above, in accordance with current red the instrument is functioning properly.	ng preventive maintenance gulations of the N.C.
			· ·
OF THE STATE OF WAY 20, 1775	P NO.		
N. C.			
APRILIZ. 078	The state of the s	B 51/2 Property of Certifying Official	Certificate Number

#### DURHAM COUNTY BATMOBILE UNIT 2 310

Serial Number: 008601 Test Record Number: 958
Test Date: 10/25/2014 Test Time: 12:17am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:17am
FLO	Pass	12:17am
FC	Pass	12:18am

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:18am

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:18am
	CRC Tests	
Test	Status	Time
COMP	Pass	12:19am

Preventive Maintenance Status: Pass

Pass

12:19am

CAL

Donya Baskunn

### DURHAM COUNTY BATMOBILE UNIT 2 310

Serial Number: 008601 Test Date: 10/25/2014

Citation Number: M0000000-0 Subject's Name:

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:10am 12:11am
ACCY CHK	.07	12:11am
AIR BLK	.00	12:12am
SUB TEST	.00	12:13am
AIR BLK	.00	12:14am
SUB TEST	.00	12:15am
AIR BLK	.00	12:16am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Donya B Skinner

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

County	Dunham Instrument Location Bat Mobile.
Instrument Seri	al No
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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;
<b>5.</b>	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
<b>7.</b>	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the day of CTCTCTC 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.
A STATE OF THE STA	Signature of Certifying Official Certificate Number

#### DURHAM COUNTY BAT MOBILE UNIT 2 310

Serial Number: 008736 Test Date: 10/25/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

10/01/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	12:49am 12:50am 12:51am
AIR BLK SUB TEST	.00 .00	12:52am 12:52am
AIR BLK SUB TEST	.00 .00	12:53am 12:55am
AIR BLK	.00	12:56am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Donya B Skunn

#### DURHAM COUNTY BAT MOBILE UNIT 2 310

Serial Number: 008736

Test Record Number: 706

Test Date: 10/25/2014 Test Time: 1:04am EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	1:05am
SRC	Pass	1:05am
DET	Pass	1:05am
BAR	Pass	1:05am
BT	Pass	1:05am

#### Blank Tests

Test	Status	Time
AIR	Pass	1:06am

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:06am
	CRC Tests	

Test	Status	Time
COMP	Pass	1:06am
CAL	Pass	1:06am

Preventive Maintenance Status: Pass