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

County	WATER Instrument Location BAT MOBILE LINIT		
Instrument Ser	rial No		
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.		
I certify that or procedures we Department of	the 30 day of 446457, 20/3 the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.		
STATE OF THE STATE	TO SHE CAROLINA CANADA		

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: 008788

Test Record Number: 855 

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:12pm
FLO	Pass	11:12pm
FC	Pass	11:13pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:13pm
SRC	Pass	11:13pm
DET	Pass	11:13pm
BAR	Pass	11:13pm
$\mathtt{BT}$	Pass	11:13pm

#### Blank Tests

Test	Status	Time
AIR	Pass	11:13pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Date: 08/30/2013

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: 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: AG309101 Exp Date: 04/01/2015

Test	g/210L	Time
DIAG	? Pass	11:02pm
AIR BLE	1.6	11:03pm
ACCY CF	IK .07	11:03pm
AIR BLE	00.	11:04pm
SUB TES	T .00	11:06pm
AIR BLE	00.	11:07pm
SUB TES	T .00	11:08pm
AIR BLE	00. 3	11:09pm

Reported AC: .00 q/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County	WALE	Instrument Location_	BOT MOBILE LINITES
Instrument Ser	rial No. <u>608698</u>		CANY
The preventive four months ar		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		alcoholic breath simulator thermometer shows
2.	Verify instrument displays tim	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	•	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; an	a <b>d</b>	
10.			fore expiration date, or the alcoholic breath or after 125 Alcoholic Breath Simulator tests,
procedures we	n the 35 day of 41 are performed on the instrument inc Health and Human Services, and	dicated above, in accordar	the forgoing preventive maintenance nee with current regulations of the N.C. ning properly.
OF THE STATE OF THE PROPERTY O			
AND SESTION OF THE SE	Jay Cay C	6.771sza.	A 636

#### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Date: 08/30/2013

Test Record Number: 996
Test Time: 11:13pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:15pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:15pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Date: 08/30/2013

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: 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 AIR BLK SUB TEST	Pass .00 .07 .00 .00	11:03pm 11:04pm 11:04pm 11:05pm 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

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

County	Withe	Instrument Location	BAT MOBILE	bene 11
Instrument S	Serial No. <u>008600</u>		CARY	
The preventi	ive maintenance procedures for the Inte	oximeters, Model Intox E	C/IR II to be followed at l	east once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr		coholic breath simulator th	ermometer shows
2.	Verify instrument displays time a	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			y.
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appea	rs, collect breath sample;		
7.	When "PLEASE BLOW" appea	rs, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.			
procedures v	on the <u>SO</u> day of <u>Auro</u> were performed on the instrument indic of Health and Human Services, and the	cated above, in accordance	e with current regulations	tive maintenance of the N.C.
THE STATE OF THE S	E C NO PLANT CAROLINE			

#### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Date: 08/30/2013 Test Record Number: 1274
Test Time: 11:07pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:08pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:09pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Date: 08/30/2013

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: 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	Pass .00 .07	10:52pm 10:53pm 10:54pm 10:55pm
SUB TEST	.00	10:56pm
AIR BLK	.00	10:57pm
SUB TEST	.00	10:59pm
AIR BLK	.00	11:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Analyst

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

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

- CANADA TON	INTOANGETERS, MODEL INTOX EC/IR II
County	uncombe Instrument Location Buncombe Co. Jail
Instrument S	erial No. 00 8631 Instrument Location Buncombe Co. Jail
The preventifour 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;
<b>7.</b>	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department o	on the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL
100

Serial Number: 008631 Test Date: 08/14/2013

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: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2013-06/01/2015

Officer's Name: NONE,

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	5:00pm 5:01pm
ACCI CHK	.00	5:01pm 5:02pm
SUB TEST	.00	5:03pm
AIR BLK	.00	5:04pm
SUB TEST	.00	5:05pm
AIR BLK	.00	5:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008631

Test Record Number: 3385

Test Date: 08/14/2013

Test Time: 5:07pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	5:07pm
FLO	Pass	5:07pm
FC	Pass	5:07pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	5:07pm
SRC	Pass.	5:07pm
DET	Pass	5:07pm
BAR	Pass	5:07pm
$\mathtt{BT}$	Pass	5:07pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	mg80:2	

#### Printer Tests

Test	Status	Time
PRNT	Pass	5:08pm
	CRC Tests	
Test	Status	Time

COMP	Pass	5:08pm
CAL	Pass	5:08pm

Preventive Maintenance Status: Pass

Analyst

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

	INTOXIMETERS, MODEL INTOX EC/IR II
County B	incombe Instrument Location Buncombe Co. Jail
Instrument Seri	al No. 008798 Asheville, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9,	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the
STATE OF THE STATE OF THE OWN WILL STATE OWN WILL STATE OF THE OWN WILL STATE	Signature of Certifying Official Certificate Number

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008798 Test Date: 08/14/2013

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: BURNETTE, ANTHONY J
Permit Number: 11304E
Effective:
06/01/2013-06/01/2015

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

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

Test	g/210L	Time
DIAG	Pass	5:01pm
AIR BLK	.00	5:02pm
ACCY CHK	.08	5:02pm
AIR BLK	.00	5:03pm
SUB TEST	.00	5:04pm
AIR BLK	.00	5:05pm
SUB TEST	.00	5:06pm
AIR BLK	.00	5:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008798

Test Record Number: 2781
Test Time: 5:08pm EDT

Test Date: 08/14/2013 Test Time: 5:08pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	5:08pm
FLO	Pass	5:08pm
FC	Pass	5:08pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	5:08pm
SRC	Pass	5:08pm
DET	Pass	5:08pm
BAR	Pass	5:08pm
BT	Pass	5:08pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	5:09pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	5:09pm
	CRC Tests	
Test	Status	Time

1000	Dododo	I II
COMP	Pass	5:09pm
CAL	Pass	5:09pm

Preventive Maintenance Status: Pass

Analyst

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

,7	INTOXIMETERS, MODEL INTOX EC/IR II
County 15	Instrument Location Buncombe Co. Ja:1
Instrument Se	rial No. O08697 Asheville, NC
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	on the
O'ME STATE	Signature of Certifying Official Certificate Number

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008697 Test Date: 08/14/2013

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: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2013-06/01/2015

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	4:59pm
AIR BLK ACCY CHK	.00 .07	5:00pm 5:00pm
AIR BLK	.00	5:01pm
SUB TEST	.00	5:02pm
AIR BLK	.00	5:03pm
SUB TEST	.00	5:05pm
AIR BLK	.00	mq20:2

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008697 Test Date: 08/14/2013

Test Record Number: 2092 Test Time: 5:06pm EDT

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System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	5:06pm 5:06pm
FC	Pass	5:07pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	5:07pm 5:07pm 5:07pm 5:07pm
$\mathtt{BT}$	Pass	5:07pm

#### Blank Tests

Test	Status	Time
AIR	Pass	5:07pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	5:07pm
,	CRC Tests	
Test	Status	Time

COMP	Pass	5:07pm
CAL	Pass	5:07pm

Preventive Maintenance Status: Pass

Analyst

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

County Ma	Instrument Location Madison Co. Jail
Instrument Seri	ial No. 008599 Instrument Location Madison Co. Jail  Marshall Mc
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;
<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 wer	the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

MADISON COUNTY MADISON COUNTY JAIL 560

Serial Number: 008599 Test Date: 08/27/2013

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 State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2013-06/01/2015

Officer's Name: NONE,

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	4:40pm
AIR BLK	.00	4:41pm
ACCY CHK	.08	4:42pm
AIR BLK	.00	4:43pm
SUB TEST	.00	4:45pm
AIR BLK	.00	4:46pm
SUB TEST	.00	4:47pm
AIR BLK	.00	4:48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MADISON COUNTY MADISON COUNTY JAIL 560

Serial Number: 008599 Test Date: 08/27/2013

Test Record Number: 479

Test Time: 4:49pm EDT

System Check: Passed

#### Baseline Tests

Test	Status .	Time
IR FLO	Pass Pass	4:50pm 4:50pm
FC	Pass	4:50pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:50pm
SRC	Pass	4:50pm
DET	Pass	4:50pm
BAR	Pass	4:50pm
BT	Pass	4:50pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:50pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:50pm
	CRC Tests	

Test	Status	Time
COMP	Pass	4:51pm
CAL	Pass	4:51pm

Preventive Maintenance Status: Pass

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

***************************************	TOTO AIMETERS, NIODEL INTO A EC/IR II
County )	Instrument Location Duplin County
Instrument Seria	
	•
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of F	the day of day of 15 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.
OTHE STATE OF A STATE	
No.	Signature of Certifying Official Certificate Number

DUPLIN COUNTY DUPLIN COUNTY SD 300

Serial Number: 008917 Test Date: 08/19/2013

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: 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: AG303502 Exp Date: 02/04/2015

Test	g/210L	Time
DIAG AIR BLK	Pass	12:29pm 12:30pm
ACCY CHK	.07	12:30pm
AIR BLK	.00	12:32pm
SUB TEST	.00	12:32pm
AIR BLK	.00	12:33pm
SUB TEST	.00	12:35pm
AIR BLK	.00	12:36pm

Reported AC: .00\_g/210L

Signature of Chemical Analyst

Court CVR

K-(-//Analyst

#### DUPLIN COUNTY DUPLIN COUNTY SD 300

Serial Number: 008917 Test Record Number: 379
Test Date: 08/19/2013 Test Time: 12:37pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:37pm
FLO	Pass	12:37pm
FC	Pass	12:37pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:37pm
SRC	Pass	12:37pm
DET	Pass	12:37pm
BAR	Pass	12:37pm
BT	Pass	12:37pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:38pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:38pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:38pm 12:38pm

Preventive Maintenance Status: Pass

Analyst Analyst

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

County/	Vew Handrer Instrument Location Milmington P.D. erial No. 608628
Instrument S	erial No. <u>608628</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	on the Solday of Account 4, 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.
STATE OF STA	

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

Certificate Number

#### NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628 Test Date: 08/30/2013

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: 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: AG317801 Exp Date: 06/27/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	12:08pm 12:09pm 12:09pm
AIR BLK SUB TEST	.00 .00	12:10pm 12:11pm
AIR BLK SUB TEST	.00 .00	12:12pm 12:13pm
AIR BLK	.00	12:14pm

Reported AC:

Signature of Chemical Analyst

Court CVR

#### NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628 Test Record Number: 2842
Test Date: 08/30/2013 Test Time: 12:15pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:15pm 12:15pm
FC	Pass	12:15pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:15pm
SRC	Pass	12:15pm
DET	Pass	12:15pm
BAR	Pass	12:15pm
BT	Pass	12:15pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:16pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:16pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:16pm 12:16pm

Preventive Maintenance Status: Pass

Analyst

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

County Z	DRUNSWICK Instrument Location Branswick Count
Instrument Se	rial No. 008602 Sheriff Dept.
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the 30 day of 4401154, 20/3 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	

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 BRUNSWICK CO SD 090

Serial Number: 008602 Test Date: 08/30/2013

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: 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: AG309101 Exp Date: 04/01/2015

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

K. C. Moder

#### BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008602

Test Record Number: 2529 Test Date: 08/30/2013 Test Time: 11:15am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:15am 11:15am
E.C.	Pass	11:15am
T. C	೯ಡವರ	エエ・エンロババ

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:16am

#### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

11:16am

CAL

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

County	Erial No. 008585 Instrument Location Brains Wict Coursell Sheriff Dept
The prevention	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
four months	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the
STATE IN STA	

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

Signature of Certifying Official

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008585 Test Date: 08/30/2013

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: 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: AG315701 Exp Date: 06/06/2015

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

Reported AC: .00,g/210L

Signature of Chemical Analyst

Court CVR

Analy

#### BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008585 Test Record Number: 2446
Test Date: 08/30/2013 Test Time: 11:12am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:12am
FLO	Pass	11:12am
FC	Pass	11:13am

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:13am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:13am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:14am

Preventive Maintenance Status: Pass

Analyst

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

	INTOXIMETERS, MODEL INTOX EC/IR II
County <u>E</u>	Tunswick Instrument Location OAK ISIGNO
Instrument Seria	11 No. 008648 Police Dept
-	
The preventive if four months are:	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the 30 day of 10965+ ,20/3 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.
STATE OF THE CREAT	Signature of Certificial Certificate Number

BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648 Test Date: 08/30/2013

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: 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: AG206102 Exp Date: 03/01/2014

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

Reported AC: .00 /4/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648 Test Record Number: 1144
Test Date: 08/30/2013 Test Time: 10:03am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:03am 10:03am
FC	Pass	10:03am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:03am
SRC	Pass	10:03am
DET	Pass	10:03am
BAR	Pass	10:03am
BT	Pass	10:03am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:04am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:04am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:04am

Preventive Maintenance Status: Pass

K.C./Mulli Analyst

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

	INTOXIMETERS, MODEL INTOX EC/IR II
County	Vew Hanover Instrument Location Wrightsville Beg
Instrument S	Vew Hanover Instrument Location Wrightsville Reg erial No. 008667 Police Dept
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
I certify that procedures v	Verify that the ethanol gas canister is being changed before 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
TANK STAIL OF THE	CAROLL CA

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008667 Test Date: 08/29/2013

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: 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: AG203903 Exp Date: 02/08/2014

Test	g/210L	Time
DIAG	Pass	11:46am
AIR BLK	.00	11:47am
ACCY CHK	.08	11:47am
AIR BLK	.00	11:48am
SUB TEST	.00	11:49am
AIR BLK	.00	11:50am
SUB TEST	.00	11:51am
ATR BLK	. 0.0	11:52am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

K. C. Mode

#### NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008667 Test Record Number: 1238
Test Date: 08/29/2013 Test Time: 11:53am EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1 SRC DET	Pass Pass Pass	11:53am 11:53am 11:53am
BAR	Pass	11:53am
$\mathtt{BT}$	Pass	11:53am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:54am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:54am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:54am 11:54am

Preventive Maintenance Status: Pass

Analyst

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

County_	Vew Hansver Instrument Location New Handver
Instrument So	erial No. 008626 5h.r.: FF Dept
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 procedures w Department o	on theday of
and the second	
STATI	
APRIL 12, VT	Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008626 Test Date: 08/29/2013

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: 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: AG308702 Exp Date: 03/28/2015

Test	g/210L	Time
DIAG AIR BLK	Pass	10:48am 10:49am
ACCY CHK	.07	10:49am
AIR BLK	.00	10:50am
SUB TEST	.00	10:51am
AIR BLK	.00	10:52am
SUB TEST	.00	10:53am
AIR BLK	.00	10:54am

Reported AC: .90/g/210L

Signature of Chemical Analyst

Court CVR

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008626

Test Record Number: 4602

Test Date: 08/29/2013

Test Time: 10:57am EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Tim∈
ΔTR	Pagg	10.58am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:58am
	CRC Tests	

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

Preventive Maintenance Status: Pass

Mr. C. Modern

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

,	INTOXIMETERS, MODEL INTOX EC/IR II
County	Veal Hanover Instrument Location New Hanover
Instrument Se	orial No. 0086/7 Instrument Location New Homover  Shoriff Dept
	· · · · · · · · · · · · · · · · · · ·
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the 2 day of 4,5 day of 3,20 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.
THE CAPPAINT OF THE CORPY OF THE CAPPAINT OF T	Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008617 Test Date: 08/29/2013

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: 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: AG308702 Exp Date: 03/28/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:49am 10:50am 10:51am
AIR BLK	.00	10:52am
SUB TEST	.00	10:52am
AIR BLK	.00	10:53am
SUB TEST	.00	10:55am
AIR BLK	.00	10:56am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

M.C. Males

#### NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008617 Test Record Number: 2153 Test Date: 08/29/2013 Test Time: 10:57am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:57am
FLO	Pass	10:57am
FC	Pass	10:58am

## Temperature Tests

m
ım
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ım
m

## Blank Tests

Test	Status	Time
AIR	Pass	10:58am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:58am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:58am 10:58am

Preventive Maintenance Status: Pass

K.C. Malest

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

County	Instrument Location Pender County
·	erial No. 068935 Sheriff Depti
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 procedures v Department	on the day of, 20/, 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.
STAT STATE OF THE PROPERTY OF	Signature of Certifying Official Certificate Number

PENDER PENDER CO SD 700

Serial Number: 008935 Test Date: 08/28/2013

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: AG204602 Exp Date: 02/15/2014

Test	g/210L	Time
DIAG	Pass	2:27pm
AIR BLK	.00	2:28pm
ACCY CHK	.07	2:28pm
AIR BLK	.00	2:29pm
SUB TEST	.00	2:30pm
AIR BLK	.00	2:30pm
SUB TEST	.00	2:32pm
AIR BLK	.00	2:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

K. L. Mod

#### PENDER PENDER CO SD 700

Serial Number: 008935

Test Record Number: 1463

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	2:35pm
FLO	Pass	2:35pm
FC	Pass	2:35pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:35pm
SRC	Pass	2:35pm
DET	Pass	2:35pm
BAR	Pass	2:35pm
BT	Pass	2:35pm

## Blank Tests

Test	Status	Time
ΣTD	Dagg	2 • 3 6 mm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:36pm

#### CRC Tests

Test	Status	Time
COMP	Pass	2:36pm
CAL	Pass	2:36pm

Preventive Maintenance Status: Pass

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

*******	INTOAIMETE	KS, MODEL IN I	OV FC/IV	11
County	ender	Instrument Location_	Pend	er County
Instrument Se	rial No. <u>008 94 6</u>	Sh	wriff	Dept
The preventive four months as	e maintenance procedures for the Ir	ntoximeters, Model Intox E	EC/IR II to be fo	llowed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		coholic 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" appe	ears, collect breath sample	;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample	<b>:</b>	
8.	Print test record;			
9.	Verify Diagnostic Program; an	d		
.10.	Verify that the ethanol gas can simulator solution is being charwhichever occurs first.			
I certify that of procedures we Department of	on the day of Aug ere performed on the instrument ind f Health and Human Services, and t	, 20 / ,	the forgo ce with current r	ing preventive maintenance egulations of the N.C.
STATE STATE				
3 1 20, 1773 3 2 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
SE S	A CAROLINA CONTRACTOR OF THE CAROLINA CONTRACTOR			
TARE 12. IT	13 X	Mode	and the second s	601
	Sign	ature of Certifying Officia	al	Certificate Number

PENDER PENDER COUNTY SD 700

Serial Number: 008946 Test Date: 08/28/2013

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: AG204602 Exp Date: 02/15/2014

Test	g/210L	Time
DIAG AIR BLK	Pass	2:25pm 2:26pm
ACCY CHK	.08	2:26pm
AIR BLK	.00	2:27pm
SUB TEST	.00	2:28pm
AIR BLK	.00	2:29pm
SUB TEST	.00	2:30pm
AIR BLK	.00	2:31pm

Reported AC: .90 g/210L

Signature of Chemical Analyst

Court CVR

K. C. Mools
Analyst

#### PENDER PENDER COUNTY SD 700

Serial Number: 008946

Test Record Number: 682

Test Date: 08/28/2013

Test Time: 2:32pm EDT

System Check: Passed

## Baseline Tests

Status	Time
Pass	2:32pm
Pass Pass	2:32pm 2:32pm
	Pass Pass

## Temperature Tests

Status	Time
Pass	2:33pm
	Pass Pass Pass Pass

## Blank Tests

Test	Status	Time
AIR	Pass	2:33pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:33pm

#### CRC Tests

Test	Status	Time
COMP	Pass	2:33pm
CAL	Pass	2:33pm

Preventive Maintenance Status: Pass

<i>∕</i> ?	INTOXIMETERS, MODEL INTOX EC/IR II
County	Jumbus Instrument Location Columbus County
Instrument Ser	ial No. 008886 Instrument Location Columbus County
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures we Department of	the <u>S</u> day of <u>August</u> , 20 <u>S</u> 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.
CORE STATE OF THE CORE OF THE	NORTH CAROLES AND

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

Signature of Certifying Official

Certificate Number

#### COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008886 Test Date: 08/28/2013

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: AG308002 Exp Date: 03/21/2015

Test	g/210L	Time
DIAG AIR BLK	Pass	12:36pm 12:37pm
ACCY CHK	.08	12:38pm
AIR BLK	.00	12:39pm
SUB TEST	.00	12:39pm
AIR BLK	.00	12:40pm
SUB TEST	.00	12:42pm
AIR BLK	.00	12:42pm

Reported AC: .00 q/210L

Signature of Chemical Analyst

Court CVR

K. C. Moder

#### COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008886 Test Record Number: 850 Test Date: 08/28/2013 Test Time: 12:44pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	12:45pm
FLO	Pass	12:45pm
FC	Pass	12:45pm

## Temperature Tests

Test Status Time	
FC1 Pass 12:4	5 pm
SRC Pass 12:4	5pm
DET Pass 12:4	5pm
BAR Pass 12:4	5pm
BT Pass 12:4	5pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:45pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:45pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:46pm 12:46pm

Preventive Maintenance Status: Pass

K. C. Phole

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

	$\gamma$ INTOXIMETERS, MODEL INTOX EC/IR	A II
County	olumbus Instrument Location Colum	bus County
Instrument Se	rial No. 008875 Sheriff	Dept.
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be fore:	ollowed at least once every
1,	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration dasimulator solution is being changed every four months or after 125 Alcol whichever occurs first.	
I certify that of procedures we Department of	on the day of, 20 the forgere performed on the instrument indicated above, in accordance with current of Health and Human Services, and the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
AND SET OF SET O	Since the second	601
	Signature of Certifying Official	Certificate Number

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008875 Test Date: 08/28/2013

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: AG315701 Exp Date: 06/06/2015

Test	g/210L	Time
DIAG AIR BLK	Pass .00	12:35pm 12:36pm
ACCY CHK	.08	12:36pm
AIR BLK	.00	12:37pm
SUB TEST	.00	12:38pm
AIR BLK	.00	12:40pm
SUB TEST	.00	12:40pm
ATR BLK	. 00	12:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

K.C Masker
Analyst

#### COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008875 Test Record Number: 1143
Test Date: 08/28/2013 Test Time: 12:42pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	12:43pm
FLO	Pass	12:43pm
FC	Pass	12:43pm

## Temperature Tests

Test	Status	Time
FC1	Pass	12:43pm
SRC	Pass	12:43pm
DET	Pass	12:43pm
BAR	Pass	12:43pm
$\mathtt{BT}$	Pass	12:43pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:43pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:43pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:44pm 12:44pm

Preventive Maintenance Status: Pass

K.C. floods

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

County	3/9den Instrument Location Bladen County
Instrument Sea	rial No. 008818 Sheriff Dept.
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 August, 20/3 the forgoing preventive maintenance per performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
OREATS SET OF THE SET	CAROLL CONTROLL CONTROL CO

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

Signature of Certifying Official

Certificate Number

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008818 Test Date: 08/28/2013

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: AG206102 Exp Date: 03/01/2014

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	11:27am 11:28am 11:29am 11:30am 11:30am
SUB TEST	.00	11:33am
ATR BIK	. 00	11:33am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

K. C. flhach
Analyst

#### BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008818 Test Record Number: 706 Test Date: 08/28/2013 Test Time: 11:34am EDT

System Check: Passed

## Baseline Tests

Status	Time
Pass	11:34am
Pass	11:34am
Pass	11:34am
	Pass Pass

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:35am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:35am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:35am

Preventive Maintenance Status: Pass

Pass

11:35am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location 16/adea Instrument Serial No. <u>608894</u> 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 day of 20/15 the forgoing preventive mainter procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. , 20 / the forgoing preventive maintenance Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

#### BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008894 Test Date: 08/28/2013

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: AG206602 Exp Date: 03/06/2014

Exp Date: 05/00/2014

Test

DIAG	Pass	11:27am
AIR BLK	.00	11:28am
ACCY CHK	.08	11:29am
AIR BLK	.00	11:30am

g/210L

Time

AIR BLK .00 11:30am SUB TEST .00 11:30am AIR BLK .00 11:31am

SUB TEST .00 11:32am

AIR BLK .00 11:33am

Reported AC: .00 gr/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008894 Test Record Number: 576
Test Date: 08/28/2013 Test Time: 11:35am EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	11:35am
SRC	Pass	11:35am
DET	Pass	11:35am
BAR	Pass	11:35am
BT	Pass	11:35am

## Blank Tests

Test	Status	Time
AIR	Pass	11:36am

#### Printer Tests

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

Preventive Maintenance Status: Pass

H. C. Mussell

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

, merca	II (I OZIMIE) EI	o, worder in i	OA EC/IR II	
County 59	mpson	Instrument Location_	Sampson	County
	ni No. <u>008877</u>		Sheriff	Dept.
The preventive if four months are	maintenance procedures for the Int	oximeters, Model Intox E	EC/IR II to be followe	d at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg		coholic breath simula	tor thermometer shows
2. 18 %	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;		e waxaa .	
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appear	urs, collect breath sample;	<b>;</b>	÷
7.	When "PLEASE BLOW" appear	urs, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canis simulator solution is being chang whichever occurs first.			
I certify that on procedures were Department of I	the day of	cated above, in accordance instrument is functioning	the forgoing proce with current regular	reventive maintenance tions of the N.C.
STATE OF THE STATE	SAROLLI C.	Marke		601
	Signá	ture of Certifying Officia	ol Co	ertificate Number

#### SAMPSON COUNTY SAMPSON COUNTY SD 810

Serial Number: 008877 Test Date: 08/28/2013

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: AG308702 Exp Date: 03/28/2015

Test	g/210L	Time
DIAG AIR BLK	Pass	9:31am 9:32am
ACCY CHK	.07	9:32am
AIR BLK	.00	9:33am
SUB TEST	.00	9:34am
AIR BLK	.00	9:35am
SUB TEST	.00	9:36am
AIR BLK	.00	9:37am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

L. C. Modern

#### SAMPSON COUNTY SAMPSON COUNTY SD 810

Serial Number: 008877 Test Record Number: 1471
Test Date: 08/28/2013 Test Time: 9:38am EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	9:38am
FLO	Pass	9:38am
FC	Pass	9:39am

## Temperature Tests

Test	Status	Time
FC1	Pass	9:39am
SRC	Pass	9:39am
DET	Pass	9:39am
BAR	Pass	9:39am
$\mathtt{BT}$	Pass	9:39am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:39am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:39am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:39am 9:39am

Preventive Maintenance Status: Pass

K.C. Malyst

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

	INTOXIMETERS, MODEL INTOX EC/IR II
County	Enmpson Instrument Location Sampson County
Instrument So	erial No. 008825 Shoriff Dept
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	on the day of day of 26,657, 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.
oTime.	
50 THE STATE OF TH	
APRIL 12, T	Signature of Certifying Official Certificate Number

SAMPSON COUNTY SAMPSON CO SD 810

Serial Number: 008825 Test Date: 08/28/2013

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: AG315701

Exp Date: 06/06/2015

Test

DIAG	Pass	9:32am
AIR BLK	.00	9:33am
* ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	~ ~	0 22

g/210L

Time

ACCY CHK .08 9:33am AIR BLK .00 9:34am

**SUB TEST .00 9:35am** AIR BLK .00 9:35am

SUB TEST .00 9:37am

AIR BLK .00 9:38am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

K.C.Modes.
Analyst

## SAMPSON COUNTY SAMPSON CO SD 810

Serial Number: 008825 Test Record Number: 1709 Test Date: 08/28/2013

Test Time: 9:40am EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

SRC Pass 9:41am DET Pass 9:41am BAR Pass 9:41am	Test	Status	Time
	SRC DET	Pass Pass	9:41am 9:41am 9:41am 9:41am
			9:41am

## Blank Tests

Test	Status	Time
AIR	Pass	9:41am

## Printer Tests

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

Preventive Maintenance Status: Pass

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

County	Dender Instrument Location Pencler County
Instrument Se	erial No. 008948 Sheriff Dep+ Anney
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 w	on the day of
STATE STATE OF STATE	Story 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

## PENDER COUNTY SHERIFF DEPT ANNEX 700

Serial Number: 008948 Test Date: 08/27/2013

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: 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: AG204602 Exp Date: 02/15/2014

Test	g/210L	Time
DIAG AIR BLK	Pass	1:38pm
ACCY CHK	.00 .07	1:39pm 1:40pm
AIR BLK	.00	1:41pm
SUB TEST	.00	1:41pm
AIR BLK	.00	1:42pm
SUB TEST	.00	1:43pm
AIR BLK	.00	1:440m

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

K. C. Macha

#### PENDER COUNTY SHERIFF DEPT ANNEX 700

Serial Number: 008948 Test Date: 08/27/2013

Test Record Number: 618
Test Time: 1:46pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:46pm
FLO	Pass	1:46pm
FC	Pass	1:46pm

## Temperature Tests

Test	Status	Time
FC1	Pass	1:47pm
SRC	Pass	1:47pm
DET	Pass	1:47pm
BAR	Pass	1:47pm
BT	Pass ·	1:47pm

## Blank Tests

Test	Status	Time
AIR	Pass	1:47pm

#### Printer Tests

PRNT Pass 1:47pm	rest	Status	TTRE
	PRNT	Pass	1:47pm

## CRC Tests

Test	Status	Time
COMP	Pass	1:47pm
CAL	Pass	1:47pm

Preventive Maintenance Status: Pass

Analyst

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

	INTOXIMETERS, MODEL INTOX EC/IR II
County N	en Hanaver Instrument Location Carolina Beach
Instrument Se	erial No. 00866/ Police D-p+
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the day 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 STATION OF THE ST	

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

Signature of Certifying Official

Certificate Number

NEW HANOVER COUNTY CAROLINA BEACH PD 640

Serial Number: 008661 Test Date: 08/27/2013

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: 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: AG308702 Exp Date: 03/28/2015

Test	g/210L	Time
DIAG	Pass	12:18pm
AIR BLK	.00	12:19pm
ACCY CHK	.08	12:19pm
AIR BLK	.00	12:20pm
SUB TEST	.00	12:21pm
AIR BLK	.00	12:22pm
SUB TEST	.00	12:23pm
ATR BLK	. 0.0	12:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

K-C. Albolia Analyst

# NEW HANOVER COUNTY CAROLINA BEACH PD 640

Serial Number: 008661 Test Record Number: 1637 Test Date: 08/27/2013 Test Time: 12:25pm EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	12:25pm
FLO FC	Pass Pass	12:25pm 12:25pm

# Temperature Tests

Test	Status	Time
FC1	Pass	12:26pm
SRC	Pass	12:26pm
DET	Pass	12:26pm
BAR	Pass	12:26pm
$\mathtt{BT}$	Pass	12:26pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:26pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:26pm
(	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:26pm 12:26pm

Preventive Maintenance Status: Pass

Analyst

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

County 1	Juplin	Instrument Location	Wallace	P.D
Instrument So	erial No. <u>008858</u>			
The prevention	ve maintenance procedures for the Inare:	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		nolic breath simulator th	hermometer 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" app	ears, collect breath sample;		
7.	When "PLEASE BLOW" app	ears, collect breath sample;		
8.	Print test record;			
9,	Verify Diagnostic Program; an	d		•
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.			
I certify that procedures w Department of	on the day of day of day of day of day of Health and Human Services, and	dicated above, in accordance value instrument is functioning	the forgoing prever with current regulations properly.	ntive maintenance of the N.C.
	90n-	÷.		
OF THE STATE	E OF NOP.	•		
OR RAY	Example 1	· ·		
ARIL 12. TI	K.C.	Mrs. Land		0/
	Sig	nature of Certifying Official	Certifi	cate Number

DUPLIN COUNTY WALLACE PD 300

Serial Number: 008858 Test Date: 08/27/2013

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: 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: AG308002 Exp Date: 03/21/2015

Test	g/210L	Time
DIAG	Pass	10:38am
AIR BLK ACCY CHK	.00	10:39am 10:39am
AIR BLK	.00	10:40am
SUB TEST	.00	10:41am
AIR BLK	.00	10:42am
SUB TEST	.00	10:44am
ATR BLK	. 00	10:45am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

K-C.flager

#### DUPLIN COUNTY WALLACE PD 300

Serial Number: 008858 Test Record Number: 600 Test Date: 08/27/2013 Test Time: 10:47am EDT

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

Test	Status	Time
FC1	Pass	10:47am
SRC	Pass	10:47am
DET	Pass	10:47am
BAR	Pass	10:47am
BT	Pass	10:47am

# Blank Tests

Test	Status	Time
AIR	Pass	10:48am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:48am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:48am 10:48am

Preventive Maintenance Status: Pass

Analyst

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

County ()	Instrument Location Wilson (a. Detention
Instrument Se	rial No. 008627 IDDE. Green St, Wilson, 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.
	on the 30 day of 12 day of 20 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	

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

Signature of Certifying Official

#### WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008627 Test Date: 08/30/2013

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:
08/01/2013-08/01/2015

Officer's Name: NONE, 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 .07	11:07am 11:08am 11:09am
AIR BLK	.00	11:10am
SUB TEST	.00	11:10am
AIR BLK	.00	11:11am
SUB TEST	.00	11:13am
ATR BLK	.00	11:14am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

# WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008627 Test Record Number: 1592 Test Date: 08/30/2013 Test Time: 11:15am EDT

System Check: Passed

# Baseline Tests

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

# Temperature Tests

Test	Status	Time
FC1	Pass	11:15am
SRC	Pass	11:15am
DET	Pass	11:15am
BAR	Pass	11:15am
BT	Pass	11:15am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:16am

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County ()	Som Instrument Location Wilson Co. Defeation
Instrument Seria	INO. DO 8652 100 E. Green St., Wilson, N.C.
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the 30 day of 40 cust , 20 13 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
THE STATE OF A VIN 20, 177 A V	Signature of Certifying Official Certificate Number

#### WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008652 Test Date: 08/30/2013

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Anályst

#### WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008652 Test Record Number: 2341
Test Date: 08/30/2013 Test Time: 11:02am EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	11:02am
FLO	Pass	11:02am
FC	Pass	11:02am

# Temperature Tests

Test	Status	Time
FC1	Pass	11:02am
SRC	Pass	11:02am
DET	Pass	11:02am
BAR	Pass	11:02am
BT	Pass	11:02am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:03am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:03am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:03am 11:03am

Preventive Maintenance Status: Pass

Analyst

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

(	County Hev	INTOXIMETERS, MODEL INTOX EC/IR II  Hovd  Instrument Location Abost & P. D.
]	Instrument Seri	al No. 008848 705 W. Main St., Ahoskir, No.
	The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
	1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	2.	Verify instrument displays time and date;
	3.	Initiate breath test sequence;
	4.	Enter information as prompted;
	5.	Verify instrument accuracy;
	6.	When "PLEASE BLOW" appears, collect breath sample;
	7.	When "PLEASE BLOW" appears, collect breath sample;
	8.	Print test record;
	9.	Verify Diagnostic Program; and
	10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
ı		the day of day o
***************************************	TAME STATE OF THE	CCMOUNT TO THE PARTY OF THE PAR

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

Signature of Certifying Official

Certificate Number

HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848 Test Date: 08/29/2013

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	12:45pm 12:46pm 12:46pm 12:47pm 12:48pm 12:48pm
SUB TEST	.00	12:48pm
ATR RIK	0.0	12.51pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848 Test Record Number: 868
Test Date: 08/29/2013 Test Time: 12:53pm EDT

System Check: Passed

# Baseline Tests

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

# Temperature Tests

Test	Status	Time
FC1	Pass	12:54pm
SRC	Pass	12:54pm
DET	Pass	12:54pm
BAR	Pass	12:54pm
BT	Pass	12:54pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:54pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

. 3	INTOXIMETERS, MODEL INTOX EC/IR II
County H	Instrument Location Murtreesboro F.D.
Instrument Se	erial No. 008851 115 E. Broad St., Murfreestoro
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;
<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 oprocedures we Department of	on the day of Hucust, 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 CONTROL OF THE CO	Signature of Certifying Official Certificate Number

#### HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008851 Test Date: 08/29/2013

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:29am 11:29am
ACCY CHK	.08	11:30am
AIR BLK	.00	11:31am
SUB TEST	.00	11:31am
AIR BLK	.00	11:32am
SUB TEST	.00	11:34am
AIR BLK	.00	11:35am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

# HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008851 Test Record Number: 458
Test Date: 08/29/2013 Test Time: 11:37am EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	11:37am
FLO	Pass	11:37am
FC	Pass	11:37am

# Temperature Tests

Test		Status	Time
FC1		Pass	11:37am
SRC		Pass	11:37am
DET		Pass	11:37am
BAR	ı	Pass	11:37am
$\mathtt{BT}$		Pass	11:37am

# Blank Tests

Test	Status	Time
AIR ,	Pass	11:38am

## Printer Tests

Test	Status	Time
PRNT	Pass	11:38am
•	CRC Tests	
Test	Status	Time
COMP	Pass	11:38am

Preventive Maintenance Status: Pass

Pass

11:38am

CAL

Analyst

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

County ()	rrituck	Instrument Location Christian Co. S.O (
Instrument Ser	rial No. <u>00894</u> 9	1123 Ocean Trail, Corolla, N.C.
The preventive four months ar	•	for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.		canister displays pressure, or the alcoholic breath simulator thermometer shows nus .2 degree centigrade;
2.	Verify instrument disp	lays time and date;
3.	Initiate breath test sequ	uence;
4.	Enter information as p	rompted;
5.	Verify instrument according	ıracy;
6.	When "PLEASE BLO	W" appears, collect breath sample;
7.	When "PLEASE BLO	W" appears, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Pro	gram; and
10.	Verify that the ethano simulator solution is b whichever occurs first	gas canister is being changed before expiration date, or the alcoholic breath eing changed every four months or after 125 Alcoholic Breath Simulator tests,
I certify that o procedures we Department of	ere performed on the instru	the forgoing preventive maintenance ament indicated above, in accordance with current regulations of the N.C. ces, and the instrument is functioning properly.
STATE OF THE STATE OF THE 20, 1775	CAROUNA	Signature of Certifying Official Certificate Number

CURRITUCK COUNTY SO-COROLLA 260

Serial Number: 008949 Test Date: 08/27/2013

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: GUARD, KELLY G

Permit Number: 12955E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	12:14pm 12:15pm 12:15pm 12:16pm
SUB TEST	.00	12:17pm
AIR BLK	.00	12:18pm
SUB TEST	.00	12:19pm
ATR BLK	. 00	12:20pm

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

# CURRITUCK COUNTY SO-COROLLA 260

Serial Number: 008949

Test Record Number: 306

Test Date: 08/27/2013

Test Time: 12:21pm 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	Pass	12:22pm
SRC	Pass	12:22pm
DET	Pass	12:22pm
BAR	Pass	12:22pm
BT	Pass	12:22pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:23pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:23pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:23pm

12:23pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst/

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

County Cle	eveland Instrument Location Cleveland County SD-Ann
Instrument Seria	11 No. 008881 407 McBrayer Street, Shelby 704-484-4888
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 wer	the <u>3046</u> day of <u>August</u> , 20 <u>13</u> 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.
CONTROL STATE OF THE STATE OF T	Signature of Certifying Official Certificate Number

CLEVELAND COUNTY CLEVELAND SD - ANNEX 220

Serial Number: 008881 Test Date: 08/20/2013

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: 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: AG206102 Exp Date: 03/01/2014

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

#### CLEVELAND COUNTY CLEVELAND SD - ANNEX 220

Serial Number: 008881

Test Record Number: 522

Test Date: 08/20/2013

Test Time: 1:02pm EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:03pm 1:03pm
FC	Pass	mqE0:1

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	1:04pm

# 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 ECAR II

County Cle	veland Instrument Location Kings Mountain PD
-	No. 008900 112 S. Piedmont Aves Kings Mount 704-734-0444
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	he 2044 day of August, 2013 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
THE STATE OF NO. 10 THE ST	Signature of Certifying Official Certificate Number

#### CLEVELAND COUNTY KINGS MOUNTAIN PD 220

Serial Number: 008900 Test Date: 08/20/2013

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: 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: AG320602 Exp Date: 07/25/2015

Test	g/210L	Time
DIAG	Pass	2:01pm
AIR BLK	.00	2:02pm
ACCY CHK	.08	2:03pm
AIR BLK	.00	2:04pm
SUB TEST	.00	2:04pm
AIR BLK	.00	2:05pm
SUB TEST	.00	2:07pm
AIR BLK	.00	2:08pm

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

# CLEVELAND COUNTY KINGS MOUNTAIN PD 220

Serial Number: 008900 Test Date: 08/20/2013 Test Record Number: 437
Test Time: 2:09pm EDT

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	2:10pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:10pm
	CRC Tests	
Test	Status	Time

COMP	Pass	2:10pm
CAL	Pass	2:10pm

Preventive Maintenance Status: Pass

Analyst

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

County Rud	herford	Instrument Location For	rest City PD
Instrument Seri	al No. <u>008889</u>	187 S. Church 828- 245	Street, Forest City
The preventive four months are	•	ximeters, Model Intox EC/IR	II to be followed at least once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degre		lic breath simulator thermometer shows
2.	Verify instrument displays time a	nd date;	•
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	rs, collect breath sample;	
7.	When "PLEASE BLOW" appear	rs, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas caniste simulator solution is being change whichever occurs first.	er is being changed before ex ed every four months or after	piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
procedures wer	the 23 cd day of Augus e performed on the instrument indic Health and Human Services, and the	ated above, in accordance wi	
TO THE STATE OF TH	Signat	ure of Certifying Official	Certificate Number

#### RUTHERFORD COUNTY FOREST CITY PD 800

Serial Number: 008889 Test Date: 08/23/2013

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: 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: AG320602 Exp Date: 07/24/2015

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### RUTHERFORD COUNTY FOREST CITY PD 800

Serial Number: 008889 Test Record Number: 515 Test Date: 08/23/2013 Test Time: 9:47am EDT

System Check: Passed

# Baseline Tests

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

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	9:48am

#### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

9:48am

CAL

Analyst

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

1	INTOXIMETERS, MODEL INTOX EC/IR II
County	in COM Instrument Location Lincoln County Cauthous
Instrument Ser	
	704-732-9020
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.
	n the
STATE OF THE STATE	Signature of Certifying Official Certificate Number

# LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008827 Test Record Number: 1579
Test Date: 08/19/2013 Test Time: 11:37am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:38am 11:38am
FLO	Pass -	
FC	Pass	11:38am

# Temperature Tests

Status	Time
Pass	11:38am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	11:39am

# Printer Tests

Test	Status	Time
PRNT	Pass	11:39am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:39am 11:39am

Preventive Maintenance Status: Pass

Analyst

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008827 Test Date: 08/19/2013

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: 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	11:42am
AIR BLK	.00	11:42am
ACCY CHK	.08	11:43am
AIR BLK	.00	11:44am
SUB TEST	.00	11:45am
AIR BLK	.00	11:46am
SUB TEST	.00	11:47am
AIR BLK	.00	11:48am

Reported AC .00 g/210L

Signature of Chemical Analyst

Court CVR

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. When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the forgoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

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

Signature of Certifying Official

Certificate Number

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596 Test Date: 08/12/2013

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: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:17pm
AIR BLK	.00	1:18pm
ACCY CHK	.07	1:18pm
AIR BLK	.00	1:19pm
SUB TEST	.00	1:20pm
AIR BLK	.00	1:21pm
SUB TEST	.00	1:22pm
ATR RIK	0.0	$1 \cdot 23 \text{ pm}$

Reported AC: .00 g/210L

Agnature of Chemical Analyst

Court CVR

Analyst

# STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596 Test Reco Test Date: 08/12/2013 Test Tim

Test Record Number: 618
Test Time: 1:25pm EDT

# System Check: Passed

# Baseline Tests

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

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	1:27pm

# Printer Tests

Test	Status	Time
PRNT	Pass	1:27pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:27pm 1:27pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Instrument Serial No. 00801 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record; 9. Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the forgoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

STOKES COUNTY KING PD 840

Serial Number: 008610 Test Date: 08/12/2013

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: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	3:25pm 3:26pm
ACCY CHK AIR BLK	.07 .00	3:26pm 3:27pm
SUB TEST	.00	3:28pm
AIR BLK	.00	3:29pm
SUB TEST	.00	3:31pm
AIR BLK	.00	3:32pm

Reported AC:

00 ep/210I

Signature of Chemical Analyst

Court CVR

Analyst

#### STOKES COUNTY KING PD 840

Serial Number: 008610 Test Date: 08/12/2013 Test Record Number: 1329
Test Time: 3:34pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:34pm
SRC	Pass	3:34pm
$\mathbf{DET}$	Pass	3:34pm
BAR	Pass	3:34pm
BT	Pass	3:34pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:35pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:35pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

ignature of Certifying Official

#### YADKIN COUNTY YADKINVILLE PD 980

Serial Number: 008925 Test Date: 08/14/2013

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: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:05pm
AIR BLK	.00	2:06pm
ACCY CHK	.08	2:07pm
AIR BLK	.00	2:08pm
SUB TEST	.00	2:08pm
AIR BLK	.00	2:09pm
SUB TEST	,00	2:10pm
AIR BLK	<b>/.</b> 00	2:11pm

Reported AC: 90 g/210L

Signature of Chemical Analyst

Court CVR

#### YADKIN COUNTY YADKINVILLE PD 980

Serial Number: 008925

Test Record Number: 388

Test Date: 08/14/2013

Test Time: 2:13pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Status	Time
Pass	2:14pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
ATR	Pagg	2:15pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:15pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

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 IL

	INTOANIETERS, NODEL INTOA EC/IR II
County	JURRY Instrument Location Elkin to lice
Instrumen	Serial No. 008926 Department
The preve	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.
	t on the
S S S S S S S S S S S S S S S S S S S	Signature of Sertifying Official  Certificate Number

SURRY COUNTY ELKIN PD 850

Serial Number: 008926 Test Date: 08/14/2013

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: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG200905 Exp Date: 01/09/2014

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	3:46pm 3:47pm 3:47pm
AIR BLK	.00	3:48pm
SUB TEST	.00	3:49pm
AIR BLK	.00	3:50pm
SUB TEST	.00	3:51pm
AIR BLK	.90	3:52pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### SURRY COUNTY ELKIN PD 850

Serial Number: 008926 Test Date: 08/14/2013

Test Record Number: 569
Test Time: 4:00pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	4:01pm 4:01pm
FC	Pass	4:01pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:01pm
SRC	Pass	4:01pm
DET	Pass	4:01pm
BAR	Pass	4:01pm
BT	Pass	4:01pm
SRC DET BAR	Pass Pass Pass	4:01pr 4:01pr 4:01pr

#### Blank Tests

Test	Status	Time
AIR	Pass	4:02pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:02pm
	CRC Tests	

TCDC.	Deacab	TIMO
COMP	Pass	4:02pm
CAL	Pass	4:02pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

" O'CONTROLLED	INTOXIMETERS, MODEL INTOX EC/IR II
County	byie Instrument Location Davie County Jail
Instrument Ser	ial No. 008905 Mocksville, N.C.
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every 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;
<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.
	n the
THE STATE OF THE S	Signature of Ceptifying Official Certificate Number

DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905 Test Date: 08/15/2013

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: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC.

nn/4/2107

Signature of Chemical Analyst

Court CVR

#### DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905 Test Date: 08/15/2013 Test Record Number: 1217
Test Time: 11:25am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Status	Time
Pass	11:26am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Ţime
AIR	Pass	11:26am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:26am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:27am 11:27am

Preventive Maintenance Status: Pass

Analyst

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

County_	ilkes	Instrument Location Wi	Ikes County Cou	zhouse
Instrument Se	erial No. <u>008843</u>	M	ilKesboro, N.C.	<u> </u>
The preventive	ve maintenance procedures for the	Intoximeters, Model Intox EC/I	R II to be followed at least one	ce every
four months a			•	•
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2	er displays pressure, or the alcoh degree centigrade;	olic breath simulator thermom	eter shows
2.	Verify instrument displays ti	me and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompte	ed;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" ap	ppears, collect breath sample;		
7.	When "PLEASE BLOW" ag	ppears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program;	and		
10.		anister is being changed before en hanged every four months or after		
	on the		ith current regulations of the N	intenance I.C.
O'THE STATE O'THE	1 martil	egnature of Certifying Official	Certificate Nur	mber

#### WILKES COUNTY WILKES CO COURTHOUSE 960

Serial Number: 008843 Test Date: 08/15/2013

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: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:17pm
AIR BLK	.00	1:18pm
ACCY CHK	.07	1:19pm
AIR BLK	.00	1:19pm
SUB TEST	.00	1:20pm
AIR BLK	. 0 0.	1:21pm
SUB TEST	.00	1:22pm
AIR BLK	.00	1:23pm

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### WILKES COUNTY WILKES CO COURTHOUSE 960

Serial Number: 008843

Test Record Number: 1385

Test Date: 08/15/2013

Test Time: 1:25pm EDT

#### System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
7. T D	Dagg	1.26mm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:26pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:27pm

Preventive Maintenance Status: Pass

Pass

1:27pm

CAL

Analyst

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

County For	Instrument Location Repnelsville Police
Instrument Se	erial No. 008650 Department
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 opposed ures we Department of	on the 3 day of 449 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	Signature of Certificial Certificate Number

#### FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650 Test Date: 08/23/2013

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: BENFIELD II, KENNETH R
Permit Number: 22067E
Effective:
12/01/2012-12/01/2014

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	10:40am 10:41am 10:41am 10:42am
SUB TEST	.00	10:43am
AIR BLK	.00	10:43am
SUB TEST	.00	10:46am
AIR BLK	.00	10:47am

Reported AC: .09 g/210L

Fignature of Chemical Analyst

Court CVR

Analyst Analyst

#### FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650 Test Date: 08/23/2013 Test Record Number: 962
Test Time: 10:48am EDT

System Check: Passed

#### Baseline Tests

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

#### 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 10:49am

#### Printer Tests

Test	Status	Time

PRNT Pass 10:49am

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst -

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

County For	rsyth	Instrument Location FORSY	L County Detention
Instrument Se	rial No. <u>008659</u>	Winston	n-Salem, N.C.
The preventiv		toximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	displays pressure, or the alcoholic brogree centigrade;	eath simulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ars, collect breath sample;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	i	
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ster is being changed before expirations of after 125 and a second secon	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify that of procedures we Department of	ere performed on the instrument ind	itated above, in accordance with cur he instrument is functioning properly	forgoing preventive maintenance rent regulations of the N.C.
STATE OF STA	Tank Sign	Suffection of Certifying Official	Certificate Number

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659 Test Date: 08/23/2013

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: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	1:28pm 1:29pm 1:29pm
AIR BLK	.00	1:30pm
SUB TEST	.00	1:31pm
AIR BLK	.00	1:32pm
SUB TEST	.00	1:33pm
AIR BLK	.00	1:34pm

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

#### FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659

Test Record Number: 2176
Test Time: 1:35pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	1:36pm 1:36pm 1:36pm 1:36pm 1:36pm
and the second s		<u> </u>

#### Blank Tests

Test	Status	Time
AIR	Pass	1:37pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:37pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:37pm

1:37pm

Preventive Maintenance Status: Pass

Pass

CAL

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_	ORSIAL Instrument Location FORSYA County Defention
Instrument S	erial No. 008660 Winston-Salem, N. C.
The preventi-	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
· 6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on the 33 day of August, 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.
TOTAL STATE GUAN	

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008660 Test Date: 08/23/2013

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: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

12/01/2012-12/01/2014

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

Agency: DHHS

Test Type: Breath Test

Lot Number: AG206603 Exp Date: 03/06/2014

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00 .00	1:03pm 1:04pm 1:05pm 1:05pm
AIR BLK	.00	1:07pm
SUB TEST	.00	1:08pm
AIR BLK	.00	1:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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#### FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008660 Test Record Number: 3338
Test Date: 08/23/2013 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	Pass	1:11pm
SRC	Pass	1:11pm
DET	Pass	1:11pm
BAR	Pass	1:11pm
BT	Pass	1:11pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:12pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:12pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	1:12pm 1:12pm

Preventive Maintenance Status: Pass

Analyst

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

County FOR	Instrument Location Forsyth County Defention
Instrument Seri	al No. 008583 Instrument Location FORSYTH County Defention  Wirston-Salem, 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.
procedures wer	the day of August, 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.
THE STATE OF THE COLETA	Signature of Certifying Official Certificate Number

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583 Test Date: 08/23/2013

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: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

12/01/2012-12/01/2014

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

Test Type: Breath Test

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

rest	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	12:32pm 12:32pm 12:33pm
AIR BLK	.00	12:34pm
SUB TEST	.00	12:34pm
AIR BLK	.00	12:35pm
SUB TEST	.00	12:37pm
AIR BLK_	.00	12:38pm

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

#### FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583

Test Record Number: 4607

Test Date: 08/23/2013

Test Time: 12:40pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:40pm
FLO	Pass	12:40pm
FC	Pass	12:40pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:41pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:41pm
	CRC Tests	4.
Test	Status	Time
COMP CAL	Pass Pass	12:41pm 12:41pm

Preventive Maintenance Status: Pass

Analyst

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

County	CABARRUS Instrument Location BAT MOBILE UNIT 3
Instrument Seria	Instrument Location BAT MOBILE UNIT 3 al No. 0086/6 CONCORO, NC
The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the day of AUGUST, 20_13 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
THE STATE OF ME ST	Mun Ray Banes 648  Signature of Certifying Official Certificate Number

### CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008616 Test Date: 08/01/2013

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: 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 AIR BLK	Pass	10:25pm 10:26pm
ACCY CHK AIR BLK	.08 .00	10:27pm 10:28pm
SUB TEST	.00	10:28pm
AIR BLK	.00	10:29pm
SUB TEST	.00	10:31pm
AIR BLK	.00	10:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst S

#### CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008616 Test Date: 08/01/2013

Test Record Number: 1718 Test Time: 10:33pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:33pm 10:33pm
FC	Pass	10:33pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:33pm 10:33pm 10:33pm 10:33pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:34pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:34pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:34pm 10:34pm

Preventive Maintenance Status: Pass

10:34pm

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

County	CABARRUS Instrument Location BAT MOBILE UNIT		
Instrument Se	CABARRUS Instrument Location BAT MOBILE UNIT CONCORD, NC		
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
	on the day of AUGUST, 20_13 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.		
THE STATE OF THE S	Mu Ray Bernes 648 Signature of Certifying Official Certificate Number		

### CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008647 Test Date: 08/01/2013

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008647 Test Date: 08/01/2013

Test Record Number: 1733 Test Time: 10:36pm EDT

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:37pm 10:37pm 10:37pm 10:37pm 10:37pm
_		20.3, pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:38pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:38pm

#### CRC Tests

rest	Status	Time
COMP	Pass	10:38pm
CAL	Pass	10:38pm

Preventive Maintenance Status: Pass

Analyst

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

County	CABARRUS	Instrument Location	BATMOBILE UNIT 3	
Instrumen	t Serial No. <u> </u>	,	BATMOBILE UNIT 3 CONCORD, NC	
The prever	=	the Intoximeters, Model Intox	EC/IR II to be followed at least once every	
1.	Verify the ethanol gas car 34 degrees, plus or minus		lcoholic breath simulator thermometer shows	
2.	Verify instrument display	s time and date;		
3.	Initiate breath test sequen	ce;		
4.	Enter information as pron	npted;		
5.	Verify instrument accurac	ey;		
6.	When "PLEASE BLOW"	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW"	appears, collect breath sample	) <del>,</del>	
8.	Print test record;			
9.	Verify Diagnostic Program	m; and		
10.			ore expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,	
	at on the day of s were performed on the instrument of Health and Human Services,	nt indicated above, in accordan-	the forgoing preventive maintenance ce with current regulations of the N.C. ng properly.	
THE GREAT OF THE CONTRACT OF T	ATE OF NORTH	Ray Barre Signature of Certifying Officia	Certificate Number	

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008707 Test Date: 08/01/2013

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: 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 AIR BLK ACCY CHK	Pass .00 .08	10:35pm 10:36pm 10:37pm
AIR BLK	.00	10:38pm
SUB TEST	.00	10:38pm
AIR BLK	.00	10:39pm
SUB TEST	.00	10:41pm
AIR BLK	.00	10:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008707 Test Record Test Date: 08/01/2013 Test Time:

Test Record Number: 1790 Test Time: 10:43pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:43pm
SRC	Pass	10:43pm
DET	Pass	10:43pm
BAR	Pass	10:43pm
BT	Pass	10:43pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:44pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:44pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:44pm

Preventive Maintenance Status: Pass

Pass

10:44pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

9UILFORD Instrument Location BAT MOBILE UNIT
Instrument Location BAT MOBILE UNIT
e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
Verify instrument displays time and date;
Initiate breath test sequence;
Enter information as prompted;
Verify instrument accuracy;
When "PLEASE BLOW" appears, collect breath sample;
When "PLEASE BLOW" appears, collect breath sample;
Print test record;
Verify Diagnostic Program; and
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
on the
Signature of Certifying Official Certificate Number

## GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008707 Test Date: 08/02/2013

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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## GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008707 Test Record Number: 1796
Test Date: 08/02/2013 Test Time: 10:12pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:12pm 10:12pm
FC	Pass	10:12pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:12pm
SRC	Pass	10:12pm
DET	Pass	10:12pm
BAR	Pass	10:12pm
BT	Pass	10:12pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:13pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:13pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:13pm 10:13pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	GUILFORD	Instrument Location_	BAT MOBILE 1911T
Instrument	Serial No. <u>008647</u>		GREENSBORD, NC
The prever		oximeters, Model Intox l	EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg		coholic breath simulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	ars, collect breath sample	;
7.	When "PLEASE BLOW" appear	ars, collect breath sample	;
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.			re expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
I certify the procedures Departmen	at on the	DGUST , 20_ cated above, in accordance instrument is functioni	the forgoing preventive maintenance be with current regulations of the N.C. and properly.
FE STATE OF	ANT VIDENTIAL COLUMNIA COLUMNI	La Senture of Certifying Offici	S 648 Certificate Number

## GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008647 Test Date: 08/02/2013

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: 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

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rest	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	9:58pm 9:59pm 9:59pm
AIR BLK	.00	10:00pm
SUB TEST	.00	10:01pm
AIR BLK	.00	10:01pm
SUB TEST	.00	10:03pm
AIR BLK	.00	10:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008647 Test Date: 08/02/2013

Test Record Number: 1738

Test Time: 10:05pm EDT

System Check: Passed

## Baseline Tests

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

#### Temperature Tests

Status	Time
Pass	10:06pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time	
AIR	Pass	10:06pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:06pm
	CRC Tests	
Test	Status	Time

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	GUILFURD Instrument Location BAT MOBILE UNIT
Instrument	GUILFURD Instrument Location BAT MOBILE UNIT  Serial No. 008616  CREENSBURD, NC
The prevent	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	at on the day of AUGUST, 20_13 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. tof Health and Human Services, and the instrument is functioning properly.
TING OF THE CORE AT THE CORE A	Signature of Certifying Official Certificate Number

## GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008616 Test Date: 08/02/2013

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: AG203903 Exp Date: 02/08/2014

Test	g/210L	Time
DIAG AIR BLK	Pass	9:50pm 9:51pm
ACCY CHK	.08	9:52pm
AIR BLK	.00	9:52pm
SUB TEST	.00	9:53pm
AIR BLK	.00	9:54pm
SUB TEST	.00	9:55pm
AIR BLK	. 0.0	9:56pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008616 Test Date: 08/02/2013

Test Record Number: 1724

Test Time: 9:57pm EDT

System Check: Passed

## Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	9:58pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:58pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:58pm

Preventive Maintenance Status: Pass

Pass

CAL

9:58pm

9:58pm

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

County	MOORE	Instrument Location_	BAT	MOBILE	UNIT
Instrumen	t Serial No. <u>008707</u>		PINE	MOBILE HURST, N	<u> </u>
The preve	ntive maintenance procedures for the Inhs are:	ntoximeters, Model Intox E	C/IR II to be	followed at least one	ce every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the ale gree centigrade;	coholic breat	h simulator thermom	eter 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 cani simulator solution is being char whichever occurs first.	ster is being changed befor aged every four months or a	e expiration of the expiration	date, or the alcoholic pholic Breath Simula	breath tor tests,
I certify the procedures Departmen	at on the day of were performed on the instrument ind it of Health and Human Services, and t	icated above, in accordance instrument is functioning	with current	going preventive mai regulations of the N	ntenance I.C.
CONTRACTOR OF THE CONTRACTOR O	ATE OF NO PERSONAL PROPERTY OF THE PERSONAL PR	en Ra Bo	ma.	(048	₹

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

Signature of Certifying Official

Certificate Number

MOORE COUNTY BAT MOBILE UNIT 3 620

Serial Number: 008707 Test Date: 08/09/2013

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: AG305202 Exp Date: 02/21/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	9:29pm 9:30pm 9:31pm
AIR BLK	.00	9:32pm
SUB TEST	.00	9:32pm
AIR BLK	.00	9:33pm
SUB TEST	.00	9:35pm
AIR BLK	.00	9:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

### MOORE COUNTY BAT MOBILE UNIT 3 620

Serial Number: 008707

Test Record Number: 1801

Test Date: 08/09/2013

Test Time: 9:36pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:37pm
FLO	Pass	9:37pm
FC	Pass	9:37pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	9:37pm 9:37pm 9:37pm 9:37pm
BT	Pass	9:37pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:38pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:38pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:38pm

Preventive Maintenance Status: Pass

Pass

9:38pm

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location PINEHURST, NC 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. 0605T, 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.

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

Certificate Number

MOORE COUNTY BAT MOBILE UNIT 3 620

Serial Number: 008647 Test Date: 08/09/2013

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 AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00 .00	9:26pm 9:27pm 9:28pm 9:29pm 9:29pm 9:31pm
AIR BLK	.00	9:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## MOORE COUNTY BAT MOBILE UNIT 3 620

Serial Number: 008647 Test Date: 08/09/2013

Test Record Number: 1741 Test Time: 9:33pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time	
IR	Pass	9:33pm	
FLO	Pass	9:33pm	,
FC	Pass	9:34 pm	

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:34pm
SRC	Pass	9:34pm
DET	Pass	9:34pm
BAR	Pass	9:34pm
BT	Pass	9:34pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:34pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:34pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:34pm

9:34pm

Preventive Maintenance Status: Pass

Pass

CAL

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

County	ECKLENBURG	Instrument Locat	ion BAT	MOBILE	Uni
Instrument Ser	ial No. <u>008647</u>		CHAI	MOBILE LLOTTE, L	) ر
The preventive four months are	maintenance procedures for the	e Intoximeters, Model In	atox EC/IR II to be	followed at least onc	e every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	er displays pressure, or degree centigrade;	the alcoholic breath	simulator thermome	ter 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	opears, collect breath sar	nple;		
7.	When "PLEASE BLOW" ap	ppears, collect breath sar	nple;		
8.	Print test record;				
9.	Verify Diagnostic Program;	and			
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	unister is being changed nanged every four month	before expiration da s or after 125 Alco	ite, or the alcoholic t holic Breath Simulat	oreath or tests,
I certify that on procedures were Department of I	the	ndicated above, in accord the instrument is funct	20 <u>13</u> the forgodance with current ioning properly.	oing preventive main regulations of the N.	itenance C.
STATE OF MAY 20, 177	Oll Calm	29 Bm	>	648	
	31	gnature of Certifying Of	TICISI	Certificate Num	ber

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647 Test Date: 08/15/2013

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

Analyst's Name: BARNES, ALVIN R

Driver's License Number: NONE

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	10:16pm
AIR BLK	.00	10:17pm
ACCY CHK	.07	10:18pm
AIR BLK	.00	10:19pm
SUB TEST	.00	10:19pm
AIR BLK	.00	10:20pm
SUB TEST	.00	10:22pm
AIR BLK	.00	10:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647 Test Date: 08/15/2013

Test Record Number: 1744
Test Time: 10:25pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:26pm
FLO	Pass	10:26pm
FC	Pass	10:26pm

#### Temperature Tests

Test	Status <sub>,</sub>	Time
FC1	Pass	10:26pm
SRC	Pass	10:26pm
DET	Pass	10:26pm
BAR	Pass	10:26pm
BT	Pass	10:26pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:27pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:27pm
C	RC Tests	
Test	Status	Time
COMP	Pass	10:27pm

10:27pm

Preventive Maintenance Status: Pass

Pass

CAL

Ànalyst

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

County_	MECKLENBURG Instrument Location BAT MOBILE UNIT
	Instrument Location 1917 1013762 ONTE ONTE ONTE ONTE ONTE ONTE ONTE ONTE
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.
I certify the procedure Department	nat on the
E B F F F F F F F F F F F F F F F F F F	ATE OF NOTIFICATION OF CONTINUES OF CONTINUE

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

> Serial Number: 008707 Test Date: 08/15/2013

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: 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	10:20pm
AIR BLK	.00	10:21pm
ACCY CHK	.08	10:21pm
AIR BLK	.00	10:22pm
SUB TEST	.00	10:23pm
AIR BLK	.00	10:24pm
SUB TEST	.00	10:25pm
ATR BLK	0.0	$10 \cdot 26pm$

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008707

Test Record Number: 1804

Test Date: 08/15/2013

Test Time: 10:28pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:29pm 10:29pm 10:29pm 10:29pm 10:29pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:30pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:30pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:30pm

Preventive Maintenance Status: Pass

Analyst

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

County_	MECKLENGURG Instrument Location BAT MOBILE UNIT 3
Instrume	MECKLENBURG Instrument Location BAT MOBILE UNIT 3  Serial No. 008616 CHARLOTTE, NC
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify th procedure Departme	at on the 15 day of AUGUST, 2013 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. tof Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	TE ON CAROLINA CAROLI
* SEE QU	alu Ry Ban 648
	Signature of Certifying Official Certificate Number

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616 Test Date: 08/15/2013

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: 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 AIR BLK ACCY CHK	Pass .00 .08	10:14pm 10:15pm 10:16pm
AIR BLK	.00	10:17pm
SUB TEST	.00	10:17pm
AIR BLK	.00	10:18pm
SUB TEST	.00	10:20pm
AIR BLK	.00	10:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616 Test Record Number: 1730 Test Date: 08/15/2013 Test Time: 10:25pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:26pm
FLO	Pass	10:26pm
FC	Pass	10:26pm

## Temperature Tests

Test	Status	Time
FC1	Pass	10:26pm
SRC	Pass	10:26pm
DET	Pass	10:26pm
BAR	Pass	10:26pm
BT	Pass	10:26pm
B.I.	rass	10:26 <u>r</u>

#### Blank Tests

Test	Status	Time
AIR	Pass	10:26pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:27pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:27pm 10:27pm

Preventive Maintenance Status: Pass

Analyst

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

County	FORSY TIT Instrument Location BAT MOBILE UNIT
Instrument Seri	FORSY TIT Instrument Location BAT MOBILE UNIT  WINSTON SALEM, N
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
ONE STATE OF WAY 20 1775	Mu Ry Bone 648
	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

#### FORSYTH COUNTY BAT MOBILE UNIT 3 330

Serial Number: 008707 Test Date: 08/22/2013

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: 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 AIR BLK ACCY CHK	Pass .00 .07	9:26pm 9:27pm 9:28pm
AIR BLK SUB TEST	.00 .00	9:29pm <b>9:29pm</b>
AIR BLK SUB TEST	.00	9:30pm 9:32pm
AIR BLK	.00	9:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## FORSYTH COUNTY BAT MOBILE UNIT 3 330

Serial Number: 008707 Test Date: 08/22/2013

Test Record Number: 1812

Test Time: 9:33pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:34pm 9:34pm
FC	Pass	9:34pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:34pm
SRC	Pass	9:34pm
DET	Pass	9:34pm
BAR	Pass	9:34pm
BT	Pass	9:34pm

#### Blank Tests

Test	Status	Time
ATR	Pass	9 · 34 nm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:34pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:35pm

Preventive Maintenance Status: Pass

Pass

9:35pm

CAL

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

County	FORSYTH Instrument Location BAT MOBILE UNIT
Instrument Ser	FORSYTH Instrument Location BAT MOBILE UNIT ial No. 08647 WINSTON SALEM, NO
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the <u>22</u> day of <u>W605T</u> , 20 <u>13</u> 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.
THE STATE OF THE CONTROL OF THE CONT	Mule Signature of Certifying Official Certificate Number

FORSYTH COUNTY BAT MOBILE UNIT 3 330

Serial Number: 008647 Test Date: 08/22/2013

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: 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 AIR BLK	Pass .00	9:25pm 9:26pm
ACCY CHK	.07	9:27pm
AIR BLK	.00	9:28pm
SUB TEST	.00	9:28pm
AIR BLK	.00	9:29pm
SUB TEST	.00	9:31pm
AIR BLK	.00	9:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

**Analyst** 

## FORSYTH COUNTY BAT MOBILE UNIT 3 330

Serial Number: 008647

Test Record Number: 1755

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:33pm
FLO	Pass	9:33pm
FC	Pass	9:33pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:33pm
SRC	Pass	9:33pm
DET	Pass	9:33pm
BAR	Pass	9:33pm
BT	Pass	9:33pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:33pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:33pm
	CRC Tests	

Test	Status	Time
COMP	Pass	9:34pm
CAL	Pass	9:34pm

Preventive Maintenance Status: Pass

Analyst

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

County	GUILFORD	Instrument Location_	BAT MOBILE UNIT.
Instrument	Serial No. <u>00861</u> 6		BAT MOBILE UNIT. GREENSBORD, NC
The prevent		toximeters, Model Intox	EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister and degrees, plus or minus .2 degrees.		Icoholic breath simulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ears, collect breath sample	<b>;</b> ;
7.	When "PLEASE BLOW" appe	ears, collect breath sample	2;
8.	Print test record;		
9.	Verify Diagnostic Program; and	1	
10.			ore expiration date, or the alcoholic breath rafter 125 Alcoholic Breath Simulator tests,
I certify that procedures Department	were performed on the instrument indicated to f Health and Human Services, and t	)らいらて , 20_ icated above, in accordan he instrument is function	the forgoing preventive maintenance ce with current regulations of the N.C. ing properly.
CANAL STATE OF STATE	Sign	Ray Same	S Certificate Number

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008616 Test Date: 08/23/2013

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: 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 AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00	10:11pm 10:13pm 10:13pm 10:14pm 10:15pm 10:15pm
AIR BLK	.00	10:17pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008616 Test Date: 08/23/2013

Test Record Number: 1739
Test Time: 10:19pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:20pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:20pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:21pm 10:21pm

Preventive Maintenance Status: Pass

Analyst

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

County	GUILFORD Instrument Location BAT MOBILE UNIT 3  rial No. 008707 GREENSBORD, MC
Instrument Se	rial No. 008707 GREENSBORD, MC
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
OF CHAN YOU	

## GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008707 Test Date: 08/23/2013

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: 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 AIR BLK ACCY CHK AIR BLK	Pass .00 .07	10:09pm 10:10pm 10:11pm 10:12pm
SUB TEST AIR BLK	.00 .00	10:12pm 10:13pm
SUB TEST	.00	10:15pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008707

Test Record Number: 1818

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:17pm
FLO	Pass	10:17pm
FC	Pass	10:17pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:17pm
SRC	Pass	10:17pm
DET	Pass	10:17pm
BAR	Pass	10:17pm
BT	Pass	10:17pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:17pm

### Printer Tests

Test	Status	Time
PRNT	Pass	10:18pm
	CRC Tests	

Test COMP	Status Pass	Time 10:18pm

Preventive Maintenance Status: Pass

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

County	GUILFORD Instrument Location BAT MOBILE UNIT.
Instrument	Serial No. 008647 Instrument Location BAT MOBILE UNIT.  GREENSBORD, NC
The prever	ative maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures Departmen	at on the
CORVE	
A LOSE QUA	Ulun Ray daines
	Signature of Certifying Official Certificate Number

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

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008647 Test Date: 08/23/2013

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: 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 AIR BLK ACCY CHK AIR BLK	Pass .00 .07	10:08pm 10:09pm 10:10pm 10:11pm
SUB TEST	.00	10:12pm
AIR BLK	.00	10:13pm
SUB TEST	.00	10:14pm
AIR BLK	.00	10:15pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008647

Test Record Number: 1759

Test Date: 08/23/2013

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

DET Pass 10 BAR Pass 10	17pm 17pm 17pm 17pm 17pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:17pm

#### Printer Tests

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

COMP	Pass	10:17pm
CAL	Pass	10:17pm

Preventive Maintenance Status: Pass

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

County	CUMBER LAND Instrument Location BAT MOBILE UNIT erial No. 008647 FAYETTE VILLE, 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 w Department o	on the
THE STATE OF THE S	Walter Rolling Rolling 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

CUMBERLAND COUNTY BAT MOBILE UNIT 3
250

Serial Number: 008647 Test Date: 08/24/2013

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: 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 AIR BLK	Pass	9:41pm 9:42pm
ACCY CHK	.07	9:42pm
AIR BLK SUB TEST	.00 .00	9:43pm <b>9:45p</b> m
AIR BLK	.00	9:46pm
SUB TEST	.00	9:47pm
AIR BLK	.00	9:48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# CUMBERLAND COUNTY BAT MOBILE UNIT 3 250

Serial Number: 008647 Test Date: 08/24/2013

Test Record Number: 1767

Test Time: 9:50pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	9:50pm
FLO	Pass	9:50pm
FC	Pass	9:50pm

# Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	9:50pm 9:50pm 9:50pm 9:50pm 9:50pm
		-

#### Blank Tests

Test	Status	Time
AIR	Pass	9:51pm

### Printer Tests

Test	Status	Time
PRNT	Pass	9:51pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:51pm 9:51pm

Preventive Maintenance Status: Pass

Analyst

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

County	CUMBERLAND Instrument Location BAT MUBILE UNIT
Instrument	CUMBERLAND Instrument Location BAT MUBILE UNIT  Serial No. 008707 FAYETTEVILLE, 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.
I certify the procedures Departmen	at on the
STATE OF THE COLOR	Signature of Certifying Official  Certificate Number

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

CUMBERLAND COUNTY BAT MOBILE UNIT 3
250

Serial Number: 008707 Test Date: 08/24/2013

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: 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

rest	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	9:43pm 9:44pm 9:44pm 9:45pm
SUB TEST	.00	9:45pm
AIR BLK	.00	9:46pm
SUB TEST	.00	9:48pm
AIR BLK	.00	9:49pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CUMBERLAND COUNTY BAT MOBILE UNIT 3 250

Serial Number: 008707 Test Date: 08/24/2013 Test Record Number: 1825 Test Time: 9:50pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	9:50pm
FLO	Pass	9:50pm
FC	Pass	9:50pm

# Temperature Tests

Test	Status	Time
FC1	Pass	9:50pm
SRC	Pass	9:50pm
DET	Pass	9:50pm
BAR	Pass	9:50pm
BT	Pass	9:50pm

### Blank Tests

Test	Status	Time
AIR	Pass	9:51pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:51pm

#### CRC Tests

Test	Status	Time
COMP	Pass	9:51pm
CAL	Pass	9:51pm

Preventive Maintenance Status: Pass

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

County	CUMBERLAND Instrument Location BAT MOBILE UNIT  Serial No. 008616 FAYETTEVILLE, NC
Instrument	Serial No. 008616 FAYETTEVILLE, NC
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.
I certify that procedures Department	t on the
STA CHEAN 22	

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

Signature of Certifying Official

Certificate Number

CUMBERLAND COUNTY BAT MOBILE UNIT 3 250

Serial Number: 008616 Test Date: 08/24/2013

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: 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 AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	9:44pm 9:45pm 9:45pm 9:46pm 9:47pm 9:48pm 9:49pm
AIR BLK	.00	9:50pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# CUMBERLAND COUNTY BAT MOBILE UNIT 3 250

Serial Number: 008616 Test Date: 08/24/2013

Test Record Number: 1746
Test Time: 9:51pm EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

#### Blank Tests

rest	Status	'l'ıme
AIR	Pass	9:52pm

## Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR IJ

County	CABARRUS Instrument Location BAT MOBILE UNIT
Instrument Seria	CABARRUS Instrument Location BAT MOBILE UNITS
The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9,	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the 30 day of AUGUST, 2013 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

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

#### CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008707 Test Date: 08/30/2013

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: 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	10:10pm
AIR BLK	.00	10:11pm
ACCY CHK	.08	10:11pm
AIR BLK	.00	10:12pm
SUB TEST	.00	10:13pm
AIR BLK	.00	10:14pm
SUB TEST	.00	10:16pm
ATR BLK	. 00	10:17pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008707 Test Date: 08/30/2013 Test Record Number: 1828

Test Time: 10:18pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	10:19pm
FLO	Pass	10:19pm
FC	Pass	10:19pm

## Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:19pm 10:19pm 10:19pm 10:19pm 10:19pm
- L	1400	TO.TOPIII

#### Blank Tests

Test	Status	Time
AIR	Pass	10:19pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:20pm
	CRC Tests	

iest	Status	TIME
COMP	Pass	10:20pm
CAL	Pass	10:20pm

Preventive Maintenance Status: Pass

alm Rg Bans Analyst

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

County	CABARRUS Instrument Location BATHO	BILE UNIT 3
Instrument So	CABARRUS Instrument Location BATHO  ont Serial No. 008616  Cowcor	مہدر
The preventive four months a	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be folloths are:	owed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath sin 34 degrees, plus or minus .2 degree centigrade;	nulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5,	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	•
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, simulator solution is being changed every four months or after 125 Alcohol whichever occurs first.	or the alcoholic breath ic Breath Simulator tests,
	hat on the <u>30</u> day of <u>AUGUST</u> , 20 <u>13</u> the forgoings were performed on the instrument indicated above, in accordance with current regent of Health and Human Services, and the instrument is functioning properly.	g preventive maintenance ulations of the N.C.
THE STATE OF CHAM WE STATE OF CHAM WE	Signature of Certifying Official	Certificate Number

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

#### CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008616 Test Date: 08/30/2013

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008616 Test Date: 08/30/2013

Test Record Number: 1751 Test Time: 10:32pm EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR FLO	Pass	10:32pm
L TIO	Pass	10:32pm
FC	Pass	10:32pm

### Temperature Tests

Status	Time
Pass	10:32pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	10:33pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County	CABARRUS Instru	ment Location BAT MOBILE UNIT
Instrument S	t Serial No. <u>08647</u>	Iment Location BAT MOBILE UNIT .  CONCORD, NC
The prevent four months		ers, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays p 34 degrees, plus or minus .2 degree centi	pressure, or the alcoholic breath simulator thermometer shows igrade;
2.	Verify instrument displays time and date	;
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5,	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, colle	ect breath sample;
7.	When "PLEASE BLOW" appears, coile	ect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.		ing changed before expiration date, or the alcoholic breath by four months or after 125 Alcoholic Breath Simulator tests,
I certify that procedures v Department	at on the 30 day of AUGUS: s were performed on the instrument indicated about of Health and Human Services, and the instrum	7, 20/3 the forgoing preventive maintenance ove, in accordance with current regulations of the N.C. ment is functioning properly.
THE STATE OF THE S	All or North And	Certifying Official Certificate Number

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

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008647 Test Date: 08/30/2013

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: 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 AIR BLK	Pass	10:08pm 10:09pm
ACCY CHK	.07	10:10pm
AIR BLK	.00	10:11pm
SUB TEST	.00	10:11pm
AIR BLK	.00	10:12pm
SUB TEST	.00	10:13pm
AIR BLK	.00	10:14pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Mun Za Berns Analyst

### CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008647 Test Date: 08/30/2013 Test Record Number: 1771 Test Time: 10:18pm EDT

System Check: Passed

### Baseline Tests

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

# Temperature Tests

Test	Status	Time
FC1	Pass	10:19pm
SRC	Pass	10:19pm
DET	Pass	10:19pm
BAR	Pass	10:19pm
BT	Pass	10:19pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:19pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

10:19pm

CAL

Analyst

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

County	DAVIDSON Instrument Location BAT MOBILE UNIT.
Instrument Se	rial No. 008647 THOMASVILLE, NO
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	n the 31 day of AUGUST, 20 13 the forgoing preventive maintenance are performed on the instrument indicated above, in accordance with current regulations of the N.C. F Health and Human Services, and the instrument is functioning properly.
STATE OF THE STATE	

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

# DAVIDSON COUNTY BAT MOBILE UNIT 3 280

Serial Number: 008647 Test Date: 08/31/2013

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 AIR BLK ACCY CHK AIR BLK	Pass .00 .07	11:28pm 11:30pm 11:30pm 11:31pm
SUB TEST	.00	11:32pm
AIR BLK	.00	11:33pm
SUB TEST	.00	11:34pm
AIR BLK	.00	11:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### DAVIDSON COUNTY BAT MOBILE UNIT 3 280

Serial Number: 008647

Test Record Number: 1774

Test Date: 08/31/2013

Test Time: 11:35pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	T	ime
IR FLO FC	Pass Pass Pass	1	1:36pm 1:36pm 1:36pm

# Temperature Tests

Test	Status	Time
FC1	Pass	11:36pm
SRC	Pass	11:36pm
DET	Pass	11:36pm
BAR	Pass	11:36pm
BT	Pass	11:36pm

#### Blank Tests

Test	Status	Time
AIR	Pass	11:37pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:37pm
	CRC Tests	
Test	Status	Time

11:37pm

11:37pm

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

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

County	vontgomery Instrument Location Bat Mobile Unit
Instrument Se	erial No. 008929 Bisco PD
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 day of, 20, 20, the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
CREATING OF THE CREATING OF TH	STOPPEN AND AND AND AND AND AND AND AND AND AN

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

Signature of Certifying Official

Certificate Number

MONTGOMERY COUNTY BAT MOBILE UNIT 2 610

Serial Number: 008929 Test Date: 08/09/2013

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: AG308002 Exp Date: 03/21/2015

Test	g/210L	Time
DIAG AIR BLK	Pass	9:14pm 9:15pm
ACCY CHK	.08	9:15pm
AIR BLK	.00	9:16pm
SUB TEST	.00	9:17pm
AIR BLK	.00	9:18pm
SUB TEST	.00	9:20pm
AIR BLK	.00	9:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Days Boknin

### MONTGOMERY COUNTY BAT MOBILE UNIT 2 610

Serial Number: 008929 Test Date: 08/09/2013 Test Record Number: 654
Test Time: 9:21pm EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	9:23pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:23pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:23pm 9:23pm

Preventive Maintenance Status: Pass

Analyst

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

The preventifour 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 day of, 20 1 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.



Signature of Certifying Official

Certificate Number

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

#### MONTGOMERY COUNTY BATMOBILE UNIT 2 610

Serial Number: 008601 Test Date: 08/09/2013

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 ACCY CHK	Pass .00 .07	9:16pm 9:17pm 9:17pm
AIR BLK	.00	9:18pm
SUB TEST	.00	9:20pm
AIR BLK	.00	9:21pm
SUB TEST	.00	9:24pm
AIR BLK	.00	9:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Donya B Skynen Analyst

#### MONTGOMERY COUNTY BATMOBILE UNIT 2 610

Serial Number: 008601 Test Date: 08/09/2013

Test Record Number: 848
Test Time: 9:26pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	9:27pm
FLO	Pass	9:27pm
FC	Pass	9:27pm

### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	9:27pm 9:27pm 9:27pm 9:27pm 9:27pm

### Blank Tests

Test	Status	Time
ATR	Pass	9 · 27pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:28pm
	CRC Tests	

Test	Status	Time	
COMP	Pass	9:28pm	
CAL	Pass	9:28pm	

Preventive Maintenance Status: Pass

Donip B Skinnin Analyst

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

County \( \)	ate	Instrument Location Both N	robile Unit
Instrument Seria	al No. 008736		
The preventive four months are		Intoximeters, Model Intox EC/IR II to be f	ollowed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	or displays pressure, or the alcoholic breath degree centigrade;	simulator thermometer shows
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	nd	
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nister is being changed before expiration da anged every four months or after 125 Alco	ate, or the alcoholic breath holic Breath Simulator tests,
	performed on the instrument ir	the forgoid discarded above, in accordance with current is functioning properly.	oing preventive maintenance regulations of the N.C.
OTHE STATE OF THE	Donya sic	Panature of Certifying Official	Certificate Number

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

WAKE COUNTY BAT MOBILE UNIT 2 910

Serial Number: 008736 Test Date: 08/16/2013

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: AG315701 Exp Date: 06/06/2015

Test	g/210L	Time
DIAG	Pass	9:54pm
AIR BLK	.00	9:55pm
ACCY CHK	.08	9:56pm
AIR BLK	.00	9:56pm
SUB TEST	.00	9:57pm
AIR BLK	.00	9:58pm
SUB TEST	.00	9:59pm
AIR BLK	.00	10:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Donya B Skyring Analyst

#### WAKE COUNTY BAT MOBILE UNIT 2 910

Serial Number: 008736

Test Record Number: 642

Test Date: 08/16/2013

Test Time: 10:02pm EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass Pass	10:02pm 10:02pm 10:03pm

## Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:03pm 10:03pm 10:03pm 10:03pm 10:03pm

### Blank Tests

Test	Status	Time
AIR	Pass	10:03pm

# Printer Tests

Test	Status	Time
PRNT	Pass	10:03pm
	CRC Tests	
Test	Status	Time

COMP	Pass	10:03pm
CAL	Pass	10:03pm

Preventive Maintenance Status: Pass

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

County L	Joke Instrument Location Bout mobile Unit
Instrument S	erial NdO 8601 AVPD
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
* ESTE QUANT	Signature of Certifying Official Certificate Number

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

### WAKE COUNTY BATMOBILE UNIT 2 910

Serial Number: 008601 Test Date: 08/16/2013

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 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 AIR BLK	Pass .00 .07 .00 . <b>00</b>	9:36pm 9:37pm 9:37pm 9:38pm 9:39pm 9:40pm
SUB TEST AIR BLK	.00	9:41pm 9:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Donya B Skynnin Analyst

#### WAKE COUNTY BATMOBILE UNIT 2 910

Serial Number: 008601

Test Record Number: 855

Test Date: 08/16/2013

Test Time: 9:43pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	9:44pm
FLO	Pass	9:44pm
FC	Pass	9:44pm

## Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	9:44pm 9:44pm 9:44pm 9:44pm 9:44pm

### Blank Tests

Test	Status	Time
AIR	Pass	9:44pm

### Printer Tests

Test	Status	Time
PRNT	Pass	9:44pm
	CRC Tests	
Test	Status	Time

2000	10 5 04 C (10)	A - 120 22 A - 400
COMP	Pass	9:45pm
CAL	Pass	9:45pm

Preventive Maintenance Status: Pass

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

County	ate Instrument Location Bat Mobile Unit
Instrument Seria	1No. 008929 3VPD
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the day of U Q U , 20 1 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Italian Human Services, and the instrument is functioning properly.
OF THE STATE OF NOTICE OF	Signature of Certifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 2 910

Serial Number: 008929 Test Date: 08/16/2013

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: AG308702 Exp Date: 03/28/2015

Test	g/210L	Time
DIAG AIR BLK	Pass	10:48pm 10:50pm
ACCY CHK	.07	10:50pm
AIR BLK	.00	10:51pm
SUB TEST	.00	10:52pm
AIR BLK	.00	10:53pm
SUB TEST	.00	10:54pm
AIR BLK	.00	10:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Donya B Skynnin Analyst

This form is used when performing Preventive Maintenance procedures

North Carolina Department of Health and Human Services • Division of Public Health • Chemic Disease and Injury Section • Forensic Tests for Alcohol Branch • DHHS 4082 (12/07)

North Carolina Department of Health and Human Services Division of Public Health • Chronic Disease and Injury Section • Forensic Tests for Alcohol Branch • DHHS 4082 (12/07)

#### WAKE COUNTY BAT MOBILE UNIT 2 910

Serial Number: 008929

Test Record Number: 658

Test Date: 08/16/2013

Test Time: 10:58pm EDT

## System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:58pm
FLO	Pass	10:58pm
FC	Pass	10:58pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:59pm 10:59pm 10:59pm 10:59pm 10:59pm

#### Blank Tests

Test	Status	Time
ATR	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

This form is used when performing Preventive Maintenance procedures

North Carolina Department of Health and Hunkarensic Tests for Alcohol Branch Carolina Department of Health and Human Services • Division of Public Health • Chronic Disease and Injury Section • Forensic Tests for

Rev. 12/2007

Disease and Injury Section • Forensic Tests for Rev. 12/2007 Alcohol Branch • DHHS 4082 (12/07) Alcohol Branch • DHHS 4082 (12/07)

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

County \( \sum_{\text{Q}} \)	Instrument Location Bat Mobile Unit
Instrument Seria	NO.008601 Whitakers PD
The preventive s	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
THE STATE OF THE S	Signature of Certifying Official Certificate Number

NASH COUNTY BATMOBILE UNIT 2 630

Serial Number: 008601 Test Date: 08/15/2013

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	9:37pm 9:38pm
ACCY CHK	.07	9:38pm
AIR BLK	.00	9:39pm
SUB TEST	.00	9:40pm
AIR BLK	.00	9:41pm
SUB TEST	.00	9:42pm
AIR BLK	.00	9:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Sonya B Skinner
Analyst

#### NASH COUNTY BATMOBILE UNIT 2 630

Serial Number: 008601 Test Date: 08/15/2013

Test Record Number: 851
Test Time: 9:46pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:46pm 9:46pm
FC	Pass	9:46pm

# Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass	9:46pm 9:46pm 9:46pm 9:46pm 9:46pm
	20.00	J. a Opin

## Blank Tests

Test	Status	Time
AIR	Pass	9:47pm

#### Printer Tests

Status

Time

Test

PRNT	Pass	9:47pm
	CRC Tests	
Test	Status	Time

COMP Pass 9:47pm CAL Pass 9:47pm

Preventive Maintenance Status: Pass

Donya Bokunun Analyst

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

County	Tham Instrument Locat	ion Boat Mobile Unit
Instrument Serie	rial No 008909 Titts	poro PD
The preventive four months are	re maintenance procedures for the Intoximeters, Model In	ntox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or 34 degrees, plus or minus .2 degree centigrade;	the alcoholic breath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sa	mple;
7.	When "PLEASE BLOW" appears, collect breath sa	mple;
8.	Print test record;	
9.	Verify Diagnostic Program; and	# #
10.	Verify that the ethanol gas canister is being changed simulator solution is being changed every four mont whichever occurs first.	
	on theday of	
THE STATE OF THE S	CAROLINE CAR	fficial Certificate Number

## CHATHAM COUNTY BAT MOBILE UNIT 2 180

Serial Number: 008929 Test Date: 08/31/2013

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: YY

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: AG308702 Exp Date: 03/28/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	9:11pm 9:12pm 9:12pm
AIR BLK	.00	9:13pm
SUB TEST	.00	9:14pm
AIR BLK	.00	9:15pm
SUB TEST	.00	9:16pm
AIR BLK	.00	9:17pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Donya B Skinn

## CHATHAM COUNTY BAT MOBILE UNIT 2 180

Serial Number: 008929

Test Record Number: 666

Test Date: 08/31/2013

Test Time: 9:19pm EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	9:19pm
FLO	Pass	9:19pm
FC	Pass	9:19pm

## Temperature Tests

Test	Status	Time
FC1 SRC	Pass	9:19pm
DET	Pass Pass	9:19pm 9:19pm
BAR	Pass	9:19pm
$\mathtt{BT}$	Pass	9:19pm

#### Blank Tests

Test	Status	Ti.me
AIR	Pass	9:20pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:20pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:20pm 9:20pm

Preventive Maintenance Status: Pass

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

County	cotland	Instrument Location Par	nobile Unit
Instrument S	erial Nd XCR 30		
The preventi		atoximeters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 degrees.	displays pressure, or the alcoholic breagree centigrade;	ath simulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		·
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ears, collect breath sample;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	
8.	Print test record;		No. of the second secon
9.	Verify Diagnostic Program; and	d	
10.		ister is being changed before expiration nged every four months or after 125 A	
	vere performed on the instrument ind	the following properly.	
TOTAL STATE OF THE	Whia	Bature of Certifying Official	Certificate Number

SCOTLAND COUNTY BAT MOBILE UNIT 2 820

Serial Number: 008929 Test Date: 08/30/2013

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: AG308702 Exp Date: 03/28/2015

Test	g/210L	Time
DIAG AIR BLK	Pass	9:30pm 9:32pm
ACCY CHK	.07	9:32pm 9:33pm
SUB TEST AIR BLK	.00	9:34pm 9:35pm
SUB TEST AIR BLK	.00 .00	9:36pm 9:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Donya B Skynner Analyst

#### SCOTLAND COUNTY BAT MOBILE UNIT 2 820

Serial Number: 008929

Test Record Number: 662 Test Time: 9:38pm EDT

Test Date: 08/30/2013 Test Ti

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	9:39pm
FLO	Pass	9:39pm
FC	Pass	9:39pm

## Temperature Tests

Test	Status	Time
FC1	Pass	9:39pm
SRC	Pass	9:39pm
DET	Pass	9:39pm
BAR	Pass	9:39pm
BT	Pass	9:39pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:40pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:40pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:40pm

Preventive Maintenance Status: Pass

Donya B Skinnin

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

County 3	Runswick Co. Instrument Location BAT Mobile Un. 77
Instrument So	erial No. 008734
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 v Department	on the 25 <sup>17</sup> day of August, 20 <sub>13</sub> the forgoing preventive maintenance were performed on the instrument inflicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STAT STATE OF THE CORE AT STAT	

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: 08/25/2013

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	3:28pm 3:29pm
ACCY CHK	.07	3:29pm
AIR BLK	.00	3:30pm
SUB TEST	.00	3:31pm
AIR BLK	.00	3:32pm
SUB TEST	.00	3:33pm
AIR BLK	.00	3:34pm

Reported AC: .00\_g/210L\_

Signature of Chemical Analyst

Court CVR

NOW!

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

Rev. 12/2007

#### BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008734 Test Record Number: 719
Test Date: 08/25/2013 Test Time: 3:40pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:40pm 3:40pm
FC	Pass	3:40pm

## Temperature Tests

Test	Status	Time
FC1	Pass	3:40pm
SRC	Pass	3:40pm
DET	Pass	3:40pm
BAR	Pass	3:40pm
${ t BT}$	Pass	3:40pm

#### Blank Tests

rest	Status	Time
AIR	Pass	3:41pm

#### Printer Tests

Status

Time

3:41pm

Test

CAL

PRNT	Pass	3:41pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:41pm

Preventive Maintenance Status: Pass

Pass

Analyst

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

County_	BRUNS Wick Co. Instrument Location BAT Mobile Unit 7
Instrument So	erial No. 00 8577
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the day of August, 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.
TARE CHANK	

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: 008577 Test Date: 08/24/2013

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, 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 .00	9:32pm 9:33pm
ACCY CHK	.07	9:34pm
AIR BLK	.00	9:35pm
SUB TEST	.00	9:36pm
AIR BLK	.00	9:37pm
SUB TEST	.00	9:38pm
AIR BLK	.00	9:39pm

Reported AC: .00 a/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008577 Test Record Number: 900 Test Date: 08/24/2013 Test Time: 9:40pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:40pm 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
AIR	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 /	Remswick Co. Instrument Location BAT Mbb: le Unity
Instrument S	erial No. <u>008612</u>
The preventi	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sho 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.
procedures v	on the 24 day of 4,205, 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.
OF ESTATORY 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: 008612 Test Date: 08/24/2013

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, 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	9:35pm
AIR BLK	.00	9:36pm
ACCY CHK	.07	9:37pm
AIR BLK	.00	9:38pm
SUB TEST	.00	9:38pm
AIR BLK	.00	9:39pm
SUB TEST	.00	9:41pm
AIR BLK	.00	9:42pm

Reported AC: .00 c/210L

Signature of Chemical Analyst

Court CVR

# BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008612

Test Record Number: 1384

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:43pm 9:43pm
FC	Pass	9:43pm

# Temperature Tests

Test	Status	Time
FC1	Pass	9:43pm
SRC	Pass	9:43pm
$\mathtt{DET}$	Pass	9:43pm
BAR	Pass	9:43pm
BT	Pass	9:43pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:44pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:44pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:44pm

Pass

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_\(\frac{\frac{1}{2}}{2}\)	lew HAND VER Instrument Location BAT Mobile Un. +
Instrument Se	erial No. 20876
The preventive four months a	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department of	on theday of
TARE COREATOR OF THE COREATOR	

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

> Serial Number: 008760 Test Date: 08/16/2013

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, 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	Pass .00	8:48pm 8:49pm 8:50pm
AIR BLK	.00	8:51pm
SUB TEST AIR BLK	<b>.00</b> .00	8:51pm 8:52pm
SUB TEST AIR BLK	.00 .00	8:54pm 8:55pm

Signature of Chemical Analyst

Court CVR

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

Serial Number: 008760

Test Record Number: 483

Test Date: 08/16/2013

Test Time: 8:55pm EDT

System Check: Passed

# Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	8:56pm
SRC	Pass	8:56pm
DET	Pass	8:56pm
BAR	Pass	8:56pm
BT	Pass	8:56pm

## Blank Tests

Test	Status	Time
AIR	Pass	8:57pm

## Printer Tests

Test

PRNT	Pass	8:57pm
	CRC Tests	
Tect	Statue'	Time

Status

Time

1000	Doacas	
COMP CAL	Pass Pass	8:57pm 8:57pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II ) HANOVer Instrument Location Instrument Serial No. The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. Initiate breath test sequence; 3. 4. Enter information as prompted; Verify instrument accuracy; 5. When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record; Verify Diagnostic Program; and 9. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. , 20 /3 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

NEW HANOVER COUNTY BAT MOBILE UNIT 7
640

Serial Number: 008623 Test Date: 08/16/2013 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, 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	8:50pm
AIR BLK	.00	8:51pm
ACCY CHK	.07	8:52pm
AIR BLK	.00	8:53pm
SUB TEST	.00	8:53pm
AIR BLK	00	8:54pm
SUB TEST	.00	8:56pm
AIR BLK	.00	8:57pm

Reported AC: / .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Department of Health and Human Services Rev. 12/2007

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640
Serial Number: 008623 Test Record Number: 2763
Test Date: 08/16/2013 Test Time: 8:59pm EDT
System Check: Passed

#### Baseline Tests

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

# Temperature Tests

Test	Status	Time
FC1	Pass	9:00pm
SRC	Pass	9:00pm
DET	Pass	9:00pm
BAR	Pass	9:00pm
BT	Pass	9:00pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:00pm

## Printer Tests

Test	Status	Time
PRNT	Pass	9:00pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ne	W HAMOURE Instrument Location BAS Mobile Unit
Instrument So	erial No. 00 \$704 Instrument Location BAS Mobile Unit 7
The preventing four months	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.
procedures v	on the day of August, 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.
LATS AND SESSION OF THE CREAT O	

BAT MOBILE UNIT 7 NEW HANOVER COUNTY 640

Serial Number: 008704 Test Date: 08/16/2013

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, 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: AG309101 Exp Date: 04/01/2015

Test	g/210L	Time
DIAG	Pass	8:43pm
AIR BLK	.00	8:44pm
ACCY CHK	.08	8:44pm
AIR BLK	.00	8:45pm
SUB TEST	.00	8:47pm
AIR BLK	.00	8:48pm
SUB TEST	.00	8:49pm
AIR BLK	.00	8:50pm

Signature of Chemical Analyst

Court CVR

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

Serial Number: 008704

Test Record Number: 156

Test Date: 08/16/2013

Test Time: 8:51pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	8:52pm 8:52pm
FC	Pass	8:52pm

## Temperature Tests

Test	Status	Time
FC1	Pass	8:52pm
SRC	Pass	8:52pm
DET	Pass	8:52pm
BAR	Pass	8:52pm
BT	Pass	8:52pm

## Blank Tests

Test	Status	Time
AIR	Pass	8:53pm

#### Printer Tests

TEPL	platus	TIME
PRNT	Pass	8:53pm

Timo

#### CRC Tests

Test	Status	Time
COMP	Pass	8:53pm
CAL	Pass	8:53pm

Preventive Maintenance Status: Pass

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

County Ne	W HAHWER Instrument Location BAT Mobile CIN. 47	
Instrument Seri	al No. 008577	
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every	ery
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer s 34 degrees, plus or minus .2 degree centigrade;	shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breasimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.	ith tests,
procedures wer	the	nance
OF UN STATE OF UN		

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008577 Test Date: 08/16/2013

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, 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	9:44pm
AIR BLK	.00	9:45pm
ACCY CHK	.07	9:45pm
AIR BLK	.00	9:46pm
SUB TEST	.00	9:47pm
AIR BLK	.00	9:49pm
SUB TEST	.00	9:50pm
AIR BLK	.00	9:51pm

Reported AC: .00/g/210L

Signature of Chemical Analyst

Court CVR

Add

Analyst

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

Serial Number: 008577 Test Record Number: 893
Test Date: 08/16/2013 Test Time: 9:53pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:53pm 9:53pm
LTO	rass	2:23bm
FC	Pass	9:53pm

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	9:54pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:54pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:54pm 9:54pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD

INTOXIMETERS, MODEL INTOX EC/IR II

County Brunswick Co. Instrument Location BAT Mobile Unit 7

Instrument Serial No. 008612

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 STATE OF NO OF THE STATE OF

Signature of Certifying Official

Certificate Number

#### BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008612 Test Date: 08/30/2013

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: 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 ACCY CHK AIR BLK	Pass .00 .07	9:29pm 9:30pm 9:30pm 9:31pm
SUB TEST	.00	9:32pm
AIR BLK SUB TEST	.00 .00	9:33pm <b>9:34pm</b>
AIR BLK	.00	9:35pm

Reported AC: /.00 g/2101

Signature of Chemical Analyst

Court CVR

Analyst

## BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008612

Test Record Number: 1389

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:37pm 9:37pm
FC	Pass	9:37pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:37pm
SRC	Pass	9:37pm
DET	Pass	9:37pm
BAR	Pass	9:37pm
BT	Pass	9:37pm

## Blank Tests

Test	Status	Time
AIR	Pass	9:37pm

#### Printer Tests

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

lest	Status	TIME
COMP CAL	Pass Pass	9:38pm 9:38pm
CUL	rass	J. 30 piii

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location BAT Mobile UNCT County 15 Rells 1000 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. 3. Initiate breath test sequence; Enter information as prompted; 4 Verify instrument accuracy; 5. When "PLEASE BLOW" appears, collect breath sample; 6. 7. When "PLEASE BLOW" appears, collect breath sample; Print test record; 8. Verify Diagnostic Program; and 9. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. 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.



Signature of Certifying Official

Certificate Number

#### BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008704 Test Date: 08/30/2013

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: 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: AG309101 Exp Date: 04/01/2015

Test	g/210L	Time
DIAG AIR BLK	Pass	9:30pm 9:31pm
ACCY CHK	.08	9:32pm
AIR BLK	.00	9:33pm
SUB TEST	.00	9:33pm
AIR BLK	.00	9:34pm
SUB TEST	.00	9:36pm
AIR BLK	.00	9:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008704

Test Record Number: 165

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:39pm
FLO	Pass	9:39pm
FC	Pass	9:39pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:39pm
SRC	Pass	9:39pm
DET	Pass	9:39pm
BAR	Pass	9:39pm
BT	Pass	9:39pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:40pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:40pm
	CRC Tests	

Test	Status	Time
COMP	Pass	9:40pm
CAL	Pass	9:40pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD

INTOXIMETERS, MODEL INTOX EC/IR II County BRUNS Wick Co Instrument Location E Instrument Serial No. ON K.L. The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record; 9. Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. \_\_\_, 20<u>13</u> the forgoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

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

Signature of Certifying Official

Certificate Number

#### BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008577 Test Date: 08/30/2013

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: 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

lest	9/21011	TIME
DIAG	Pass	9:27pm
AIR BLK	.00	9:28pm
ACCY CHK	.07	9:29pm
AIR BLK	.00	9:30pm
SUB TEST	.00	9:31pm
AIR BLK	.00	9:32pm
SUB TEST	.00	9:33pm
AIR BLK	.00	9:34pm

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: 902 

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time

9:37pm AIR Pass

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:37pm

PRNT Pass

#### CRC Tests

Test	Status	Time
COMP	Pass	9:37pm
CAL	Pass	9:37pm

Preventive Maintenance Status: Pass

Analyst

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

Signature of Certifying Official

Certificate Number

#### BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008734 Test Date: 08/30/2013

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	9:31pm
AIR BLK	.00	9:32pm
ACCY CHK	.07	9:32pm
AIR BLK	.00	9:33pm
SUB TEST	.00	9:35pm
AIR BLK	.00	9:36pm
SUB TEST	.00	9:37pm
ATR BLK	0.0	9 · 38pm

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: 722 Test Date: 08/30/2013 Test Time: 9:41pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test Stati	ıs Time
FC1 Pass SRC Pass	9:41pm 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

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Se	erial No. 208760
The prevention four months	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.
procedures v	on the 30 day of 415/15, 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.
STALL	

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: 008760 Test Date: 08/30/2013

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: 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	Pass .00 .07	9:37pm 9:38pm 9:38pm
AIR BLK	.00	9:39pm
SUB TEST	.00	9:40pm
AIR BLK	.00	9:41pm
SUB TEST	.00	9:42pm
AIR BLK	.00	9:43pm

Reported AC: /.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008760

Test Record Number: 496

Test Date: 08/30/2013

Test Time: 9:45pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:45pm
FLO	Pass	9:45pm
FC	Pass	9:45pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	9:46pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:46pm
	CRC Tests	
Test	Status	Timè
COMP CAL	Pass Pass	9:46pm 9:46pm

Preventive Maintenance Status: Pass

Analyst

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

County Dy	existen	Instrument Location Dog	24VAM CO. TAIL
Instrument Seri	al No. <u>00 8891</u> 2	175. MANGUM S	J. DURHAM, N.C.
The preventive four months are	maintenance procedures for the Into	ximeters, Model Intox EC/IR	II to be followed at least once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degrees.		ic breath simulator thermometer show
2.	Verify instrument displays time a	nd date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	s, collect breath sample;	
7.	When "PLEASE BLOW" appear	s, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.			iration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
procedures wer	the 3 day of Acceptance performed on the instrument indicates the Health and Human Services, and the	ated above, in accordance with	
THE STATE OF THE CREATER OF THE CREA	No. AAROUM	Januar 2	653
	Signat	ure of Certifying Official	Certificate Number

#### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891 Test Date: 08/23/2013

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:

QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG206102

Exp Date: 03/01/2014

Test g/210L Time

DIAG	Pass	8:37am
AIR BLK	.00	8:38am
ACCY CHK	.08	8:39am
AIR BLK	.00	8:40am
SUB TEST	.00	8:40am
AIR BLK	.00	8:41am
SUB TEST	.00	8:43am
AIR BLK	.00	8:44am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891

Test Record Number: 2396

Test Date: 08/23/2013

Test Time: 8:45am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	8:46am 8:46am
FC	Pass	8:46am

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:46am
SRC	Pass	8:46am
DET	Pass	8:46am
BAR	Pass	8:46am
BT	Pass	8:46am

#### Blank Tests

Test	Status	Time
AIR	Pass	8:47am

#### Printer Tests

PRNT Pass 8:47am	Test	Status	Time
	PRNT	Pass	8:47am

#### CRC Tests

Test	Status	Time
COMP	Pass	8:47am
CAL	Pass	8:47am

Preventive Maintenance Status: Pass

Analyst

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

County Die	Instrument Location WATER CO. SAIL
Instrument Seria	al No. 008878 DURINA, MC
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 day of AUCUST, 20 3 the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF THE STATE	Signature of Certifying Official Certificate Number

#### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878 Test Date: 08/23/2013

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:

QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	8:34am 8:35am 8:36am
ACCI CHK	.00	8:37am
SUB TEST	.00	8:37am
AIR BLK	.00	8:38am
SUB TEST	.00	8:40am
AIR BLK	.00	8:41am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

**Analys**t

#### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878

Test Record Number: 2487

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:42am
FLO	Pass	8:42am
FC	Pass	8:42am

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:42am
SRC	Pass	8:42am
$\mathtt{DET}$	Pass	8:42am
BAR	Pass	8:42am
BT	Pass	8:42am

#### Blank Tests

Test	Status	Time
AIR	Pass	8:43am

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:43am
	CRC Tests	

Test	Status	Time
COMP	Pass	8:43am
CAL	Pass	8:43am

Preventive Maintenance Status: Pass

Analyst

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

County De	SAHAM	Instrume	nt Location Deal	war C	D. JAIL	
Instrument Se	rial No. <u>(20</u> 8859	2175	HAKLIM	Sì.	Duetvan	NC
The preventiv	re maintenance procedures for the I	ntoximeters, l	Model Intox EC/IR	II to be fol	owed at least once	every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pres egree centigra	sure, or the alcoholi de;	c breath si	nulator thermomet	er show
2.	Verify instrument displays tim	e and date;			·	
3.	Initiate breath test sequence;					
4.	Enter information as prompted	l;				
5.	Verify instrument accuracy;	:				
6.	When "PLEASE BLOW" app	ears, collect l	oreath sample;			
7.	When "PLEASE BLOW" app	ears, collect l	oreath sample;			
8.	Print test record;	÷				
9.	Verify Diagnostic Program; an	nd				
10.	Verify that the ethanol gas car simulator solution is being cha whichever occurs first.	nister is being anged every f	changed before exp our months or after	iration dat 125 Alcoho	e, or the alcoholic lolic Breath Simulat	oreath or tests,
I certify that procedures w Department of	on the <u>3</u> day of <u>144</u> vere performed on the instrument in of Health and Human Services, and	dicated above	e, in accordance with	n current re	ng preventive maing gulations of the N	ntenance .C.
OF THE STATE OF TH	S CORRECTION OF THE PARTY OF TH	Oem		*	652	<i>€</i> •.
	S	gnature of Cer	tifying Official		Certificate Nun	nber

#### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859 Test Date: 08/23/2013

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: QUARANTELLO, NICHOLAS J Permit Number: 21536E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	8:32am 8:33am
ACCY CHK	.08	8:33am
AIR BLK	.00	8:34am
SUB TEST	.00	8:35am
AIR BLK	.00	8:36am
SUB TEST	.00	8:38am
AIR BLK	.00	8:38am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859 Test Record Number: 1493
Test Date: 08/23/2013 Test Time: 8:40am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	8:40am 8:40am
FC	Pass	8:40am

#### Temperature Tests

#### Blank Tests

Test	Status	Time
AIR	Pass	8:41am

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:41am
	CRC Tests	
Test	Status	Time
COMP	Pass	8:41am

Preventive Maintenance Status: Pass

Pass

CAL

8:41am

Analyst

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

County NA	YE	_ Instrum	ent Location_	)डोस्प	اللا	CENT	
Instrument Seria	1No. 008615	3301	HAMMLES	P-D.	face	₹5H,	p. C
The preventive n four months are:	naintenance procedures for the	Intoximeters	, Model Intox EC	C/IR II to be f	ollowed a	t least once	every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 o	er displays pr degree centig	essure, or the alc rade;	oholic breath	simulator	thermomete	r shows
2.	Verify instrument displays tit	me and date;					
3.	Initiate breath test sequence;						
4.	Enter information as prompte	ed;					
5.	Verify instrument accuracy;						
6.	When "PLEASE BLOW" ap	pears, collec	t breath sample;				
7.	When "PLEASE BLOW" ap	pears, collec	t breath sample;				
8.	Print test record;						
9.	Verify Diagnostic Program;	and					
10.	Verify that the ethanol gas ca simulator solution is being cl whichever occurs first.	anister is beir hanged every	ng changed befor four months or a	e expiration d after 125 Alco	late, or the sholic Bre	e alcoholic b ath Simulato	reath or tests,
nrocedures were	the <u>33</u> day of the performed on the instrument Health and Human Services, and	indicated abo	, 20 (7) ove, in accordance ment is functionin	e with current	going prev t regulatio	ventive main ns of the N.	tenance C.
TO THE STATE OF TH	A CAROLINA DE S	ignature of C	AureCertifying Officia	)		Stificate Num	ber

#### WAKE COUNTY DETENTION CENTER 910

Serial Number: 008615 Test Date: 08/22/2013

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 State: XX
Driver's License Number: NONE

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

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	1:19pm 1:20pm 1:21pm 1:22pm
SUB TEST	.00	1:22pm
AIR BLK	.00	1:23pm
SUB TEST	.00	1:25pm
AIR BLK	.00	1:26pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WAKE COUNTY DETENTION CENTER 910

Serial Number: 008615

Test Record Number: 3818

Test Date: 08/22/2013

Test Time: 1:28pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:28pm
FLO	Pass	1:28pm
FC	Pass	1:29pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:29pm
SRC	Pass	1:29pm
DET	Pass	1:29pm
BAR	Pass	1:29pm
BT	Pass	1:29pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:29pm

#### Printer Tests

PRNT Pass 1:29pm	Test	Status	Time
	PRNT	Pass	1:29pm

#### CRC Tests

Test	Status	Time
COMP	Pass	1:30pm
CAL	Pass	1:30pm

Preventive Maintenance Status: Pass

Analyst

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

County \	AKE Instrument Location DETENTION CENTER
Instrument Ser	ial No. 008686 3301 + HMMOND RD, RALEIGH, N.C.
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures we Department of	the day of day of 2012 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	

#### WAKE COUNTY DETENTION CENTER 910

Serial Number: 008686 Test Date: 08/22/2013

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00	1:12pm 1:12pm 1:13pm 1:14pm 1:15pm 1:16pm 1:18pm
AIR BLK	.00	1:18pm

Reported AC: .00 g/210L

Court CVR

#### WAKE COUNTY DETENTION CENTER 910

Serial Number: 008686 Test Date: 08/22/2013

Test Record Number: 4841
Test Time: 1:20pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:20pm
FLO	Pass	1:20pm
FC	Pass	1:21pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:21pm
SRC	Pass	1:21pm
DET	Pass	1:21pm
BAR	Pass	1:21pm
BT	Pass	1:21pm

#### Blank Tests

Test	Status	Time
лтр	Dagg	1 • 21 mm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:21pm
	CRC Tests	
Test	Status	Time

1:22pm

1:22pm

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Analyst

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

County V	JAYE Instrument Location DETERMINE CENTER
Instrument S	erial No. 00 8826 3301 HAHMUD PD, PATIENCH, P.C.
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures v	on the
STATI STATION STATION OF THE CHE AND STATION	Signature of Certifying Official Certificate Number

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008826

Test Date: 08/22/2013

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:

QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG317801

Exp Date: 06/27/2015

Test	g/210L	Time
DIAG	Pass	12:59pm
AIR BLK	.00	1:00pm
ACCY CHK	.08	1:01pm
AIR BLK	.00	1:01pm
SUB TEST	.00	1:02pm
AIR BLK	.00	1:04pm
SUB TEST	.00	1:05pm
AIR BLK	.00	1:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008826 Test Record Number: 6099

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:10pm
FLO	Pass	1:10pm
FC	Pass	1:10pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:10pm
SRC	Pass	1:10pm
DET	Pass	1:10pm
BAR	Pass	1:10pm
ВТ	Pass	1:10pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:11pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:11pm

#### CRC Tests

Test	Status	Time
COMP	Pass	1:11pm
CAL	Pass	1:11pm

Preventive Maintenance Status: Pass

Med Once Analyst

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

County W√	WE Instrument Location DETENTION CENTER
Instrument Seri	al No. (XXX8816) 3301 HAMMOND PD. LALETGH, LIC
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 <u>health</u> day of <u>health</u> , 2013 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.
OTHE STATE OF THE OF TH	Signature of Certifying Official Certificate Number

#### WAKE COUNTY DETENTION CENTER 910

Serial Number: 008816 Test Date: 08/22/2013

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:

QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	12:55pm
AIR BLK ACCY CHK	.00 .08	12:56pm 12:57pm
AIR BLK	.00	12:58pm
SUB TEST	.00	12:59pm
AIR BLK	.00	1:00pm
SUB TEST	.00	1:01pm
AIR BLK	.00	1:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WAKE COUNTY DETENTION CENTER 910

Serial Number: 008816

Test Record Number: 5853

Test Date: 08/22/2013

Test Time: 1:04pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

#### Blank Tests

Test	Status	Time
AIR	Pass	1:05pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County_	Alamance Instrument Location Alamance Co Jai
Instrume	t Serial No. 008853 109 S. Maple St Graham NC
The prevenue four mon	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every his 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 procedur Departm	hat on theday of, 20, 20, 20
S C C C C C C C C C C C C C C C C C C C	TATE OF NORTH
E55E	1 detain 655
	Signature of Certifying Official Certificate Number

#### ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008853 Test Date: 08/28/2013

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: NC

Driver's License Number: Unknown

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

12/01/2012-12/01/2014

Officer's Name: FARLEY, CYNTHIA D

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	7:15pm 7:16pm
ACCY CHK	.08	7:17pm
AIR BLK	.00	7:18pm
SUB TEST	.00	7:18pm
AIR BLK	.00	7:19pm
SUB TEST	.00	7:21pm
AIR BLK	.00	7:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008853

Test Record Number: 1214

Test Date: 08/28/2013

Test Time: 7:23pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	7:23pm
FLO	Pass	7:23pm
FC	Pass	7:23pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	7:24pm
SRC	Pass	7:24pm
DET	Pass	7:24pm
BAR	Pass	7:24pm
BT	Pass	7:24pm

#### Blank Tests

Test	Status	Time
AIR	Pass	7:24pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:24pm
	CRC Tests	
Test	Status	Time
COMP	Pass	7 · 24 mm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

County A	GMANCE Instrument Location Alamance Co. Jai
Instrument Se	erial No. 008913 109 S. Maple St. Graham N
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.
procedures w	on the 27 <sup>th</sup> day of Auch 1, 20 13 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.
TO WE STATE	O NOR

Signature of Certifying Official

Certificate Number

#### ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913 Test Date: 08/27/2013

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: NC

Driver's License Number: Unknown

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

12/01/2012-12/01/2014

Officer's Name: FARLEY, CYNTHIA D

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:14am 10:15am 10:16am
AIR BLK	.00	10:17am
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

Joile Falon 655
Analyst

#### ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913 Test Re

Test Record Number: 1736
Test Time: 10:25am EDT

Test Date: 08/27/2013 Test Time

System Check: Passed

## Baseline Tests

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

# Temperature Tests

Test	Status	Time
FC1	Pass	10:25am
SRC	Pass	10:25am
DET	Pass	10:25am
BAR	Pass	10:25am
BT	Pass	10:25am

## Blank Tests

Test	Status	Time
AIR	Pass	10:26am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:26am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:26am

Pass

10:26am

Preventive Maintenance Status: Pass

CAL

Analyst

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

County_A	Camance Instrument Location Burlington PD
Instrument Se	rial No. 008907 267 W. Front St. Burlington
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;
<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 w	on the 27th day of August, 2013 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
STATE OF STA	STORE CAROLINA CAROLI

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

Signature of Certifying/Official

Certificate Number

#### ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008907 Test Date: 08/27/2013

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: NC
Driver's License Number: Unknown

Analyst's Name: FARLEY, CYNTHIA D
Permit Number: 24123E
Effective:
12/01/2012-12/01/2014

Officer's Name: FARLEY, CYNTHIA D
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:20am 11:20am 11:21am
AIR BLK SUB TEST	.00 .00	11:22am 11:23am
AIR BLK SUB TEST	.00 .00	11:24am <b>11:25am</b>
AIR BLK	.00	11:26am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Dale Farley 655 Analyst

#### ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008907 Test Record Number: 543
Test Date: 08/27/2013 Test Time: 11:29am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:30am
FLO	Pass	11:30am
FC	Pass	11:30am

# Temperature Tests

Test	Status	Time
FC1	Pass	11:30am
SRC	Pass	11:30am
DET	Pass	11:30am
BAR	Pass	11:30am
BT	Pass	11:30am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:30am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:31am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:31am 11:31am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II amance Instrument Location Bur I haton Instrument Serial No. 608872 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; Enter information as prompted; 4. 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample, 7. 8. Print test record; 9. Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the forgoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

#### ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008812 Test Date: 08/27/2013

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: NC
Driver's License Number: Unknown

Analyst's Name: FARLEY, CYNTHIA D
Permit Number: 24123E
Effective:
12/01/2012-12/01/2014

Officer's Name: FARLEY, CYNTHIA D

Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:32am 11:32am
ACCY CHK	.07	11:33am
AIR BLK	.00	11:34am
SUB TEST	.00	11:34am
AIR BLK	.00	11:35am
SUB TEST	.00	11:37am
AIR BLK	.00	11:38am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008812

Test Record Number: 1725

Test Date: 08/27/2013

Test Time: 11:43am EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:43am 11:43am 11:43am 11:43am
<del></del>		

## Blank Tests

Test	Status	Time
AIR	Pass	11:44am

# Printer Tests

Test	Status	Time
PRNT	Pass	11:44am
	CRC Tests	

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

Preventive Maintenance Status: Pass

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

County	ORANGE	Instrument Location BAT Wo	Bile UniTIS
Instrument	Serial No. <u>008600</u>	CHAPEL	Hill
The prever		ntoximeters, Model Intox EC/IR II to be fo	llowed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath s gree centigrade;	imulator 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" appo	ears, collect breath sample;	
7.	When "PLEASE BLOW" appo	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	d	
10.		ister is being changed before expiration dat nged every four months or after 125 Alcoh	
		the forgo dicated above, in accordance with current rathe instrument is functioning properly.	ing preventive maintenance egulations of the N.C.
G H T T T T T T T T T T T T T T T T T T		La G. T. Cartifying Official	Certificate Number

#### ORANGE COUNTY BAT MOBILE UNIT 5 670

Serial Number: 008600

Test Record Number: 1270
Test Time: 11:00pm EDT

System Check: Passed

# Baseline Tests

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

# Temperature Tests

Test	Status	Time
FC1	Pass	11:00pm
SRC	Pass	11:00pm
DET	Pass	11:00pm
BAR	Pass	11:00pm
$\mathtt{BT}$	Pass	11:00pm

## Blank Tests

Test	Status	Time
AIR	Pass .	11:01pm

## Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

ORANGE COUNTY BAT MOBILE UNIT 5 670

Serial Number: 008600 Test Date: 08/24/2013

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: 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

iest	9/2101	TIME
DIAG	Pass	10:51pm
AIR BLK	.00	10:52pm
ACCY CHK	.08	10:52pm
AIR BLK	.00	10:53pm
SUB TEST	.00	10:54pm
AIR BLK	.00	10:55pm
SUB TEST	.00	10:56pm

10:57pm

Reported AC: .00 g/210L

AIR BLK .00

Signature of Chemical Analyst

Court CVR

6. 1110

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

County	OPANGE Instrument Location BAT 110BILE LINIT
Instrumen	it Serial No. OOS698 CHAPEL HILL
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 to procedure Department	hat on the 24 day of 446457 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.
COREATE STATES	Signature of Certifying Official Certificate Number

#### ORANGE COUNTY BAT MOBILE UNIT 5 670

Serial Number: 008698

Test Record Number: 993

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	11:16pm
FLO	Pass	11:16pm
FC	Pass	11:16pm

## Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	11:17pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:17pm
	CRC Tests	
Test	Status	Time

COMP	Pass	11:17pm
CAL	Pass	11:17pm

Preventive Maintenance Status: Pass

#### ORANGE COUNTY BAT MOBILE UNIT 5 670

Serial Number: 008698 Test Date: 08/24/2013

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: 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	10:58pm
ACCY CHK	.07	11:00pm
AIR BLK	.00	11:01pm
SUB TEST	.00	11:01pm
AIR BLK	.00	11:02pm
SUB TEST	.00	11:06pm
AIR BLK	.00	11:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County	ORANGE	Instrument Location But Wood	
Instrument	Serial No. <u>608788</u>	CHAPEC	4,06
The preven	=	toximeters, Model Intox EC/IR II to be fo	Ilowed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	displays pressure, or the alcoholic breath s gree centigrade;	imulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" 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.		ster is being changed before expiration danged every four months or after 125 Alcoh	
procedures	at on the 24 day of 46 swere performed on the instrument ind at of Health and Human Services, and t	the forgo judgment is functioning properly.	oing preventive maintenance regulations 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 TO	nature of Certifying Official	

#### ORANGE COUNTY BAT MOBILE UNIT 5 670

Serial Number: 008788
Test Date: 08/24/2013

Test Record Number: 849
Test Time: 11:03pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	11:04pm 11:04pm
$\mathtt{FLO}$	Pass	
FC	Pass	11:04pm

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:05pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:05pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:05pm 11:05pm

Preventive Maintenance Status: Pass

Analyst

ORANGE COUNTY BAT MOBILE UNIT 5 670

Serial Number: 008788 Test Date: 08/24/2013

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: 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: AG309101 Exp Date: 04/01/2015

Test	g/210L	Time
DIAG	Pass	10:52pm
AIR BLK	.00	10:53pm
ACCY CHK	.07	10:53pm
AIR BLK	.00	10:54pm
SUB TEST	.00	10:55pm
AIR BLK	.00	10:56pm
SUB TEST	.00	10:57pm
ATR RIK	0.0	10:58pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Sol 6.715-yell

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

Carrameron	INTOXIMETERS, MODEL INTOX EC/IR II
County	AVIASON Instrument Location Thomas Ville
Instrument Se	erial No. 008872 Police Department
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the Ab day of August , 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.
OF THE STATE	



Signature of Certifying Official

Certificate Number

#### DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008872 Test Date: 08/26/2013

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: DEAN, L K

Permit Number: 11598E

Effective:

06/01/2013-06/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:23pm
AIR BLK	.00	1:24pm
ACCY CHK	.07	1:25pm
AIR BLK	.00	1:26pm
SUB TEST	.00	1:26pm
AIR BLK	.00	1:27pm
SUB TEST	.00	1:29pm
ATR BLK	. 0.0	1:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Leon

#### DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008872

Test Record Number: 1047

Test Date: 08/26/2013

Test Time: 1:30pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:30pm 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

PRNT Pass 1:31pm

# CRC Tests

Test	Status	Time
COMP	Pass	1:32pm
CAL	Pass	1:32pm

Preventive Maintenance Status: Pass

L. Kein Dean Analyst

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

A CONTRACTOR OF THE PARTY OF TH	INTOXIMETERS, MODEL INTOX EC/IR II
County 4	AvidsoN Instrument Location Less, N970 N
Instrument Se	erial No. 008883 Police Department
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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.
procedures v	t on the <u>O</u> day of <u>AUGUST</u> , 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.
STAT OREAL STATE OF THE STATE O	Signature of Certifying Official Certificate Number

#### DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883 Test Date: 08/26/2013

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: DEAN, L K

Permit Number: 11598E

Effective:

06/01/2013-06/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:16pm
AIR BLK	.00	2:16pm
ACCY CHK	.08	2:17pm 2:18pm
AIR BLK SUB TEST	.00	2:10pm
AIR BLK	.00	2:20pm
SUB TEST	.00	2:21pm
AIR BLK	.00	2:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883

Test Record Number: 1184

Test Date: 08/26/2013

Test Time: 2:23pm EDT

System Check: Passed

## Baseline Tests

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

# Temperature Tests

Test	Status	Time
FC1	Pass	2:23pm
SRC	Pass	2:23pm
DET	Pass	2:23pm
BAR	Pass	2:23pm
BT	Pass	2:23pm

#### Blank Tests

Test	Status	Time
ATR	Pass	2:24pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:24pm
	CRC Tests	
Test	Status	Time

2:24pm COMP Pass CAL2:24pm Pass

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II		
County_	AvidSON Instrument Location DAVIDSON CO. JA: 1	
Instrument Se	erial No. 008845 LexingTON, 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.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.	
I certify that procedures w Department of	on the 26 day of August, 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.	
STATE OF STA	Signature of Certifying Official Certificate Number	

#### DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845 Test Date: 08/26/2013

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: DEAN, L K

Permit Number: 11598E

Effective:

06/01/2013-06/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
		N
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
AIR BLK	.00	2:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845

Test Record Number: 1498

Test Date: 08/26/2013

Test Time: 2:57pm EDT

System Check: Passed

#### Baseline Tests

Test	• •	Status	Time
IR		Pass	2:58pm
FLO		Pass	2:58pm
FC		Pass	2:58pm

# Temperature Tests

Test	Status	Time
FC1	Pass	2:58pm
SRC	Pass	2:58pm
DET	Pass	2:58pm
BAR	Pass	2:58pm
BT	Pass	2:58pm

#### Blank Tests

Test	Status	Time

AIR Pass 2:59pm

#### Printer Tests

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

PRNT Pass 2:59pm

# CRC Tests

Test	Status	Time
COMP	Pass	2:59pm

2:59pm

Preventive Maintenance Status: Pass

Pass

CAL

ken

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

County W	166 Instrument Location BAT WOSILE Con, T
Instrument Seria	Instrument Location 387 1110/5/16 (20), T RALEIBH
<u> </u>	
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 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
THE STATE OF THE S	
* FOR QUANTOEN	Signature of Certifying Official Certificate Number

#### WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008612 Test Date: 08/24/2013 Test Record Number: 1378 Test Time: 1:02am EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:02am 1:02am
FC	Pass	1:03am

# Temperature Tests

Status	Time
Pass	1:03am
	Pass Pass Pass Pass

## Blank Tests

Test	Status	Time
AIR	Pass	1:03am

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:03am

#### CRC Tests

Test	Status	Time
COMP	Pass	1:04am
CAL	Pass	1:04am

Preventive Maintenance Status: Pass

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008612 Test Date: 08/24/2013

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 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: AG303502 Exp Date: 02/04/2015

Test	g/210L	Time
DIAG AIR BLK	Pass	12:39am 12:40am
ACCY CHK	.07	12:40am
AIR BLK	.00	12:41am
SUB TEST	.00	12:42am
AIR BLK	.00	12:43am
SUB TEST	.00	12:44am
AIR BLK	.00	12:45am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County	WARE	Instrument Location_	BATHIOB,	la Unit
Instrument	Serial No. <u>009734</u>		RALENET	
The prevent	tive maintenance procedures for the Instance:	ntoximeters, Model Intox	EC/IR II to be follow	ved at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		lcoholic breath simu	lator 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" app	ears, collect breath sample	<b>&gt;</b> ;	
7.	When "PLEASE BLOW" app	ears, collect breath sample	à',	
8.	Print test record;			
9.	Verify Diagnostic Program; an	ad		
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	ister is being changed before nged every four months of	ore expiration date, or after 125 Alcoholic	r the alcoholic breath Breath Simulator tests,
procedures	were performed on the instrument inc t of Health and Human Services, and	dicated above, in accordan	ice with current regul	preventive maintenance ations of the N.C.
SALES	TE O NO STATE OF THE OF			
* ESE QUA	Sig	26/1/ nature of Certifying Offici	c ga_	636 Certificate Number

#### WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008734 Test Record Number: 715 Test Date: 08/24/2013 Test Time: 12:51am EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	12:51am
FLO	Pass	12:51am
FC	Pass	12:52am

# Temperature Tests

Test	Status	Time
FC1	Pass	12:52am
SRC	Pass	12:52am
DET	Pass	12:52am
BAR	Pass	12:52am
$\mathtt{BT}$	Pass	12:52am

#### Blank Tests

Test	Status	Time
AIR	Pass	12:52am

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:52am
	CRC Tests	
Test	Status	Time
COMP	Pass	12:53am

Pass

12:53am

Preventive Maintenance Status: Pass

CAL

Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008734 Test Date: 08/24/2013

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: 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: AG920302 Exp Date: 09/06/2013

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

So. 7117 Analyst

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

County	MARC	Instrument Location_	BAT MOBILE CINIT
Instrument	Serial No. <u>00 8704</u>		Paleity
			A
The preven		toximeters, Model Intox E	C/IR II to be followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg		coholic breath simulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ars, collect breath sample;	*. 
7.	When "PLEASE BLOW" appe	ars, collect breath sample;	· 
8.	Print test record;		
9.	Verify Diagnostic Program; and	1	
10.			re expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
I certify the procedures Departmen	at on the	5 c. 57 , 20/ icated above, in accordance he instrument is functioning	the forgoing preventive maintenance with current regulations of the N.C. ang properly.
CREAT OF STATE OF STA	ME o No Residente de la Caracteria de la		
APRIL 19	J'Ce & (	5. 11/2	636
	Sign	ature of Certifying Officia	u Certificate Number

#### WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008704

Test Record Number: 159

Test Date: 08/24/2013

Test Time: 1:37am EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	1:38am
SRC	Pass	1:38am
DET	Pass	1:38am
BAR	Pass	1:38am
$\mathtt{BT}$	Pass	1:38am

#### Blank Tests

Test	Status	Time
AIR	Pass	1:38am

# Printer Tests

Test	Status	Time

PRNT Pass 1:38am

#### CRC Tests

Test	Status	Time
COMP	Pass	1:38am
CAL	Pass	1:38am

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008704 Test Date: 08/24/2013

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: 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: AG309101 Exp Date: 04/01/2015

Test	g/210L	Time
DIAG	Pass	1:13am
AIR BLK	.00	1:14am
ACCY CHK	.08	1:15am
AIR BLK	.00	1:16am
SUB TEST	.00	1:17am
AIR BLK	.00	1:17am
SUB TEST	.00	1:19am
ATR BIK	0.0	1:20am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

86-16-10-fax

Analyst

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

County	Water Instrum	ent Location /SAT MDB, LE 1	(with
Instrument Se	erial No. <u>2087/60</u>	RALEIGH	
The preventive four months a	•	, Model Intox EC/IR II to be followed at least of	once every
1.	Verify the ethanol gas canister displays pr 34 degrees, plus or minus .2 degree centig	essure, or the alcoholic breath simulator thermo	meter 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 simulator solution is being changed every whichever occurs first.	g changed before expiration date, or the alcoholour months or after 125 Alcoholic Breath Sim	olic breath nulator tests,
I certify that procedures w	on the 24 day of Augustice performed on the instrument indicated about Health and Human Services, and the instrument	$7$ , $20/\overline{\le}$ the forgoing preventive two, in accordance with current regulations of the ent is functioning properly.	maintenance e N.C.
TARLE OF THE COLORY OF THE COL	Signature of C	ertifying Official Certificate	Number

### WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008760

Test Record Number: 488

Test Date: 08/24/2013

Test Time: 1:22am EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:22am 1:22am
FC	Pass	1:22am

## Temperature Tests

Test	Status	Time
FC1	Pass	1:22am
SRC	Pass	1:22am
DET	Pass	1:22am
BAR	Pass	1:22am
BT	Pass	1:22am

#### Blank Tests

Test	Status	Time
AIR	Pass	1:23am

## Printer Tests

Test	Status	Time

PRNT Pass 1:23am

## CRC Tests

Test	Status	Time
COMP	Pass Pass	1:23am 1:23am

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008760 Test Date: 08/24/2013

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: 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 .00	1:12am 1:13am
ACCY CHK	.07	1:14am
AIR BLK	.00	1:15am
SUB TEST	.00	1:16am
AIR BLK	.00	1:17am
SUB TEST	.00	1:19am
AIR BLK	.00	1:19am

Reperted AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County	Wake Ins	strument Location 1547 (1104	Bile Lait 17
Instrument So	Serial No. 008377	RALEIGH	
The preventive four months a	ive maintenance procedures for the Intoxim are:	eters, Model Intox EC/IR II to be fo	llowed at least once every
1.	Verify the ethanol gas canister display 34 degrees, plus or minus .2 degree co		imulator thermometer shows
2.	Verify instrument displays time and d	ate;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, co	ollect breath sample;	
7.	When "PLEASE BLOW" appears, co	ollect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is simulator solution is being changed e whichever occurs first.		
procedures w	t on the 24 day of AUSIC. were performed on the instrument indicated of Health and Human Services, and the ins	above, in accordance with current r	ing preventive maintenance egulations of the N.C.
CARLO STATION OF THE	TE OF NO.		- Targetti
ESTE QUAM V	Signatura	of Certifying Official	Certificate Number
	Signature	or certifying Official	Continuate Mulhoer

## WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008577

Test Record Number: 897

Test Date: 08/24/2013

Test Time: 2:40am EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	2:41am
SRC	Pass	2:41am
DET	Pass	2:41am
BAR	Pass	2:41am
$\mathtt{BT}$	Pass	2:41am

#### Blank Tests

Test S	status	Time
--------	--------	------

AIR Pass 2:41am

## Printer Tests

Test	Status	Time
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PRNT Pass 2:41am

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008577 Test Date: 08/24/2013

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: 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 .00	2:26am 2:27am
ACCY CHK	.07	2:28am
AIR BLK	.00	2:29am
SUB TEST	.00	2:30am
AIR BLK	.00	2:31am
SUB TEST	.00	2:32am
ATR BLK	.00	2:33am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County C	herokre Instrument Location Cherokre Co. Jail
Instrument Ser	ial No. <u>OU8711</u> Instrument Location <u>Cherokee Co. Jail</u>
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.
I certify that of procedures we Department of	on the
THE STATE OF THE S	

CHEROKEE COUNTY CHEROKEE COUNTY JAIL
190

Serial Number: 008711 Test Date: 08/14/2013

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: 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	11:21am 11:22am 11:22am
AIR BLK	.00	11:23am
SUB TEST	.00	11:24am
AIR BLK	.00	11:25am
SUB TEST	.00	11:26am
AIR BLK	.00	11:27am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

Serial Number: 008711 Test Date: 08/14/2013

Test Record Number: 613
Test Time: 11:28am EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:30am

### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County_C/	Terokee Instrument Location Cherokee Co. Ja!
Instrument Sea	rial No. 008622 Murphy, NC
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department o	on the
CHI STATE OF UN 20. 177	Signature of Certifying Official  Certificate Number

CHEROKEE COUNTY CHEROKEE COUNTY JAIL
190

Serial Number: 008622 Test Date: 08/14/2013

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: 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 .08	11:20am 11:21am 11:22am
AIR BLK SUB TEST	.00	11:23am 11:23am
AIR BLK SUB TEST	.00	11:24am 11:26am
AIR BLK	.00	11:26am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

Serial Number: 008622 Test Record Number: 844
Test Date: 08/14/2013 Test Time: 11:27am EDT

System Check: Passed

## Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1	Pass	11:28am
SRC	Pass	11:28am
DET	Pass	11:28am
BAR	Pass	11:28am
BT	Pass	11:28am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:29am

#### Printer Tests

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

Preventive Maintenance Status: Pass

Anglyst

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

'7	Instrument Location Haywood Co. Jail  No. 0087/2 Waynesville, NC
Instrument Seria	
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that on procedures were Department of I	the day of day o
CREATE OF ME STATE	Signature of Certifying Official  Certificate Number

#### HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712 Test Date: 08/13/2013

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: 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	1:15pm
AIR BLK	.00	1:16pm
ACCY CHK	.08	1:16pm
AIR BLK	.00	1:17pm
SUB TEST	.00	1:18pm
AIR BLK	.00	1:19pm
SUB TEST	.00	1:21pm
AIR BLK	.00	1:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712 Test Date: 08/13/2013

Test Record Number: 1417
Test Time: 1:29pm EDT

3/13/2013 Test Time: 1:29pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:29pm 1:29pm
FC	Pass	1:29pm

## Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	1:29pm 1:29pm 1:29pm 1:29pm 1:29pm
		· <u>-</u>

#### Blank Tests

Test	Status	Time
AIR	Pass	1:30pm

## Printer Tests

Test	Status	Time
PRNT	Pass	1:30pm
	4	

## CRC Tests

Test	Status	Time
COMP	Pass	1:30pm
CAL	Pass	1:30pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II County Haywood Co. Jail Instrument Serial No. 008714 Waynesville, NC The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; Initiate breath test sequence; Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. Print test record; 8. Verify Diagnostic Program; and 9. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. \_\_\_\_\_, 20 / 3 the forgoing preventive maintenance Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

## HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714 Test Date: 08/13/2013

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: 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	1:17pm 1:18pm
ACCY CHK	.07	1:19pm
AIR BLK	.00	1:20pm
SUB TEST	.00	1:20pm
AIR BLK	.00	1:21pm
SUB TEST	.00	1:23pm
AIR BLK	.00	1:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714 Test Date: 08/13/2013 Test Record Number: 882
Test Time: 1:28pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	1:28pm
FLO	Pass	1:28pm
FC	Pass	1:28pm

## Temperature Tests

Test	Status	Time
FC1	Pass	1:28pm
SRC	Pass	1:28pm
DET	Pass	1:28pm
BAR	Pass	1:28pm
BT	Pass	1:28pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:29pm

### Printer Tests

Status

1626	beacus	TIME
PRNT	Pass	1:29pm
	CRC Tests	
Test	Status	Time

·	_	
COMP	Pass	1:29pm
CAL	Pass	1:29pm

Preventive Maintenance Status: Pass

Analyst

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

County Tra	Instrument Location Transylvania Co. Jail
Instrument Serie	at No. 008820 Brevard, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the 2 day of Accas, 20/3 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
ONE STATE OF COLEY LINE OF COL	NOLINA CAROLINA AND AND AND AND AND AND AND AND AND A
STOP QUAM VIDEN	Signature of Certifying Official Certificate Number

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

> Serial Number: 008820 Test Date: 08/02/2013

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: 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: AG315701 Exp Date: 06/06/2015

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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#### TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

Serial Number: 008820

Test Record Number: 654

Test Date: 08/02/2013

Test Time: 12:08pm EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	'l'ime
AIR	Pass	12:09pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

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

County Tr	erial No. 008609 Brevard NC
Instrument Se	erial No. 008609 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 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 day of, 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.
TANDER OF THE CORE AT THE CORE	
* ESSE QUAM	Egyl M. Cut/ ( 63)
	Signature of Certifying Official Certificate Number

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

> Serial Number: 008609 Test Date: 08/02/2013

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: 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	Pass .00 .08 .00	11:56am 11:57am 11:58am 11:58am
SUB TEST	.00	11:59am
AIR BLK	.00	12:00pm
SUB TEST	.00	12:01pm
AIR BLK	.00	12:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

Serial Number: 008609 Test Record Number: 520 Test Date: 08/02/2013 Test Time: 12:03pm 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
BT .	Pass	12:03pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:04pm

## Printer Tests

Test	Status	Time
PRNT	Pass	12:04pm
	CRC Tests	
Test	Status	Time

COMP	Pass	12:04pm
CAL	Pass	12:04pm

Preventive Maintenance Status: Pass

Analyst

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

County	Wake	Instrument Location BAT WOE	le muit #5
Instrument	Serial No. <u>008600</u>	PaleicH	
The preven		toximeters, Model Intox EC/IR II to be foll	owed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	lisplays pressure, or the alcoholic breath singree centigrade;	nulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	ars, collect breath sample;	
. 7.	When "PLEASE BLOW" appear	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		ster is being changed before expiration date ged every four months or after 125 Alcohol	
procedures	were performed on the instrument indit of Health and Human Services, and the	, 20/3 the forgoin cated above, in accordance with current regular instrument is functioning properly.	g preventive maintenance gulations of the N.C.
STATE CINE OF THE CASE OF THE	NIE CAROLLI CA	ature of Certifying Official	Certificate Number

## WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 T Test Date: 08/18/2013

Test Record Number: 1264
Test Time: 12:44am EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time

AIR Pass 12:45am

## Printer Tests

Test	Status	Time	

PRNT Pass 12:45am

## CRC Tests

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

COMP Pass 12:45am CAL Pass 12:45am

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 9,10

Serial Number: 008600 Test Date: 08/18/2013

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: 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	12:32am 12:34am 12:34am
AIR BLK SUB TEST	.00	12:35am 12:38am
AIR BLK	.00	12:39am
SUB TEST AIR BLK	.00 .00	12:40am 12:41am

Signature of Chemical Analyst

Court CVR

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

Analyst

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

County	Wake Instrument Location 134T MOBILE Com IT
Instrument	Serial No. 008698 Rate 1874
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures	nat on the
S S S S S S S S S S S S S S S S S S S	Signature of Certifying Official  Certificate Number

#### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698

Test Record Number: 989

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	12:58am
FLO	Pass	12:58am
FC	Pass	12:58am

## Temperature Tests

Test	Status	Time
FC1	Pass	12:58am
SRC	Pass	12:58am
DET	Pass	12:58am
BAR	Pass	12:58am
BT	Pass	12:58am

## Blank Tests

Test	Status	Time
AIR	Pass	12:59am

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:59am
	CRC Tests	

Test	Status	Time
COMP	Pass	12:59am
CAL	Pass	12:59am

Preventive Maintenance Status: Pass

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Date: 08/18/2013

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: 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
AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00 .00	12:48am 12:49am 12:50am 12:51am 12:53am 12:54am
AIR BLK SUB TEST	.00	12:55am
ATR RIK	.00	12:56am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Scal 6-7/1920/ Analyst

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

County	hold begin	Instrument Location_	
Instrument S	Serial No. 008788		RALEIGH
The prevent four months		ntoximeters, Model Intox I	EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		Icoholic breath 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" 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.			ore expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
	on theday ofdwere performed on the instrument incof Health and Human Services, and the services of Health and Human Services.		the forgoing preventive maintenance ce with current regulations of the N.C. ng properly.
STATE CHANGE CHANGE OF THE CORE OF THE COR	1926	nature of Certifying Officia	al Certificate Number

#### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788
Test Date: 08/18/2013

Test Record Number: 846
Test Time: 12:45am EDT

System Check: Passed

## Baseline Tests

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

### Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	12:47am

## Printer Tests

Test	Status	Time
PRNT	Pass	12:47am
	CRC Tests	
Test	Status	Time

CAL Pass 12:47am

Preventive Maintenance

Status: Pass

Pass

COMP

12:47am

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Date: 08/18/2013

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: 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
W.		
DIAG	Pass	12:35am
AIR BLK	.00	12:36am
ACCY CHK	.07	12:37am
AIR BLK	.00	12:38am
SUB TEST	.00	12:38am
AIR BLK	.00	12:39am
SUB TEST	.00	12:42am
AIR BLK	.00	12:43am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR I

County R	Instrument Location Belhaven Police Do
Instrument S	erial No. 008908 Belhaven, NC.
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures Department	on the
STAN 22. THE STAN	

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928 Test Date: 08/13/2013

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: GUARD, KELLY G

Permit Number: 12955E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG206603 Exp Date: 03/06/2014

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928

Test Record Number: 199

Test Date: 08/13/2013

Test Time: 12:25pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:26pm
FLO	Pass	12:26pm
FC	Pass	12:26pm

## Temperature Tests

Test	Status	Time
FC1	Pass	12:26pm
SRC	Pass	12:26pm
DET	Pass	12:26pm
BAR	Pass	12:26pm
BT	Pass	12:26pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:27pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:27pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:27pm 12:27pm

Preventive Maintenance Status: Pass

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

County Ga	Instrument Location Gates (o. 5.0.
Instrument Se	erial No. DO8884 202 Court St., Gatesville, MC.
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 v Department	on the
TAN 20 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	E OF NO.
The succession of the successi	Signature of Certifying Official Certificate Number

GATES COUNTY GATES CO SO 360

Serial Number: 008884 Test Date: 08/23/2013

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:
08/01/2013-08/01/2015

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:28am 11:29am 11:29am
AIR BLK	.00	11:30am
SUB TEST	.00	11:31am
AIR BLK	.00	11:32am
SUB TEST	.00	11:33am
AIR BLK	.00	11:34am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Kell II.

#### GATES COUNTY GATES CO SO 360

Serial Number: 008884 Test Record Number: 521 Test Date: 08/23/2013 Test Time: 11:35am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FI <sub>1</sub> O	Pass Pass	11:36am 11:36am
LUO	Pass	TT:20gill
FC	Pass	11:36am

#### Temperature Tests

Status	Time
Pass	11:36am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	11:37am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:37am
	CRC Tests	

Test	Status	Time
COMP	Pass	11:37am
CAL	Pass	11:37am

Preventive Maintenance Status: Pass

Analyst

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

County	urvituck Instrument Location Carritack Co. 5.0.
Instrument S	erial No. 008947 407. A Maple Rd., Maple, NC
The preventifour 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	15k A k
STATE OF THE CONTROL	Signature of Certifying Official Certificate Number

CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

Serial Number: 008947 Test Date: 08/21/2013

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:
08/01/2013-08/01/2015

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	12:54pm 12:55pm 12:55pm
AIR BLK	.00	12:56pm
SUB TEST	.00	12:57pm
AIR BLK	.00	12:58pm
SUB TEST	.00	12:59pm
AIR BLK	.00	1:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

Serial Number: 008947 Test Record Number: 1336

System Check: Passed

#### Baseline Tests

Test	Status	Time
Alternative Section	1.00	
ĪR	Pass	1:04pm
FLO	Pass	1:04pm
FC	Pass	1:04pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	1:05pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

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

County \(\sigma \)	Shwiston Instrument Location Selma Tolice Dept.
Instrument Se	orial No. <u>008595</u> <u>Solma, NC</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.
I certify that procedures v Department	on the 22 day of August, 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 COLUMN	CAROL

JOHNSTON COUNTY SELMA PD 500

Serial Number: 008595 Test Date: 08/22/2013

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:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:26am
ACCY CHK	.00	10:27am 10:28am
AIR BLK	.00	,10:29am
SUB TEST	.00	10:29am
AIR BLK	.00	10:30am
SUB TEST	.00	10:32am
ATR RIK	0.0	10·33am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### JOHNSTON COUNTY SELMA PD 500

Serial Number: 008595

Test Record Number: 678 

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:34am
SRC	Pass	10:34am
$\mathtt{DET}$	Pass	10:34am
BAR	Pass	10:34am
BT	Pass	10:34am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:34am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:34am

#### CRC Tests

Test	Status	Time
COMP	Pass	10:35am
CAL	Pass	10:35am

Preventive Maintenance Status: Pass

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

County	Johnston Instrument Location Clayton Police Dep
Instrumen	at Serial No. 008658 Clayton, 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 show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	hat on the 215 day of August, 2013 the forgoing preventive maintenance 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.
COREA SE	Signature of Certifying Official  Certificate Number

JOHNSTON COUNTY CLAYTON PD. 500

Serial Number: 008658 Test Date: 08/21/2013

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:

08/01/2013-08/01/2015

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	Pass	9:05am 9:05am
ACCY CHK	.08	9:06am
AIR BLK	.00	9:07am
SUB TEST	.00	9:07am
AIR BLK	.00	9:08am
SUB TEST	.00	9:10am
ATR BLK	.00	9:10am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Anaiyst

#### JOHNSTON COUNTY CLAYTON PD. 500

Serial Number: 008658

Test Record Number: 934

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:12am
FLO	Pass	9:12am
FC	Pass	9:13am

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:13am
SRC	Pass	9:13am
DET	Pass	9:13am
BAR	Pass	9:13am
BT	Pass	9:13am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:13am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:13am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:13am 9:13am

Preventive Maintenance Status: Pass

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

County /	TONTGOMERY Co. JAIL
Instrument S	erial No. <u>008709</u> <u>TRoy NC</u>
The preventi	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sho 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.
	on theday of
TALE STATE OF THE COMPANY OF THE COM	Signature of Certifying Official  Certificate Number

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008709 Test Date: 08/19/2013

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: 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	9/2101	Time
DIAG	Pass	4:07pm
AIR BLK	.00	4:08pm
ACCY CHK	.08	4:09pm
AIR BLK	.00	4:10pm
SUB TEST	.00	4:10pm
AIR BLK	.00	4:11pm
SUB TEST	.00	4:12pm
AIR BLK	.00	4:14pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008709

Test Record Number: 785

Test Date: 08/19/2013

Test Time: 4:17pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:18pm
SRC	Pass	4:18pm
DET	Pass	4:18pm
BAR	Pass	4:18pm
$\mathtt{BT}$	Pass	4:18pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:18pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:18pm
	CRC Tests	

Test	Status	Time
COMP	Pass	4:19pm
CAL	Pass	4:19pm

Preventive Maintenance Status: Pass

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

County Mz	Instrument Locat	tion MONTECON	erry Co. Jaic
Instrument Seri	al No. <u>608721</u> <u>77804</u>	NC	
The preventive four months are	maintenance procedures for the Intoximeters, Model I	ntox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister displays pressure, or 34 degrees, plus or minus .2 degree centigrade;	the alcoholic breath	n 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 se	ample;	
7.	When "PLEASE BLOW" appears, collect breath so	ample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		,
10.	Verify that the ethanol gas canister is being changed simulator solution is being changed every four mon whichever occurs first.		
	the 19 day of 106057 e performed on the instrument indicated above, in accurate and Human Services, and the instrument is fundament	ordance with curren	going preventive maintenance t regulations of the N.C.
THE STATE OF THE S	Signature of Certifying	Official	Certificate Number
	(6.00mm) or 20,000 m		

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008721 Test Date: 08/19/2013

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: AG206603 Exp Date: 03/06/2014

Test	g/210L	Time
DIAG	Pass	4:06pm
AIR BLK	.00	4:07pm
ACCY CHK	.08	4:07pm
AIR BLK	.00	4:08pm
SUB TEST	.00	4:09pm
AIR BLK	.00	4:10pm
SUB TEST	.00	4:12pm
AIR BLK	.00	4:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008721 Test Date: 08/19/2013 Test Record Number: 839 Test Time: 4:14pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time -
IR	Pass	4:14pm
FLO	Pass	4:1.4 pm
FC	Pass	4:14pm

#### Temperature Tests

Status	Time
Pass	4:14pm
Pass	4:14pm
Pass	$4:1.4\mathrm{pm}$
Pass	4:14pm
Pass	4:14pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	4:15pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County /	ANSON	Instrument Location ANSON	Cosheriff Office
Instrument Se	erial No. <u>008597</u>	<u>LUADESBORO</u> NO	
The preventive four months a		ntoximeters, 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 degrees.	displays pressure, or the alcoholic br gree centigrade;	eath simulator thermometer show
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		•
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" 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.		ster is being changed before expiratinged every four months or after 125	
procedures w	ere performed on the instrument ind	, 20 / 3 the licated above, in accordance with curble instrument is functioning properly	rrent regulations of the N.C.
ONE STATE  OF THE STATE  OF TH	VE VE	Daniel Cartifying Official	37/ Certificate Number

ANSON COUNTY ANSON COUNTY SO. 030

Serial Number: 008597 Test Date: 08/19/2013

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: AG309105 Exp Date: 04/01/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	12:46pm 12:46pm 12:47pm 12:48pm 12:50pm 12:51pm
SUB TEST	.00	12:52pm
AIR BLK	.00	12:53pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### ANSON COUNTY ANSON COUNTY SO. 030

Serial Number: 008597

Test Record Number: 1039

Test Date: 08/19/2013

Test Time: 12:54pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:54pm
FLO	Pass	12:54pm
FC	Pass	12:54pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:55pm
SRC	Pass	12:55pm
$\mathtt{DET}$	Pass	12:55pm
BAR	Pass	12:55pm
BT	Pass	12:55pm

#### Blank Tests

Test	Status	Time
ΔΤΡ	Pagg	12.55pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:55pm
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

12:55pm

12:55pm

Andrew March

Analyst

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

1	
County / 1	NSON Instrument Location ANSON Co. Sheriff OFFICE
Instrument Seria	al No. OO 8737 WADESRORD
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 should degree, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.
	the
STATE ON NO. 1775 N. N. STATE ON N. STATE	Signature of Certifying Official Certificate Number

ANSON COUNTY ANSON COUNTY S.O. 030

Serial Number: 008739 Test Date: 08/19/2013

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: AG308702 Exp Date: 03/28/2015

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

### ANSON COUNTY ANSON COUNTY S.O. 030

Serial Number: 008739 Test Date: 08/19/2013 Test Record Number: 186
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	1:15pm
SRC	Pass	1:15pm
DET	Pass	1:15pm
BAR	Pass	1:15pm
BT	Pass	1:15pm

#### Blank Tests

Test	Status	Time
ΔTR	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

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County Ko	WAN Instrument Location ChiNAGROVE
Instrument Seri	al No. 008862 Police Department
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures we Department of	theday ofdust, 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.
STATE OF STA	Signature of Certifying Official Certificate Number

ROWAN COUNTY CHINA GROVE PD 790

Serial Number: 008862 Test Date: 08/07/2013

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:

06/01/2013-06/01/2015

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

J. Tein Dean Analyst

#### ROWAN COUNTY CHINA GROVE PD 790

Serial Number: 008862 Test Record Number: 359 Test Date: 08/07/2013 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

FC1 Pass 12:13p SRC Pass 12:13p	
DET Pass 12:13p	m
BAR Pass 12:13p	
BT Pass 12:13p	

#### Blank Tests

Test	Status	Time
AIR	Pass	12:14pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

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

County <u></u>	INTOXIMETERS, MODEL INTOX EC/IR II  -ui/ford Instrument Location Greenshore Jail
Instrument S	erial No. <u>(CO 8638</u>
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures v	on the <u>QQ</u> day of <u>AUGUST</u> , 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.
OF THE STATION OF THE	

#### GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008638 Test Date: 08/20/2013

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	3:10pm 3:11pm 3:12pm
AIR BLK	.00	3:13pm
SUB TEST	.00	3:13pm
AIR BLK	.00	3:14pm
SUB TEST	.00	3:16pm
AIR BLK	.00	3:17pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008638 Test Record Number: 1091 Test Date: 08/20/2013 Test Time: 3:17pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:18pm
SRC	Pass	3:18pm
DET	Pass	3:18pm
BAR	Pass	3:18pm
BT	Pass	3:18pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:19pm

#### Printer Tests

Test

CAL

Status

Time

3:19pm

PRNT	Pass	3:19pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:19pm

Preventive Maintenance Status: Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location GREENS DORO JAIL
Instrument S	erial No. <u>008790</u>
The preventifour months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
procedures v	on the day of day of , 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.
STATE STATE OF THE	

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790 Test Date: 08/20/2013

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: DEAN, L K

Permit Number: 11598E

Effective:

06/01/2013-06/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:39pm
AIR BLK	.00	3:40pm
ACCY CHK	.08	3:41pm
AIR BLK	.00	3:42pm
SUB TEST	.00	3:42pm
AIR BLK	.00	3:43pm
SUB TEST	.00	3:45pm
AIR BLK	.00	3:45pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790 Test Record Number: 3793 Test Date: 08/20/2013 Test Time: 3:46pm EDT

se bace: 00/20/2015 Test Time. 3.40pm abi

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:46pm
FLO	Pass	3:46pm
FC	Pass	3:46pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:47pm
SRC	Pass	3:47pm
DET	Pass	3:47pm
BAR	Pass	3:47pm
BT	Pass	3:47pm

#### Blank Tests

Test	Status	Time
λTD	Dagg	3 · 4 7 mm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:47pm

#### CRC Tests

Test	Status	Time
COMP	Pass	3:47pm
CAL	Pass	3:47pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County C	Toiltord Instrument Location Greenshor JAil
Instrument Se	erial No. <u>008794</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.
	on the day of 40505, 20 13 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.
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

#### GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794 Test Date: 08/20/2013

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: DEAN, L K
Permit Number: 11598E
Effective:

06/01/2013-06/01/2015

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

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Analyst

#### GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794

Test Record Number: 2967

Test Date: 08/20/2013 Test Time: 4:13pm EDT

#### System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	4:14pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:14pm
	CRC Tests	
Test	Status	Time

4:15pm

4:15pm

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Analyst

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

County	VAKE	Instrument Location APEX. P.S.S. #4
Instrument Se	rial No. <u>008621</u>	1615 E. WILLIAMS ST. APEX, N.
The preventive four months a		oximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	isplays pressure, or the alcoholic breath simulator thermometer shows ree centigrade;
2.	Verify instrument displays time	and date;
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appear	ars, collect breath sample;
7.	When "PLEASE BLOW" 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.	ster is being changed before expiration date, or the alcoholic breath ged every four months or after 125 Alcoholic Breath Simulator tests,
I certify that of procedures we Department of	ere performed on the instrument ind	the forgoing preventive maintenance icated above, in accordance with current regulations of the N.C. he instrument is functioning properly.
STATE COLEVA SE STATE OF THE ST	Sign	afure of Certifying Official Certificate Number

WAKE COUNTY APEX PD

Serial Number: 008621

Test Date: 08/19/2013

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:

QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG205401

Exp Date: 02/23/2014

Test	g/210L	Time
DIAG	Pass	9:25am
AIR BLK	.00	9:26am
ACCY CHK	.07	9:27am
AIR BLK	.00	9:28am
SUB TEST	.00	9:29am
AIR BLK	.00	9:30am
SUB TEST	.00	9:31am
AIR BLK	.00	9:32am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WAKE COUNTY APEX PD

Serial Number: 008621 Test Record Number: 1381

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:34am
FLO	Pass	9:34am
FC	Pass	9:34am

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:34am
SRC	Pass	9:34am
DET .	Pass	9:34am
BAR	Pass	9:34am
BT	Pass	9:34am

#### Blank Tests

Test	Status	Time
ATR	Pass	9:35am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:35am

#### CRC Tests

Test	Status	Time
COMP	Pass	9:35am
CAT.	Pass	9:35am

Preventive Maintenance Status: Pass

Analyst

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

بعقى	intoximeters, model intox ec/ir ii
County (-	Instrument Location (spstn Gounty S.D.
Instrument Se	orial No. 008 706 425 N. Marietta St., Gastonia 704-864-6800
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the day of August, 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.
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.

DHHS 4080 (11/07)

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008706 Test Date: 08/02/2013

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: AG203102

Exp Date: 01/31/2014

Test	g/210L	Time
DIAG AIR BLK. ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	3:17pm 3:19pm 3:19pm 3:20pm 3:21pm 3:22pm
SUB TEST	.00	3:23pm
AIR BLK	.00	3:24pm

Reparted AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008706

Test Record Number: 29

Test Date: 08/02/2013

Test Time: 3:27pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
´IR FLO	Pass Pass	3:2 <sup>-</sup> pm 3:2 <sup>-</sup> pm
FC	Pass	3:27pm

#### Temperature Tests

Test ,	Status	Tim∈
FC1	Pass	3:27pm
SRC	Pass	3:27pm
DET	Pass	3:27pm
BAR	Pass	3:27pm
BT	Pass	3:27pm

#### Blank Tests

Test	Status	Tim∈
AIR	Pass	3:29pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:28pm
	CRC Tests	

Test	Status	Time
COMP	Pass	3:28pm
CAL	Pass	3:28pm

Preventive Maintenance Status: Pass

Analyst/

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

	INTOXIMETERS, MODEL INTOX EC/IR II
County	abarrus Instrument Location Cabarrus County 50
Instrument Se	erial No. 008590 30 Corban Ave., Cancord
	704-920-2000
The prevention four months	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the 12 day of Agust, 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 STATION OF THE CONTROL OF THE CO	Signature of Certifying Official Certificate Number

#### CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008590 Test Date: 08/12/2013

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: 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	Pass .00 .07	12:22pm 12:23pm 12:24pm
AIR BLK	.00	12:24pm
SUB TEST	.00	12:25pm
AIR BLK	.00	12:26pm
SUB TEST	.00	12:27pm
ATR BLK	.00	12:28pm

Reported AC: \.00 g/210L

Signature of Chemical Analyst

Court CVR.

Analyst

#### CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008590

Test Record Number: 2148

Test Date: 08/12/2013

Test Time: 12:30pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:30pm 12:30pm
FC	Pass	12:31pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	12:31pm 12:31pm 12:31pm 12:31pm
BT	Pass	12:31pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:31pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:31pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:32pm

Preventive Maintenance Status: Pass

Pass

CAL

12:32pm

Analyst

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

County Ca	tawba Instrument Location Hickory PD		
Instrument Seria	1No. 008841 347 2nd Ave. SW, Hickory 828-324-2060		
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
procedures were	the 13th day of August, 2013 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.		
STATE OF THE STATE	Josh E. Hatten 65 B  Signature of Certifying Official Certificate Number		

CATAWBA COUNTY HICKORY PD 170

Serial Number: 008841 Test Date: 08/13/2013

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: 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: AG303502

Exp Date: 02/04/2015

Test

		•
DIAG	Pass	12:21pm
AIR BLK	.00	12:22pm
ACCY CHK	.08	12:22pm
AIR BLK	.00	12:24pm
OTTO MEGM	0.0	12.245

g/210L Time

SUB TEST .00 12:24pm AIR BLK .00 12:25pm

SUB TEST .00 12:27pm

AIR BLK .00 12:27pm

.00 g/210L Reported AC:

nature of Chemical Analyst

Court CVR

Analyst

#### CATAWBA COUNTY HICKORY PD 170

Serial Number: 008841

Test Record Number: 1273

Test Date: 08/13/2013

Test Time: 12:28pm EDT

System Check: Passed

### Baseline Tests

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

#### Temperature Tests

Status	Time
Pagg	12:29pm
Pass	12:29pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	12:30pm

### Printer Tests

Test	Status	Time
PRNT	Pass	12:30pm
	CRC Tests	
Test	Status	Time

COMP	Pass	12:30pm
CÁL	Pass	12:30pm

Preventive Maintenance Status: Pass

Analyst

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

	INTOXIMETERS, MODEL INTOX EC/IR II		
CountyCa	itawba Instrument Location Catawba County 5D		
Instrument Seria	al No. ΦΦ8821 100 B Southwest Blvd, Newto	) <sub>V</sub> (	
	088-401-3841		
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every	y	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer should degree, plus or minus .2 degree centigrade;	ows	
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.		
procedures wer	the 1344 day of August, 2013 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.	тсе	
OTHE STATE OF THE OF THE OTHER PROPERTY OTHER PROPERTY OF THE OTHER PROPERTY OTHER PROPERTY OF THE OTHER PROPERTY OTH	Signature of Certifying Official Certificate Number	_	

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008821 Test Date: 08/13/2013

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

2. Analyst

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

Department of Health and Human Services Rev. 12/2007

#### CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008821 Test Record Number: 1071 Test Date: 08/13/2013 Test Time: 1:41pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	1:42pm 1:42pm 1:42pm 1:42pm 1:42pm

#### Blank Tests

Test	Status	Time	
ΔTD	Dagg	1 · 4 3 mm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:43pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:43pm 1:43pm

Preventive Maintenance Status: Pass

Analyst

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

County Co	itawba Instrument Location Catawba County 5D
Instrument Seri	828-464-5241
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;
<b>7.</b>	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures we Department of	the 13th day of August, 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.
THE STATE OF THE S	Signature of Certifying Official  Certificate Number

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008687 Test Date: 08/13/2013

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 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	Pass	1:33pm
AIR BLK	.00	1:33pm
ACCY CHK	.07	1:34pm
AIR BLK	.00	1:35pm
SUB TEST	.00	1:36pm
AIR BLK	.00	1:36pm
SUB TEST	.00	1:38pm
AIR BLK	.00	1:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008687 Test Test Date: 08/13/2013 Tes

Test Record Number: 1701
Test Time: 1:40pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
λTD	Dagg	1 • 41 mm

#### Printer Tests

		A STATE OF THE STA
Test	Status	Time
PRNT	Pass	1:41pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:41pm

Preventive Maintenance Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

tment of Health and Human Service Rev. 12/2007

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

County Ga	aston Instrument			PD
Instrument Seria	al No. \$\\phi\phi\pi\frac{8733}{704}	Chroniele - 825-37		Belmont
The preventive n four months are:	maintenance procedures for the Intoximeters, M	odel Intox EC/IR II	to be followed	d at least once every
1.	Verify the ethanol gas canister displays pressu 34 degrees, plus or minus .2 degree centigrade		breath simula	tor thermometer shows
2.	Verify instrument displays time and date;			
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears, collect broaders	eath sample;		
7.	When "PLEASE BLOW" appears, collect broaders	eath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and			er. "
10.	Verify that the ethanol gas canister is being cl simulator solution is being changed every fou whichever occurs first.			
procedures were	the 13th day of August re performed on the instrument indidated above, Health and Human Services, and the instrument	in accordance with c	current regulat	eventive maintenance ions of the N.C.
One STATE OF A STATE O	Signature of Certif	fying Official		050

GASTON COUNTY BELMONT PD 350

Serial Number: 008733 Test Date: 08/13/2013

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: 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 ACCY CHK	Pass .00 .08	2:53pm 2:54pm 2:54pm
AIR BLK SUB TEST	.00 .00	2:55pm 2:56pm
AIR BLK	.00	2:57pm
SUB TEST	.00	2:58pm
AIR BLK	.00	2:59pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Department of Health and Human Services Rev. 12/2007

#### GASTON COUNTY BELMONT PD 350

Serial Number: 008733

Test Record Number: 771

Test Date: 08/13/2013

Test Time: 3:00pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	3:00pm 3:00pm 3:00pm 3:00pm 3:00pm

#### Blank Tests

Test	Status	Time

AIR Pass 3:01pm

#### Printer Tests

PRNT Pass 3:01pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

**Analyst** 

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

County_Sa	STLAND Instrument Location SCOTLAND Co. Sheriffs OFICE
Instrument Serial	NO. 008861 LAURWBURG NC
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 <u>09</u> day of <u>AUCUS</u> , 20 13 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
THE STATE OF A VIOLENT AND A A	Signature of Certifying Official Certificate Number

SCOTLAND COUNTY SHERIFF'S OFFICE 820

Serial Number: 008861 Test Date: 08/09/2013

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

rest	g/2ron	Time
DIAG	Pass	3:57pm
AIR BLK	.00	3:58pm
ACCY CHK	.08	3:59pm
AIR BLK	.00	4:00pm
SUB TEST	.00	4:00pm
AIR BLK	.00	4:01pm
SUB TEST	.00	4:03pm
AIR BLK	.00	4:04pm

Reported AG: .00 g/210L

Signature (of) Chemical Analyst

Court CVR

Analyst OAnalyst

#### SCOTLAND COUNTY SHERIFF'S OFFICE 820

Serial Number: 008861

Test Record Number: 812

Test Date: 08/09/2013

Test Time: 4:05pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:05pm
FLO	Pass	4:05pm
FC	Pass	4:05pm

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	4:05pm 4:05pm
DET	Pass	4:05pm
BAR	Pass	4:05pm
BT	Pass	4:05pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:06pn

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:06pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:06pm 4:06pm

Preventive Maintenance Status: Pass

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

County <u></u>	ECOTLAND Instrument Location LAURIAIBURG POLICE DEPO
Instrument S	Serial No. <u>008834 LAURINGURG PD</u>
The preventi four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
THE STATE OF THE S	
	Signature of Certifying Official Certificate Number

SCOTLAND COUNTY LAURINBURG PD. 820

Serial Number: 008834 Test Date: 08/09/2013

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: AG317801 Exp Date: 06/27/2015

Test	g/210L	Time
DIAG	Pass	3:14pm
AIR BLK	.00	3:14pm
ACCY CHK	.08	3:15pm
AIR BLK	.00	3:16pm
SUB TEST	.00	3:17pm
AIR BLK	.00	3:18pm
SUB TEST	.00	3:19pm
AIR BLK	.00	3:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### SCOTLAND COUNTY LAURINBURG PD. 820

Serial Number: 008834

Test Record Number: 544

Test Date: 08/09/2013

Test Time: 3:25pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	3:26pm

#### Printer Tests

3:27pm

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

Preventive Maintenance Status: Pass

Pass

CAL

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

County	RICHMOND Instrument Location Richmono C. MAGISTRATES OF
Instrument Se	
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
THE STATE OF THE S	Rignature of Certifying Official  Certificate Number

RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008701 Test Date: 08/09/2013

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 .08	12:03pm 12:04pm 12:04pm
AIR BLK	.00	12:05pm
SUB TEST	.00	12:06pm
AIR BLK	.00	12:07pm
SUB TEST	.00	12:08pm
AIR BLK	.00	12:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Serial Number: 008701 Test Record Number: 1016
Test Date: 08/09/2013 Test Time: 12:10pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:10pm
FLO	Pass	12:10pm
FC	Pass	12:10pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:10pm
SRC	Pass	12:10pm
DET	Pass	12:10pm
BAR	Pass	12:10pm
$\mathtt{BT}$	Pass	12:10pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:11pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County	RICHMOND Instrument Location RICHMOND CA MASISTRATIS' OFF
Instrument Seria	al No. 008840 Rockmanan 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 <u>09</u> day of <u>August 157</u> , 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.
THE STATE OF WAY 20, 1775	Signature of Contifuing Official Contifuing Of
	(Signature of Certifying Official Certificate Number

RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008840 Test Date: 08/09/2013

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: 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 AIR BLK	Pass .00 .07	12:02pm 12:03pm 12:03pm 12:04pm
SUB TEST	.00	12:05pm
AIR BLK	.00	12:06pm
SUB TEST	.00	12:08pm
ATR RIK	0.0	12 · 09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Serial Number: 008840 Test Record Number: 1177
Test Date: 08/09/2013 Test Time: 12:09pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:10pm 12:10pm
FC	Pass	12:10pm

#### Temperature Tests

n
n
n
n
n

#### Blank Tests

Test	Status	Time
AIR	Pass	12:11pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County /	Instrument Location HARNETT Co. DETENTION CTA
Instrument Ser	ial No. DO 8729 LILLINGTON 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.
	the
CREATE OF THE STATE OF THE STAT	Signature of Certifying Official Certificate Number

#### HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729 Test Date: 08/07/2013

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	1:57pm
AIR BLK	.00	1:58pm
ACCY CHK	.08	1:58pm
AIR BLK	.00	1:59pm
SUB TEST	.00	2:00pm
AIR BLK	.00	2:01pm
SUB TEST	.00	2:03pm
ATR BLK	.00	2:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729 Test Record Number: 1690 Test Date: 08/07/2013 Test Time: 2:18pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:19pm
SRC	Pass	2:19pm
DET	Pass	2:19pm
BAR	Pass	2:19pm
BT	Pass	2:19pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:20pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:20pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:20pm 2:20pm

Preventive Maintenance Status: Pass

Analyst

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

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

#### HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730 Test Date: 08/07/2013

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 ACCY CHK	Pass .00 .07	1:50pm 1:51pm 1:52pm
AIR BLK	.00	1:52pm
SUB TEST	.00	1:53pm
AIR BLK	.00	1:54pm
SUB TEST	.00	1:56pm
AIR BLK	.00	1:57pm

Reported AC: .00 g/210L

Signature Chemical Analyst

Court CVR

Analyst

#### HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730

Test Record Number: 1722

Test Date: 08/07/2013

Test Time: 2:04pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:05pm
FLO	Pass	2:05pm
FC	Pass	2:05pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:05pm
SRC	Pass	2:05pm
DET	Pass	2:05pm
BAR	Pass	2:05pm
BT	Pass	2:05pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:06pm

#### Printer Tests

Test

PRNT	Pass	2:06pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:06pm 2:06pm

Status

Time

Preventive Maintenance Status: Pass

JAnalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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

MOORE COUNTY ROBBINS PD 620

Serial Number: 008728 Test Date: 08/01/2013

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: 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	Pass .00 .07	3:16pm 3:16pm 3:17pm
AIR BLK SUB TEST	.00	3:18pm <b>3:18pm</b>
AIR BLK SUB TEST	.00 .00	3:19pm <b>3:21pm</b>
ATR BLK	. 00	3:22pm

.00 g/210LReported AG:

Signature (of

Court CVR

#### MOORE COUNTY ROBBINS PD 620

Serial Number: 008728

Test Record Number: 231 

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	3:23pm
FLO	Pass	3:23pm
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	3:24pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:24pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:25pm

Preventive Maintenance Status: Pass

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

County	LOAKE	Instrument Location BAT MDB	ile Limit #5
Instrument S	Serial No	WAKE FOR	2657
The prevent four months		oximeters, Model Intox EC/IR II to be followed	lowed at least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr	isplays pressure, or the alcoholic breath single centigrade;	mulator thermometer shows
2.	Verify instrument displays time a	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appea	ars, collect breath sample;	
7.	When "PLEASE BLOW" appea	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		ter is being changed before expiration date ged every four months or after 125 Alcoho	
I certify that procedures v Department	t on the day of day of were performed on the instrument indic of Health and Human Services, and the	cated above, in accordance with current rege instrument is functioning properly.	ng preventive maintenance gulations of the N.C.
OF THE STATE OF TH	E O NO PLANTED TO THE PARTY OF	6 (11150)	621
	Signá	ture of Certifying Official	Certificate Number

#### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Record Number: 1253 Test Date: 08/09/2013 Test Time: 10:29pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:29pm
FLO	Pass	10:29pm
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
$\mathtt{BT}$	Pass	10:29pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:30pm

#### Printer Tests

Test	Status	Time
PRNT	Pass ·	10:30pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:30pm

10:30pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Date: 08/09/2013

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County	)4KE	Instrument Location SAT 111	obile Linit #5
	al No. 008698	WAKE.	Fores T
The preventive four months are		toximeters, Model Intox EC/IR II to be i	followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	lisplays pressure, or the alcoholic breath gree centigrade;	simulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and	I	
10.		ster is being changed before expiration daged every four months or after 125 Alco	
I certify that on procedures wer Department of	theday of _A LC   e performed on the instrument indi Health and Human Services, and the	645 , 2013 the forg icated above, in accordance with current he instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
O'ME STATE OF THE OWN AND THE	CAROLLE STATE OF THE STATE OF T	ature of Certifying Official	Certificate Number

#### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Date: 08/09/2013 Test Record Number: 980
Test Time: 10:50pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:50pm
FLO	Pass	10:50pm
FC	Pass	10:50pm

# Temperature Tests

Test	Status	Time
FC1	Pass	10:50pm
SRC	Pass	10:50pm
DET	Pass	10:50pm
BAR	Pass	10:50pm
BT	Pass	10:50pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:51pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:51pm
	CRC Tests	

Test	Status	Time
COMP	Pass	10:51pm
CAL	Pass	10:51pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Date: 08/09/2013

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

g/210L	Time
Pass	10:12pm 10:13pm
.07	10:13pm
.00	10:14pm
.00	10:15pm
.00	10:16pm
.00	10:18pm
.00	10:19pm
	Pass .00 .07 .00 .00

Repested AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County Le	14KE	Instrument Location SAT W	0Bile Lmi,7-
Instrument Seria	1 No. 008788	WARE.	FOREST
The preventive if four months are		toximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	lisplays pressure, or the alcoholic breath tree centigrade;	simulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ars, collect breath sample;	
7.	When "PLEASE BLOW" appear	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	I	
10.		ster is being changed before expiration of ged every four months or after 125 Alcohol.	
		the forgreated above, in accordance with current is functioning properly.	going preventive maintenance t regulations of the N.C.
O'THE STATE OF THE	Sign	6. Moyan	Contificate Number

#### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788
Test Date: 08/09/2013

Test Record Number: 836 Test Time: 10:48pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:49pm
SRC	Pass	10:49pm
$\mathbf{DET}$	Pass	10:49pm
BAR	Pass	10:49pm
BT	Pass	10:49pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:50pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:50pm
	CRC Tests	
Test	Status	Time

10:50pm

10:50pm

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Analyst

#### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Date: 08/09/2013

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	10:07pm 10:08pm
ACCY CHK	.07	10:09pm
AIR BLK	.00	10:10pm
SUB TEST	.00	10:10pm
AIR BLK	.00	10:11pm
SUB TEST	.00	10:14pm
AIR BLK	.00	10:15pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

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

#### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Date: 08/10/2013

Test Record Number: 1257
Test Time: 9:16pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:16pm 9:16pm
FC	Pass	9:16pm

## Temperature Tests

Test	Status	Time
FC1	Pass	9:17pm
SRC	Pass	9:17pm
DET	Pass	9:17pm
BAR	Pass	9:17pm
BT	Pass	9:17pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:17pm

## Printer Tests

Test	Status	Time
PRNT	Pass	9:17pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:17pm 9:17pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Date: 08/10/2013

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: 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	Pass	9:08pm
AIR BLK	.00	9:09pm
ACCY CHK	.07	9:09pm
AIR BLK	.00	9:10pm
SUB TEST	.00	9:11pm
AIR BLK	.00	9:12pm
SUB TEST	.00	9:14pm
ATR BLK	. 00	9:14pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analysi

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

County	WAKE	Instrument Location_	BAT MOBILE	har I to
Instrument	Serial No. <u>&amp; 8698</u>		GANNEL	<del></del>
The prever	ntive maintenance procedures for the last are:	Intoximeters, Model Intox	EC/IR II to be followed at	least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		lcoholic breath simulator t	hermometer shows
2.	Verify instrument displays tim	e and date;		
3.	Initiate breath test sequence;		4 <sub>0</sub>	
4.	Enter information as prompted	<b>!</b> ;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" app	pears, collect breath sample	<b>;</b>	
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 car simulator solution is being chawhichever occurs first.			
procedures	at on the 10 day of 4 were performed on the instrument in at of Health and Human Services, and	dicated above, in accordan	ce with current regulations	ntive maintenance of the N.C.
ED SET A CREAT OF SET AS A SET	<u> </u>	nature of Certifying Offici	al Certifi	656

#### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698

Test Record Number: 983

Test Date: 08/10/2013

Test Time: 9:28pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:28pm
FLO	Pass	9:28pm
FC	Pass	9:28pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:28pm
SRC	Pass	9:28pm
DET	Pass	9:28pm
BAR	Pass	9:28pm
BT	Pass	9:28pm

#### Blank Tests

Test	Status	.r.rwe
AIR	Pass	9:29pm

#### Printer Tests

PRNT Pass 9:29pm			234345	2 21110
	PRI	NT	Pass	9:29pm

Status Time

#### CRC Tests

Test	Status	Time
COMP	Pass	9:29pm
CAL	Pass	9:29pm

Preventive Maintenance Status: Pass

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Date: 08/10/2013

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: 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	9:12pm 9:13pm 9:14pm
AIR BLK	.00	9:15pm
SUB TEST	.00	9:16pm
AIR BLK	.00	9:17pm
SUB TEST	.00	9:19pm
AIR BLK	.00	9:20pm

Reported AC: \_.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County	LOAKE Instrument Location 59	TMOBILE CONTE
Instrument	ent Serial No. <u>008788</u> <u>G40</u>	hand the contract
The preven	ventive maintenance procedures for the Intoximeters, Model Intox EC/IR onths are:	II to be followed at least once every
1.	. Verify the ethanol gas canister displays pressure, or the alcoholi 34 degrees, plus or minus .2 degree centigrade;	c breath simulator thermometer shows
2.	. Verify instrument displays time and date;	
3.	. Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	. Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before exp simulator solution is being changed every four months or after whichever occurs first.	
	that on theday of, 20_/3_ hres were performed on the instrument indicated above, in accordance with the ment of Health and Human Services, and the instrument is functioning pro-	
COREAT SET AND		<u> </u>
	Signature of Certifying Official	Certificate Number

# WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788
Test Date: 08/10/2013

Test Record Number: 839
Test Time: 9:21pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	9:23pm

#### Printer Tests

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

9:23pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

#### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Date: 08/10/2013

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: 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	9:10pm 9:11pm
ACCY CHK	.07	9:12pm
AIR BLK	.00	9:13pm
SUB TEST	.00	9:13pm
AIR BLK	.00	9:14pm
SUB TEST	.00	9:16pm
AIR BLK	.00	9:17pm

Reported AC: .00 g/210

Synature of Chemical Analyst

Court CVR

Analyst

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

County_	MASH	Instr	ument Location	ZHY MOL	10. P.D.	
Instrumer	nt Serial No. <u>00</u> 87		Sovern ent		, Docky L	<u>(ر</u>
The preven	entive maintenance procedu	res for the Intoximet	ers, Model Intox EC/l	IR II to be followe	d at least once every	<u> </u>
four mon	ths are:		a.			
, 1.		gas canister displays minus .2 degree cen	pressure, or the alcoh tigrade;	olic breath simula	tor thermometer sho	)W:
2.	Verify instrument d	lisplays time and dat	e;			
3.	Initiate breath test s	equence;				
4.	Enter information a	s prompted;				
5.	Verify instrument a	ccuracy;				
6.	When "PLEASE B	LOW" appears, coll	ect breath sample;			
7.	When "PLEASE B	LOW" appears, coll	ect breath sample;			
8.	Print test record;					
9.	Verify Diagnostic F	Program; and				
10.	Verify that the etha simulator solution i whichever occurs fi	s being changed eve	eing changed before e ry four months or afte	xpiration date, or t er 125 Alcoholic B	the alcoholic breath reath Simulator test	s,
		_			e e e e e e e e e e e e e e e e e e e	
	hat on theday es were performed on the ins ont of Health and Human Ser	trument indicated al		ith current regulat	eventive maintenand ions of the N.C.	ce
SO SE	TATE OF NO PLANT OF THE CARD O	Signature of	Certifying Official		ertificate Number	_
		17	<u> </u>			

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740 Test Date: 08/01/2013

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:
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 AIR BLK	Pass	11:54am 11:55am
ACCY CHK	.08	11:56am
AIR BLK SUB TEST	.00 .00	11:56am 11:57am
AIR BLK	.00	11:57am
SUB TEST	.00	11:59am
AIR BLK	.00	12:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

#### NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740 Test Date: 08/01/2013 Test Record Number: 440
Test Time: 12:01pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:01pm 12:01pm
FC	Pass	12:02pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:02pm
SRC	Pass	12:02pm
DET	Pass	12:02pm
BAR	Pass	12:02pm
$\mathtt{BT}$	Pass	12:02pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:02pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:02pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:02pm 12:02pm

Preventive Maintenance Status: Pass

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

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

	ALACEI			VVVV HO	O. G. Tana
County	MITSIT	Inst	rument Location <u>\( \) \( \) \( \)</u>	ect inc	
Instrumer	nt Serial No. <u>\$7</u>	41 #10	rument Location R	PIAZA	POCKY M
		are e	· · · · · · · · · · · · · · · · · · ·		<u> </u>
The preve	entive maintenance procedu ths are:	res for the Intoxime	ters, Model Intox EC/I	R II to be followed	at least once every
1.		gas canister displays minus .2 degree cer	s pressure, or the alcohortigrade;	olic breath simulato	r thermometer show
2.	Verify instrument	displays time and da	te;		
3.	Initiate breath test	sequence;			
4.	Enter information	as prompted;			
5.	Verify instrument	accuracy;			
6.	When "PLEASE B	LOW" appears, col	lect breath sample;		
7.	When "PLEASE B	LOW" appears, col	lect breath sample;		
8.	Print test record;				
9.	Verify Diagnostic	Program; and		. 91:	
10.	Verify that the etha	is being changed eve	eing changed before exery four months or afte		
I certify the procedure Departme	nat on theday s were performed on the in nt of Health and Human Se	of A Cost strument indicated a rvices, and the instr	bove, in accordance w	the forgoing pre- ith current regulation roperly.	ventive maintenance ons of the N.C.
	TATE ON NO SERVICE OF THE PROPERTY OF THE PROP	e de de la companya d			
CORP.	A A A A A A A A A A A A A A A A A A A	WIC	larita	) 6	52
		Signature of	Certifying Official	Cer	tificate Number

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741 Test Date: 08/01/2013

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: 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: AG317801 Exp Date: 06/27/2015

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741 Test Record Number: 1282 Test Date: 08/01/2013 Test Time: 12:00pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:01pm
FLO	Pass	12:01pm
FC	Pass	12:01pm

# Temperature Tests

Test	Status	Time
FC1	Pass	12:01pm
SRC	Pass	12:01pm
DET	Pass	12:01pm
BAR	Pass	12:01pm
BT	Pass	12:01pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:01pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:02pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:02pm 12:02pm

Preventive Maintenance Status: Pass

Analyst

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

County	NASH	Instrument Location_	NASH	CO. JAIL	
Instrument	Serial No. <u>008630</u>	NASHUILL	=, N.C	3 - A.,	-11/2
The prever	tive maintenance procedures for the Into s are:	ximeters, Model Intox I	EC/IR II to be fol	lowed at least once eve	ery
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degrees		lcoholic breath si	mulator thermometer s	how
2.	Verify instrument displays time at	nd date;			
3.	Initiate breath test sequence;				
4.	Enter information as prompted;				
5.	Verify instrument accuracy;	© ₩			
6.	When "PLEASE BLOW" appear	s, collect breath sample	•	÷	
7.	When "PLEASE BLOW" appear	s, collect breath sample	,	$x^{(t)}$	
8.	Print test record;				
9.	Verify Diagnostic Program; and			14 A	
10.	Verify that the ethanol gas caniste simulator solution is being change whichever occurs first.				
	were performed on the instrument indicate of Health and Human Services, and the	ated above, in accordance	ce with current re	ing preventive maintener egulations of the N.C.	ance
ST.	THE ON PORT OF THE PART OF THE				· · · · · · · · · · · · · · · · · · ·
The same of the sa		ure of Certifying Officia	al .	652 Certificate Number	

NASH COUNTY NASH COUNTY JAIL 630

Serial Number: 008630 Test Date: 08/02/2013

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:

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	9:02am
AIR BLK	.00	9:03am
ACCY CHK	.08	9:04am
AIR BLK	.00	9:05am
SUB TEST	.00	9:05am
AIR BLK	.00	9:06am
SUB TEST	.00	9:08am
ATR BLK	.00	9:08am

Reported AC: .00 g/210L

Signature of Chemical Analyst

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Court CVR

Analyst

#### NASH COUNTY NASH COUNTY JAIL 630

Serial Number: 008630

Test Record Number: 2712

Test Date: 08/02/2013

Test Time: 9:09am EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	9:10am
SRC	Pass	9:10am
DET	Pass	9:10am
BAR	Pass	9:10am
${ m BT}$	Pass	9:10am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:10am

#### Printer Tests

		•
Test	Status	Time
PRNT	Pass	9:10am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:10am 9:10am

Preventive Maintenance Status: Pass

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

County \	TINSTRUMENT Location VANCE CO. SHELLIFTS I
Instrument Ser	ial No. 008937 IST CHURCH ST. HEWSERSON, W.
The preventive four months are	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	n the
STATE OF STA	
AND 12 TO	Signature of Certifying Official Certificate Number

## VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937 Test Record Number: 1513 Test Date: 08/08/2013 Test Time: 10:09am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:09am
${ t FLO}$	Pass	10:09am
FC	Pass	10:09am

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:10am

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

## VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937 Test Date: 08/08/2013

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: AG206103 Exp Date: 03/01/2014

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:00am 10:01am 10:02am
AIR BLK SUB TEST	.00	10:03am
AIR BLK	.00	<b>10:03am</b> 10:04am
SUB TEST AIR BLK	.00 .00	<b>10:06am</b> 10:06am

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 V	NCE Instrument Location VANCE CO. SHERIFTS D
Instrument Se	rial No. Octoberson 156 CHURCH ST. HENDERSON, N.C.
to set of the set	
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample:
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of	
	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 WAS TO SEE THE STATE OF THE STATE	CAROL
OLIAM VIII	My Church 652
	Signature of Certifying Official Certificate Number

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870 Test Date: 08/08/2013

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: AG206103

Exp Date: 03/01/2014

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	9:55am 9:56am
ACCY CHK	.08	9:56am 9:57am
SUB TEST	.00	9:59am
AIR BLK	.00	9:59am
SUB TEST	.00	10:01am
AIR BLK	.00	10:02am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870

Test Record Number: 558

Test Date: 08/08/2013

Test Time: 10:04am EDT

System Check: Passed

## Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1	Pass	10:04am
SRC	Pass	10:04am
DET	Pass	10:04am
BAR	Pass	10:04am
BT	Pass	10:04am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:05am

#### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

10:05am

CAL

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

	INTOAIMETERS, MODEL INTOX EC/IR II
County Lor	Instrument Location Kinston P.D.
Instrument Seri	al No. 008624 205 E. King St., Kinston, Mr.
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.
procedures wer	theday of
THE STATE OF THE S	Signature of Certifying Official Certificate Number

LENOIR COUNTY KINSTON PD 530

Serial Number: 008624 Test Date: 08/07/2013

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:
08/01/2013-08/01/2015

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 .07	10:55am 10:56am 10:56am
AIR BLK	.00	10:57am
SUB TEST	.00	10:58am
AIR BLK	.00	10:59am
SUB TEST	.00	11:00am
AIR BLK	. 00	11:01am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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: 1266
Test Date: 08/07/2013 Test Time: 11:02am 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	11:03am
SRC	Pass	11:03am
DET	Pass	11:03am
BAR	Pass	11:03am
BT	Pass	11:03am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:04am

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County   QV	1017	Instrument Location Len	siz (o. S.O.
Instrument Seri	al No. <u>008639</u>	130 Queen S	it, Kinston, NC.
The preventive four months are	maintenance procedures for the Into:	ximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degre		breath simulator thermometer show
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.		ation date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
	theday ofday ofday ofday ofday ofday ofday ofday of	ited above, in accordance with	
OTHE STATE OF CHANGE OF THE STATE OF THE STA	OR THE CAROLINA AND THE		
A STE CITY ALDER	Tell		_ 643
	/ Signatu	ire of Certifying Official	Certificate Number

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639 Test Date: 08/07/2013

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: 08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	11:37am
AIR BLK	.00	11:38am
ACCY CHK	.07	11:38am
AIR BLK	.00	11:39am
SUB TEST	.00	11:40am
AIR BLK	.00	11:41am

11:42am

11:44am

Reported AC: .00 g/210L

SUB TEST .00

AIR BLK .00

Signature of Chemical Analyst

Court CVR

Analyst

#### LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639 Test Record Number: 2104
Test Date: 08/07/2013 Test Time: 11:45am EDT

System Check: Passed

### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:46am

### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst,

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

County Ch	oward Instrument Location Chowan Co. Public Safet		
Instrument Se	rial No. 00 8895 305 W. Freemason St., Edenton, N.C.		
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
	on the <u>late</u> day of <u>Accust</u> , 20 <u>13</u> the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.		
STATE STATE  SOFT WAY 20, 177			
TO STATE OF THE ST			
	Signature of Certifying Official Certificate Number		

## CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895 Test Date: 08/06/2013

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

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

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

Test	g/210L	Time
DIAG	Pass	11:14am
AIR BLK ACCY CHK	.00	11:15am
AIR BLK	.00	11:15am 11:16am
SUB TEST	.00	11:17am
AIR BLK	.00	11:18am
SUB TEST	.00	11:19am
AIR BLK	.00	11:20am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895 Test Rec Test Date: 08/06/2013 Test Ti

Test Record Number: 557
Test Time: 11:22am EDT

System Check: Passed

### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:22am
SRC	Pass	11:22am
DET	Pass	11:22am
BAR	Pass	11:22am
$\mathtt{BT}$	Pass	11:22am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:23am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:23am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:23am

Preventive Maintenance Status: Pass

Another

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

٠.	INTOAIMETERS, MODEL INTOA EC/IR II
County W	ayne Instrument Location Wayne 6. Detention Center
Instrument S	erial No. DO 8649 207E. Chestrut St., Goldsboro, M.C
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the day of, 20, 20, 20
OF THE STATE	
AMPRIO SESTIMA CREE	
	Signature of Certifying Official Certificate Number

WAYNE COUNTY WAYNE CO DETENTION

Serial Number: 008649 Test Date: 08/05/2013

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: GUARD, KELLY G

Permit Number: 12955E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG204602

Exp Date: 02/15/2014

L Time

DIAG	Pass	11:28am
AIR BLK	.00	11:29am
ACCY CHK	.07	11:29am
AIR BLK	.00	11:30am
SUB TEST	.00	11:31am
AIR BLK	.00	11:32am
SUB TEST	.00	11:33am
ATR RIK	ሰበ	11 · 34am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

They se

#### WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008649 Test Date: 08/05/2013

Test Record Number: 2430 Test Time: 11:35am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:36am
FLO	Pass	11:36am
FC	Pass	11:36am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:36am
SRC	Pass	11:36am
DET	Pass	11:36am
BAR	Pass	11:36am
$\mathtt{BT}$	Pass	11:36am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:37am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:37am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:37am 11:37am

Preventive Maintenance Status: Pass

Analyst

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

1.3		Ko, Model II		1 1.	Mark.	1
County U.C.	yne	Instrument Location	on Wayne (	s. Letertion	<u>n</u> (P)	1-fer
Instrument Seria	1 No. 008671	207 €.	Chostnut:	St., Goldsb	0/0, M.	C.
The preventive if	naintenance procedures for the Ir	toximeters, Model In	tox EC/IR II to be follo	owed at least once eve	ry	
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		he alcoholic breath sin	nulator thermometer sl	nows	
2.	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 san	nple;			÷
7.	When "PLEASE BLOW" appe	ears, collect breath san	nple;			
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.					
	theday of( performed on the instrument ind lealth and Human Services, and t	icated above, in accor	dance with current reg	g preventive maintena gulations of the N.C.	nce	
STATE OF STA	OSAN CARR					
* CORE CITY OF THE STATE OF THE	Yell Sidn	ature of Certifying Of	ficial	Cottificate Number		

#### WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008671 Test Date: 08/05/2013

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: GUARD, KELLY G

Permit Number: 12955E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	11:34am 11:35am 11:36am 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

Analyst

#### WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008671 Test Record Number: 2727

Test Time: 11:42am EDT

Test Date: 08/05/2013

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:44am

#### Printer Tests

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

Preventive Maintenance Status: Pass

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

County (7	`	Instrument Location Greene Co. S.O.
Instrument So		301 N. Greene St., Snow Hill,
The prevention four months a		imeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displ 34 degrees, plus or minus .2 degree	lays pressure, or the alcoholic breath simulator thermometer show
2.	Verify instrument displays time and	l date;
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears,	collect breath sample;
7.	When "PLEASE BLOW" appears,	collect breath sample;
8.	Print test record;	·
9.	Verify Diagnostic Program; and	
10.		is being changed before expiration date, or the alcoholic breath every four months or after 125 Alcoholic Breath Simulator tests
	on the day of civ. vere performed on the instrument indicate of Health and Human Services, and the in	, 20 / the forgoing preventive maintenance above, in accordance with current regulations of the N.C. astrument is functioning properly.
STATE OF THE STATE	E O NO CAROUNA	
William .	Sindania.	e of Certifying Official Certificate Number

GREENE COUNTY GREENE CO SO 390

Serial Number: 008588 Test Date: 08/05/2013

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: GUARD, KELLY G

Permit Number: 12955E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:26pm
AIR BLK	.00	1:27pm
ACCY CHK	.08	1:27pm
AIR BLK	.00	1:28pm
SUB TEST	.00	1:30pm
AIR BLK	.00	1:31pm
SUB TEST	.00	1:32pm
ATR BLK	00	1 • 3 3 mm

Reported AC: .00 g/2

Signature of Chemical Analyst

Court CVR

#### GREENE COUNTY GREENE CO SO 390

Serial Number: 008588

Test Record Number: 756 

System Check: Passed

### Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	1:36pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:36pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:36pm
CAL	Pass	1:36pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/ĮR II

iconserva	INTOXIMETERS, MODEL INTOX EC/IR II
County K	instrument Location Beautort G. Gurthous
Instrument S	erial No. 00 8909 102 E. 2nd St., Washinghon, NC
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
THE STATE OF THE S	Lell M 643
	Signature of Certifying Official Certificate Number

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909 Test Date: 08/01/2013

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	2:48pm 2:48pm
ACCY CHK	.08	2:49pm
AIR BLK	.00	2:50pm
SUB TEST	.00	2:51pm
AIR BLK	.00	2:52pm
SUB TEST	.00	2:53pm
AIR BLK	.00	2:54pm

Reported AC: .00 g/210b

Signature of Chemical Analyst

Court CVR

Analyst

#### BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909 Test Record Number: 1687

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:56pm
SRC	Pass	2:56pm
DET	Pass	2:56pm
BAR	Pass	2:56pm
$\mathtt{BT}$	Pass	2:56pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:57pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

CAL Pass 2:57pm

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

1	INTOXIMETERS, MODEL INTOX EC/IR II
County Se	Pautot Instrument Location Bacutat Co. Courthous
Instrument Se	erial No. DO8586 BRF. Dal St., Washington, NC.
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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	- Hell M () 643
	Signature of Certifying Official Certificate Number

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008586 Test Date: 08/01/2013

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

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

Lot Number: AG206603 Exp Date: 03/06/2014

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

//w/

#### BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008586 Test Date: 08/01/2013 Test Record Number: 991
Test Time: 3:05pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	3:06pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County	MOORE Instrument Location MOORE Q. JAIL
Instrumen	nt Serial No. <u>60 8735</u> <u>CARTHASE</u> NC.
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	nat on the, 20, 20, 20, 20, 20, 20, 20
THE GREAT CALLS	ATE OF NORTH AND THE STATE OF T
	Signature of Certifying Official Certificate Number

#### MOORE COUNTY MOORE COUNTY JAIL 620

Serial Number: 008735 Test Date: 08/27/2013

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: 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 AIR BLK	Pass	11:09am 11:10am
ACCY CHK	.07	11:11am
AIR BLK	.00	11:11am
SUB TEST	.00	11:12am
AIR BLK	.00	11:13am
SUB TEST	.00	11:15am
AIR BLK	.00	11:15am

Reported AC: .00 g/210L

Signature OF Chemical Analyst

Court CVR

#### MOORE COUNTY MOORE COUNTY JAIL 620

Serial Number: 008735 Test Record Number: 1292 Test Date: 08/27/2013 Test Time: 11:16am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:17am
FLO	Pass	11:17am
FC	Pass	11:17am

### Temperature Tests

Test	Status	Time
FC1	Pass	11:17am
SRC	Pass	11:17am
DET	Pass	11:17am
BAR	Pass	11:17am
BT	Pass	11:17am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:17am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:17am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:18am

Preventive Maintenance Status: Pass

Pass

11:18am

CAL

Analyst

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

County	Charman Instrument Location Prissolo Buce Dept.		
Instrument Ser	rial No. 008591 PATSOOD 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 show 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
procedures we	n theday of		
STATE OF THE STATE	CAROLINIA CAROLI		
* Case Quam vide			
	(Signature of Certifying Official Certificate Number		

#### CHATHAM COUNTY PITTSBORO PD 180

Serial Number: 008591 Test Date: 08/27/2013

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: 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: AG309105

Exp Date: 04/01/2015

Test	g/210L	Time
DIAG	Pass	4:29pm
AIR BLK	.00	4:30pm
ACCY CHK	.08	4:30pm
AIR BLK	.00	4:31pm
SUB TEST	.00	4:32pm
AIR BLK	.00	4:33pm
SUB TEST	.00	4:35pm
AIR BLK	.00	4:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CHATHAM COUNTY PITTSBORO PD 180

Serial Number: 008591

Test Record Number: 1264

Test Date: 08/27/2013

Test Time: 4:37pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
		•
AIR	Pass	4:38pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:38pm

#### CRC Tests

Test	Status	Time
COMP	Pass	4:38pm
CAL	Pass	4:38pm

Preventive Maintenance Status: Pass

Anglyst Surgell

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

County	6	Instrument Location <u>LEE</u>	
Instrument Ser	rial No. <u>00 8645</u>	SANFORD NO	
The preventive four months ar	e maintenance procedures for the Into	eximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr	splays pressure, or the alcoholic bree centigrade;	eath simulator thermometer show
2.	Verify instrument displays time a	nd date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		· ·
6.	When "PLEASE BLOW" appear	rs, collect breath sample;	
7.	When "PLEASE BLOW" appear	rs, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		er is being changed before expiration ed every four months or after 125 and 12	
procedures we	on the <u>22</u> day of <u>90</u> ere performed on the instrument indic f Health and Human Services, and the	ated above, in accordance with cur	rent regulations of the N.C.
THE STATE ON THE STATE OF THE S	///8 /**	Justale ure of Certifying Official	37) Certificate Number

LEE COUNTY LEE CO. LEC. 520

Serial Number: 008645 Test Date: 08/22/2013

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: AG300202 Exp Date: 01/02/2015

Test	g/210L	Time
DIAG AIR BLK	Pass	9:43am 9:44am
ACCY CHK	.08	9:44am
AIR BLK	.00	9:45am
SUB TEST	.00	9:46am
AIR BLK	.00	9:47am
SUB TEST	.00	9:49am
AIR BLK	.00	9:49am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

LEE COUNTY LEE CO. LEC. 520

Serial Number: 008645

Test Record Number: 1250

Test Date: 08/22/2013

Test Time: 9:56am EDT

System Check: Passed

### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:57am
SRC DET	Pass Pass	9:57am 9:57am
BAR	Pass	9:57am
${ t BT}$	Pass	9:57am

#### Blank Tests

Test	Status	Time
ATR	Pass	9:57am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:57am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:58am

Pass

9:58am

Preventive Maintenance Status: Pass

CAL