PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ho	iywood Instrument Location Haywood Co. Jail
Instrument Seri	al No. 008714 Waynesville, 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.
	the
COE AT THE COLOR OF THE COLOR O	Elif R. Cuth

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

Signature of Certifying Official

Certificate Number

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714 Test Date: 04/23/2013

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
10/01/2011-10/01/2013

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

Lot Number: AG203103 Exp Date: 01/31/2014

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714 Test Date: 04/23/2013

Test Record Number: 814
Test Time: 11:09am 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	11:10am
\mathtt{BT}	Pass	11:10am

Blank Tests

Test.	Status	Time
AIR	Pass	11:11am

Printer Tests

Test	Status	Time
PRNT	Pass	11:11am
	CRC Tests	·
Test	Status	Time
COMP	Pagg	11.11am

Preventive Maintenance.
Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Hay	wwood Instrument Location Haywood Co. Jail		
Instrument Seri	al No. 0087/2 Waynesuille, NC		
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
procedures were	the		
STATE OF THE STATE			

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

Signature of Certifying Official

Certificate Number

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712 Test Date: 04/23/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE
Subject'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:
10/01/2011-10/01/2013

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

Lot Number: AG205401 Exp Date: 02/23/2014

Test	g/210L	Time
DIAG	Pass	10:56am
AIR BLK	.00	10:57am
ACCY CHK	.08	10:57am
AIR BLK	.00	10:59am
SUB TEST	.00	10:59am
AIR BLK	.00	11:00am
SUB TEST	.00	11:01am
AIR BLK	.00	11:02am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712 Test Date: 04/23/2013

Test Record Number: 1399 Test Time: 11:03am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:04am

Printer Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_50	vain Instrument Location Cherokee PD
Instrument Se	Instrument Location Cherokee PD orial No. 008782 Cherokee, NC
The preventiv	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9,	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the
STATE AND STATE OF THE STATE OF	CAROLLI CAROLL

SWAIN COUNTY CHEROKEE INDIAN PD 860

Serial Number: 008782 Test Date: 04/18/2013

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
10/01/2011-10/01/2013

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

Lot Number: AG205401 Exp Date: 02/23/2014

Test	g/210L	Time
DIAG AIR BLK	Pass	1:43pm 1:44pm
ACCY CHK AIR BLK	.08	1:44pm 1:45pm
SUB TEST	.00	1:46pm
AIR BLK	.00	1:47pm
SUB TEST	.00	1:48pm
AIR BLK	.00	1:49pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

SWAIN COUNTY CHEROKEE INDIAN PD 860

Serial Number: 008782 Test Date: 04/18/2013

Test Record Number: 647
Test Time: 1:49pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:50pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:50pm
	CRC Tests	
Test	Status	Time

COMP Pass 1:51pm CAL Pass 1:51pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

$County \overline{\int_{\Gamma}}$	ansylvania Co. Jail
Instrument Se	erial No. 008609 Rrevard, 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.
	on the
STATE STATE OF THE	Signature of Certifying Official Certificate Number

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

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

> Serial Number: 008609 Test Date: 04/05/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:
10/01/2011-10/01/2013

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

Serial Number: 008609 Test Date: 04/05/2013 Test Record Number: 500

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	

rest	Status	TIME
COMP	Pass	12:09pm
CAL	Pass	12:09pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Tr	-ansylvania Instrument Location Transylvania Co. Jan
Instrument Se	erial No. 008820 Instrument Location Transylvania Co. Jan Brevard, NC
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on theday of, 20, 20, 20
OF QUANTY	

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

> Serial Number: 008820 Test Date: 04/05/2013

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

Subject'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:
10/01/2011-10/01/2013

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

Serial Number: 008820 Test Date: 04/05/2013 Test Record Number: 598
Test Time: 12:08pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:09pm

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

12:10pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County \mathcal{J}	ackson Co. Jail
Instrument Se	erial No. 008708 Sylva, 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.
	on theday of, 20, 20
THE STATE OF THE S	Signature of Certifying Official Certificate Number

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008708 Test Date: 04/08/2013

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

Subject'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:
10/01/2011-10/01/2013

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

Lot Number: AG205401 Exp Date: 02/23/2014

Test	g/210L	Time
DIAG AIR BLK	Pass .00	12:39pm 12:39pm
ACCY CHK	.08	12:40pm
AIR BLK	.00	12:41pm
SUB TEST	.00	12:42pm
AIR BLK	.00	12:43pm
SUB TEST	.00	12:44pm
AIR BLK	.00	12:45pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008708 Test Date: 04/08/2013

Test Record Number: 888
Test Time: 12:46pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:46pm
SRC	Pass	12:46pm
DET	Pass	12:46pm
BAR	Pass	12:46pm
BT	Pass	12:46pm

Blank Tests

Test	Status	Time
AIR	Pass	12:47pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County \sqrt{a}	ckson Instrument Location Tackson Co. Tail
Instrument Seria	al No. 008722 Sylva, NU
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the
STATE OF STA	NOTE THE CAROLINA TO THE CAROL
* CSF QUAM VIDEN	Signature of Certifying Official Certificate Number

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008722 Test Date: 04/08/2013

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

Subject'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:
10/01/2011-10/01/2013

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

Lot Number: AG203103 Exp Date: 01/31/2014

Test	g/210L	Time
DIAG AIR BLK	Pass .00	12:32pm 12:32pm
ACCY CHK	.08	12:33pm
AIR BLK	.00	12:35pm
SUB TEST	.00	12:36pm
AIR BLK	.00	12:37pm
SUB TEST	.00	12:38pm
AIR BLK	.00	12:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR -

Clark Cuth

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008722 Test Date: 04/08/2013 Test Record Number: 525
Test Time: 12:40pm EDT

System Check: Passed

Baseline Tests

Status	Time
Pass Pass	12:40pm 12:40pm 12:40pm
	Pass

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:41pm 12:41pm 12:41pm 12:41pm 12:41pm

Blank Tests

Test	Status	Time
AIR	Pass	12:41pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:41pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:41pm

12:41pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD

INTOXIMETERS, MODEL INTOX EC/IR II

County ONSlow Co Instrument Location BAT Mebile Unit 4

Instrument Serial No. D887/

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

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

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



Signature of Certifying Official

Certificate Number

ONSLOW COUNTY BAT MOBILE UNIT 4 660

Serial Number: 008871 Test Date: 04/05/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG203902 Exp Date: 02/08/2014

Test	g/210L	Time
DIAG	Pass	9:17pm
AIR BLK	.00	9:18pm
ACCY CHK	.07	9:19pm
AIR BLK	.00	9:20pm
SUB TEST	.00	9:21pm
AIR BLK	.00	9:22pm
SUB TEST	.00	9:23pm
AIR BLK	.00	9:24pm

Reported AC: .00 g/2101

Signature of Chemical Analyst

Court CVR

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

Analyst

Rev. 12/2007

ONSLOW COUNTY BAT MOBILE UNIT 4 660

Serial Number: 008871

Test Record Number: 633
Test Time: 9:25pm EDT

Test Date: 04/05/2013 T

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:25pm
FLO	Pass	9:25pm
FC	Pass	9:25pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:26pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:26pm
	~~~	

#### CRC Tests

Test	Status	Time
COMP	Pass	9:26pm
CAL	Pass	9:26pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	MS/OW Co. Instrument Location BAT Mobile Unit 4
Instrument S	Serial No. <u>008734</u>
The prevent	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
O'THE STAT.  O'THE	Signature of Certifying Official  Certificate Number

### ONSLOW COUNTY BAT MOBILE UNIT 4 660

Serial Number: 008734 Test Date: 04/05/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE MAINTENANCE

Subject'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: 02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG920302 Exp Date: 09/06/2013

Test	g/210L	Time
DIAG	Pass	9:19pm
AIR BLK	.00	9:20pm
ACCY CHK	.07	9:20pm
AIR BLK	.00	9:21pm
SUB TEST	.00	9:22pm
AIR BLK	.00	9:23pm
SUB TEST	.00	9:24pm
ATR BLK	. 0.0	9:25pm

Reported AC:

20 x/210I

ignature 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

### ONSLOW COUNTY BAT MOBILE UNIT 4 660

Serial Number: 008734

Test Record Number: 638

Test Date: 04/05/2013

Test Time: 9:28pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	9:29pm
FLO	Pass	9:29pm
FC	Pass	9:29pm

## Temperature Tests

Test	Status	Time
FC1	Pass	9:29pm
SRC	Pass	9:29pm
DET	Pass	9:29pm
BAR	Pass	9:29pm
BT	Pass	9:29pm

### Blank Tests

Test	Status	Time
лтр	Dacc	9 • 3 Oram

### Printer Tests

Test	Status	Time
PRNT	Pass	9:30pm

### CRC Tests

Test	Status	Time
COMP	Pass	9:30pm
CAL	Pass	9:30pm

Preventive Maintenance Status: Pass

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

Analyst

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

County D	ARE Co Instrument Location BAT Mobile Unit4
Instrument Ser	ial No. 005671
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the day of day o
THE STATE OF THE S	Signature of Certifying Official  Certificate Number

DARE COUNTY BAT MOBILE UNIT 4 270

Serial Number: 008871 Test Date: 04/06/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

02/01/2012-02/01/2014

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

Lot Number: AG203902 Exp Date: 02/08/2014

Test	g/210L	Time
DIAG AIR BLK	Pass .00	8:59pm 9:00pm
ACCY CHK	.07	9:01pm
AIR BLK	.00	9:01pm
SUB TEST	.00	9:02pm
AIR BLK	.00	9:03pm
SUB TEST	.00	9:04pm
AIR BLK	.00	9:05pm

Reported AC: ..00 g/210L

Signature of Chemical Analyst

Court CVR

## DARE COUNTY BAT MOBILE UNIT 4 270

Serial Number: 008871

Test Record Number: 636

Test Date: 04/06/2013

Test Time: 9:07pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	.9:07pm
FLO	Pass	9:07pm
FC	Pass	9:07pm

## Temperature Tests

Test	Status	Time
FC1	Pass	9:07pm
SRC	Pass	9:07pm
DET	Pass	9:07pm
BAR	Pass	9:07pm
BT	Pass	9:07pm

### Blank Tests

Test	Status	Time

AIR Pass 9:08pm

#### Printer Tests

Test	Status	TIME
PRNT	Pass	9:08pm

## CRC Tests

Test	Status	Time
COMP	Pass	9:08pm
CAL	Pass	9:08pm

Preventive Maintenance Status: Pass

Analyst

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

County	ARE Co Instrument Location BAT Mobile Unit 4
Instrument Seri	al No. 00 8434
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
TASE QUAM VIDRALY	CAROLLA .

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

Signature of Certifying Official

Certificate Number

DARE COUNTY BAT MOBILE UNIT 4 270

Serial Number: 008734 Test Date: 04/06/2013

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

Subject'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:
02/01/2012-02/01/2014

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

Lot Number: AG920302 Exp Date: 09/06/2013

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	9:01pm 9:02pm 9:02pm 9:03pm
SUB TEST	.00	9:03pm
AIR BLK	.00	9:05pm
SUB TEST	.00	9:06pm
AIR BLK	.00	9:07pm

m2 --- --

Reported Ac: .00 g/210L

signature of Chemical Analyst

Court CVR

Analyst

## DARE COUNTY BAT MOBILE UNIT 4 270

Serial Number: 008734

Test Record Number: 641

Test Date: 04/06/2013

Test Time: 9:08pm EDT

System Check: Passed

### Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	9:10pm

### Printer Tests

rest	Status	TTIIIE
PRNT	Pass	9:10pm

m-1 --- --

### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County	VS/De Co. Instrument Location Bat Mabile UN: 74
Instrument S	Gerial No. 0087/7 Richterels
The preventi	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the day of day of day, 2013 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	168DE
	Signature of Certifying Official Certificate Number

ONSLOW COUNTY BAT MOBILE UNIT 4 660

Serial Number: 008717 Test Date: 04/20/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:
02/01/2012-02/01/2014

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

Lot Number: AG920302 Exp Date: 09/06/2013

Test	g/210L	Time
DIAG AIR BLK	Pass	9:32pm 9:33pm
ACCY CHK	.07	9:33pm
AIR BLK	.00	9:34pm
SUB TEST	.00	9:35pm
AIR BLK	.00	9:36pm
SUB TEST	.00	9:37pm
AIR BLK	.00	9:38pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## ONSLOW COUNTY BAT MOBILE UNIT 4 660

Serial Number: 008717

Test Record Number: 347

Test Date: 04/20/2013

Test Time: 9:39pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	9:40pm
FLO	Pass	9:40pm
FC	Pass	9:40pm

## Temperature Tests

Test	Status	Time
FC1	Pass	9:40pm
SRC	Pass	9:40pm
DET	Pass	9:40pm
BAR	Pass	9:40pm
BT	Pass	9:40pm

### Blank Tests

Test	Status	Time
ATR	Pass	9:41pm

### Printer Tests

Test	Status	Time
PRNT	Pass	9:41pm

### CRC Tests

Test	Status	Time
COMP	Pass	9:41pm
CAL	Pass	9:41pm

Preventive Maintenance Status: Pass

Analyst

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

County	Instrument Location Bat Mapile Unit 4  derial No. 208734  Richlands
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5,	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the day of da
THE STATE OF THE S	

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

ONSLOW COUNTY BAT MOBILE UNIT 4 660

Serial Number: 008734 Test Date: 04/20/2013

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

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

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

Analyst's Name: KEESLER, GRAYHAM C
Permit Number: 7682E
Effective:
02/01/2012-02/01/2014

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

Lot Number: AG920302 Exp Date: 09/06/2013

Test	g/210L	Time
DIAG	Pass	9:33pm
AIR BLK	.00	9:34pm
ACCY CHK	.07	9:35pm
AIR BLK	.00	9:36pm
SUB TEST	.00	9:36pm
AIR BLK	.00	9:37pm
SUB TEST	.00	9:39pm
AIR BLK	.00	9:40pm

Reported AC: ...00 g/210L

Signature of Chemical Analyst

Court CVR

CA CANA

Analyst

#### ONSLOW COUNTY BAT MOBILE UNIT 4 660

Serial Number: 008734 Test Record Number: 643 

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

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

# Blank Tests

Test	Status	Time
AIR	Pass	9:42pm

#### Printer Tests

Status

Time

Test

+		
PRNT	Pass	9:42pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:42pm 9:42pm

Preventive Maintenance Status: Pass

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

County G	aston	Instrument Location_	Belmont	PD
Instrument Seria	ul No. <u>008733</u>	201 Chrov	ricle Street,	Belmont
The preventive r	naintenance procedures for the Inte	oximeters, Model Intox	EC/IR II to be followed	at least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr		alcoholic breath simulato	or thermometer shows
2.	Verify instrument displays time a	ınd date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears, collect breath sample;			
7.	When "PLEASE BLOW" appears, collect breath sample;			
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.			
I certify that on the 15th day of April , 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.				
OTH STATE OF AN AUTOMOTIVE AND AUTOMOTIVE AND AUTOMOTIVE AND AUTOMOTIVE AND AUTOMOTIVE AND AUTOMOTIVE AUTOMOTI	Math E B	Lelle Muuuu of Certifying Offici		650 tificate Number

GASTON COUNTY BELMONT PD 350

Serial Number: 008733 Test Date: 04/15/2013

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG203102 Exp Date: 01/31/2014

Test	g/210L	Time
DIAG AIR BLK	Pass	2:46pm 2:47pm
ACCY CHK	.08	2:47pm
AIR BLK	.00	2:48pm
SUB TEST	.00	2:49pm
AIR BLK	.00	2:49pm
SUB TEST	.00	2:51pm
AIR BLK	.00	2:52pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### GASTON COUNTY BELMONT PD 350

Serial Number: 008733 Test Date: 04/15/2013 Test Record Number: 730
Test Time: 2:42pm EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	2:42pm
FLO	Pass	2:42pm
FC	Pass	2:42pm

# Temperature Tests

Test	Status	Time
FC1	Pass	2:43pm
SRC	Pass	2:43pm
DET	Pass	2:43pm
BAR	Pass	2:43pm
$\operatorname{BT}$	Pass	2:43pm

# Blank Tests

Test	Status	Time
AIR	Pass	2:43pm

# Printer Tests

Test	Status	Time
PRNT	Pass	2:43pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:43pm

Preventive Maintenance Status: Pass

Pass

2:43pm

CAL

Analyst

Share the first of the production will be about the same of the sa

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

Cou	unty Lin	ncoln Instrument Location Lincoln County Courthouse			
Inst	trument Seri	al No. 008827 #1 Courthouse Square, Lincolnton 704-732-9020			
	preventive r 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 bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.					
pro		the 19 th day of April , 20 13 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.			
CAREAT SF	OF THE STATE OF TH	Signature of Certifying Official Certificate Number			

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008827 Test Date: 04/19/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HUTCHINSON, JOSEPH E
Permit Number: 19951E
Effective:

Effective: 10/01/2011-10/01/2013

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

Lot Number: AG203102 Exp Date: 01/31/2014

Test	g/210L	Time
DIAG AIR BLK	Pass	3:00pm
ACCY CHK	.00 .08	3:00pm 3:01pm
AIR BLK	.00	3:02pm
SUB TEST	.00	3:03pm
AIR BLK	.00	3:04pm
SUB TEST	.00	3:05pm
AIR BLK	.00	3:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

**Analyst** 

# LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008827

Test Record Number: 1477

Test Date: 04/19/2013

Test Time: 3:07pm EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	3:07pm
FLO	Pass	3:07pm
FC	Pass	3:08pm

# Temperature Tests

Test	Status	Time
FC1	Pass	3:08pm
SRC	Pass	3:08pm
DET	Pass	3:08pm
BAR	Pass	3:08pm
$\mathtt{BT}$	Pass	3:08pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:08pm

#### Printer Tests

rest	Status	TIME
PRNT	Pass	3:08pm

#### CRC Tests

Test	Status	Time
COMP	Pass	3:08pm
CAL	Pass	3:08pm

Preventive Maintenance Status: Pass

Analyst

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

,	intoximeters, model intox ec/ir it
County_	OWAN Instrument Location China Grove
Instrument S	erial No. 008860 Police Department
	/
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
STATE STATE OF THE	Signature of Certifying Official Certificate Number

ROWAN COUNTY CHINA GROVE PD 790

Serial Number: 008862 Test Date: 04/24/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

06/01/2011-06/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG203902 Exp Date: 02/08/2014

Test	g/210L	Time
DIAG AIR BLK	Pass	4:38pm 4:38pm
ACCY CHK	.07	4:39pm
AIR BLK	.00	4:41pm
SUB TEST	.00	4:41pm
AIR BLK	.00	4:42pm
SUB TEST	.00	4:45pm
AIR BLK	.00	4:46pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

J. Levin Dean Analyst

#### ROWAN COUNTY CHINA GROVE PD 790

Serial Number: 008862

Test Record Number: 333

Test Date: 04/24/2013

Test Time: 4:46pm EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	4:47pm
FLO	Pass	4:47pm
FC	Pass	4:47pm

# Temperature Tests

Status	Time
Pass	4:47pm
	Pass Pass Pass Pass

# Blank Tests

Test	Status	Time
ATR	Pass	4:48pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:48pm

#### CRC Tests

Test	Status	Time
COMP	Pass	4:48pm
CAL	Pass	4:48pm

Preventive Maintenance Status: Pass

Analyst Day

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

County Go	aston Instrument Location Gaston County S D
Instrument Ser	2007-200 HOT I M : H-51 (1
	704-864-6800
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 or procedures wer Department of	the Halth and Human Services, and the instrument is functioning properly.
O'NE STATE ON THE STATE OF THE	Signature of Certifying Official Certificate Number

# GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008706 Test Date: 04/04/2013

Test Record Number: 2825

Test Time: 1:57pm EDT

System Check: Passed

Baseline Tests

Test,	Status	Tame
IR	Pass	1:58pm
FLO	Pass	1:58pm
FC	Pass	1:58pm

# Temperature Tests

Test	Stati	15	Tim	e
, M	`	4 M 1 1		
FC1	Pass		1:5	8pm
SRC	Pass	9	1:5	8pm
DET	Pass	1	1;5	8pm
BAR	Pass		1::5	8pm
BT	Pass	* 1.	1:5	8pm
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		10.00	19	T

ķ.	Test	Status	Time
. '			
,	AIR	Pass	1:59pm

Test	12.	Status	Time
4. 14.			14 B

									4
>	PRNT	Ĉ	1	, . , , ,	,	Pa	SS	- 15	1:59pm

1.1 100.2 11.187					
Test	10.75	Statu	<b>C</b>	ி வேர	me

COMP	Pass	1:59pm
CAL	Pass	1:59pm

Preventive Maintenance Status: Pass

Analyst`

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008706 Test Date: 04/04/2013

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: 02/01/2012-02/01/2014

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

Lot Number: AG203102 Exp Date: 01/31/2014

Test	g/210L	Time
DIAG	Pass	2:03pm
AIR BLK	.00	2:04pm
ACCY CHK	.08	2:04pm
AIR BLK	.00	2:05pm
SUB TEST	.00	2:06pm
AIR BLK	.00	2:07pm
SUB TEST	.00	2:08pm
AIR BLK	.00	2:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

· prony.	INTOXIMETERS, MODEL INTOX EC/IR II
County C	atawba Instrument Location Catawba County SD
Instrument Seria	NO. 008821 100 B Southwest Blvd., Newton
	828-464-5241
The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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;
<b>6.</b>	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.
•	the 15 day of A (1), 20 13 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

# CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008821

Test Record Number: 1018

Test Date: 04/15/2013

Test Time: 3:26pm EDT

System Check: Passed

# Baseline Tests

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

# Temperature Tests

Test	Status	Time
FC1	Pass	3:27pm
SRC	Pass	3:27pm
DET	Pass	3:27pm
BAR	Pass	3:27pm
$\mathtt{BT}$	Pass	3:27pm

# Blank Tests

Test	Status	Time	
AIR	Pass	3:27pm	

#### Printer Tests

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

1656	bcacus	TIME
COMP	Pass	3:27pm
CAL	Pass	3:27pm

Preventive Maintenance Status: Pass

Analyst`

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008821 Test Date: 04/15/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:
02/01/2012-02/01/2014

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

Lot Number: AG203102 Exp Date: 01/31/2014

Test	g/210L	Time
DIAG AIR BLK	Pass	3:31pm 3:31pm
ACCY CHK	.07	3:32pm
AIR BLK	.00	3:33pm
SUB TEST	.00	3:33pm
AIR BLK	.00	3:34pm
SUB TEST	.00	3:36pm
AIR BLK	.00	3:37pm

Reported AC: \.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

INTOXIMETERS, MODEL INTOX EC/IR II
awba Instrument Location Catawba County SD
0.008687 100 B Southwest Bld. Newton
828-464-5241
ntenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
erify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show degrees, plus or minus .2 degree centigrade;
erify instrument displays time and date;
itiate breath test sequence;
nter information as prompted;
erify instrument accuracy;
hen "PLEASE BLOW" appears, collect breath sample;
hen "PLEASE BLOW" appears, collect breath sample;
int test record;
erify Diagnostic Program; and
erify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath nulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, nichever occurs first.
day of
Signature of Certifying Official Certificate Number

# CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008687

Test Record Number: 1619

Test Date: 04/15/2013

Test Time: 3:34pm EDT

System Check: Passed

# Baseline Tests

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

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	3:36pm

#### Printer Tests

rest	Status	Time
		100
	D	2 25
PRNT	Pass	3:370m

#### CRC Tests

Test	Status	Time
COMP	Pass	3:37pm
CAL	Pass	3:37pm

Preventive Maintenance Status: Pass

Analyst

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008687 Test Date: 04/15/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG203102 Exp Date: 01/31/2014

Test	g/210L	Time
DIAG AIR BLK	Pass	3:42pm 3:42pm
ACCY CHK	.07	3:43pm
AIR BLK	.00	3:44pm
SUB TEST	.00	3:45pm
AIR BLK	.00	3:46pm
SUB TEST	.00	3:48pm
AIR BLK	.00	3:49pm

Reparted AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

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

	INTOXIMETER	S, MODEL INTOX EC/II	KII
County C	atauta	Instrument Location Hickor	4 b0
Instrument Se	rial No. <u>008841</u>	347 200 Ave. S.W 828-324-2060	Hickory
The preventive four months as		oximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr	isplays pressure, or the alcoholic breatl ree centigrade;	n simulator thermometer show
2.	Verify instrument displays time a	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	rs, collect breath sample;	
. <b>7.</b>	When "PLEASE BLOW" appear	rs, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		er is being changed before expiration of ged every four months or after 125 Alco	
procedures we	n the 15 th day of A0(sere performed on the instrument indices of Health and Human Services, and the	cated above, in accordance with current	going preventive maintenance t regulations of the N.C.
THE STATE OF THE S	1.1000	ture of Certifying Official	656 Certificate Number

# CATAWBA COUNTY HICKORY PD 170

Serial Number: 008841

Test Record Number: 1204

Test Date: 04/15/2013

Test Time: 4:24pm EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	4:25pm
FLO	Pass	4:25pm
FC	Pass	4:25pm

# Temperature Tests

Test	Status	Time
FC1	Pass	4:25pm
SRC	Pass	4:25pm
DET	Pass	4:25pm
BAR	Pass	4:25pm
BT	Pass	4:25pm

#### Blank Tests

Test	Status	Time	

AIR Pass 4:26pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4 · 26pm

# CRC Tests

Test	Status	Time
COMP	Pass	4:26pm
CAL	Pass	4:26pm

Preventive Maintenance Status: Pass

Analyst

CATAWBA COUNTY HICKORY PD 170

Serial Number: 008841 Test Date: 04/15/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

02/01/2012-02/01/2014

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 .08	4:28pm 4:29pm 4:29pm
AIR BLK	.00	4:30pm
SUB TEST	.00	4:31pm
AIR BLK	.00	4:32pm
SUB TEST	.00	4:34pm
AIR BLK	.00	4:34pm

Reported .00 g/210L

Signature of Chemica.

Analyst

Court CVR

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

طائع مانع	INTOXIMETERS, MODEL INTOX EC/IR II
County C	ial No. 008590 Instrument Location Caba (SUS County SD)  704-920-3000
Instrument Seri	ial No. 008590 30 Corban Ave. Concord
	704-920-3000
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer	the 16th day of Aori), 2013 the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF THE STATE	NORTH CARE
SEE QUANTON	Signature of Certifying Official Certificate Number
	· ·

# CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008590

Test Record Number: 2029

Test Date: 04/16/2013 Test Time: 12:28pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:29pm 12:29pm
FC	Pass	12:29pm

# Temperature Tests

Test	Status	Time
FC1	Pass	12:29pm
SRC	Pass	12:29pm
DET	Pass	12:29pm
BAR	Pass	12:29pm
BT	Pass	12:29pm

#### Blank Tests

Test	Status	Time	
	•		

AIR 12:30pm Pass

# Printer Tests

Test	Status	Time

PRNT Pass 12:30pm

#### CRC Tests

Test	Status	Time
COMP	Pass	12:30pm
CAL	Pass	12:30pm

Preventive Maintenance Status: Pass

#### CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008590 Test Date: 04/16/2013

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2012-02/01/2014

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

Lot Number: AG202602 Exp Date: 01/26/2014

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	12:35pm 12:36pm 12:36pm 12:37pm 12:38pm 12:39pm 12:40pm
AIR BLK	.00	12:41pm

Reported AC: .00 g/210L

Signature of Chemidal Analyst

Court CVR

Angdyst

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

County Cu	vv. tuck Instrument Location Currituck Co. S.O.
Instrument Ser	ial No. 008947 407-A Maple Rd., Maple, NC
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	n the 30 day of April , 2013 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 STA	
	Signature of Certifying Official Certificate Number

CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

Serial Number: 008947 Test Date: 04/30/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

08/01/2011-08/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG204602 Exp Date: 02/15/2014

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:36am 11:37am 11:37am
AIR BLK	.00	11:38am
SUB TEST	.00	11:39am
AIR BLK	.00	11:40am
SUB TEST	.00	11:41am
ATR BLK	.00	11:42am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

# CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

Serial Number: 008947 Test Record Number: 1250 Test Date: 04/30/2013 Test Time: 11:43am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:44am 11:44am
FC	Pass	11:44am

# Temperature Tests

Test	Status	Time
FC1	Pass	11:44am
SRC	Pass	11:44am
DET	Pass	11:44am
BAR	Pass	11:44am
BT	Pass	11:44am

# Blank Tests

Test	Status	Time
AIR	Pass	11:44am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:44am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:45am 11:45am

Preventive Maintenance Status: Pass

Analyst

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

County	Proir Instrument Location Kinston P.D.
Instrument S	Serial No. 008624 205 E. King St., Kinston, N.C.
The prevent four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures Department	t on the 33 rd day of 40 1, 20 3 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STA	E & VO
QUAM	Signature of Certifying Official Certificate Number
	Signature of Certifying Official Certificate Number

LENOIR COUNTY KINSTON PD 530

Serial Number: 008624 Test Date: 04/23/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

08/01/2011-08/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG206103 Exp Date: 03/01/2014

g/210L Test Time

DIAG	Pass	12:37pm
AIR BLK	.00	12:38pm
ACCY CHK	.07	12:39pm
AIR BLK	.00	12:40pm
SUB TEST	.00	12:40pm
AIR BLK	.00	12:41pm
SUB TEST	.00	12:43pm
ATR RIK	በበ	12 · 44 nm

Reported AC: .00 g/210L

Signature of

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

# LENOIR COUNTY KINSTON PD 530

Serial Number: 008624 Test Record Number: 1223 Test Date: 04/23/2013 Test Time: 12:45pm EDT

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	12:46pm 12:46pm
DET	Pass	12:46pm
BAR BT	Pass Pass	12:46pm 12:46pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:47pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

		s, WODEL INTOX EC/IR II
County (	(een-e	Instrument Location GV-e-evie (o. S.O.
Instrument S	erial No. <u>00.86.70</u>	301 N. Greene St., Snow Hill, N
The prevention four months	•	kimeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister disp 34 degrees, plus or minus .2 degree	plays pressure, or the alcoholic breath simulator thermometer shows e centigrade;
2.	Verify instrument displays time an	d date;
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears	, collect breath sample;
7.	When "PLEASE BLOW" appears	, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.		r is being changed before expiration date, or the alcoholic breath d every four months or after 125 Alcoholic Breath Simulator tests,
F	on the <u>a3</u> day of <u>April</u> were performed on the instrument indica of Health and Human Services, and the	, 20 13 the forgoing preventive maintenance ted above, in accordance with current regulations of the N.C. instrument is functioning properly.
A WWW D SET A WAY OF	Kelly S.	re of Certifying Official Certificate Number

GREENE COUNTY GREENE CO SO 390

Serial Number: 008670 Test Date: 04/23/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:
08/01/2011-08/01/2013

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

Lot Number: AG124201 Exp Date: 08/30/2013

Test	g/210L	Time
DIAG	Pass	10:44am
AIR BLK	.00	10:45am
ACCY CHK	.07	10:45am
AIR BLK	.00	10:46am
SUB TEST	.00	10:47am
AIR BLK	.00	10:48am
SUB TEST	.00	10:49am
AIR BLK	.00	10:50am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### GREENE COUNTY GREENE CO SO 390

Serial Number: 008670 Test Test Date: 04/23/2013 Tes

Test Record Number: 1340
Test Time: 10:51am EDT

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:52am

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

	INTOAIMETERS, MODEL INTOA EC/IR II
County WC	Instrument Location Washington Co. S.O.
Instrument Se	erial No. DO 8829 Adams St., Plymouth, N.C.
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. I certify that	Verify that the ethanol gas canister is being changed before 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 22 day of 42 i , 20/3 the forgoing preventive maintenance
procedures w	vere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
OF THE STATE OF TH	Signature of Certifying Official Certificate Number

#### WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829 Test Date: 04/22/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

08/01/2011-08/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG203902

Exp Date: 02/08/2014

Test	g/210L	Time
DIAG AIR BLK	Pass	12:53pm 12:54pm
ACCY CHK AIR BLK	.07 .00	12:54pm 12:55pm
SUB TEST	.00	12:56pm
AIR BLK	.00	12:57pm
SUB TEST	.00	12:58pm
AIR BLK	.00	12:59pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Analyst

#### WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829

Test Record Number: 478

Test Date: 04/22/2013

Test Time: 1:01pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:01pm
FLO	Pass	1:01pm
FC	Pass	1:01pm

### Temperature Tests

Test	Status	Time
FC1	Pass	1:01pm
SRC	Pass	1:01pm
DET	Pass	1:01pm
BAR	Pass	1:01pm
$\mathtt{BT}$	Pass	1:01pm

#### Blank Tests

Test	Status	Time
λTD	Dagg	1 • 0 2 mm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:02pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:02pm 1:02pm

Preventive Maintenance Status: Pass

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

County 1		Instrument Locati		(v. S.O.
Instrument Seri	ial No. <u>00</u> 8902_	402 Mai	n St., Colu	imbia, N.C.
The preventive four months are	maintenance procedures for the	Intoximeters, Model In	tox EC/IR II to be foll	owed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 c		he alcoholic breath si	nulator thermometer shows
2.	Verify instrument displays tir	ne and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompte	<b>d</b> ;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" ap	pears, collect breath sa	mple;	
<b>7.</b>	When "PLEASE BLOW" ap	pears, collect breath sa	mple;	
8.	Print test record;			
9.	Verify Diagnostic Program; a	nd		
I certify that or procedures were Department of	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.  The day of April day of April day of Health and Human Services, and	anged every four mont	hs or after 125 Alcoho	olic Breath Simulator tests,
			<b></b>	
CREATE OF THE STATE OF THE STAT	CAROLINI SAROLINI			
ESSE QUAM VIOLE	- Hell	enature of Certifying C	Official	643 Certificate Number

#### TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902 Test Date: 04/22/2013

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:
08/01/2011-08/01/2013

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

Lot Number: AG203103 Exp Date: 01/31/2014

Test	g/210L	Time
DIAG AIR BLK	Pass	11:52am 11:53am
ACCY CHK	.07	11:54am 11:55am
SUB TEST	.00	11:55am
AIR BLK	.00	11:56am
SUB TEST	.00	11:58am
AIR BLK	.00	11:59am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902 Test Date: 04/22/2013 Test Record Number: 400 Test Time: 12:00pm EDT

System Check: Passed

### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:00pm
SRC	Pass	12:00pm
DET	Pass	12:00pm
BAR	Pass	12:00pm
BT	Pass	12:00pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:01pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:01pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:01pm

12:01pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

	INTOXIMETERS, MODEL INTOXICON II
County Bec	instrument Location Beaufult Co Courthouse
Instrument Seria	11 No. 008909 102 E. 2nd St., Washington, N.C.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

#### BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909 Test Date: 04/10/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

08/01/2011-08/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG206602 Exp Date: 03/06/2014

Test	g/210L	Time
DIAG	Pass	2:50pm
AIR BLK	.00	2:51pm
ACCY CHK	.08	2:52pm
AIR BLK	.00	2:53pm
SUB TEST	.00	2:54pm
AIR BLK	.00	2:55pm
SUB TEST	.00	2:56pm
ATR BLK	. 00	2:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909

Test Record Number: 1586

Test Date: 04/10/2013

Test Time: 2:58pm EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	2:59pm
FLO	Pass	2:59pm
FC	Pass	2:59pm

### Temperature Tests

Status	Time
Pass	2:59pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
ΔTR	Pagg	3 • 0.0 mm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:00pm
	CRC Tests	
Test	Status	Time

COMP Pass 3:00pm CAL Pass 3:00pm

Preventive Maintenance Status: Pass

Analyst

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

County_/4	Instrument Location HARNETT Co. DET. CENTER
Instrument S	erial No. 00 87.30 LILINATON NC
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 v	on the
STATI STATI OF THE CORE AT SO,	Signature of Certifying Official Certificate Number

# HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730 Test Date: 04/19/2013

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

Subject'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: 06108E
Effective:
09/01/2011-09/01/2013

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

Lot Number: AG206102 Exp Date: 03/01/2014

Test	g/210L	Time
DIAG AIR BLK	Pass	2:37pm 2:38pm
ACCY CHK	.07	2:38pm
AIR BLK	.00	2:39pm
SUB TEST	.00	2:40pm
AIR BLK	.00	2:41pm
SUB TEST	.00	2:43pm
AIR BLK	.00	2:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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#### HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730 Test Record Number: 1636 Test Date: 04/19/2013 Test Time: 2:45pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass	2:45pm
t TO	Pass	2:45pm
FC	Pass	2:45pm

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	2:45pm 2:45pm
DET	Pass	2:45pm
BAR	Pass	2:45pm
BT	Pass	2:45pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:46pm

# Printer Tests

Test	Status	Time
PRNT	Pass	2:46pm
	CRC Tests	
Test	Status	Time

COMP Pass 2:46pm CAL Pass 2:46pm

Preventive Maintenance Status: Pass

Analyst

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

County 50	COTTAND Instrument Location LAURING	WRE POWER DEPT.
Instrument Seria	al No. 008834 LAURINGURS 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 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer shows
2.	Verify instrument displays time and date;	and the second s
3.	Initiate breath test sequence;	on the first
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration of simulator solution is being changed every four months or after 125 Alcowhichever occurs first.	
	the <u>22</u> day of <u>APRII</u> , 20 / 3 the forget performed on the instrument indicated above, in accordance with current Health and Human Services, and the instrument is functioning properly.	going preventive maintenance tregulations of the N.C.
COREAT STATES	CAROL	
A STATE OUT ON THE PARTY OF THE	Signature of Certifying Official	37/ Certificate Number

SCOTLAND COUNTY LAURINBURG PD. 820

Serial Number: 008834 Test Date: 04/22/2013

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

Subject'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: 06108E
Effective:
09/01/2011-09/01/2013

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

Lot Number: AG124904 Exp Date: 09/06/2013

Test	g/210L	Time
DIAG AIR BLK	Pass	10:30am 10:31am
ACCY CHK	.07	10:32am 10:33am
SUB TEST	.00	10:33am
AIR BLK	.00	10:34am
SUB TEST	.00	10:36am
AIR BLK	.00	10:37am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### SCOTLAND COUNTY LAURINBURG PD. 820

Serial Number: 008834

Test Record Number: 531

Test Date: 04/22/2013

Test Time: 10:38am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:38am 10:38am
FC	Pass	10:38am

# Temperature Tests

Test	Status	Time
FC1	Pass	10:38am
SRC	Pass	10:38am
DET	Pass	10:38am
BAR	Pass	10:38am
BT	Pass	10:38am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:39am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:39am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:39am

Preventive Maintenance Status: Pass

Pass

CAL

10:39am

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

County 5	COTIAND Instrument Location Scotians Co. Sheries Office
Instrument Seri	al No. 20886/ LAURINGURG, 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 or procedures wer Department of	the
OF THE STATE OF THE OWN TO THE OW	Signature of Certifying Official Certificate Number

SCOTLAND COUNTY SHERIFF'S OFFICE 820

Serial Number: 008861 Test Date: 04/22/2013

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

Subject'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: 06108E
Effective:
09/01/2011-09/01/2013

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

Lot Number: AG205402 Exp Date: 02/23/2014

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:50am 11:51am 11:52am
ACCI CHR	.00	11:52am
SUB TEST	.00	11:53am
AIR BLK	.00	11:54am
SUB TEST	.00	11:56am
AIR BLK	.00	11:57am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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#### SCOTLAND COUNTY SHERIFF'S OFFICE 820

Serial Number: 008861 Test Record Number: 769
Test Date: 04/22/2013 Test Time: 12:02pm EDT

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

Test	Status	Time
FC1	Pass	12:03pm
SRC	Pass	12:03pm
DET	Pass	12:03pm
BAR	Pass	12:03pm
$\mathtt{BT}$	Pass	12:03pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:03pm

#### Printer Tests

ICDL	Status	TTME
PRNT	Pass	12:04pm
	CRC Tests	
Test	Status	Time
COMP	Pagg	12:04pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

12:04pm

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

County	HOKE	Instrument Location HOKE	Co. DETENTION CTR
Instrument S	Serial No. <u>00 8855</u>	- RABITORD NO	
The preventi		or the Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.		canister displays pressure, or the alcoholic brus .2 degree centigrade;	eath simulator thermometer shows
2.	Verify instrument display	ays time and date;	
3.	Initiate breath test seque	ence;	
4.	Enter information as pro	ompted;	•
5.	Verify instrument accur	racy;	
6.	When "PLEASE BLOV	N" appears, collect breath sample;	
7.	When "PLEASE BLOV	N" appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Prog	ram; and	•
10.	Verify that the ethanol simulator solution is be whichever occurs first.	gas canister is being changed before expiratiing changed every four months or after 125	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
procedures	t on the <u>22</u> day of_ were performed on the instrur of Health and Human Service	, 20 /3 the ment indicated above, in accordance with cures, and the instrument is functioning properly	forgoing preventive maintenance rrent regulations of the N.C.
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* ESSE QUAM	TVDEN T	A Hamelo	371
		Signature of Certifying Official	Certificate Number

#### HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855 Test Date: 04/22/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 06108E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG205402 Exp Date: 02/23/2014

Test	g/210L	Time
DIAG	Pass	1:06pm
AIR BLK	.00	1:07pm
ACCY CHK	.08	1:07pm
AIR BLK	.00	1:08pm
SUB TEST	.00	1:09pm
AIR BLK	.00	1:10pm
SUB TEST	.00	1:12pm
ATR BLK	. 0.0	1:13pm

Reported AC:) .00 g/210L

Signature of Chemical Analyst

Court CVR

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#### HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855 Tes Test Date: 04/22/2013 Te

Test Record Number: 821
Test Time: 1:13pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:14pm
FLO	Pass	1:14pm
FC	Pass	1:14pm

### Temperature Tests

Test	Status	Time
FC1	Pass	1:14pm
SRC	Pass	1:14pm
DET	Pass	1:14pm
BAR	Pass	1:14pm
BT	Pass	1:14pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	1:15pm	

### Printer Tests

Test	Status	Time
PRNT	Pass	1:15pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:15pm

Preventive Maintenance Status: Pass

Pass

CAL

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1:15pm

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

County	HOKE	Instrument I	ocation Hoke	Co. DETENTIL	ON CTR.
Instrument So	erial No. <u>W8852</u>	RAEF	TORO, NC		· · · · · · · · · · · · · · · · · · ·
The prevention	ve maintenance procedures for	or the Intoximeters, Moo	del Intox EC/IR II to	be followed at leas	t once every
1.	Verify the ethanol gas c 34 degrees, plus or minu			eath simulator thern	nometer show
2.	Verify instrument displa	ys time and date;			
3.	Initiate breath test seque	ence;			
4.	Enter information as pro	empted;			
5.	Verify instrument accur-	acy;			
6.	When "PLEASE BLOW	/" appears, collect brea	th sample;		
7.	When "PLEASE BLOW	" appears, collect brea	th sample;		
8.	Print test record;	· ·			e e e e e e e e e e e e e e e e e e e
9.	Verify Diagnostic Progr	am; and			
10.	Verify that the ethanol g simulator solution is bei whichever occurs first.				
		A	*	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	on the <u>22</u> day of ere performed on the instrum f Health and Human Service		accordance with cur		maintenance he N.C.
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OF THE STATE	ON NO STATE OF THE				
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		Signature of Certifyi	ng Official	Certificate	Number

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852 Test Date: 04/22/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 06108E
Effective:
09/01/2011-09/01/2013

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

Lot Number: AG124904 Exp Date: 09/06/2013

Test	g/210L	Time
DIAG AIR BLK	Pass	1:05pm 1:05pm
ACCY CHK	.08	1:06pm
AIR BLK	.00	1:07pm
SUB TEST	.00	1:08pm
AIR BLK	.00	1:09pm
SUB TEST	.00	1:10pm
AIR BLK	.00	1:11pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852 Test Record Number: 512 Test Date: 04/22/2013 Test Time: 1:13pm EDT

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	1:14pm

# Printer Tests

Test	Status	Time
PRNT	Pass	1:14pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

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

County_	MODRE Instrument Location Robbits/86100 Dept.
Instrument Ser	ial No. 008728 Robbins NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	the 25 day of ARIL, 20 13 the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE COLUMN YOUR ASSESSMENT OF THE COLUMN YOUR ASSESSM	Signature of Certifying Official  Certificate Number

MOORE COUNTY ROBBINS PD 620

Serial Number: 008728 Test Date: 04/25/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 06108E

Effective: 09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG204603 Exp Date: 02/15/2014

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	12:39pm 12:40pm 12:41pm 12:42pm 12:42pm
AIR BLK SUB TEST AIR BLK	.00 .00	12:44pm 12:45pm 12:46pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MOORE COUNTY ROBBINS PD 620

Serial Number: 008728

Test Record Number: 225

Test Date: 04/25/2013

Test Time: 12:48pm EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:48pm 12:48pm
FC	Pass	12:48pm

### Temperature Tests

Test	Status	Time
FC1	Pass	12:48pm
SRC	Pass	12:48pm
DET	Pass	12:48pm
BAR	Pass	12:48pm
$\mathtt{BT}$	Pass	12:48pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:49pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:49pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:49pm 12:49pm

Preventive Maintenance Status: Pass

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

County/	MODRE Instrument Location PNEHURST BLICE DEPT
Instrument Se	rial No. 008710 PINEHURST, NC
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
<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.
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MOORE COUNTY PINEHURST PD. 620

Serial Number: 008710 Test Date: 04/25/2013

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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: 06108E
Effective:
09/01/2011-09/01/2013

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

Lot Number: AG204603 Exp Date: 02/15/2014

Test	g/210L	Time
DIAG	Pass	4:02pm
AIR BLK	.00	4:03pm
ACCY CHK	.07	4:03pm
AIR BLK	.00	4:04pm
SUB TEST	.00	4:05pm
AIR BLK	.00	4:06pm
SUB TEST	.00	4:07pm
AIR BLK	.00	4:08pm

Reported AC: .00 g/210L

Signature Chemical Analyst

Court CVR

Analyst

# MOORE COUNTY PINEHURST PD. 620

Serial Number: 008710

Test Record Number: 925

Test Date: 04/25/2013

Test Time: 4:09pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	4:09pm 4:09pm
FC	Pass	4:09pm

### Temperature Tests

Status	Time
Pass	4:09pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	4:10pm

# Printer Tests

Test	Status	Time
PRNT	Pass	4:10pm
	CRC Tests	
Test	Status	Time

COMP Pass 4:10pm CAL Pass 4:10pm

Preventive Maintenance Status: Pass

Analyst

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

County	SICHMOND	Instrument Location Re-W	DONO CO. MAGISTRATES
Instrument Seria	1No. 008840	ROCKINGHAM	NC
The preventive n	naintenance procedures for th	ne Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus 3	ster displays pressure, or the alcoholic bro 2 degree centigrade;	eath simulator thermometer shows
2.	Verify instrument displays	time and date;	
3.	Initiate breath test sequence	<b>;</b> ;	
4.	Enter information as promp	oted;	
5.	Verify instrument accuracy	•	
6.	When "PLEASE BLOW"	appears, collect breath sample;	
7.	•	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program	; and	
10.	Verify that the ethanol gas	canister is being changed before expiration changed every four months or after 125 A	
	performed on the instrument	APRIL , 20 13 the standard above, in accordance with current the instrument is functioning properly	rent regulations of the N.C.
THE STATE OF THE S	CAROLINA M. CAROLINA M. M. M	2	الم المستحد
The state of the s		Signature of Certifying Official	Certificate Number

RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008840 Test Date: 04/29/2013

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

Subject'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: 06108E
Effective:
09/01/2011-09/01/2013

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	12:00pm 12:01pm 12:01pm
AIR BLK	.00	12:03pm
SUB TEST	.00	12:03pm
AIR BLK	.00	12:04pm
SUB TEST	.00	12:06pm
AIR BLK	.00	12:07pm

Reported_AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008840 Test Record Number: 1097 Test Date: 04/29/2013

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
$_{ m BT}$	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	Pass	12:09pm

Preventive Maintenance Status: Pass

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

County Ri	chnow Instrument Location Richard Co. Magistrale
Instrument S	erial No. 008701 Rockingham, NC
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4,	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on the 29 day of April 2013 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.
STAN OUR VIEW OF THE STAN OUR PARTY OUR PARTY OF THE STAN OUR PARTY OUR PARTY OF THE STAN OUR PARTY OF THE STAN OUR PARTY OF THE STAN OUR PARTY OUR PART	Signature of Certifying Official  Certificate Number

RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008701 Test Date: 04/29/2013

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

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

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

Analyst's Name: TRUDELL, SR., DANIEL T
Permit Number: 21535E
Effective:
09/01/2011-09/01/2013

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

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

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

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

Court CVR

Analyst Q

#### RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008701

Test Record Number: 1008

Test Date: 04/29/2013

Test Time: 12:13pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:13pm
FLO	Pass	12:13pm
FC	Pass	12:13pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:14pm

#### Printer Tests

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

CAL Pass 12:14pm

Pass

12:14pm

Preventive Maintenance Status: Pass

COMP

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

County 3	rial No. OBBIT
Instrument Se	rial No. 088717
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
OF CHANTER OF THE STATE OF THE	Signature of Certifying Official  Certificate Number

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

### BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008717 Test Date: 04/25/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG920302 Exp Date: 09/06/2013

Test	g/210L	Time
DIAG AIR BLK	Pass	8:39pm 8:40pm
ACCY CHK	.07	8:41pm
AIR BLK SUB TEST	.00 .00	8:42pm 8:43pm
AIR BLK	.00	8:44pm
SUB TEST	.00	8:46pm
AIR BLK	- 00	8:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008717 Test Record Number: 349
Test Date: 04/25/2013 Test Time: 8:49pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:50pm
FLO	Pass	8:50pm
FC	Pass	8:50pm

### Temperature Tests

Test	Status	Time
FC1	Pass	8:50pm
SRC	Pass	8:50pm
DET	Pass	8:50pm
BAR	Pass	8:50pm
$\mathtt{BT}$	Pass	8:50pm

#### Blank Tests

Test	Status	Time
AIR	Pass	8:51pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:51pm
	CRC Tests	

rest	Status	TIME
COMP	Pass	8:51pm
CAL	Pass	8:51pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD

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

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

Signature of Certifying Official

Certificate Numbe

### BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008577 Test Date: 04/25/2013

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	8:40pm 8:41pm 8:41pm 8:42pm 8:43pm 8:44pm 8:46pm
AIR BLK	.00	8:47pm

.00 £210/عم

Signature of Chemical Analyst

Court CVR

#### BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008577 Test Record Number: 848

Test Date: 04/25/2013 Test Time: 8:58pm EDT

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1	Pass	8:58pm
SRC	Pass	8:58pm
DET	Pass	8:58pm
BAR	Pass	8:58pm
BT	Pass	8:58pm

### Blank Tests

Test	Status	Time
AIR	Pass	8:59pm

#### Printer Tests

Status

Time

Test

1000	Deacab	110
PRNT	Pass	8:59pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	8:59pm 8:59pm

Preventive Maintenance Status: Pass

Analyst

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

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

Signature of Certifying Official

Certificate Number

#### BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008612 Test Date: 04/25/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:
02/01/2012-02/01/2014

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

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

Test	g/210L	Time
DIAG	Pass	8:43pm
AIR BLK	.00	8:44pm
ACCY CHK	.07	8:45pm
AIR BLK	.00	8:46pm
SUB TEST	.00	8:48pm
AIR BLK	.00	8:49pm
SUB TEST	.00	8:51pm
AIR BLK	.00	8:52pm

Reported AC: .00 q/210L

Signature of Chemical Analyst

Court CVR

Analyst

### BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008612 Test Record Number: 1331 Test Date: 04/25/2013 Test Time: 9:03pm EDT

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	9:05pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location 15/17 Instrument Serial No. The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; Print test record; 8. 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

#### BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008760 Test Date: 04/25/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	8:42pm 8:43pm
ACCY CHK	.07	8:43pm
AIR BLK	.00	8:44pm
SUB TEST	.00	8:46pm
AIR BLK	.00	8:47pm
SUB TEST	.00	8:48pm
AIR BLK	.00	8:49pm

Reported AC: 00

Signature of Chemical Analyst

Court CVR

Analyst

#### BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008760 Test Record Number: 426 Test Date: 04/25/2013 Test Time: 8:59pm EDT

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

tatus	Time
ass	9:00pm
	tatus ass ass ass ass

#### Blank Tests

Test	Status	Time
AIR	Pass	9:00pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:00pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:00pm 9:00pm

Preventive Maintenance Status: Pass

Analyst

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

County £	Runswick Co Instrument Location BAT Mobile Unit 1
Instrument S	erial No
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on theday of, 20 / the forgoing preventive maintenance vere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	

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

Signature of Certifying Official

Certificate Number

# BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008734 Test Date: 04/25/2013

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG920302 Exp Date: 09/06/2013

Test	g/210L	Time
DIAG	Pass	8:48pm
AIR BLK	.00	8:49pm
ACCY CHK	.07	8:50pm
AIR BLK	.00	8:51pm
SUB TEST	.00	8:51pm
AIR BLK	.00	8:52pm
SUB TEST	.00	8:54pm
AIR BLK	.00	8:55pm

Reported AC: ..00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008734 Test Record Number: 645 Test Date: 04/25/2013 Test Time: 8:58pm EDT

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

Test	Status	Time
FC1	Pass	8:58pm
SRC	Pass	8:58pm
DET	Pass	8:58pm
BAR	Pass	8:58pm
BT	Pass	8:58pm

#### Blank Tests

Test	Status	Time
AIR	Pass	8:59pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:59pm
	CRC Tests	
Test	Status	Time
	_	

COMP Pass 8:59pm CALPass 8:59pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Instrument Serial No. (20) 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; Print test record; 8. 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. , 20 15 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

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

BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008623 Test Date: 04/25/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	8:46pm
AIR BLK	.00	8:47pm
ACCY CHK	.07	8:48pm
AIR BLK	.00	8:49pm
SUB TEST	.00	8:50pm
AİR BLK	.00	8:51pm
SUB TEST	.00	8:54pm
AIR BLK	.00	8:54pm

Reported AC, .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008623 Test Record Number: 2691

Test Date: 04/25/2013 Test Time: 9:04pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:05pm
FLO	Pass	9:05pm
FC	Pass	9:05pm

# Temperature Tests

Test	Status	Time
FC1	Pass	9:05pm
SRC	Pass	9:05pm
DET	Pass	9:05pm
BAR	Pass	9:05pm
BT	Pass	9:05pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:06pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:06pm

### CRC Tests

Test	Status	Time
COMP	Pass	9:06pm
CAL	Pass	9:06pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD

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

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

Signature of Certifying Official

Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

> Serial Number: 008717 Test Date: 04/26/2013

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

Subject'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: 02/01/2012-02/01/2014

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

Test Type: Breath Test

Lot Number: AG920302 Exp Date: 09/06/2013

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	7:35pm 7:37pm 7:37pm
AIR BLK SUB TEST	.00	7:38pm 7:39pm
AIR BLK	.00	7:40pm
SUB TEST AIR BLK	.00 .00	<b>7:42pm</b> 7:43pm

.00 g/210L

Signature of Chemical Analyst

Court CVR

### NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008717 Test Record Number: 353 Test Date: 04/26/2013 Test Time: 7:44pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	7:44pm 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

Status

Time

7:45pm

Test

CAL

		_
PRNT	Pass	7:45pm
	CRC Tests	
Test	Status	Time
COMP	Pass	7:45pm

Preventive Maintenance Status: Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	en Hanover Instrument Location BAT Mobile Un. 7
Instrument S	erial No. 008574
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.
	on the
STATE STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STA	

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

Signature of Certifying Official

Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008577 Test Date: 04/26/2013

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

Subject'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:
02/01/2012-02/01/2014

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	7:36pm
ACCY CHK	.00	7:37pm 7:38pm
AIR BLK	.00	7:39pm
SUB TEST	.00	7:40pm
AIR BLK	.00	7:41pm
SUB TEST	.00	7:42pm
AIR BLK	.00	7:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008577 Test Record Number: 851 Test Date: 04/26/2013 Test Time: 7:45pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	7:45pm 7:45pm
FC	Pass	7:45pm

### Temperature Tests

Test	Status	Time
FC1	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	7:46pm

### Printer Tests

Test	Status	Time
PRNT	Pass	7:46pm
	CRC Tests	

Test	Status	Time
COMP	Pass	7:46pm
CAL	Pass	7:46pm

Preventive Maintenance Status: Pass

Analyst

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

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

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008760 Test Date: 04/26/2013

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

Subject'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:
02/01/2012-02/01/2014

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	7:38pm 7:39pm
ACCY CHK	.07	7:40pm
AIR BLK	.00	7:41pm
SUB TEST	.00	7:41pm
AIR BLK	.00	7:42pm
SUB TEST	.00	7:44pm
AIR BLK	.00	7:45pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008760 Test Record Number: 428 Test Date: 04/26/2013 Test Time: 7:47pm EDT

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1	Pass	7:47pm
SRC	Pass	7:47pm
DET	Pass	7:47pm
BAR	Pass	7:47pm
BT	Pass	7:47pm

### Blank Tests

Test	Status	Time
AIR	Pass	7:48pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:48pm
	CRC Tests	
Test	Status	Time
COMP	Pass	7:48pm

Preventive Maintenance Status: Pass

Pass

7:48pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	Serial No. 008612 Instrument Location BAT Mobile Clry. H
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 theday of
TAME STATE	

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

Signature of Certifying Official

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008612 Test Date: 04/26/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	7:39pm
AIR BLK	.00	7:40pm
ACCY CHK	.07	7:41pm
AIR BLK	.00	7:42pm
SUB TEST	.00	7:43pm
AIR BLK	.00	7:44pm
SUB TEST	.00	7:46pm
ATR BLK	. 00	7:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008612 Test Record Number: 1334 

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	7:49pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:49pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

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

County	Hew Harrover Instrument Location Bot Mobile ay. 14
Instrument S	Gerial No
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 theday of, 20 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
CHAIN STAT	Signature of Certifying Official  Certificate Number

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

NEW HANOVER COUNTY BAT MOBILE UNIT 7
640

Serial Number: 008623

Test Date: 04/26/2013 Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	7:41pm
AIR BLK	.00	7:42pm
ACCY CHK	.07	7:43pm
AIR BLK	.00	7:44pm
SUB TEST	.00	7:45pm
AIR BLK	.00	7:46pm
SUB TEST	.00	7:47pm
AIR BLK	.00	7:48pm

Reported AC;

_g/210L _00رو

Signature of Chemical Analyst

Court CVR

Analyst

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008623 Test Record Number: 2693 Test Date: 04/26/2013 Test Time: 7:49pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	7:49pm
FLO	Pass	7:49pm
FC	Pass	7:50pm

# Temperature Tests

Test	Status	Time
FC1	Pass	7:50pm
SRC	Pass	7:50pm
DET	Pass	7:50pm
BAR	Pass	7:50pm
$\mathtt{BT}$	Pass	7:50pm

#### Blank Tests

Test	Status	Time
AIR	Pass	7:50pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:50pm

#### CRC Tests

Test	Status	Time
COMP	Pass	7:51pm
CAL	Pass	7:51pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	ew HANDLEL Instrument Location BAT Mobile Un. + 4
Instrument S	erial No. 008/34 Instrument Location BAT Mobile Unity
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on theday of, 20
A STATE OF THE STA	

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

Signature of Certifying Official

NEW HANOVER COUNTY BAT MOBILE UNIT 7
640

Serial Number: 008734 Test Date: 04/26/2013

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

Subject'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:
02/01/2012-02/01/2014

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

Lot Number: AG920302 Exp Date: 09/06/2013

Test	g/210L	Time
DIAG	Pass	7:43pm
AIR BLK	.00	7:44pm
ACCY CHK	.07	7:44pm
AIR BLK	.00	7:45pm
SUB TEST	.00	7:46pm
AIR BLK	.00	7:47pm
SUB TEST	.00	7:48pm
AIR BLK	.00	7:49pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008734 Test Record Number: 647 Test Date: 04/26/2013 Test Time: 7:51pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	7:51pm
${ t FLO}$	Pass	7:51pm
FC	Pass	7:51pm

### Temperature Tests

Test	Status	Time
FC1	Pass	7:51pm
SRC	Pass	7:51pm
DET	Pass	7:51pm
BAR	Pass	7:51pm
BT	Pass	7:51pm

#### Blank Tests

Test	ı	Status	Time
AIR		Pass	7:52pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:52pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	7:52pm 7:52pm

Preventive Maintenance Status: Pass

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

County	Wayye Instrument Location BAT Mobile Unit?
Instrumen	t Serial No
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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	hat on the day of, 20, 20
A COLEAN SON SON SON SON SON SON SON SON SON SO	LATE OF NORTH CARD

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

Signature of Certifying Official

Certificate Number

WAYNE COUNTY BAT MOBILE UNIT 7 950

Serial Number: 008623 Test Date: 04/27/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	7:05pm
AIR BLK	.00	7:06pm
ACCY CHK	.07	7:06pm
AIR BLK	.00	7:07pm
SUB TEST	.00	7:08pm
AIR BLK	.00	7:09pm
SUB TEST	.00	7:11pm
AIR BLK	.00	7:12pm

Reported AC: .

.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAYNE COUNTY BAT MOBILE UNIT 7 950

Serial Number: 008623 Test Record Number: 2698 Test Date: 04/27/2013 Test Time: 7:20pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	7:21pm
SRC	Pass	7:21pm
DET	Pass	7:21pm
BAR	Pass	7:21pm
BT	Pass	7:21pm

#### Blank Tests

Test	Status	Time
AIR	Pass	7:22pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:22pm

#### CRC Tests

Test	Status	Time
COMP	Pass	7:22pm
CAL	Pass	7:22pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (1)	Ayre Instrument Location BAT Mapile Ux. 77
Instrument Seri	al No. 008417
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.
	theday of, 20
TO THE STATE OF TH	

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

Signature of Certifying Official

Certificate Number

#### WAYNE COUNTY BAT MOBILE UNIT 7 950

Serial Number: 008717 Test Date: 04/27/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:
02/01/2012-00/00/0000

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

Test Type: Breath Test

Lot Number: AG920302 Exp Date: 09/06/2013

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	7:10pm 7:11pm 7:12pm
AIR BLK	.00	7:13pm
SUB TEST	.00	7:13pm
AIR BLK	.00	7:14pm
SUB TEST	.00	7:16pm
AIR BLK	.00	7:17pm

Reported AC: .00 g/210L

Signature of Chémical Analyst

Court CVR

Analyst

#### WAYNE COUNTY BAT MOBILE UNIT 7 950

Serial Number: 008717

Test Record Number: 356

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	7:27pm
FLO	Pass	7:27pm
FC	Pass	7:27pm

#### Temperature Tests

Status	Time
Pass	7:27pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	7:28pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:28pm

#### CRC Tests

Test	Status	Time
COMP	Pass	7:28pm
CAL	Pass	7:28pm

Preventive Maintenance Status: Pass

Analyst

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

1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	he day of , 20 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.

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

Signature of Certifying Official

WAYNE COUNTY BAT MOBILE UNIT 7 950

Serial Number: 008760 Test Date: 04/27/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	7:07pm
AIR BLK	.00	7:08pm
ACCY CHK	.07	7:09pm
AIR BLK	.00	7:10pm
SUB TEST	.00	7:11pm
AIR BLK	.00	7:12pm
SUB TEST	.00	7:14pm
ATR BLK	. 00	7:15pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WAYNE COUNTY BAT MOBILE UNIT 7 950

Serial Number: 008760 Test Record Number: 431 Test Date: 04/27/2013 Test Time: 7:20pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	7:21pm
SRC	Pass	7:21pm
DET	Pass	7:21pm
BAR	Pass	7:21pm
$\mathtt{BT}$	Pass	7:21pm

#### Blank Tests

Test	Status	Time
AIR	Pass	7:22pm

#### Printer Tests

Test	Status	TIME
PRNT	Pass	7:22pm

#### CRC Tests

Test	Status	Time
COMP	Pass	7:22pm
CAL	Pass	7:22pm

Preventive Maintenance Status: Pass

Analyst

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

County	WACHE Instrument Location BAT Mobile Unit
Instrument S	erial No. <u>008739</u>
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 c	on the
STATE STATE OF THE	

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

Signature of Certifying Official

Certificate Number

WAYNE COUNTY BAT MOBILE UNIT 7 950

Serial Number: 008734 Test Date: 04/27/2013

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG920302 Exp Date: 09/06/2013

Test	g/210L	Time
DIAG AIR BLK	Pass	7:01pm 7:02pm
ACCY CHK AIR BLK	.07 .00	7:03pm 7:03pm
SUB TEST	.00	7:05pm
AIR BLK SUB TEST	.00 .00	7:06pm <b>7:08pm</b>
AIR BLK	.00	7:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WAYNE COUNTY BAT MOBILE UNIT 7 950

Serial Number: 008734
Test Date: 04/27/2013

Test Record Number: 652
Test Time: 7:16pm EDT

Test Date: 04/27/2013 Test Time: 7:16pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	7:17pm
FLO	Pass	7:17pm
FC	Pass	7:17pm

#### Temperature Tests

Test	Status Time	
FC1	Pass	7:17pm
SRC	Pass	7:17pm
DET	Pass	7:17pm
BAR	Pass	7:17pm
BT	Pass	7:17pm

#### Blank Tests

Test	Status	Time
AIR	Pass	7:17pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:18pm
	CRC Tests	
Test	Status	Time

1000	beacas	1 11110
COMP	Pass	7:18pm
CAL	Pass	7:18pm

Preventive Maintenance Status: Pass

Analyst

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

County	t Serial No. 00 \$577
	t Serial 140
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	nat on the day of day of 2013 the forgoing preventive maintenance s were performed on the instrument indicated above, in accordance with current regulations of the N.C. nt of Health and Human Services, and the instrument is functioning properly.
GRATIS CREATER	TATE ON NO. 12. CANONIA MANAGEMENT OF THE PARTY OF THE PA

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

Signature of Certifying Official

WAYNE COUNTY BAT MOBILE UNIT 7 950

Serial Number: 008577 Test Date: 04/27/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	6:45pm
AIR BLK	.00	6:47pm
ACCY CHK	.07	6:47pm
AIR BLK	.00	6:48pm
SUB TEST	.00	6:50pm
AIR BLK	.00	6:51pm
SUB TEST	.00	6:52pm
AIR BLK	.00	6:53pm

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

#### WAYNE COUNTY BAT MOBILE UNIT 7 950

Serial Number: 008577 Test Record Number: 857
Test Date: 04/27/2013 Test Time: 6:59pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time	
IR	Pass	7:00pm	
FLO	Pass	7:00pm	
FC	Pass	7:00pm	

#### Temperature Tests

Test	Status	Time		
FC1	Pass	7:00pm		
SRC	Pass	7:00pm		
DET	Pass	7:00pm		
BAR	Pass	7:00pm		
$\mathtt{BT}$	Pass	7:00pm		

#### Blank Tests

Test	Status	Time
AIR	Pass	7:01pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:01pm
	CRC Tests	

Test	Status	Time
COMP	Pass	7:01pm
CAL	Pass	7:01pm

Preventive Maintenance Status: Pass

Analyst

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

County(	ASWELL	Instrument Location_	SHP	CAS	WELL	OFF
Instrument S	erial No. <u>OO 8593</u>	956 FIRET	UWER	PD,	BLA	X+1, 1
The prevention four months	ve maintenance procedures for the Irare:	ntoximeters, Model Intox	EC/IR II to	be follow	ed at least or	nce every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		alcoholic bre	eath simula	ator thermon	neter shows
2.	Verify instrument displays time	and date;				
3.	Initiate breath test sequence;					·
4.	Enter information as prompted;					
5.	Verify instrument accuracy;					•
6.	When "PLEASE BLOW" appe	ears, collect breath sample	e;			
7.	When "PLEASE BLOW" appe	ears, collect breath sample	<b>ə</b> ;			
8.	Print test record;					
9.	Verify Diagnostic Program; and	i				
10.	Verify that the ethanol gas cani simulator solution is being char whichever occurs first.					
procedures w	on the 22 day of AP (or ere performed on the instrument ind of Health and Human Services, and t	icated above, in accordar	ice with curr	ent regula	reventive ma	₃intenance N.C.
THE STATE OF THE S		ature of Certifying Offici	al	(	ertificate Nu	ımber

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

#### CASWELL COUNTY SHP YANCEYVILLE 160

Serial Number: 008593 Test Date: 04/22/2013

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

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

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

Analyst's Name:
QUARANTELLO, NICHOLAS J
Permit Number: 21536E
Effective:
09/01/2011-09/01/2013

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

Lot Number: AG125603 Exp Date: 09/13/2013

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CASWELL COUNTY SHP YANCEYVILLE 160

Serial Number: 008593

Test Record Number: 930

Test Date: 04/22/2013

Test Time: 12:52pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	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	12:54pm
CAL	Pass	12:54pm

Preventive Maintenance Status: Pass

Analyst

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

County	WARREN	Instrument Location	NORLINA	P. D.
Instrumen	nt Serial No. <u>○○ 8 8 7 3</u>	101 MAIN ST	: NORLINA	, N.C.
The preve	ntive maintenance procedures for the I	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		oholic breath simulato	r thermometer shows
2.	Verify instrument displays tim	e and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	•		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" app	ears, collect breath sample;		
7.	When "PLEASE BLOW" app	ears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; an	<b>d</b> .		
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.			
	nat on the day of s were performed on the instrument in the of Health and Human Services, and			rentive maintenance ns of the N.C.
ON THE CONTACT OF THE		nature of Certifying Official	6 Cert	ificate Number

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

#### WARREN COUNTY NORLINA POLICE DEPT 920

Serial Number: 008873 Test Date: 04/24/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG300202

Exp Date: 01/02/2015

Test	g/210L	Time

DIAG	Pass	10:49am
AIR BLK	.00	10:50am
ACCY CHK	.07	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	10:56am

Reported AC: .00 g/210L

Signature (of Chemical Analyst

Court CVR

Analyst

#### WARREN COUNTY NORLINA POLICE DEPT 920

Serial Number: 008873

Test Record Number: 949

Test Date: 04/24/2013

Test Time: 10:56am 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

rest	Status	TTIIIC
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

County_	MAKREN	Instrument 1	Location_	WARREN	1 Co.	JAII
Instrumer	nt Serial No. 008793	HWY	58	WARREN	700	NC
The preve	entive maintenance procedures for the Into	oximeters, Mo	del Intox	EC/IR II to be fol	lowed at le	ast once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr			alcoholic breath si	mulator the	ermometer shows
2.	Verify instrument displays time a	and date;			e.	
3.	Initiate breath test sequence;					
4.	Enter information as prompted;					
5.	Verify instrument accuracy;					
6.	When "PLEASE BLOW" appear	rs, collect brea	ath sampl	e;		
7.	When "PLEASE BLOW" appear	rs, collect brea	ath sampl	e;		
8.	Print test record;					
9.	Verify Diagnostic Program; and					•
10.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.					
procedure	hat on the Odday of Property of the swere performed on the instrument indicent of Health and Human Services, and the	ated above, in	accordar		ng preventi gulations o	ive maintenance f the N.C.
COREAT SERVICE CONTRACTOR OF SERVICE CONTRAC	TATE OF TO THE CANADA SIGNAT	ure of Certify	ing Offic	ial	Certifica	ate Number

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

DHHS 4080 (11/07)

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793 Test Date: 04/24/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:
09/01/2011-09/01/2013

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

Lot Number: AG204603 Exp Date: 02/15/2014

Test	g/210L	Time
DIAG AIR BLK	Pass	11:35am 11:36am
ACCY CHK	.08	11:37am
AIR BLK	.00	11:37am
SUB TEST	.00	11:38am
AIR BLK	.00	11:38am
SUB TEST	.00	11:40am
ATR BLK	0.0	11 · 41am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793 Test Date: 04/24/2013 Test

Test Record Number: 646
Test Time: 11:42am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:42am 11:42am
FC	Pass	11:42am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:42am
SRC	Pass	11:42am
DET	Pass	11:42am
BAR	Pass	11:42am
BT	Pass	11:42am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:43am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:43am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:43am

Preventive Maintenance Status: Pass

Pass

11:43am

CAL

Analyst

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

County Van	Instrument Location Van Cev Co. Jail
Instrument Seria	Instrument Location Vancey Co. Jail  Buns Ville, NC
The preventive i	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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
O'THE STATE OF A CONTROL OF THE STATE OF THE	Signature of Certifying Official  Certificate Number

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

#### YANCEY COUNTY YANCEY COUNTY JAIL 990

Serial Number: 008653 Test Date: 04/22/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

06/01/2011-06/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG205401 Exp Date: 02/23/2014

Test	g/210L	Time
DIAG AIR BLK	Pass	3:16pm 3:17pm
ACCY CHK	.08	3:17pm
AIR BLK	.00	3:19pm
SUB TEST	.00	3:19pm
AIR BLK	.00	3:20pm
SUB TEST	.00	3:21pm
AIR BLK	.00	3:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Arralyst

#### YANCEY COUNTY YANCEY COUNTY JAIL 990

Serial Number: 008653

Test Record Number: 904

Test Date: 04/22/2013

Test Time: 3:23pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	3:25pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:25pm

#### CRC Tests

Test	Status	Time
COMP	Pass	3:25pm
CAL	Pass	3:25pm

Preventive Maintenance Status: Pass

Analyst

ATTIBITED BY

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

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

County Was 1	Tauga Instrument Location Boone PD		
Instrument Seria	Baone, 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.		
	the		
STATE OF THE STATE	Service of the servic		
	Signature of Certifying Official Certificate Number		

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

WATAUGA COUNTY BOONE P D 940

Serial Number: 008716 Test Date: 04/11/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

06/01/2011-06/01/2013

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

Agency: DHHS

Test Type: Breath Test

Lot Number: AG203903 Exp Date: 02/08/2014

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	1:35pm 1:36pm 1:37pm
AIR BLK SUB TEST	.00 .00	1:38pm 1:39pm
AIR BLK	.00	1:39pm
SUB TEST AIR BLK	.00	1:41pm 1:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WATAUGA COUNTY BOONE P D 940

Serial Number: 008716

Test Record Number: 1379

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:43pm
FLO	Pass	1:43pm
FC	Pass	1:43pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:44pm
SRC	Pass	1:44pm
DET	Pass	1:44pm
BAR	Pass	1:44pm
$\mathtt{BT}$	Pass	1:44pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:44pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:44pm
	6D 6	

#### CRC Tests

Test	Status	Time
COMP	Pass	1:44pm
CAL	Pass	1:44pm

Preventive Maintenance Status: Pass

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

8	INTOXIMETERS, MODEL INTOX EC/IN II
County Nat	auga Instrument Location Watavga Co. Jail
Instrument Seria	Instrument Location Watarga Co. Ja. 1  No. 008215  Boone, Ne
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.
	he <u>S</u> day of <u>ADI</u> , 20/3 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 N. OF THE COLUMN TO THE COLUM	Signature of Certifying Official Certificate Number

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

#### WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008715 Test Date: 04/08/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

06/01/2011-06/01/2013

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	3:55pm 3:56pm
ACCY CHK	.08	3:57pm
AIR BLK	.00	3:58pm
SUB TEST	.00	3:58pm
AIR BLK	.00	3:59pm
SUB TEST	.00	4:01pm
AIR BLK	.00	4:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008715

Test Record Number: 1144

Test Date: 04/08/2013

Test Time: 4:04pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:04pm
FLO	Pass	4:04pm
FC	Pass	4:04pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:04pm
SRC	Pass	4:04pm
DET	Pass	4:04pm
BAR	Pass	4:04pm
BT	Pass	4:04pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:05pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:05pm

#### CRC Tests

Test	Status	Time
COMP	Pass	4:05pm
CAL	Pass	4:05pm

Preventive Maintenance Status: Pass

Analyst

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

County Mc	Dowell Instrument Location McDowell Co. Jail
Instrument Seria	INO. 008892 Marion, NG
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1. 1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on to procedures were Department of H	theday of
STATE OF AN	Signature of Certifying Official  Certificate Number

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

MCDOWELL COUNTY JAIL 580

Serial Number: 008892 Test Date: 04/01/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

06/01/2011-06/01/2013

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

Agency: DHHS

Test Type: Breath Test

Lot Number: AG200401 Exp Date: 01/04/2014

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	2:43pm 2:44pm 2:44pm
AIR BLK	.00	2:45pm
SUB TEST	.00	2:46pm
AIR BLK	.00	2:47pm
SUB TEST	.00	2:48pm
AIR BLK	.00	2:49pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MCDOWELL COUNTY JAIL 580

Serial Number: 008892

Test Record Number: 330

Test Date: 04/01/2013 Test Time: 2:51pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:52pm
SRC	Pass	2:52pm
DET	Pass	2:52pm
BAR	Pass	2:52pm
$\mathtt{BT}$	Pass	2:52pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:52pm

#### Printer Tests

rest	Status	TIME
PRNT	Pass	2:52pm

#### CRC Tests

Test	Status	Time
COMP	Pass	2:52pm
CAL	Pass	2:52pm

Preventive Maintenance Status: Pass

1 11111

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

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

County Mc	Dowell Instrument Location Mc Dowell Co. Jail
Instrument Seria	11 No. 008888 Marion, NC
The preventive r four months are:	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	theday of
TOTAL STATE OF NO. 1772 NO. 17	CAROLLES 649
	Signature of Certifying Official Certificate Number

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

MCDOWELL COUNTY JAIL 580

Serial Number: 008888 Test Date: 04/01/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

06/01/2011-06/01/2013

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG124202 Exp Date: 08/30/2013

Test	g/210L	Time
DIAG AIR BLK	Pass	2:42pm 2:43pm
ACCY CHK	.07	2:44pm
AIR BLK	.00	2:45pm
SUB TEST	.00	2:46pm
AIR BLK	.00	2:46pm
SUB TEST	.00	2:48pm
AIR BLK	.00	2:49pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MCDOWELL COUNTY JAIL 580

Serial Number: 008888 Test Record Number: 882

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	2:53pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:53pm
	CRC Tests	

Test	Status	Time
COMP	Pass	2:53pm
CAL	Pass	2:53pm

Preventive Maintenance Status: Pass

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

County_	Johnston	Instrument Location Joh	wsdow Co. Jail
Instrumen	t Serial No. <u>CO 8810</u>	SmithGold, 1	JC
The preve	ntive maintenance procedures for the	: 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		breath simulator thermometer shows
2.	Verify instrument displays ti	me 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 before expir hanged every four months or after 12	ration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
procedure	hat on the <u>22 vol</u> day of Ares were performed on the instrument on the description of Health and Human Services, and	indicated above, in accordance with	the forgoing preventive maintenance current regulations of the N.C. erly.
SE CREAT SE	hand	Signature of Certifying Official	Certificate Number

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

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008810 Test Date: 04/22/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: TRUDELL, SR., DANIEL T

Permit Number: 21535E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG203102 Exp Date: 01/31/2014

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Test Record Number: 1308 Serial Number: 008810

Test Date: 04/22/2013 Test Time: 10:16am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:16am
SRC	Pass	10:16am
DET	Pass	10:16am
BAR	Pass	10:16am
$\mathtt{BT}$	Pass	10:16am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:17am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:17am
	CRC Tests	
Test	Status	Time

10:17am COMP Pass CAL Pass 10:17am

Preventive Maintenance Status: Pass

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

County \\\	phoston	_ Instrument Location	on John	uston C	O. Jan	
Instrument Ser	ial No. <u>00 8846</u>	Smitherel	d, N	C		
		The second secon	·	11 142		
The preventive four months as	e maintenance procedures for the e:	Intoximeters, Model Int	ox EC/IR I	I to be followed a	least once eve	ery
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d		he alcoholic	: breath simulator	thermometer s	show
2.	Verify instrument displays tin	ne and date;	·			
3.	Initiate breath test sequence;		N.			
<b>.4.</b>	Enter information as prompte	d;				
5.	Verify instrument accuracy;			•		
6.	When "PLEASE BLOW" ap	pears, collect breath san	nple;			
<b>7.</b> •	When "PLEASE BLOW" ap	pears, collect breath san	nple;		•	
8.	Print test record;			•		
9.	Verify Diagnostic Program; a	nd	**	,	+ # 1	
10.	Verify that the ethanol gas car simulator solution is being ch whichever occurs first.					
procedures we	n the <u>32 Ne</u> day of <u>Ap</u> re performed on the instrument in Health and Human Services, and	idicated above, in accor	dance with		entive mainten as of the N.C.	ance
· · · · · · · · · · · · · · · · · · ·						7.49
STATE STATE OF STATE	# CAROL					
ASTE OTHER AS	Sign	gnature of Certifying O	<u> </u>		ららし ficate Number	<del></del>

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

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008846 Test Date: 04/22/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: TRUDELL, SR., DANIEL T

Permit Number: 21535E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG204603 Exp Date: 02/15/2014

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008846 Test Record Number: 2863 Test Date: 04/22/2013 Test Time: 10:13am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:14am
SRC	Pass	10:14am
DET	Pass	<b>1</b> 0:14am
BAR	Pass	10:14am
$\mathtt{BT}$	Pass	10:14am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:15am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:15am

#### CRC Tests

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

Preventive Maintenance Status: Pass

Land Trushell an
Analyst

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

County	NASH	Instrument Location NASH CO. JAIL
Instrumen	nt Serial No. <u>008630</u>	NASHUITE, N.C.
The preve		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 alcoholic breath simulator thermometer shows degree centigrade;
2.	Verify instrument displays	ime and date;
3.	Initiate breath test sequence	;
4.	Enter information as promp	ted;
5.	Verify instrument accuracy	
_. .∕ 6.	When "PLEASE BLOW"	appears, collect breath sample;
7.	When "PLEASE BLOW"	appears, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program	and
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is being changed before expiration date, or the alcoholic breath changed every four months or after 125 Alcoholic Breath Simulator tests,
procedure	hat on the 17 day of Assert of Health and Human Services, a	indicated above, in accordance with current regulations of the N.C. and the instrument is functioning properly.
SE S	TATE O NORTH CARO	Signature of Certifying Official Certificate Number

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

NASH COUNTY NASH COUNTY JAIL 630

Serial Number: 008630 Test Date: 04/17/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:
09/01/2011-09/01/2013

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

Test Type: Breath Test

Lot Number: AG206602 Exp Date: 03/06/2014

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Apalyst

#### NASH COUNTY NASH COUNTY JAIL 630

Serial Number: 008630

Test Record Number: 2638

Test Date: 04/17/2013

Test Time: 9:48am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:49am 9:49am
	Pass	9:49am
FC	rabb	J. #Jaiii

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	9:49am

### Printer Tests

Test	Status	Time
דיאקכ	Pagg	9 · 49am

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County	NASHI	_ Instri	ment Location_	Roca	W MO	アル	P.D.	
Instrument	t Serial No. <u>00 8740</u>	# (	GOVERN	EU	PIAZ	A , R	acry	<u> </u>
The prevention	ntive maintenance procedures for the hs are:	Intoximete	ers, Model Intox	EC/IR II	to be follow	ved at lea	st once ev	ery
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d			alcoholic	breath simu	lator the	rmometer	shows
2.	Verify instrument displays tin	ne and date	<b>;</b> ;					
3.	Initiate breath test sequence;							
4.	Enter information as prompte	d;						
5.	Verify instrument accuracy;							
6.	When "PLEASE BLOW" ap	pears, coll	ect breath sample	е;				
7.	When "PLEASE BLOW" ap	pears, coll	ect breath sample	e;		,		
8.	Print test record;		•	•				
9.	Verify Diagnostic Program; a	nd						
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.							
procedures	nat on the <u>17</u> day of <del>A f</del> s were performed on the instrument in nt of Health and Human Services, and	idicated ab	ove, in accordar	ice with (	current regul	preventiv ations of	ve mainten the N.C.	ance
THE CORE OF THE CO	TATE OF NORTH CAROLINA AND THE CAROLINA	115	Jane C	<u></u>		656	2	
	Sig	mature of	Certifying Offic	ial		Certifica	te Number	
A signed o	original of the preventive maintenance	record sh	all be kept on fil	e for at l	east three ye	ars.		

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740 Test Date: 04/17/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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#### NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740 Test Record Number: 432 Test Date: 04/17/2013 Test Time: 10:49am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:50am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:50am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:50am 10:50am

Preventive Maintenance Status: Pass

Analyst

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

County	NASHI	Instrument Location	Parky	MOUT	Q. 9
Instrument	Serial No. 00 8741	#1 GOVERNE	N P 1A-2	A, Re	KKY MOU
					<u> </u>
The preven	tive maintenance procedures for s are:	r the Intoximeters, Model Into	x EC/IR II to be	e followed at le	east once every
1.	Verify the ethanol gas ca 34 degrees, plus or minus	nister displays pressure, or the s .2 degree centigrade;	alcoholic breat	th simulator th	ermometer shows
2.	Verify instrument display	ys time and date;			
3.	Initiate breath test sequer	nce;			
4.	Enter information as pro	mpted; i.			
5.	Verify instrument accura	ıcy;			
6.	When "PLEASE BLOW	" appears, collect breath samp	ple;		
7.	When "PLEASE BLOW	" appears, collect breath samp	ple;		
8.	Print test record;				
9.	Verify Diagnostic Progra	ım; and			
10.	Verify that the ethanol gas simulator solution is beir whichever occurs first.	as canister is being changed being changed every four months	efore expiration or after 125 Al	date, or the al coholic Breath	coholic breath Simulator tests,
I certify the procedures Departmen	at on the day of were performed on the instrument of Health and Human Services	ent indicated above, in accord	lance with curre		tive maintenance of the N.C.
S S S S S S S S S S S S S S S S S S S	ATE OF NO PROPERTY OF THE PROP	Signature of Certifying Off	ficial		cate Number

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

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741 Test Date: 04/17/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG125603 Exp Date: 09/13/2013

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07 .00	10:36am 10:36am 10:37am 10:38am
SUB TEST	.00	
AIR BLK	.00	10:39am
SUB TEST	.00	10:41am
AIR BLK	.00	10:41am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741

Test Record Number: 1229

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:43am
FLO	Pass	10:43am
FC	Pass	10:43am

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:44am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:44am

#### CRC Tests

Test	Status	Time
COMP	Pass	10:44am
CAL	Pass	10:44am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	erial No. 208718
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 procedures very Department	on the day of , 20 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
CHI STATI	
- ministra	Signature of Certifying Official Certificate Number

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

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008778 Test Date: 04/13/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .. 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008778 Test Record Number: 1018
Test Date: 04/13/2013 Test Time: 10:08pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:08pm 10:08pm
FC	Pass	10:08pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:08pm 10:08pm
SRC DET	Pass Pass	10:08pm
BAR	Pass	10:08pm
BT	Pass	10:08pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:09pm

## Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County	Instrument Location BAT Mbb: le Us. 7 4
Instrument S	erial No. 008612
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 1374 day of, 20 13 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	

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

Signature of Certifying Official

Certificate Number

NEW HANOVER BAT MOBILE UNIT 7 640

Serial Number: 008612 Test Date: 04/13/2013

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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:
02/01/2012-02/01/2014

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:57pm 9:58pm
ACCY CHK	.07	9:59pm
AIR BLK	.00	10:00pm
SUB TEST	.00	10:01pm
AIR BLK	.00	10:02pm
SUB TEST	.00	10:04pm
AIR BLK	.00	10:05pm

Reported AC: .90 g/210L

Signature of Chemical Analyst

Court CVR

#### NEW HANOVER BAT MOBILE UNIT 7 640

Serial Number: 008612

Test Record Number: 1325

Test Date: 04/13/2013

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 DET BAR	Pass Pass Pass Pass	10:10pm 10:10pm 10:10pm 10:10pm
BT	Pass	10:10pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:11pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:11pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:11pm 10:11pm

Preventive Maintenance Status: Pass

Analyst

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

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

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

Signature of Certifying Official

Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008577 Test Date: 04/13/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:54pm
AIR BLK	.00	9:55pm
ACCY CHK	.07	9:56pm
AIR BLK	.00	9:57pm
SUB TEST	.00	9:58pm
AIR BLK	.00	9:59pm
SUB TEST	.00	10:01pm
ATR BLK	0.0	10:02pm

Reported AC: .0

 $.00_{-}$  g/210I $_{-}$ 

Signature of Chemical Analyst

Court CVR

Analyst

#### NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008577 Test Record Number: 837 Test Date: 04/13/2013 Test Time: 10:08pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:10pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sho 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.  I certify that	
	vere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
JOS THE STAT	

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

Signature of Certifying Official

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008717 Test Date: 04/13/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

02/01/2012-02/01/2014

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

Test Type: Breath Test

Lot Number: AG920302 Exp Date: 09/06/2013

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	10:00pm 10:01pm 10:01pm 10:02pm 10:03pm
AIR BLK SUB TEST	.00 .00	10:04pm 10:05pm
AIR BLK	.00	10:05pm

Reported AC: ,.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008717 Test Record Number: 342
Test Date: 04/13/2013 Test Time: 10:10pm EDT

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1	Pass	10:11pm
SRC	Pass	10:11pm
DET	Pass	10:11pm
BAR	Pass	10:11pm
${ t BT}$	Pass	10:11pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:11pm

#### Printer Tests

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

10:12pm

Preventive Maintenance Status: Pass

Pass

Analyst

CAL

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

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

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

Signature of Certifying Official

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008760 Test Date: 04/13/2013

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

Subject'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:
02/01/2012-02/01/2014

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:59pm 10:00pm
ACCY CHK	.07	10:00pm
AIR BLK	.00	10:01pm
SUB TEST	.00	10:02pm
AIR BLK	.00	10:03pm
SUB TEST	.00	10:05pm
ATR BLK	. 00	10:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008760 Test Record Number: 414
Test Date: 04/13/2013 Test Time: 10:09pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:11pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:11pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:11pm

10:11pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

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
OF THE STAT	

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

NEW HANOVER COUNTY BAT MOBILE UNIT 7

640

Serial Number: 008623

Test Date: 04/13/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:03pm
AIR BLK	.00	10:04pm
ACCY CHK	.07	10:05pm
AIR BLK	.00	10:06pm
SUB TEST	.00	10:07pm
AIR BLK	.00	10:08pm
SUB TEST	.00	10:10pm
AIR BLK	.00	10:11pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640
Serial Number: 008623 Test Record Number: 2679
Test Date: 04/13/2013 Test Time: 10:12pm EDT
System Check: Passed

#### Baseline Tests

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

## Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	10:13pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:14pm

#### CRC Tests

Test	Status	Time
COMP	Pass	10:14pm
CAL	Pass	10:14pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Z	Brunswick Co Instrument Location Branch	rile Chrity
Instrument S	Serial No. 0087/7	
The prevent	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followare:	wed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simu 34 degrees, plus or minus .2 degree centigrade;	lator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or simulator solution is being changed every four months or after 125 Alcoholic whichever occurs first.	or the alcoholic breath Breath Simulator tests,
procedures v	on theday of, 20, 20	preventive maintenance lations of the N.C.
STATE STATE OF THE	E O A O O O O O O O O O O O O O O O O O	
APRIL 12, 07		MICHOF
-	Signature of Certifying Official	Certificate Number

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

#### BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008717 Test Date: 04/12/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:
02/01/2012-02/01/2014

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

Lot Number: AG920302 Exp Date: 09/06/2013

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	6:14pm 6:15pm 6:16pm
AIR BLK	.00	6:17pm
SUB TEST	.00	6:17pm
AIR BLK	.00	6:18pm
SUB TEST	.00	6:20pm
AIR BLK	.00	6:21pm

Reported AC: _00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008717 Test Record Number: 337
Test Date: 04/12/2013 Test Time: 6:25pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	6:26pm
FLO	Pass	6:26pm
FC	Pass	6:26pm

## Temperature Tests

Test	Status	Time
FC1	Pass	6:26pm
SRC	Pass	6:26pm
DET	Pass	6:26pm
BAR	Pass	6:26pm
BT	Pass	6:26pm

## Blank Tests

Test	Status	Time
AIR	Pass	6:26pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	6:27pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	6:27pm 6:27pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County	BRUHSWICK G Instrument Location BAT Mobile Ubert 7
Instrument S	
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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
STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI ST	Signature of Certifying Official  Certificate Number

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

#### BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008577 Test Date: 04/12/2013

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

Subject'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:
02/01/2012-02/01/2014

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

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

Test	g/210L	Time
DIAG	Pass	6:10pm
AIR BLK	.00	6:11pm
ACCY CHK	.07	6:12pm
AIR BLK	.00	6:13pm
SUB TEST	.00	6:13pm
AIR BLK	.00	6:15pm
SUB TEST	.00	6:16pm
AIR BLK	.00	6:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008577 Test Record Number: 835 Test Date: 04/12/2013 Test Time: 6:19pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	6:20pm
FLO	Pass	6:20pm
FC	Pass	6:20pm

## Temperature Tests

Test	Status	Time
FC1	Pass	6:20pm
SRC	Pass	6:20pm
DET	Pass	6:20pm
BAR	Pass	6:20pm
BT	Pass	6:20pm

#### Blank Tests

Test	Status	Time
AIR	Pass	6:21pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	6:21pm

## CRC Tests

Test	Status	Time
COMP	Pass	6:21pm
CAL	Pass	6:21pm

Preventive Maintenance Status: Pass

Analyst

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

	Courseliek Co Instrument Location Bat Mobile With
Instrument Se	erial No. <u>2086/2</u>
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	n the
THE STATE OF THE S	
	Signature of Certifying Official Certificate Number

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

BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008612 Test Date: 04/12/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

02/01/2012-02/01/2014

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	6:12pm
AIR BLK ACCY CHK	.00 .07	6:13pm
AIR BLK	.00	6:13pm 6:14pm
SUB TEST	.00	6:15pm
AIR BLK	.00	6:16pm
SUB TEST	.00	6:18pm
AIR BLK	.00	6:19pm

Signature of Chemical Analyst

Court CVR

Analyst

#### BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008612

Test Record Number: 1323

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	6:20pm
FLO	Pass	6:20pm
FC	Pass	6:20pm

## Temperature Tests

Test	Status	Time
FC1	Pass	6:20pm
SRC	Pass	6:20pm
DET	Pass	6:20pm
BAR	Pass	6:20pm
BT	Pass	6:20pm

#### Blank Tests

Test	Status	Time
AIR	Pass	6:21pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	6:21pm
	CRC Tests	
Test	Status	Time

ICSC	Status	TTILLE
COMP	Pass	6:21pm
CAL	Pass	6:21pm

Preventive Maintenance Status: Pass

Analyst

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

County Z	Larsanck B Instrument Location BAT Whole Christ?
Instrument S	Serial No. <u>ののおかり</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.
	on the day of, 20
TATE BILL OF THE B	Solo Land
- danning	Signature of Certifying Official Certificate Number

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

Certificate Number

BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008778 Test Date: 04/12/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	6:09pm
AIR BLK	.00	6:10pm
ACCY CHK	.08	6:11pm
AIR BLK	.00	6:12pm
SUB TEST	.00	6:13pm
AIR BLK	.00	6:14pm
SUB TEST	.00	6:15pm
ATR BLK	. 00	6:16pm

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008778 Test Record Number: 1015 Test Date: 04/12/2013 Test Time: 6:17pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	6:18pm
FLO	Pass	6:18pm
FC	Pass	6:18pm

## Temperature Tests

Test	Status	Time
FC1	Pass	6:18pm
SRC	Pass	6:18pm
DET	Pass	6:18pm
BAR	Pass	6:18pm
BT	Pass	6:18pm

#### Blank Tests

Test	Status	Time
AIR	Pass	6:19pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	6:19pm
	CRC Tests	

Test	Status	Time
COMP	Pass	6:19pm
CAL	Pass	6:19pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the day of , 20 5 the forgoing preventive maintenance vere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
TATE STATE OF THE	

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

Signature of Certifying Official

## BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008760 Test Reco Test Date: 04/12/2013 Test Tir

Test Record Number: 412 Test Time: 6:23pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	6:23pm
FLO	Pass	6:23pm
FC	Pass	6:23pm

## Temperature Tests

Test	Status	Time
FC1	Pass	6:23pm
SRC	Pass	6:23pm
DET	Pass	6:23pm
BAR	Pass	6:23pm
BT	Pass	6:23pm

#### Blank Tests

Test	Status	Time
AIR	Pass	6:24pm

#### Printer Tests

rest	Status	Time
PRNT	Pass	6:24pm

#### CRC Tests

Test	Status	Time
COMP	Pass	6:24pm
CAL	Pass	6:24pm

Preventive Maintenance Status: Pass

Analyst

BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008760 Test Date: 04/12/2013

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

Subject'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:
02/01/2012-02/01/2014

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	6:13pm 6:14pm
ACCY CHK	.07	6:15pm
AIR BLK	.00	6:16pm
SUB TEST	.00	6:17pm
AIR BLK	.00	6:18pm
SUB TEST	.00	6:19pm
AIR BLK	.00	6:20pm

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

	Serial No. 008623
The preventi	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures we Department of	on theday of, 20 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	

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

Signature of Certifying Official

Certificate Number

BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008623 Test Date: 04/12/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Ţime
DIAG	Pass	6:17pm
AIR BLK	.00	6:18pm
ACCY CHK	.07	6:19pm
AIR BLK	.00	6:20pm
SUB TEST	.00	6:21pm
AIR BLK	.00	6:22pm
SUB TEST	.00	6:23pm
ATR BLK	. 0.0	6:24pm

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008623 Test Record Number: 2674 Test Date: 04/12/2013 Test Time: 6:26pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	6:26pm
FLO	Pass	6:26pm
FC	Pass	6:26pm

## Temperature Tests

		_
Test	Status	Time
FC1	Pass	6:26pm
SRC	Pass	6:26pm
DET	Pass	6:26pm
BAR	Pass	6:26pm
BT	Pass	6:26pm

#### Blank Tests

Test	Status	Time
AIR	Pass	6:27pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	6:27pm

## CRC Tests

Test	Status	Time
COMP	Pass	6:27pm
CAL	Pass	6:27pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

1		About Co Di Silver
County	nowan	Instrument Location Chrun Co. Pushe Salety CT.
Instrument Seri	al No. 00 8895	Instrument Location (MANUA (D. Public Salety CT),  305 W. Free Mason St., Edenton NC.
The preventive four months are	maintenance procedures for the Int	toximeters, 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	displays pressure, or the alcoholic breath simulator thermometer shows gree 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" appea	ars, collect breath sample;
7.	When "PLEASE BLOW" appea	ars, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.	ster is being changed before expiration date, or the alcoholic breath ged every four months or after 125 Alcoholic Breath Simulator tests,
	e performed on the instrument indic	the forgoing preventive maintenance cated above, in accordance with current regulations of the N.C. se instrument is functioning properly.
OTHE STATE OF LAND 25, 1772  WIN 25, 1772	Signat	ature of Certifying Official Certificate Number

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

## CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895 Test Date: 04/18/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG124201 Exp Date: 08/30/2013

Test	g/210L	Time
DIAG AIR BLK	Pass	1:51pm 1:52pm
ACCY CHK AIR BLK	.07 .00	1:53pm 1:54pm
SUB TEST	.00	1:54pm
AIR BLK	.00	1:55pm
SUB TEST	.00	1:57pm
AIR BLK	.00	1:58pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895 Test Record Number: 529
Test Date: 04/18/2013 Test Time: 1:59pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:59pm 1:59pm
FC	Pass	1:59pm

## Temperature Tests

Test	Status	Time
FC1	Pass	1:59pm
SRC	Pass	1:59pm
DET	Pass	1:59pm
BAR	Pass	1:59pm
BT	Pass	1:59pm

## Blank Tests

Test	Status	Time
AIR	Pass	2:00pm

## Printer Tests

rest	Status	ттие
PRNT	Pass	2:00pm

## CRC Tests

Test	Status	Time
COMP	Pass	2:00pm
CAL	Pass	2:00pm

Preventive Maintenance Status: Pass

Analyst

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

	INTOXIMETERS, MODEL INTOX EC/IR II
County	under Instrument Location Canden Co. 5.0.
Instrument Se	erial No. 008940 113 Hwy 343, Camplen, 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;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
<b>5.</b>	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
<b>8.</b>	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
CE STATE AND STATE OF THE STATE	CAROUN CONTROL OF THE

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

Signature of Certifying Official

Certificate Number

CAMDEN COUNTY CAMDEN CO SO 140

Serial Number: 008940 Test Date: 04/18/2013

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

Subject'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:
09/01/2011-09/01/2013

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

Lot Number: AG203902 Exp Date: 02/08/2014

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00	12:27pm 12:28pm 12:28pm 12:29pm 12:30pm 12:31pm 12:33pm
AIR BLK	.00	12:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Tinck of beese Analyst

## CAMDEN COUNTY CAMDEN CO SO 140

Serial Number: 008940 Test Record Number: 596
Test Date: 04/18/2013 Test Time: 12:35pm EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

Status	Time
Pass	12:35pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	12:36pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:36pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County )	WIWANS Instrument Location Yeraviwans Co. S.O.
Instrument Seri	al No. 008921 110 N. Chuich St., Hertford,
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the
THE STATE OF THE S	

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

Signature of Certifying Official

## PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921 Test Date: 04/16/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:
09/01/2011-09/01/2013

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

Lot Number: AG203103 Exp Date: 01/31/2014

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00 .00	1:23pm 1:24pm 1:25pm 1:26pm 1:26pm
AIR BLK	.00	1:27pm
SUB TEST	.00	1:29pm
AIR BLK	.00	1:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921 Test Record Number: 416
Test Date: 04/16/2013 Test Time: 1:30pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:31pm
FLO	Pass	1:31pm
FC	Pass	1:31pm

## Temperature Tests

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

## Blank Tests

Test	Status	Time	
AIR	Pass	1:31pm	

#### Printer Tests

Status

Test

Time

1000	Deacas	TIMO
PRNT	Pass	1:32pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:32pm 1:32pm

Preventive Maintenance Status: Pass

Analyst

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

U	INTOXIMETERS, MODEL INTOX EC/IR II	
County \(\frac{1}{2}\)	ASQUOTANK Instrument Location Jacquotank Co. Pholic Sala	m Blu.
Instrument S	Serial No. 008941 200 E. Colonial Ave., Sizabeth	Corh.
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.	
I certify that procedures v Department	on theday of, 20	
TATE OF THE PROPERTY OF THE PR		
STE QUAM V	Signature of Certifying Official Certificate Number	· •

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

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008941 Test Date: 04/16/2013

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
09/01/2011-09/01/2013

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

Lot Number: AG120101 Exp Date: 07/20/2013

'l'est	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	12:24pm 12:25pm 12:26pm
AIR BLK SUB TEST	.00 .00	12:27pm <b>12:27pm</b>
		_
AIR BLK	.00	12:28pm
SUB TEST	.00	12:30pm
AIR BLK	.00	12:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Find & Clean
Analyst

## PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008941 Test Record Number: 896 Test Date: 04/16/2013 Test Time: 12:32pm EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	12:33pm

## Printer Tests

Test

Status Time

PRNT	Pass	12:33pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:33pm 12:33pm

Preventive Maintenance Status: Pass

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



Signature of Certifying Official

Certificate Númber

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

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008950 Test Date: 04/16/2013

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

Subject'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:
09/01/2011-09/01/2013

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

Lot Number: AG120101 Exp Date: 07/20/2013

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	12:19pm 12:20pm 12:21pm 12:22pm
SUB TEST	.00	12:23pm
AIR BLK	.00	12:24pm
SUB TEST	.00	12:26pm
AIR BLK	.00	12:27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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## PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008950

Test Record Number: 812

Test Date: 04/16/2013

Test Time: 12:28pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	12:28pm
FLO	Pass	12:28pm
FC	Pass	12:28pm

## Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	12:29pm

## Printer Tests

Test	Status	Time
PRNT	Pass	12:29pm
	CRC Tests	
Test	Status	Time

COMP	Pass	12:29pm
CAL	Pass	12:29pm

Preventive Maintenance Status: Pass

Analyst

## 

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

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

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



Signature of Certifying Official

Certificate Number

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

DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008847 Test Date: 04/03/2013

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

Subject'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:
09/01/2011-09/01/2013

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

Lot Number: AG206103 Exp Date: 03/01/2014

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	12:42pm 12:43pm 12:43pm
AIR BLK	.00	12:44pm
SUB TEST	.00	12:45pm
AIR BLK	.00	12:46pm
SUB TEST	.00	12:47pm
AIR BLK	.00	12:48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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Analyst

#### DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008847 Test Record Number: 400 Test Date: 04/03/2013 Test Time: 12:49pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	12:49pm
FLO	Pass	12:49pm
FC	Pass	12:49pm

## Temperature Tests

Test	Status	Time
FC1	Pass	12:49pm
SRC	Pass	12:49pm
DET	Pass	12:49pm
BAR	Pass	12:49pm
BT	Pass	12:49pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:50pm

## Printer Tests

Test	Status	Time
PRNT	Pass	12:50pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:50pm 12:50pm

Preventive Maintenance Status: Pass

Analyst

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

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

Signature of Certifying Official

Certificate Number

DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844 Test Date: 04/01/2013

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:
09/01/2011-09/01/2013

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

Lot Number: AG206103 Exp Date: 03/01/2014

rest	g/210L	Time
DIAG	Pass	2:11pm
AIR BLK	.00	2:12pm
ACCY CHK	.08	2:13pm
AIR BLK	.00	2:14pm
SUB TEST	.00	2:14pm
AIR BLK	.00	2:16pm
SUB TEST	.00	2:17pm
AIR BLK	.00	2:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844

Test Record Number: 1218

Test Date: 04/01/2013

Test Time: 2:19pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Status	Time
Pass	2:19pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	2:20pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:20pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.  1 certify that on the	County	HARNETT Instrument Location HARNETT CO. DETENTION CTR
1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sh 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.  1 certify that on the	Instrument	Serial No. 008863 LILLINGTON, NC
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.  I certify that on the day of ARIL , 20 / 3 the forgoing preventive maintenar procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.		
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.  I certify that on the	1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.  1 certify that on the	2.	Verify instrument displays time and date;
5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.  I certify that on the	3.	Initiate breath test sequence;
6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.  1 certify that on the	4.	Enter information as prompted;
7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.  I certify that on the	5.	Verify instrument accuracy;
8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.  I certify that on the	6.	When "PLEASE BLOW" appears, collect breath sample;
9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.  1 certify that on the	7.	When "PLEASE BLOW" appears, collect breath sample;
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.  I certify that on the	8.	Print test record;
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.  I certify that on the	9.	Verify Diagnostic Program; and
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.	10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
O'ME STATE OF NO. 172: TO A COMPANY WITH THE STATE OF NO. 172: TO A COMPANY WITH THE STATE OF NO. 172: TO A COMPANY WITH THE STATE OF NO. 172: TO A COMPANY WITH THE STATE OF NO. 172: TO A COMPANY WITH THE STATE OF NO. 172: TO A COMPANY WITH THE STATE OF NO. 172: TO A COMPANY WITH THE STATE OF NO. 172: TO A COMPANY WITH THE STATE OF NO. 172: TO A COMPANY WITH THE STATE OF NO. 172: TO A COMPANY WITH THE STATE OF NO. 172: TO A COMPANY WITH THE STATE OF NO. 172: TO A COMPANY WITH THE STATE OF NO. 172: TO A COMPANY WITH THE STATE OF NO. 172: TO A COMPANY WITH THE STATE OF NO. 172: TO A COMPANY WITH THE STATE OF NO. 172: TO A COMPANY WITH THE STATE OF NO. 172: TO A COMPANY WITH THE STATE OF NO. 172: TO A COMPANY WITH THE STATE OF NO. 172: TO A COMPANY WITH THE STATE OF NO. 172: TO A COMPANY WITH THE STATE OF NO. 172: TO A COMPANY WITH THE STATE OF NO. 172: TO A COMPANY WITH THE STATE OF NO. 172: TO A COMPANY WITH THE STATE OF NO. 172: TO A COMPANY WITH THE STATE OF NO. 172: TO A COMPANY WITH THE STATE OF NO. 172: TO A COMPANY WITH THE STATE OF NO. 172: TO A COMPANY WITH THE STATE OF NO. 172: TO A COMPANY WITH THE STATE OF NO. 172: TO A COMPANY WITH THE STATE OF NO. 172: TO A COMPANY WITH THE STATE OF NO. 172: TO A COMPANY WITH THE STATE OF NO. 172: TO A COMPANY WITH THE STATE OF NO. 172: TO A COMPANY WITH THE STATE OF NO. 172: TO A COMPANY WITH THE STATE OF NO. 172: TO A COMPANY WITH THE STATE OF NO. 172: TO A COMPANY WITH THE STATE OF NO. 172: TO A COMPANY WITH THE STATE OF NO. 172: TO A COMPANY WITH THE STATE OF NO. 172: TO A COMPANY WITH THE STATE OF NO. 172: TO A COMPANY WITH THE STATE OF NO. 172: TO A COMPANY WITH THE STATE OF NO. 172: TO A COMPANY WITH THE STATE OF NO. 172: TO A COMPANY WITH THE STATE OF NO. 172: TO A COMPANY WITH THE STATE OF NO. 172: TO A COMPANY WITH THE STATE OF NO. 172: TO A COMPANY WITH THE STATE OF NO. 172: TO A COMPANY WITH THE STATE OF NO. 172: TO A COMPANY WITH THE STATE OF NO. 172: TO A COMPANY WITH THE STATE OF NO. 172: TO A COMPANY WITH THE STATE OF NO. 172: TO A COMPANY WITH THE S	procedures	were performed on the instrument indicated above, in accordance with current regulations of the N.C.
Signature of Certifying Official Certificate Number	CONTRACTOR OF THE CONTRACTOR O	Tet I musel 371

#### HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008863 Test Date: 04/16/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 06108E

Effective:

09/01/2011-09/01/2013

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:20pm
AIR BLK	.00	2:21pm
ACCY CHK	.08	2:21pm
AIR BLK	.00	2:22pm
SUB TEST	.00	2:23pm
AIR BLK	.00	2:24pm
SUB TEST	.00	2:25pm
AIR BLK	.00	2:26pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008863 Test Record Number: 130 Test Date: 04/16/2013 Test Time: 2:32pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:33pm
FLO	Pass	2:33pm
FC	Pass	2:33pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:33pm
SRC	Pass	2:33pm
DET	Pass	2:33pm
BAR	Pass	2:33pm
$\mathtt{BT}$	Pass	2:33pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:34pm

#### Printer Tests

rest	Status	TIME
PRNT	Pass	2:34pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:34pm 2:34pm

Preventive Maintenance Status: Pass

Analyst

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

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:  1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  1 certify that on the Aday of Adal 20/3 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.	County [1	Jake Instrument Location By Michile Com, 7 45
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	Instrument S	Gerial No. OO Sto DO TESTER
34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before 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 preventi four months	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.	1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the	2.	Verify instrument displays time and date;
5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the	3.	Initiate breath test sequence;
<ol> <li>When "PLEASE BLOW" appears, collect breath sample;</li> <li>When "PLEASE BLOW" appears, collect breath sample;</li> <li>Print test record;</li> <li>Verify Diagnostic Program; and</li> <li>Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.</li> <li>I certify that on the</li></ol>	4.	Enter information as prompted;
7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the	5.	Verify instrument accuracy;
8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the/	6.	When "PLEASE BLOW" appears, collect breath sample;
9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the/ day of, 20/_3 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C.	7.	When "PLEASE BLOW" appears, collect breath sample;
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the/ day of, 20/ the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C.	8.	Print test record;
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the	9.	Verify Diagnostic Program; and
I certify that on the	10.	simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests,
THE STATE OF THE S	I certify that opposedures we Department of	on the
	THE STATE OF THE S	
Signature of Certifying Official Certificate Number	- Camara	Signature of Certifying Official Certificate Number

#### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600

Test Record Number: 1193

Test Date: 04/12/2013

Test Time: 10:40pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

	st	Status	Time
DET Pass 10:40pr BAR Pass 10:40pr	.C T R	Pass Pass Pass	10:40pm 10:40pm 10:40pm 10:40pm 10:40pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:41pm

Test	Status	Time

Printer Tests

PRNT Pass 10:41pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Date: 04/12/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:
10/01/2011-10/01/2013

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

Lot Number: AG203102 Exp Date: 01/31/2014

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:27pm 10:28pm 10:29pm
AIR BLK	.00	10:30pm
SUB TEST	.00	10:31pm
AIR BLK	.00	10:32pm
SUB TEST	.00	10:34pm
AIR BLK	.00	10:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch Department of Health and Human Services Rev. 12/2007

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

County	Unstrument Location TSH Mosice Court
Instrument Se	erial No. Oosto 98 Releven
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;
. <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.
procedures we	on the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

#### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698

Test Record Number: 954 

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test Status Time	
FC1 Pass 10:42p	mc
SRC Pass 10:42	om
DET Pass 10:42	om
BAR Pass 10:42p	om
BT Pass 10:42p	m

#### Blank Tests

Test	Status	Time
AIR	Pass	10:43pm

#### Printer Tests

Iest	Status	TIME
PRNT	Pass	10:43pm

#### CRC Tests

Test	Status	Time
COMP	Pass	10:43pm
CAL	Pass	10:43pm

Preventive Maintenance Status: Pass

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Date: 04/12/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:
10/01/2011-10/01/2013

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	10:30pm 10:31pm
ACCY CHK AIR BLK	.08 .00	10:32pm 10:33pm
SUB TEST	.00	10:33pm
AIR BLK	.00	10:34pm
SUB TEST	.00	10:36pm
AIR BLK	.00	10:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

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

County	104ke Instrument Location But 1110Bite (wit 4)
Instrument	Serial No. Co 8788 Rateres
The prever four month	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.
procedures	at on theday of, 20
TE STATE OF THE ST	All contains of Certificing Official Certificate Number

#### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788

Test Record Number: 807
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
$\mathtt{BT}$	Pass	10:41pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:42pm

#### Printer Tests

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

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

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Date: 04/12/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG123502 Exp Date: 08/23/2013

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

Signature of Chemical Analyst

Court CVR

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

County	WALE	Instrument Location But MOB	ila lear. The #5
Instrument	Serial No. Oo 86 oc	Raleien	oney"
The prever	ntive maintenance procedures fo	or the Intoximeters, Model Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas ca 34 degrees, plus or minu	anister displays pressure, or the alcoholic breath s	imulator 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.	Verify that the ethanol g simulator solution is being whichever occurs first.	as canister is being changed before expiration dating changed every four months or after 125 Alcoh	e, or the alcoholic breath olic Breath Simulator tests,
I certify the procedures Departmen	at on theday of were performed on the instrum t of Health and Human Services	, 20 / 2 the forgo the forgo the forgo in accordance with current rest, and the instrument is functioning properly.	ing preventive maintenance egulations of the N.C.
A CALL OF THE CALL	ME ON ORDER	Le Cillingan	Comment of the second
	~ /	Signature of Certifying Official	Certificate Number

#### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Record Number: 1204
Test Date: 04/14/2013 Test Time: 12:19am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:20am
FLO	Pass	12:20am
FC	Pass	12:20am

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:20am
SRC	Pass	12:20am
DET	Pass	12:20am
BAR	Pass	12:20am
BT	Pass	12:20am

#### Blank Tests

Test	Status	Time
AIR	Pass	12:21am

#### Printer Tests

rest	Status	Time
PRNT	Pass	12:21am
	CRC Tests	

Test	Status	Time
COMP	Pass	12:21am
CAL	Pass	12:21am

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Date: 04/13/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:
10/01/2011-10/01/2013

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

Test Type: Breath Test

Lot Number: AG203102 Exp Date: 01/31/2014

Test	g/210L	Time
AIR BLK SUB TEST	Pass .00 .07 .00	11:58pm 11:59pm 12:00am 12:01am <b>12:02am</b>
AIR BLK	.00	12:03am
SUB TEST	.00	12:05am
AIR BLK	.00	12:05am

ignature of Chemical Analyst

Signature of Chemical Analyst

Court CVR

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

County	Water Instrument Location FAT MOBILE LEN, 7
Instrument S	Gerial No. 008698 PALEIGH
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures w Department o	on the
THE STATE OF THE PART OF THE P	Signature of Certifying Official Certificate Number

#### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Date: 04/14/2013 Test Record Number: 964
Test Time: 12:13am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:13am
FLO	Pass	12:13am
FC	Pass	12:13am

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:13am
SRC	Pass	12:13am
DET	Pass	12:13am
BAR	Pass	12:13am
BT	Pass	12:13am

#### Blank Tests

Test	Status	Time
ΔΤΡ	Dage	10.14.72

#### Printer Tests

1000	Deacus	TIME
PRNT	Pass	12:14am

#### CRC Tests

Test	Status	Time
COMP	Pass	12:14am
CAL	Pass	12:14am

Preventive Maintenance Status: Pass

Analyst

#### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Date: 04/14/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:
10/01/2011-10/01/2013

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

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

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

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Signature of Chemical Analyst

Court CVR

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

County	Wakee	Instrument Location	MOBILE CON, TE
Instrument S	erial No. <u>CO 8788</u>	Pole	16-14
The preventi	ve maintenance procedures for the Ir	ntoximeters, Model Intox EC/IR II t	o be followed at least once every
. 1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic b gree centigrade;	reath simulator thermometer shows
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;	;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ears, collect breath sample;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	i	
10	Verify that the ethanol gas canissimulator solution is being chan whichever occurs first.	ster is being changed before expiratinged every four months or after 125	ion date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify that of procedures we Department of	on the	, 20/3 the icated above, in accordance with cur he instrument is functioning properly	rrent regulations of the N.C.
CORE STATE OF THE	Signs	ature of Certifying Official	Certificate Number

#### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Record Number: 813 Test Date: 04/14/2013 Test Time: 12:10am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FIO	Pass Pass	12:11am 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
$\mathtt{BT}$	Pass	12:11am

#### Blank Tests

Test	Status	Time
AIR	Pass	12:12am

#### Printer Tests

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

Preventive Maintenance Status: Pass

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Date: 04/13/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG123502 Exp Date: 08/23/2013

Test	g/210L	Time
DIAG AIR BLK	Pass	11:58pm 11:59pm
ACCY CHK	.07	12:00am
AIR BLK	.00	12:01am
SUB TEST	.00	12:01am
AIR BLK	.00	12:02am
SUB TEST	.00	12:04am
AIR BLK	.00	12:05am

Reported AC:

<del>0 g</del>/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once 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.  1 certify that on the day of Ann 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.	County	WARE	Instrument Location_	BAT WI	DAILE LOW, T	<u></u>
1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  1 certify that on the	Instrument Ser	ial No. Oofloo		120605	Dille	
34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  1 certify that on the	The preventive four months ar	e maintenance procedures for the In	toximeters, Model Intox	EC/IR II to be	followed at least once every	,
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the	1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 degrees.	displays pressure, or the a	lcoholic breatl	n simulator thermometer show	NS
4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  1 certify that on the day of Anni C , 20 13 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.	2.	Verify instrument displays time	and date;			
5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the	3.	Initiate breath test sequence;				
6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  1 certify that on the	4.	Enter information as prompted;				
7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the	5.	Verify instrument accuracy;				
8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 4,000, 20/3 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.	6. ·	When "PLEASE BLOW" appe	ars, collect breath sample	<b>;</b>		
9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before 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	7.	When "PLEASE BLOW" appe	ars, collect breath sample	;		
Verify that the ethanol gas canister is being changed before 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	8.	Print test record;			•	
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the day of, 20	9.	Verify Diagnostic Program; and	l			
Department of Health and Human Services, and the instrument is functioning properly.	10.	simulator solution is being chan	ster is being changed before ged every four months or	ore expiration of after 125 Alco	late, or the alcoholic breath pholic Breath Simulator tests	,
	broccantes wer	e berronnieg on me manament ma	cated above, in accordant	ce with current	going preventive maintenance regulations of the N.C.	<b>;</b>
	THE STATE OF THE S	NOOMA CANOLINA CANOLI			d some	-
		Signa	ture of Certifying Officia	ZeX/		

#### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600

Test Record Number: 1187

Test Date: 04/06/2013

Test Time: 9:31pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:32pm
SRC	Pass	9:32pm
DET	Pass	9:32pm
BAR	Pass	9:32pm
BT	Pass	9:32pm

#### Blank Tests

Test	Status	Time
ATR	Pagg	9 • 3 3 mm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:33pm

#### CRC Tests

Test	Status	Time
COMP	Pass	9:33pm
CAL	Pass	9:33pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Date: 04/06/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG203102 Exp Date: 01/31/2014

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	9:22pm 9:23pm 9:24pm 9:25pm
	.00	9:25pm
AIR BLK	.00	9:26pm
SUB TEST		9:28pm
AIR BLK	.00	9:29pm

Reported AC: __00 g/210L

Signature of Chemical Analyst

Court CVR

Anaiyst

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

County	HARNETT Instrument Location HARNETT CS. DETENTION CT.
Instrumen	t Serial No. 008629 LIUINGTON NC
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	nat on theday of
GREAT SE	TATE OF NOTES
All and a City	Signature of Certifying Official Certificate Number

#### HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008629 Test Date: 04/14/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 06108E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG206603

Exp Date: 03/06/2014

Test	g/210L	Time

DIAG	Pass	2:19pm
AIR BLK	.00	2:20pm
ACCY CHK	.08	2:20pm
AIR BLK	.00	2:21pm
SUB TEST	.00	2:22pm
AIR BLK	.00	2:23pm

2:25pm SUB TEST .00

AIR BLK .00 2:25pm

.00 g/210L Reported AC:

bf 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

Russell

#### HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008629

Test Record Number: 243

Test Date: 04/14/2013

Test Time: 2:26pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:27pm
${ t FLO}$	Pass	2:27pm
FC	Pass	2:27pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:27pm
SRC	Pass	2:27pm
DET	Pass	2:27pm
BAR	Pass	2:27pm
BT	Pass	2:27pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:28pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:28pm

#### CRC Tests

Test	Status	Time
COMP	Pass	2:28pm
CAL	Pass	2:28pm

Preventive Maintenance Status: Pass

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

County	CHATHAM Instrument Location PITTSBORD POLICE DEPT.
Instrument	Serial No
The preven	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	t on the
STATE OF CARE	Signature of Certifying Official Certificate Number

#### CHATHAM COUNTY PITTSBORO PD 180

Serial Number: 008591 Test Date: 04/05/2013

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

Subject'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: 06108E
Effective:
09/01/2011-09/01/2013

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

Lot Number: AG200905 Exp Date: 01/09/2014

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	1:06pm 1:07pm 1:07pm
AIR BLK	.00	1:08pm
SUB TEST	.00	1:09pm
AIR BLK	.00	1:10pm
SUB TEST	.00	1:12pm
AIR BLK	.00	1:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CHATHAM COUNTY PITTSBORO PD 180

Serial Number: 008591 Test Record Number: 1194
Test Date: 04/05/2013 Test Time: 1:14pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:14pm
FLO	Pass	1:14pm
FC	Pass	1:14pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:14pm
SRC	Pass	1:14pm
DET	Pass	1:14pm
BAR	Pass	1:14pm
BT	Pass	1:14pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:15pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:15pm
	CRC Tests	
Test.	Status	Time

Test	Status	ттше
COMP CAL	Pass Pass	1:15pm 1:15pm

Preventive Maintenance Status: Pass

Analyst

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

County	LEE Instrument	Location	SANFORD	POLICE DEPT
Instrument Ser	erial No. <u>00 8867</u> <u>5</u>	ANFOR C	) NC	
The preventive four months ar	ve maintenance procedures for the Intoximeters, Mo are:	odel Intox EC/	IR II to be follow	ed at least once every
1.	Verify the ethanol gas canister displays pressur 34 degrees, plus or minus .2 degree centigrade		nolic breath simul	ator thermometer shows
2.	Verify instrument displays time and date;			
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears, collect bre	ath sample;		
7.	When "PLEASE BLOW" appears, collect bre	ath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canister is being chain simulator solution is being changed every four whichever occurs first.			
	on the 12 day of APRIL vere performed on the instrument indicated above, in of Health and Human Services, and the instrument in	accordance v	with current regula	oreventive maintenance ations of the N.C.
THE STATE OF THE STATE OF THE CORE AT THE	Signature of Certify	sell		37/ Certificate Number

LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: 008867 Test Date: 04/12/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 06108E
Effective:

09/01/2011-09/01/2013

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

Test Type: Breath Test

Lot Number: AG205402 Exp Date: 02/23/2014

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: 008867 Test Date: 04/12/2013 Test Record Number: 670

Test Time: 12:50pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:50pm 12:50pm 12:50pm 12:50pm 12:50pm
	<del></del>	<b></b>

#### Blank Tests

Test	Status	Time
AIR	Pass	12:51pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:51pm
	CRC Tests	

Test	Status	Time
COMP	Pass	12:51pm
CAL	Pass	12:51pm

Preventive Maintenance Status: Pass

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

County	Instrument Location Greensborro JA;
Instrument S	000001
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures with Department of	on the
COREAT STATES	ON COLUMN CARD

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008896 Test Date: 04/02/2013

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

Subject'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:
06/01/2011-06/01/2013

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

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

Test	g/210L	Time
DIAG	Pass	12:26pm
AIR BLK	.00	12:27pm
ACCY CHK	.07	12:27pm
AIR BLK	.00	12:28pm
SUB TEST	.00	12:29pm
AIR BLK	.00	12:30pm
SUB TEST	00 ،	12:31pm
AIR BLK	.00	12:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008896 Test Date: 04/02/2013 Test Record Number: 320 Test Time: 12:22pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:23pm

#### Printer Tests

Status

Time

12:24pm

12:24pm

Test

COMP

CAL

PRNT	Pass	12:23pm
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

Analyst

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

County	NORTHAMPTON Instrument Location NORTHAMPTON CO. SHE
Instrumen	Serial No. 008607 105 W. JEFFERSON ST. JACKSON, N
The prever	ntive 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.
	at on the
THE CONTRACTOR OF THE CONTRACT	Signature of Certifying Official Certificate Number

#### NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008607 Test Date: 04/08/2013

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE Subject'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: 09/01/2011-09/01/2013

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

> Lot Number: AG124201 Exp Date: 08/30/2013

rest	g/210L	Time
DIAG	Pass	1:06pm
AIR BLK	.00	1:07pm
ACCY CHK	.07	1:07pm
AIR BLK	.00	1:08pm
SUB TEST	.00	1:09pm
AIR BLK	.00	1:10pm
SUB TEST	.00	1:11pm
ATR BLK	. 0.0	1:12pm

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

#### NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008607 Test Date: 04/08/2013

Test Record Number: 694
Test Time: 1:14pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:15pm
FLO	Pass	1:15pm
FĈ	Pass	1:15pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:15pm
SRC	Pass	1:15pm
DET	Pass	1:15pm
BAR	Pass	1:15pm
$\mathtt{BT}$	Pass	1:15pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:16pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:16pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:16pm
CAL	Pass	1:16pm

Preventive Maintenance Status: Pass

Analyst

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

County	NORTHAMPTON	Instrument Location_	NOPTHAMPTON	Co. SHER
Instrument	Serial No. <u>00 8688</u>	105 W. JEP	72 SUC21957	Ackson,
The preven	ntive maintenance procedures for the as are:	Intoximeters, Model Intox	EC/IR II to be followed at	least once every
Į.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 c	r displays pressure, or the alegree centigrade;	alcoholic breath simulator th	hermometer shows
2.	Verify instrument displays tir	ne and date;		
<b>3.</b> ,	Initiate breath test sequence;			•
4.	Enter information as prompte	d;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" ap	pears, collect breath sample	e;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample	e;	
8.	Print test record;			
9.	Verify Diagnostic Program; a	nd		
10.	Verify that the ethanol gas car simulator solution is being ch whichever occurs first.	nister is being changed befo anged every four months o	ore expiration date, or the a r after 125 Alcoholic Breatl	lcoholic breath n Simulator tests,
	at on the day of have to feel to feel the and Human Services, and	idicated above, in accordar		itive maintenance of the N.C.
STATE THE STATE OF	NE ON OO THE OWNER OF THE OWNER OWNER OF THE OWNER	nature of Certifying Offici	ial Certific	cate Number

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008688 Test Date: 04/08/2013

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

Subject'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: 09/01/2011-09/01/2013

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

Lot Number: AG206602 Exp Date: 03/06/2014

g/210L	Time
Pass .00	1:03pm 1:04pm 1:04pm
.00	1:05pm
.00	1:06pm
.00	1:07pm
.00	1:09pm
.00	1:10pm
	Pass .00 .08 .00 .00 .00 .00

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

#### NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008688

Test Record Number: 647

Test Date: 04/08/2013

Test Time: 1:11pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:11pm
FLO	Pass	1:11pm
FC	Pass	1:11pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	1:11pm 1:11pm 1:11pm 1:11pm 1:11pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:12pm

#### Printer Tests

rest	Status	Time
PRNT	Pass	1:12pm

#### CRC Tests

Test	Status	Time
COMP	Pass	1:12pm
CAL	Pass	1:12pm

Preventive Maintenance Status: Pass

\Analyst

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

County	HALIFAY	Instrument Location_	ROANOKE	RAPIOS P.C
Instrument S	erial No. <u>008656</u>	1040 POALON	YE WE	ROANORE R
The preventi four months	ve maintenance procedures for the are:	e Intoximeters, Model Intox	EC/IR II to be follow	wed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2		alcoholic breath simu	ılator thermometer shows
2.	Verify instrument displays ti	me 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	e;	
7.	When "PLEASE BLOW" ap	ppears, collect breath sample	e;	
8.	Print test record;			
9.	Verify Diagnostic Program;	and		
10.	Verify that the ethanol gas ca simulator solution is being cl whichever occurs first.			
	on the day of vere performed on the instrument in the instrument in the desired that the desired the desired that	ndicated above, in accordar	nce with current regu	preventive maintenance lations of the N.C.
THE STATE OF THE S	- Marie Si	ghature of Certifying Offici	ial —	650 Certificate Number

HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656 Test Date: 04/08/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:
09/01/2011-09/01/2013

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

pe of Agency: FIA Agency: DHHS

Test Type: Breath Test

Lot Number: AG203902 Exp Date: 02/08/2014

Test	g/210L	Time
DIAG AIR BLK	Pass	11:44am 11:45am
ACCY CHK	.07 .00	11:45am 11:46am
SUB TEST	.00	11:47am
AIR BLK	.00	11:48am
SUB TEST	.00	11:49am
AIR BLK	.00	11:50am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

\ \ Analyst

#### HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656

Test Record Number: 452

Test Date: 04/08/2013

Test Time: 11:52am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:52am
FLO	Pass	11:52am
FC	Pass	11:52am

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
	A Committee of the Comm	

AIR Pass 11:53am

#### Printer Tests

Test	Status	Time

PRNT Pass 11:53am

#### CRC Tests

Test	Status	Time .
COMP	Pass	11:53am

CAL Pass 11:53am

Preventive Maintenance Status: Pass

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

County	HALIFAY	•	ent Location_			PADIOS	P.C
Instrument S	erial No. <u>OO 8635</u>	1040	roanule	MINISTER PERSON INCO I	Ave,	POANOKE	<u>RAP</u>
The preventi four months	ve maintenance procedures for the are:	Intoximeters	, Model Intox I	EC/IR	II to be follo	wed at least once	every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 c			Icohol	ic breath sim	ulator thermomete	r shows
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	breath sample	;			
7.	When "PLEASE BLOW" ap	pears, collect	breath sample	;			
8.	Print test record;						
9.	Verify Diagnostic Program; a	nd					
10.	Verify that the ethanol gas can simulator solution is being ch whichever occurs first.						
	1.5	idicated abov	e, in accordanc	ce with	n current regu	preventive mainte	nance
AMERICA STATE OF THE CONTROL OF THE		enature of Ce	rtifying Officia	al	)	652 Certificate Numbe	ər

#### HALIFAX CO ROANOKE RAPIDS PD 410

Serial Number: 008635 Test Date: 04/08/2013

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
09/01/2011-09/01/2013

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

Lot Number: AG206102 Exp Date: 03/01/2014

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	11:37am 11:38am 11:39am 11:40am
AIR BLK	.00	11:41am
SUB TEST	.00	11:43am
AIR BLK	.00	11:43am

Reported AC: .00-g/210L

Signature of Chemical Analyst

Court CVR

#### HALIFAX CO ROANOKE RAPIDS PD 410

Serial Number: 008635 Test Reco Test Date: 04/08/2013 Test Tir

Test Record Number: 1173
Test Time: 11:45am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:46am
FLO	Pass	11:46am
FC	Pass	11:46am

#### Temperature Tests

Status	Time
Pass	11:46am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	11:47am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:47am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:47am

Preventive Maintenance Status: Pass

Pass

11:47am

CAL

Analyst

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

County	HALIFAX	Instrument Location HALLEAY CO. SHERIFF DO
Instrument	Serial No. <u>008695</u>	FERREU LN HALLFAX, N.C.
The prevent		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 breath simulator thermometer shows legree centigrade;
2.	Verify instrument displays tim	ne and date;
3.	Initiate breath test sequence;	
4.	Enter information as prompted	d;
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" app	pears, collect breath sample;
7.	When "PLEASE BLOW" app	pears, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; ar	nd
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	nister is being changed before expiration date, or the alcoholic breath anged every four months or after 125 Alcoholic Breath Simulator tests,
procedures	were performed on the instrument in	the forgoing preventive maintenance dicated above, in accordance with current regulations of the N.C. the instrument is functioning properly.
STAND STANDS OF THE CREAT		(652 652

HALIFAX CO. HALIFAX CO. SD 410

Serial Number: 008695 Test Date: 04/08/2013

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:
09/01/2011-09/01/2013

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

Lot Number: AG206602 Exp Date: 03/06/2014

Test	g/210L	Time
DIAG	Pass	2:10pm
AIR BLK	.00	2:10pm
ACCY CHK	.08	2:11pm
AIR BLK	.00	2:12pm
SUB TEST	.00	2:14pm
AIR BLK	.00	2:14pm
SUB TEST	.00	2:16pm
AIR BLK	.00	2:17pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### HALIFAX CO. HALIFAX CO. SD 410

Serial Number: 008695

Test Record Number: 1315

Test Date: 04/08/2013

Test Time: 2:19pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:20pm
FLO	Pass	2:20pm
FC	Pass	2:20pm

#### Temperature Tests

Test	 Status	Time
FC1	Pass	2:20pm
SRC	Pass	2:20pm
DET	Pass	2:20pm
BAR	Pass	2:20pm
BT	 Pass	2:20pm

#### Blank Tests

Test	Status	Time

AIR Pass 2:20pm

#### Printer Tests

rest	Status	TIME.
PRNT	Pass	2:20pm

#### CRC Tests

Test	Status	Time
COMP	Pass Pass	2:21pm 2:21pm

Preventive Maintenance Status: Pass

Analyst

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

	INTUAIMETERS, MODEL INTUA EC/IR II
County	BRUNSWICK Instrument Location BRUNSWICK COUNTY
Instrumen	t Serial No. <u>008602</u> <u>Sheriffs office</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 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 swere performed on the instrument indicated above, in accordance with current regulations of the N.C. and of Health and Human Services, and the instrument is functioning properly.
SE S	ATE CONDITION OF THE STATE OF T

#### BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008602 Test Date: 04/02/2013

Citation Number: M0000000-0 Subject's Name:

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

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

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective:
10/01/2011-10/01/2013

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

Lot Number: AG120101 Exp Date: 07/20/2013

Test	g/210L	Time
DIAG	Pass	11:58am
AIR BLK	.00	11:59am
ACCY CHK	.08	11:59am
AIR BLK	.00	12:01pm
SUB TEST	.00	12:02pm
AIR BLK	.00	12:02pm
SUB TEST	.00	12:04pm
ATR BLK	. 0.0	12.05 pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008602

Test Record Number: 2296

Test Date: 04/02/2013

Test Time: 12:06pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:06pm
FLO	Pass	12:06pm
FC	Pass	12:06pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:06pm
SRC	Pass	12:06pm
DET	Pass	12:06pm
BAR	Pass	12:06pm
BT	Pass	12:06pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:07pm

#### Printer Tests

_		
Test	Status	Time
PRNT	Pass	12:07pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:07pm

Preventive Maintenance Status: Pass

Pass

12:07pm

CAL

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

County_	CARteret	Instrument Location Enler	ALD ISLE A.L
Instrume	ent Serial No. <u>008620</u>		
The prev	rentive maintenance procedures for the Intention	oximeters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr	splays pressure, or the alcoholic brea	th simulator thermometer shows
2.	Verify instrument displays time a	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appea	rs, collect breath sample;	
7.	When "PLEASE BLOW" appea	rs, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		er is being changed before expiration ed every four months or after 125 Al	
I certify to procedure Department	that on the day of day of day of on the instrument indicent of Health and Human Services, and the	20/3 the forated above, in accordance with curre instrument is functioning properly.	orgoing preventive maintenance nt regulations of the N.C.
THE GREAT CO	SIGNAL SI	ture of Certifying Official	Certificate Number
	Signal	are or corntying Official	Certificate Number

CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008620 Test Date: 04/01/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HALL, RANDY E
Permit Number: 03462E
Effective:

09/01/2011-09/01/2013

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

Test Type: Breath Test

Lot Number: AG203103 Exp Date: 01/31/2014

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:19am 11:20am 11:21am
AIR BLK	.00	11:22am
SUB TEST	.00	11:23am
AIR BLK	.00	11:24am
SUB TEST	.00	11:25am
ATR BLK	. 0.0	11:26am

Reported AC: ,.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008620 Test Record Number: 1458
Test Date: 04/01/2013 Test Time: 11:26am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:27am
SRC	Pass	11:27am
DET	Pass	11:27am
BAR	Pass	11:27am
BŢ	Pass	11:27am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:28am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:28am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:28am

11:28am

Preventive Maintenance Status: Pass

Pass

Analyst

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

County CA	arteret In	strument Location_	CARTERE	+ County
Instrument Se	erial No. <u>00 8605</u> <u> </u>	SHERIF'S C	OFFICE	
The preventive four months a	ve maintenance procedures for the Intoxin	neters, Model Intox I	EC/IR II to be fo	llowed at least once every
1.	Verify the ethanol gas canister displaced degrees, plus or minus .2 degree of		lcoholic breath s	imulator thermometer show
2.	Verify instrument displays time and	date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears, o	ollect breath sample	;	
<b>7.</b>	When "PLEASE BLOW" appears, o	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 exhichever occurs first.			
I certify that of procedures we Department of	on theday ofADK/. ere performed on the instrument indicated f Health and Human Services, and the ins	, 20 / l above, in accordance trument is functioning	13 the forgoing the terms the terms that the terms	ing preventive maintenance egulations of the N.C.
COREAT STATE OF THE CORE OF TH	NO CAROUNA			
* ESE QUAM VI		of Certifying Officia		354 Contigues Number
	Signature	or centralis Officia	Al	Certificate Number

#### CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008605 Test Date: 04/01/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HALL, RANDY E
Permit Number: 03462E
Effective:
09/01/2011-09/01/2013

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	12:31pm 12:31pm
ACCY CHK	.08	12:32pm
AIR BLK	.00	12:33pm
SUB TEST	.00	12:34pm
AIR BLK	.00	12:35pm
SUB TEST	.00	12:36pm
ATR BLK	ሰበ	12 · 37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Karely E-Half
Analyst

#### CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008605 Test Date: 04/01/2013

Test Record Number: 2735
Test Time: 12:38pm EDT

t Date: 04/01/2013 Test Time: 12:30pm ED

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:38pm 12:38pm
FC	Pass	12:39pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:39pm

#### Printer Tests

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

12:39pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

County_	CHATILAM Instrument Location SILER Cry POLICE DEPT.
Instrume	CHATHAM Instrument Location SILER Cry POLICE DEPT.  ant Serial No. 008811 SILER CITY, NC
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	hat on the <u>02</u> day of <u>AA2/L</u> , 20 / 3 the forgoing preventive maintenance es were performed on the instrument indicated above, in accordance with current regulations of the N.C. ent of Health and Human Services, and the instrument is functioning properly.
GREAT S.	Signature of Certifying Official Certificate Number

CHATHAM COUNTY SILER CITY PD. 180

Serial Number: 008811 Test Date: 04/02/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE
Subject'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: 06108E
Effective:
09/01/2011-09/01/2013

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

Lot Number: AG205402 Exp Date: 02/23/2014

Test	g/210L	Time
DIAG	Pass	9:20am
AIR BLK	.00	9:20am
ACCY CHK	.07	9:21am
AIR BLK	.00	9:22am
SUB TEST	.00	9:23am
AIR BLK	.00	9:24am
SUB TEST	.00	9:25am
AIR BLK	.00	9:26am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### CHATHAM COUNTY SILER CITY PD. 180

Serial Number: 008811 Test Date: 04/02/2013

Test Record Number: 987
Test Time: 9:27am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:27am
FLO	Pass	9:27am
FC	Pass	9:27am

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:27am
SRC	Pass	9:27am
DET	Pass	9:27am
BAR	Pass	9:27am
BT	Pass	9:27am

#### Blank Tests

Test	Status	Time
•		

AIR Pass 9:28am

#### Printer Tests

1 <i>C</i> 2 <i>C</i>	Status	TTIIIC
	•	
DDNT	Dacc	9.28am

#### CRC Tests

Test	Status	Time
COMP	Pass	9:28am
CAL	Pass	9:28am

Preventive Maintenance Status: Pass

Analyst

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

County Jo	ohnostan	Instrument Location Benison to lice Doct
Instrument Se	erial No. <u>008885</u>	Benson, NC
The preventive four months a	•	ximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degre	plays pressure, or the alcoholic breath simulator thermometer shown e centigrade;
2.	Verify instrument displays time ar	nd date;
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears	s, collect breath sample;
7.	When "PLEASE BLOW" appears	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.	r is being changed before expiration date, or the alcoholic breath devery four months or after 125 Alcoholic Breath Simulator tests
procedures w	on the <u>a wol</u> day of <u>April</u> vere performed on the instrument indica of Health and Human Services, and the	, 20 \( \frac{3}{20} \) the forgoing preventive maintenance ated above, in accordance with current regulations of the N.C. instrument is functioning properly.
THE STATE OF THE S	Warie T	are of Certifying Official Certificate Number

JOHNSTON COUNTY BENSON POLICE DEPT. 500

Serial Number: 008885 Test Date: 04/02/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: TRUDELL, SR., DANIEL T

Permit Number: 21535E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG125602 Exp Date: 09/13/2013

Test	g/210L	Time
DIAG	Pass	10:32am
AIR BLK	.00	10:32am
ACCY CHK	.07	10:33am
AIR BLK	.00	10:34am
SUB TEST	.00	10:35am
AIR BLK	.00	10:36am
SUB TEST	.00	10:37am
ATD BIL	0.0	10.38am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

JOHNSTON COUNTY BENSON POLICE DEPT. 500

Serial Number: 008885 Test Record Number: 305

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:39am
FLO	Pass	- 10:39am
FC	Pass	10:40am

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:40am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:40am
	CRC Tests	
Test	Status	Time
СОМБ	Pass	10:41am

Preventive Maintenance Status: Pass

Pass

10:41am

CAL

Analyst

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

County Mo	7r4.	Instrument Location	malluci	Pinops P.D
Instrument Seri	al No. <u>008720</u>	Southern	PINIPS,	NC
The preventive four months are	maintenance procedures for the I	ntoximeters, Model Intox E	.C/IR II to be follo	wed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		coholic breath sim	ulator thermometer shows
2.	Verify instrument displays tim	e and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	,		
5.	Verify instrument accuracy;			•
6.	When "PLEASE BLOW" app	ears, collect breath sample;		
7.	When "PLEASE BLOW" app	ears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; an	d		
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.			
procedures wer	the <u>Srcl</u> day of Apre performed on the instrument inc Health and Human Services, and		e with current reg	g preventive maintenance ulations of the N.C.
THE STATE OF THE S	The care	nature of Certifying Officia	512 	Certificate Number

MOORE COUNTY SOUTHERN PINES PD. 620

Serial Number: 008720 Test Date: 04/03/2013

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: TRUDELL, SR., DANIEL T

Permit Number: 21535E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG205401 Exp Date: 02/23/2014

Test	g/210L	'l'ime
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:38am 10:39am 10:39am
AIR BLK	.00	10:40am
SUB TEST	.00	10:41am
AIR BLK	.00	10:42am
SUB TEST	.00	10:43am
ATR BLK	. 0.0	10:44am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MOORE COUNTY SOUTHERN PINES PD. 620

Serial Number: 008727

Test Record Number: 668

Test Date: 04/03/2013

Test Time: 10:45am EDT

System Check: Passed

Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:46am
SRC	Pass	10:46am
DET	Pass	10:46am
BAR	Pass	10:46am
$\mathtt{BT}$	Pass	10:46am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:46am

### Printer Tests

Test	Status	Time	٠

PRNT Pass 10:46am

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County	1ECK LENBURG	Instrument Location_	BAT MOBILE	UNIT 3
Instrument S	Gerial No. <u>008707</u>		CHARLOTTE,	νc
The preventi	ve maintenance procedures for the In	itoximeters, Model Intox	EC/IR II to be followed at	least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg		lcoholic breath simulator	thermometer show
2.	Verify instrument displays time	and date;	•	
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appe	ars, collect breath sample	3	
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.	iter is being changed befo ged every four months or	re expiration date, or the a after 125 Alcoholic Breat	lcoholic breath h Simulator tests,
l certify that procedures w Department of	on the 18 day of API were performed on the instrument indi of Health and Human Services, and the	cateu above, in accordant	the forgoing prever be with current regulations ong properly.	ntive maintenance of the N.C.
THE STATE OF THE S		Ray Barne	,	110
÷	Signa	ture of Certifying Officia		cate Number

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

MECKLENBURG COUNTY BAT MOBILE UNIT 3
590

Serial Number: 008707 Test Date: 04/18/2013

Citation Number: M000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
10/01/2011-10/01/2013

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

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

Test	g/210L	Time
DIAG	Pass	11:03pm
AIR BLK	.00	11:04pm
ACCY CHK	.08	11:05pm
AIR BLK	.00	11:06pm
SUB TEST	.00	11:06pm
AIR BLK	00	11:07pm
SUB TEST	.00	11:09pm
AIR BLK	.00	11:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008707 Perial Number: 008707 Test Record Number: 1669 Test Date: 04/18/2013 Test Time: 11:11pm EDT

Test Record Number: 1669

System Check: Passed

Baseline Tests

Test		Status	Time
IR	100	Pass	11:11pm
FLO	:	Pass	11:11pm
FC		Pass	11:12pm

### Temperature Tests

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

### Blank Tests

Test		Status	Time			
AIR	f	Pass	11:12pm			

### Printer Tests

Test

CAL

PRNT	Pass	11:12pm			
	CRC Tests				
Test	Status	Time			
COMP	Pass	11:13pm			

Status

Time

11:13pm

Preventive Maintenance Status: Pass

**Pass** 

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

County	MECKLENBURG Instrument Location BAT MOBILE UNIT 3
Instrument	Serial No. 008647 CHARLOTE, NC
The prever four month	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.
procedures	at on the 18 day of APRIL, 2013 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. t of Health and Human Services, and the instrument is functioning properly.
CALL STATE OF THE CALL STATE O	Wen Ray Bames 648

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

Signature of Certifying Official

Certificate Number

MECKLENBURG COUNTY BAT MOBILE UNIT 3
590

Serial Number: 008647 Test Date: 04/18/2013

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

Subject'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:
10/01/2011-10/01/2013

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

Lot Number: AG203903 Exp Date: 02/08/2014

Test	g/210L	Time
DIAG	Pass	11:01pm
AIR BLK	.00	11:02pm
ACCY CHK	.07	11:03pm
AIR BLK	.00	11:04pm
SUB TEST	.00	11:04pm
AIR BLK	.00	11:05pm
SUB TEST	.00	11:07pm
AIR BLK	.00	11:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647

Test Record Number: 1609

Test Date: 04/18/2013

Test Time: 11:08pm EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

Test	Status	Time		
FC1	Pass	11:09pm		
SRC	Pass	11:09pm		
DET	Pass	11:09pm		
BAR	Pass	11:09pm		
BT	Pass	11:09pm		
the state of the s		- ·		

### Blank Tests

Test	1	 •	Sta	tus	 T:	ime	
	٠.			1			

AIR Pass 11:10pm

### Printer Tests

Test	1.	Status		Time

PRNT Pass 11:10pm

CRC Tests

Test Status Time

COMP Pass 11:10pm CAL Pass 11:10pm

Preventive Maintenance Status: Pass

Analyst

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

County_/	1ECKLENBURG	Instrument Location_BA	T MOBILE UNIT 3
Instrument S	erial No. <u> </u>	Ct	HARLOTTE, NC
The prevention 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		c breath simulator thermometer shows
2.	Verify instrument displays to	ime and date;	
3.	Initiate breath test sequence;	; ;	
4.	Enter information as prompt	ted;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" a	ppears, collect breath sample;	
7.	When "PLEASE BLOW" a	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.		anister is being changed before expi hanged every four months or after I	iration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
		PRIL , 20 13 indicated above, in accordance with id the instrument is functioning pro	the forgoing preventive maintenance current regulations of the N.C. perly.
THE STATE OF THE S			
A EDE CHAM AL	The state of the s	Kay Banes	648
	S	ignature of Certifying Official	Certificate Number

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

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

> Serial Number: 008616 Test Date: 04/18/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE
Subject'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:
10/01/2011-10/01/2013

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

Lot Number: AG203903 Exp Date: 02/08/2014

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616

Test Record Number: 1598

Test Date: 04/18/2013

Test Time: 11:14pm EDT

System Check: Passed

### Baseline Tests

Test	Stat	us Ti	me
IR FLO	Pass		: 14pm
FLO FC	Pass	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	:14pm
I C	Pass	11	:14pm

### Temperature Tests

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

### Blank Tests

Test	Status	Time
		•
AIR	Pass	11:15pm

### Printer Tests

Test	Status	: "	Time
PRNT	Pass		11:15pm
٠.			. ,

### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County 5	COTLAND Instrument Location BAT MOBILE ONIT.		
Instrument Ser	Instrument Location BAT MOBILE UNIT.  January 1008616  LAURINBURG, NC		
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
	the day of APRIL 2013 the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.		
STATE OF CALL AND THE PARTY OF	alun Ray Barnes 648		

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

Signature of Certifying Official

### SCOTLAND COUNTY BAT MOBILE UNIT 3 820

Serial Number: 008616 Test Date: 04/06/2013

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

Subject'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:
10/01/2011-10/01/2013

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

Test Type: Breath Test

Lot Number: AG203903 Exp Date: 02/08/2014

Test	g/210L	Time
DIAG	Pass	9:19pm
AIR BLK	.00	9:20pm
ACCY CHK	.08	9:21pm
AIR BLK	.00	9:22pm
SUB TEST	.00	9:22pm
AIR BLK	.00	9:23pm
SUB TEST	.00	9:25pm
AIR BLK	.00	9:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### SCOTLAND COUNTY BAT MOBILE UNIT 3 820

Serial Number: 008616 Test Date: 04/06/2013 Test Record Number: 1593
Test Time: 9:26pm EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	9:27pm
SRC	Pass	9:27pm
DET	Pass	9:27pm
BAR	Pass	9:27pm
BT	Pass	9:27pm

### Blank Tests

Test	Status	Time
AIR	Pass	9:27pm
	Printer Tes	ts

Status	Time
Pass	9:27pm
CRC Tests	
Status	Time
	Pass CRC Tests

COMP	Pass	9:27pm
CAL	Pass	9:27pm

Preventive Maintenance Status: Pass

Analyst

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

County M	ial No. 008647 Instrument Location BAT MOBILE UNIT 3  CHARLOTTE, NC.
Instrument Ser	rial No. 008647 CHARLOTTE, NC
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the 3 day of APRIL , 20 13 the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Mun Roue Barrer 1048

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

Signature of Certifying Official

Certificate Number

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

> Serial Number: 008647 Test Date: 04/03/2013

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

Subject'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:
10/01/2011-10/01/2013

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

Lot Number: AG203903 Exp Date: 02/08/2014

Test	g/210L	Time
DIAG	Pass	11:25pm
AIR BLK	.00	11:26pm
ACCY CHK	.07	11:27pm
AIR BLK	.00	11:28pm
SUB TEST	.00	11:28pm
AIR BLK	.00	11:29pm
SUB TEST	.00	11:31pm
AIR BLK	.00	11:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647 Test Record Number: 1602 Test Date: 04/03/2013 Test Time: 11:32pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:32pm
FLO	Pass	11:32pm
FC	Pass	11:33pm

### Temperature Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County ME	Instrument Location BAT MOBILE UNIT 3 al No. 008707 CHARLOTTE, NC
Instrument Seria	al No. 008707 CHARLOTTE, 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.
	the 3 day of APRIL, 2013 the forgoing preventive maintenance eperformed 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	Olim Ray Benes 48 Signature of Certifying Official Certificate Number

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

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008707 Test Date: 04/03/2013

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

Subject'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:
10/01/2011-10/01/2013

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

Lot Number: AG203902 Exp Date: 02/08/2014

Test	g/210L	Time
DIAG	Pass	11:20pm
AIR BLK	.00	11:21pm
ACCY CHK	.08	11:22pm
AIR BLK	.00	11:23pm
SUB TEST	.00	11:23pm
AIR BLK	.00	11:24pm
SUB TEST	.00	11:26pm
AIR BLK	.00	11:27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

**Analys** 

### MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008707 Test Date: 04/03/2013 Test Record Number: 1656
Test Time: 11:27pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	11:28pm
FLO	Pass	11:28pm
FC	Pass	11:28pm

### Temperature Tests

Test	Status	Time
FC1	Pass	11:28pm
SRC	Pass	11:28pm
DET	Pass	11:28pm
BAR	Pass	11:28pm
BT	Pass	11:28pm

### Blank Tests

Test	Status	Time
AIR	Pass	11:29pm

### Printer Tests

Test	Scacus	TIME
PRNT	Pass	11:29pm
•	CRC Tests	
Test	Status	Time
COMP	Pass Pass	11:29pm 11:29pm

Preventive Maintenance Status: Pass

Analyst

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

County_	MECKLENBURG Instrument Location BAT MOBILE UNITS
Instrume	MECKLENBURG Instrument Location BAT MOBILE UNITS  ont Serial No. 008616 CHARLOTTE, NC
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	hat on the 3 day of APRIL, 2013 the forgoing preventive maintenance es were performed on the instrument indicated above, in accordance with current regulations of the N.C. ent of Health and Human Services, and the instrument is functioning properly.
SERVICE CREATERS OF SERVICE SE	Ween Ray Barnes 648

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

Signature of Certifying Official

Certificate Number

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616 Test Date: 04/03/2013

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

Subject'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:
10/01/2011-10/01/2013

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

Lot Number: AG203903 Exp Date: 02/08/2014

Test	g/210L	Time
DIAG	Pass	11:21pm
AIR BLK	.00	11:22pm
ACCY CHK	.08	11:23pm
AIR BLK	.00	11:24pm
SUB TEST	.00	11:25pm
AIR BLK	.00	11:25pm
SUB TEST	.00	11:27pm
AIR BLK	00	11:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Clem Ray Bens

### MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616 Test Date: 04/03/2013 Test Record Number: 1585
Test Time: 11:29pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	11:29pm
FLO FC	Pass Pass	11:29pm 11:29pm

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	11:30pm

#### Printer Tests

Fillicer leses		
Test	Status	Time
PRNT	Pass	11:30pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:30pm 11:30pm

Preventive Maintenance Status: Pass

Analyst

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

	rs, Model in Lox E	
otherford		erford County SD
rial No. <u>008914</u>	400 N. Washing>	on St., Rutherfold to
•	Intoximeters, Model Intox EC/IR II	to be followed at least once every
		breath simulator thermometer shows
Verify instrument displays tin	ne and date;	
Initiate breath test sequence;		
Enter information as prompted	i;	
Verify instrument accuracy;	·	
When "PLEASE BLOW" app	pears, collect breath sample;	
When "PLEASE BLOW" app	pears, collect breath sample;	
Print test record;		
Verify Diagnostic Program; and	nd	
	dicated above, in accordance with c	
1, ON	mature of Certifying Official	Certificate Number
	remaintenance procedures for the are:  Verify the ethanol gas canister 34 degrees, plus or minus .2 degrees, plus or minus	Instrument Location Ryherial No. 0089 144 1000 N. Washing?  We maintenance procedures for the Intoximeters, Model Intox EC/IR II are:  Verify the ethanol gas canister displays pressure, or the alcoholic 34 degrees, plus or minus .2 degree centigrade;  Verify instrument displays time and date;  Initiate breath test sequence;  Enter information as prompted;  Verify instrument accuracy;  When "PLEASE BLOW" appears, collect breath sample;  Print test record;  Verify Diagnostic Program; and  Verify that the ethanol gas canister is being changed before expira simulator solution is being changed every four months or after 12: whichever occurs first.  On the day of 2013 the ere performed on the instrument indicated above, in accordance with of Health and Human Services, and the instrument is functioning proper.

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

### RUTHERFORD COUNTY RUTHERFORD COUNTY SD 800

Serial Number: 008914 Test Record Number: 1134
Test Date: 04/02/2013 Test Time: 11:39am EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	11:39am
FLO	Pass	11:39am
FC	Pass	11:40am

### Temperature Tests

Test	Status	Time
FC1	Pass	11:40am
SRC	Pass	11:40am
DET	Pass	11:40am
BAR	Pass	11:40am
$\mathtt{BT}$	Pass	11:40am

### Blank Tests

Test	Status	Time
AIR	Pass	11:40am

### Printer Tests

Test	Status	Time
PRNT	Pass	11:40am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:41am 11:41am

Preventive Maintenance Status: Pass

Analyst/

RUTHERFORD COUNTY RUTHERFORD COUNTY SD 800

Serial Number: 008914 Test Date: 04/02/2013

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

Subject'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:
02/01/2012-02/01/2014

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

Lot Number: AG120101 Exp Date: 07/20/2013

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	11:45am 11:45am 11:46am 11:48am 11:50am
SUB TEST	.00	11:51am
AIR BLK	.00	11:52am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

County P	Instrument Location POIK COUNTY SD
Instrument Seri	ial No. 008832 46 Ward St., Columbus
	828-894-3001
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the day of Aori , 20 13 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

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

### POLK COUNTY POLK COUNTY SD 740

Serial Number: 008832 Test Record Number: 763 Test Date: 04/02/2013 Test Time: 1:02pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
	•	
IR	Pass	1:03pm
FLO	Pass	1:03pm
FC	Pass	1:03pm

### Temperature Tests

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

#### Blank Tests

iest	Status	TIME
AIR	Pass	1:04pm

### Printer Tests

Test	Status	Time
PRNT	Pass	1:04pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:04pm

Preventive Maintenance Status: Pass

Pass

1:04pm

CAL

Analyst

### POLK COUNTY POLK COUNTY SD 740

Serial Number: 008832 Test Record Number: 763 Test Date: 04/02/2013 Test Time: 1:02pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	1:03pm
FLO	Pass	1:03pm
FC	Pass	1:03pm

### Temperature Tests

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

#### Blank Tests

resc	Status	ттше
AIR	Pass	1:04pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:04pm

### CRC Tests

Test	Status	Time
COMP	Pass	1:04pm
CAL	Pass	1:04pm

Preventive Maintenance Status: Pass

Analyst /

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

	INTUALMETERS, MODEL INTO	A EC/IR II
County Ro	Instrument Location Ro	nodolph Co Jail
Instrument S	erial No. 008899 Ashaboro, N	
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC	/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alco 34 degrees, plus or minus .2 degree centigrade;	holic 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 simulator solution is being changed every four months or aff whichever occurs first.	
procedures v	on the	with current regulations of the N.C.
THE STATE OF THE S	Signature of Certifying Official	Certificate Number

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

RANDOLPH COUNTY RANDOLPH CO. JAIL 750

Serial Number: 008899 Test Date: 04/01/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: TRUDELL, SR., DANIEL T

Permit Number: 21535E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG203902 Exp Date: 02/08/2014

Test	g/210L	Time
DIAG AIR BLK	Pass	10:15am 10:16am
ACCY CHK	.08	10:17am
AIR BLK	.00	10:18am
SUB TEST	.00	10:18am
AIR BLK	.00	10:19am
SUB TEST	.00	10:21am
ATR BLK	0.0	10.22am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### RANDOLPH COUNTY RANDOLPH CO. JAIL 750

Serial Number: 008899 Tes

Test Record Number: 1429

Test Date: 04/01/2013

Test Time: 10:23am EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	10:23am
FLO	Pass	10:23am
FC	Pass	10:24am

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	10:24am

### Printer Tests

Test	Status	Time
PRNT	Pass	10:24am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:25am

Preventive Maintenance Status: Pass

Pass

CAL

10:25am

Analyst

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

County Rox	wdolph Instrument Location Randolph Co. Jail
Instrument Se	rial No. 008860 Ashaboro, NC
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the
STATE OVER TO THE STATE OF THE	Signature of Certifying Official Certificate Number

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

RANDOLPH COUNTY RANDOLPH COUNTY JAIL 750

> Serial Number: 008860 Test Date: 04/01/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: TRUDELL, SR., DANIEL T Permit Number: 21535E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG204603 Exp Date: 02/15/2014

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:17am 10:18am 10:19am
AIR BLK	.00	10:20am
SUB TEST	.00	10:20am
AIR BLK	.00	10:21am
SUB TEST	.00	10:23am
ATR RIK	0.0	10.24am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### RANDOLPH COUNTY RANDOLPH COUNTY JAIL 750

Serial Number: 008860

Test Record Number: 1790

Test Date: 04/01/2013

Test Time: 10:25am EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1	Pass	10:25am
SRC	Pass	10:25am
DET	Pass	10:25am
BAR	Pass	10:25am
$\mathtt{BT}$	Pass	10:25am

### Blank Tests

Test	Status	Time
AIR	Pass	10:26am

### Printer Tests

Test	Status	Time
PRNT	Pass	10:26am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:26am

Preventive Maintenance Status: Pass

Pass

10:26am

CAL

Analyst

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

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

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

#### RANDOLPH COUNTY BATMOBILE UNIT 2 750

Serial Number: 008929 Test Date: 04/13/2013

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:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	11:17pm
AIR BLK	.00	11:18pm
ACCY CHK	.07	11:19pm
AIR BLK	.00	11:20pm
SUB TEST	.00	11:21pm
AIR BLK	.00	11:22pm
SUB TEST	.00	11:24pm
AIR BLK	.00	11:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### RANDOLPH COUNTY BATMOBILE UNIT 2

Serial Number: 008929

Test Record Number: 616

Test Date: 04/13/2013 Test Time: 11:26pm EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1	Pass	11:27pm
SRC	Pass	11:27pm
DET	Pass	11:27pm
BAR	Pass	11:27pm
$\mathtt{BT}$	Pass	11:27pm

#### Blank Tests

Test	Status	Time
AIR	Pass	11:28pm

#### Printer Tests

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

Pass 11:28pm Preventive Maintenance

Pass

COMP

CAL

Status: Pass

11:28pm

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

The fou	e preventi r 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.
pro	rtify that codures we cartment of	on the

### RANDOLPH COUNTY BAT MOBILE UNIT 2 750

Serial Number: 008601 Test Date: 04/13/2013

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:
10/01/2011-10/01/2013

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

Lot Number: AG205401 Exp Date: 02/23/2014

DIAG Pass 10:50pm AIR BLK .00 10:51pm ACCY CHK .07 10:51pm AIR BLK .00 10:52pm SUB TEST .00 10:53pm AIR BLK .00 10:54pm SUB TEST .00 10:56pm AIR BLK .00 10:57pm	Test	g/210L	Time
SUB TEST .00       10:53pm         AIR BLK .00       10:54pm         SUB TEST .00       10:56pm	AIR BLK ACCY CHK	.00	10:51pm 10:51pm
SUB TEST .00 10:56pm			
_ · · · · · · · · · · · · · · · · · · ·	AIR BLK	.00	10:54pm
AIR BLK .00 10:57pm	SUB TEST	.00	10:56pm
	AIR BLK	.00	10:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## RANDOLPH COUNTY BAT MOBILE UNIT 2 750

Serial Number: 008601 Test Date: 04/13/2013

Test Record Number: 780 Test Time: 10:58pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:59pm
FLO FC	Pass Pass	10:59pm 10:59pm
	TANK	TO. 22 PIII

## Temperature Tests

Status	Time
Pass	10:59pm
	Pass Pass Pass Pass

#### Blank Tests

Test Status Time

AIR Pass 10:59pm

#### Printer Tests

Test Status Time

PRNT Pass 10:59pm

#### CRC Tests

Test Status Time

COMP Pass 11:00pm CAL Pass 11:00pm

Preventive Maintenance Status: Pass

Ony Both

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

County C	andolph (5HP) Instrument Location Bot Mobile Unit 2
Instrument S	erial No <u>08786</u>
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the day of, 20 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATE STATE	CAROLL CAROLL STATE OF THE STAT

## RANDOLPH COUNTY BAT MOBILE UNIT 2 750

Serial Number: 008736 Test Date: 04/14/2013

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:
10/01/2011-10/01/2013

Officer's Name: SKINNER, TONYA B
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	12:29am 12:30am 12:30am 12:31am 12:31am
SUB TEST	.00	12:34am
AIR BLK	.00	12:35am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Onya B Stynesser

#### RANDOLPH COUNTY BAT MOBILE UNIT 2 750

Serial Number: 008736 Test Record Number: 597
Test Date: 04/14/2013 Test Time: 12:37am EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:38am

#### Printer Tests

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

12:39am

12:39am

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Donya B Skyn

Analyst

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

The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures we Department of	on the day of day of 2013 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.

#### CHATHAM COUNTY BAT MOBILE UNIT 2 180

Serial Number: 008601 Test Date: 04/12/2013

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:
10/01/2011-10/01/2013

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

Lot Number: AG205401 Exp Date: 02/23/2014

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	8:55pm 8:56pm 8:57pm 8:58pm 8:58pm
AIR BLK	.00	8:59pm
SUB TEST AIR BLK	.00 .00	9:01pm 9:02pm
******* TOTALE		~ " O ~ KILL

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Donya B Stynes Analyst

## CHATHAM COUNTY BAT MOBILE UNIT 2 180

Serial Number: 008601 Test Date: 04/12/2013

Test Record Number: 775
Test Time: 9:03pm EDT

System Check: Passed

## Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	9:03pm 9:03pm 9:03pm 9:03pm
BT	Pass	9:03pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:04pm

## Printer Tests

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

Preventive Maintenance Status: Pass

Pass

9:04pm

CAL

Donya B Skinnin

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

County M	ontopmery (canobe) Instrument Location, Bot Mobile Unit
Instrument Se	erial No. 00860)
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 shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department o	on the
THE STATE OF THE S	

MONTGOMERY COUNTY BAT MOBILE UNIT 2 610

Serial Number: 008601 Test Date: 04/20/2013

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:
10/01/2011-10/01/2013

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

Lot Number: AG205401 Exp Date: 02/23/2014

Test	g/210L	Time
DIAG AIR BLK	Pass	9:03pm 9:04pm
ACCY CHK	.07	9:04pm
AIR BLK SUB TEST	.00 .00	9:05pm 9:06pm
AIR BLK	.00	9:07pm
SUB TEST	.00	9:09pm
AIR BLK	.00	9:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Jonya B Skuren
Analyst

## MONTGOMERY COUNTY BAT MOBILE UNIT 2 610

Serial Number: 008601 Test Date: 04/20/2013

Test Record Number: 790
Test Time: 9:11pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	9:11pm
FLO	Pass	9:11pm
FC	Pass	9:11pm

## Temperature Tests

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

### Blank Tests

Test Status Time
AIR Pass 9:12pm

#### Printer Tests

Test Status Time

PRNT Pass 9:12pm

CRC Tests

Test Status Time

COMP Pass 9:12pm Pass 9:12pm

Preventive Maintenance Status: Pass

Dona B Skinner

Analyst

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

County	ratham (SHP) Instrument Location Bat Mobile Unit
Instrument S	erial No.00860 ]
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the
SEE STATE OF THE S	Donya B Skinnin 644

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

Signature of Certifying Official

Certificate Number

#### CHATHAM COUNTY BAT MOBILE UNIT 2 180

Serial Number: 008601 Test Date: 04/27/2013

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:

10/01/2011-10/01/2013

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

Test Type: Breath Test

Lot Number: AG205401 Exp Date: 02/23/2014

Test	g/210L	Time
DIAG AIR BLK	Pass	10:00pm 10:01pm
ACCY CHK	.07	10:02pm
AIR BLK	.00	10:03pm
SUB TEST	.00	10:03pm
AIR BLK	.00	10:04pm
SUB TEST	.00	10:06pm
AIR BLK	.00	10:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Dong Bokuner Analyst

#### CHATHAM COUNTY BAT MOBILE UNIT 2 180

Serial Number: 008601 Test Date: 04/27/2013 Test Record Number: 800 Test Time: 10:09pm EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1	Pass	10:09pm
SRC	Pass	10:09pm
DET	Pass	10:09pm
BAR	Pass	10:09pm
BT	Pass	10:09pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:10pm

#### Printer Tests

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

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

Preventive Maintenance Status: Pass

Donya B Skinn

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Count C	Serial No. 008734
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.
	on the
THE STATE OF THE S	E O NO PROMISE DE LA COMPANSION DE LA CO

### CHATHAM COUNTY BAT MOBILE UNIT 2 180

Serial Number: 008736 Test Date: 04/27/2013

Citation Number: M000000-0 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:
10/01/2011-10/01/2013

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

DONG B Spenn

## CHATHAM COUNTY BAT MOBILE UNIT 2 180

Serial Number: 008736 Test Date: 04/27/2013

Test Record Number: 613
Test Time: 10:16pm EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
ATR	Pagg	10 · 17pm

#### Printer Tests

Status	Time
Pass	10:17pm
CRC Tests	
Status	Time
	Pass CRC Tests

Preventive Maintenance Status: Pass

Pass

Pass

10:17pm

10:17pm

COMP

CAL

Dony B Skynen

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

County 1	ameth - (SD) Instrument Location Bat Mobile Unit
Instrument S	erial No. <u>008 73 4</u>
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 <u>36</u> day of <u>106</u> , 20 <u>13</u> the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Down R SK

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

Signature of Certifying Official

#### HARNETT COUNTY BAT MOBILE UNIT 2 420

Serial Number: 008736 Test Date: 04/26/2013

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:

10/01/2011-10/01/2013

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 .08	10:20pm 10:21pm 10:21pm
AIR BLK	.00	10:23pm
SUB TEST	.00	10:23pm
AIR BLK	.00	10:24pm
SUB TEST	.00	10:26pm
AIR BLK	.00	10:27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Oprig B Skinner Analyst

## HARNETT COUNTY BAT MOBILE UNIT 2 420

Serial Number: 008736 Test Date: 04/26/2013

Test Record Number: 608 Test Time: 10:28pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	10:28pm
FLO	Pass	10:28pm
FC	Pass	10:29pm

## Temperature Tests

Test	Status	Time
FC1	Pass	10:29pm
SRC	Pass	10:29pm
DET	Pass	10:29pm
BAR	Pass	10:29pm
BT	Pass	10:29pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:29pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:29pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:30pm 10:30pm

Preventive Maintenance Status: Pass

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

County Ho	arnett (50) Instrument Location Bat Mobile Unit 2
Instrument Se	erial No. <u>DOS 60</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 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
THE STATE OF THE S	Some B Skinson Land

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

Signature of Certifying Official

#### HARNETT COUNTY BAT MOBILE UNIT 2 420

Serial Number: 008601 Test Date: 04/26/2013

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:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG205401 Exp Date: 02/23/2014

g/210L	Time
Pass	10:12pm 10:13pm
	10:14pm
.00	10:15pm
.00	10:15pm
.00	10:16pm
.00	10:18pm
.00	10:19pm
	Pass .00 .07 .00 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Jonya B Stynner Analyst

## HARNETT COUNTY BAT MOBILE UNIT 2 420

Serial Number: 008601 Test Date: 04/26/2013

Test Record Number: 796
Test Time: 10:20pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	10:20pm
FLO	Pass	10:20pm
FC	Pass	10:21pm

## Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	10:21pm

## Printer Tests

Test	Status	Time
PRNT	Pass	10:21pm
	CRC Tests	

1000	status	TIME
COMP	Pass	10:22pm
CAL	Pass	10:22pm

Preventive Maintenance Status: Pass

JUNIA DOKUM

Analyst

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

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

#### HARNETT COUNTY BAT MOBILE UNIT 2 420

Serial Number: 008929 Test Date: 04/26/2013

Citation Number: M0000000-0
Subject's Name: PREVENTIVE,
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:
10/01/2011-10/01/2013

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:30pm 10:31pm 10:32pm
AIR BLK	.00	10:33pm
SUB TEST	.00	10:34pm
AIR BLK	.00	10:35pm
SUB TEST	.00	10:37pm
AIR BLK	.00	10:38pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Jonya B Skinner Analyst

#### HARNETT COUNTY BAT MOBILE UNIT 2 420

Serial Number: 008929

Test Record Number: 629

Test Date: 04/26/2013

Test Time: 10:41pm EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

Status	Time
Pass	10:41pm
	Pass Pass Pass Pass

### Blank Tests

Test	Status	Time
AIR	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

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

County	CARteret Instrument Location CARteret County
Instrume	nt Serial No. 008882 SHEKIFTS OFFICE
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
<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 the procedure Departme	hat on the
SO S	Signature of Certifying Official  Certificate Number

#### CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008882 Test Date: 04/22/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HALL, RANDY E

Permit Number: 03462E

Effective: 09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG202602 Exp Date: 01/26/2014

Test	g/210L	Time
DIAG	Pass	9:50am
AIR BLK	.00	9:51am
ACCY CHK	.08	9:52am
AIR BLK	.00	9:53am
SUB TEST	.00	9:54am
AIR BLK	.00	9:55am
SUB TEST	.00	9:56am
ATR BLK	. 0.0	9 · 57am

Reported AC: , .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008882 Test Date: 04/22/2013

Test Record Number: 772
Test Time: 9:58am EDT

System Check: Passed

### Baseline Tests

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

## 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

7 TD D 0 50	Test	Status	Time
AIR PASS 9.59	ATR	Pass	9:59am

### Printer Tests

Status

Time

Test

CAL

		··-
PRNT	Pass	9:59am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:59am

Preventive Maintenance Status: Pass

Pass

Analyst

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

County	PITT Instrument Location Bat MOBILE Linit
Instrument S	erial No. 60 8577
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
<b>10.</b>	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the day of , 20/5 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	

#### PITT COUNTY BAT MOBILE UNIT 7 730

Serial Number: 008577 Test Record Number: 844
Test Date: 04/20/2013 Test Time: 8:11pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	8:11pm 8:11pm
FC	Pass	8:12pm

## Temperature Tests

Test	Status	Time
FC1	Pass	8:12pm
SRC	Pass	8:12pm
DET	Pass	8:12pm
BAR	Pass	8:12pm
BT	Pass	8:12pm

## Blank Tests

Test	Status	Time
7) T D	Dagg	8 • 1 2 mm

## Printer Tests

Test

PRNT	Pass	8:12pm
	CRC Tests	

Status

Time

Test	Status	Time
COMP	Pass	8:13pm
CAL	Pass	8:13pm

Preventive Maintenance Status: Pass

**Analyst** 

PITT COUNTY BAT MOBILE UNIT 7 730

Serial Number: 008577 Test Date: 04/20/2013

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

Subject'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:
10/01/2011-10/01/2013

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

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

Test	g/210L	Time
DIAG	Pass	8:00pm
AIR BLK	.00	8:01pm
ACCY CHK	.07	8:02pm
AIR BLK	.00	8:03pm
SUB TEST	.00	8:04pm
AIR BLK	.00	8:05pm
SUB TEST	.00	8:07pm
AIR BLK	.00	8:08pm

Reported AC: .00 g/210L

Signature of Chemical Malyst

Court CVR

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

County	Instrument Location 1347 MoBile Cong
Instrument !	Serial No
The prevent four months	tive 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	t on theday of
STAL STAL COLLEGE OF THE COLLEGE OF	

PITT COUNTY BAT MOBILE UNIT 7 730

Serial Number: 008623 Test Record Number: 2686
Test Date: 04/20/2013 Test Time: 8:29pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:30pm
FLO	Pass	8:30pm
FC	Pass	mcr0E:8

## Temperature Tests

Test	Status	Time
FC1	Pass	8:30pm
SRC	Pass	8:30pm
DET	Pass	8:30pm
BAR	Pass	8:30pm
BT	Pass	8:30pm

#### Blank Tests

Test	Status	Time
AIR	Pass	8:30pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:31pm

#### CRC Tests

Test	Status	Time
COMP	Pass	8:31pm
CAL	Pass	8:31pm

Preventive Maintenance Status: Pass

Les 6. Till Fred
Analyst

PITT COUNTY BAT MOBILE UNIT 7 730

Serial Number: 008623 Test Date: 04/20/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG305202

Exp Date: 02/21/2015

Test	g/210L	Time
DIAG	Pass	8:19pm
AIR BLK	.00	8:20pm
ACCY CHK	.07	8:21pm
AIR BLK	.00	8:22pm
SUB TEST	.00	8:23pm
AIR BLK	.00	8:24pm
SUB TEST	.00	8:25pm
AIR BLK	.00	8:26pm

Reperted AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

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

County	Pill Instrument Location BAT Mobile Limit
	erial No
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.
I certify that of procedures we Department of	on the
THE STATE OF THE S	CAROLL

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

DHHS 4080 (11/07)

### PITT COUNTY BAT MOBILE UNIT 7 730

Serial Number: 008760 Test Date: 04/20/2013 Test Record Number: 420
Test Time: 8:33pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	8:34pm
FLO	Pass	8:34pm
FC	Pass	8:34pm

### Temperature Tests

Test	Status	Time
FC1	Pass	8:34pm
SRC	Pass	8:34pm
DET	Pass	8:34pm
BAR	Pass	8:34pm
BT	Pass	8:34pm

### Blank Tests

Test	Status	Time
AIR	Pass	8:35pm

### Printer Tests

Test	Status	Time
PRNT	Pass	8:35pm
	CRC Tests	

Test	Status	Time
COMP	Pass	8:35pm
CAL	Pass	8:35pm

Preventive Maintenance Status: Pass

Analyst

PITT COUNTY BAT MOBILE UNIT 7 730

Serial Number: 008760 Test Date: 04/20/2013

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
10/01/2011-10/01/2013

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

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

Test	g/210L	Time
DIAG	Pass	8:20pm
AIR BLK	.00	8:21pm
ACCY CHK	.07	8:22pm
AIR BLK	.00	8:23pm
SUB TEST	.00	8:24pm
AIR BLK	.00	8:25pm
SUB TEST	.00	8:27pm
AIR BLK	.00	8:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

County 170	aufoix	Instrument Location Della	oven Police Dep
Instrument Seri	ial No. 008924	Bulhan	N.C.
The preventive four months are	maintenance procedures for the I	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 bregree centigrade;	eath simulator thermometer shows
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ears, collect breath sample;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	d	
10.	Verify that the ethanol gas cani simulator solution is being char whichever occurs first.	ster is being changed before expiration and every four months or after 125 A	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
procedures were	the day of day of e performed on the instrument ind Health and Human Services, and t	icated above, in accordance with current is functioning properly	forgoing preventive maintenance rent regulations of the N.C.
TOTAL STATE OF THE	Sold And And And And And And And And And An		
	Sign	ature of Certifying Official	Certificate Number

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928 Test Date: 04/23/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE
Subject'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:
09/01/2011-09/01/2013

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

Lot Number: AG206603 Exp Date: 03/06/2014

Test	g/210L	Time
DIAG AIR BLK	Pass	11:35am 11:36am
ACCY CHK	.07	11:36am
AIR BLK	.00	11:37am
SUB TEST	.00	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

July Keed

### BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928 Test Date: 04/23/2013 Test Record Number: 192 Test Time: 11:42am EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	11:42am
FLO	Pass	11:42am
FC	Pass	11:42am

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	11:43am

### Printer Tests

Test	Status	Time
PRNT	Pass	11:43am
	CRC Tests	
Test	Status	Time

COMP Pass 11:43am CAL Pass 11:43am

Preventive Maintenance Status: Pass

Analyst

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

County	219	Instrument Location DAG	e Co. Octention
Instrument Se	erial No. 00 8783	1044 Driftys	od Or., Manter
The preventiv	re maintenance procedures for the	e Intoximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	ter displays pressure, or the alcoholic degree centigrade;	breath simulator thermometer shows
2.	Verify instrument displays ti	me 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" a	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.		anister is being changed before expira hanged every four months or after 12	
	ere performed on the instrument i	indicated above, in accordance with conditional data instrument is functioning proper	
THE STATE OF THE S	CAROLINIA CAROLI	Del Hard	647
	Si	ignature of Certifying Official	Certificate Number

#### DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Date: 04/24/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:
09/01/2011-09/01/2013

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

Lot Number: AG204602 Exp Date: 02/15/2014

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	12:11pm 12:12pm 12:12pm
AIR BLK	.00	12:13pm
SUB TEST	.00	12:14pm
AIR BLK	.00	12:14pm
SUB TEST	.00	12:16pm
AIR BLK	.00	12:17pm

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: 381

Test Date: 04/24/2013

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	12:20pm
SRC	Pass	12:20pm
DET	Pass	12:20pm
BAR	Pass	12:20pm
BT	Pass	12:20pm

### Blank Tests

Test	Status	Time
AIR	Pass	12:21pm

### Printer Tests

Test	Status	Time
PRNT	Pass	12:21pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:21pm

12:21pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

County )	INTOXIMETERS, MODEL INTOX EC/IR II  A(c) Instrument Location DA(c (D. Dokumbon C)	· ·
Instrument S	erial No. DD8804 1044 Driftwood Dr., Manter	No
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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;	Parket V
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before 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 April 20 15 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.	
THE STATE OF THE S	Signature of Certifying Official Certificate Number	

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804 Test Date: 04/24/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG205402 Exp Date: 02/23/2014

Test	g/210L	Time
DIAG	Pass	12:13pm
AIR BLK	.00	12:14pm
ACCY CHK	.07	12:15pm
AIR BLK	.00	12:16pm
SUB TEST	.00	12:16pm
AIR BLK	.00	12:17pm
SUB TEST	.00	12:19pm
AIR BLK	.00	12:20pm

Reported AC:

Signature of Chemical Analyst

Court CVR

### DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804 Test Record Number: 1130 Test Date: 04/24/2013 Test Time: 12:26pm EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1	Pass	12:27pm
SRC	Pass	12:27pm
DET	Pass	12:27pm
BAR	Pass	12:27pm
$\mathtt{BT}$	Pass	12:27pm

### Blank Tests

Test	Status	Time
AIR	Pass	12:27pm

### Printer Tests

Test	Status	Time
PRNT	Pass	12:28pm

### CRC Tests

Test	Status	Time
COMP	Pass	12:28pm
CAL	Pass	12:28pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

. 1	INTOXIMETERS, MODEL INTOX EC/	IR II
County W	AYAL Instrument Location WAYAC	Cr. Detention C
Instrument Se	rial No. DO8649 207 E. Chessour	51. Goldsbald,
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to bre:	pe 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 expiratio simulator solution is being changed every four months or after 125 A whichever occurs first.	
I certify that of procedures we Department o	on the April , 20 S the fore performed on the instrument indicated above, in accordance with curr f Health and Human Services, and the instrument is functioning properly.	orgoing preventive maintenance ent regulations of the N.C.
THE STATE OF THE S	NO THE CARO	
TARK IZ TO	Signature of Certifying Official	Certificate Number

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008649 Test Date: 04/26/2013

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

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

Analyst's Name: KEESLER, LINDA A
Permit Number: 11646E
Effective:
09/01/2011-09/01/2013

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

Lot Number: AG204602 Exp Date: 02/15/2014

Test	g/210L	Time
DIAG AIR BLK	Pass	10:36am 10:37am
ACCY CHK	.08	10:38am
AIR BLK	.00	10:39am
SUB TEST	.00	10:40am
AIR BLK	.00	10:41am
SUB TEST	.00	10:42am
AIR BLK	.00	10:43am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Jind D. Kleen

### WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008649

Test Record Number: 2327

Test Date: 04/26/2013

Test Time: 10:49am EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FCl	Pass	10:50am
SRC	Pass	10:50am
DET	Pass	10:50am
BAR	Pass	10:50am
BT	Pass	10:50am

### Blank Tests

Test	Status	Time

AIR Pass 10:51am

### Printer Tests

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

PRNT Pass 10:51am

### CRC Tests

Test	Status	Time
COMP	Pass	10:51am
CAT.	Pagg	10.51am

Preventive Maintenance Status: Pass

Analyst

### PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Wayne W. Delention (N.) 207 E. Chestnyt St., Goldsboro, NC The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. 7. When "PLEASE BLOW" appears, collect breath sample; Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. , 20______ the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008671 Test Date: 04/26/2013

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
09/01/2011-09/01/2013

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

Lot Number: AG204602 Exp Date: 02/15/2014

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

Find A. Keen

### WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008671

Test Record Number: 2607

Test Date: 04/26/2013

Test Time: 11:00am EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

### Blank Tests

Test	Status	Time

AIR Pass 11:01am

### Printer Tests

Test	Status	Time

PRNT Pass 11:01am

### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County [	Instrument Location 741013	16 Charlet
Instrument Seri	rial No. 008606 Referen	
<u> </u>		
The preventive four months are	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed re:	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 shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the simulator solution is being changed every four months or after 125 Alcoholic Br whichever occurs first.	
procedures were	on the	ventive maintenance ons of the N.C.
STATE OF THE STATE	Signature of Certifying Official Cer	tificate Number

### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Record Number: 1211 Test Date: 04/26/2013 Test Time: 10:37pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	10:38pm
FLO	Pass	10:38pm
FC	Pass	10:38pm

### Temperature Tests

Test	Status	Time
FC1	Pass	10:38pm
SRC	Pass	10:38pm
DET	Pass	10:38pm
BAR	Pass	10:38pm
$_{ m BT}$	Pass	10:38pm

### Blank Tests

Test	Status	Time
AIR	Pass	10:39pm

### Printer Tests

Test	Status	Time
PRNT	Pass	10:39pm
	CRC Tests	
Test	Status	Time

COMP	Pass	10:39pm
CAL	Pass	10:39pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Date: 04/26/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS Test Type: Breath Test

Lot Number: AG203102

Exp Date: 01/31/2014

Test	g/210L	Time
DIAG AIR BLK	Pass	10:29pm 10:30pm
ACCY CHK AIR BLK	.08	10:31pm 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

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

County	Instrument Location For MOBILE Con, 7 45
Instrument S	erial No. <u>008698</u> <u>Rolliem</u>
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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
TATE SILVEN OF THE STATE OF THE	13 636

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

Signature of Certifying Official

Certificate Number

### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698

Test Record Number: 969

Test Date: 04/26/2013

Test Time: 10:40pm EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	10:41pm

### Printer Tests

Test	Status	Time
PRNT	Pass	10:41pm

### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Date: 04/26/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

10/01/2011-10/01/2013

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	10:32pm 10:33pm
ACCY CHK	.08	10:34pm
AIR BLK	.00	10:35pm
SUB TEST	.00	10:35pm
AIR BLK	.00	10:36pm
SUB TEST	.00	10:38pm
AIR BLK	.00	10:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

County/	NAME Instrument Location BAT MUBILE UNIT
Instrument Ser	ial No. OOS788 RALEIGY
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wei	the 26 day of 4,20/3 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.
OTHE STATE OF THE	Signature of Certifying Official Certificate Number

### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Record Number: 818 Test Date: 04/26/2013 Test Time: 10:38pm EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	10:40pm

### Printer Tests

Status

Time

10:40pm

Test

CAL ·

PRNT	Pass	10:40pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:40pm

Preventive Maintenance Status: Pass

Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Date: 04/26/2013

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

Subject'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:
10/01/2011-10/01/2013

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

Lot Number: AG123502 Exp Date: 08/23/2013

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:31pm 10:32pm 10:33pm
AIR BLK	.00	10:34pm
SUB TEST	.00	10:34pm
AIR BLK	.00	10:35pm
SUB TEST	.00	10:36pm
AIR BLK	.00	10:37pm

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

? (110 pm)

Rev. 12/2007