PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

1.		KS, MODEL INTOX E	
County County	recombe	Instrument Location Edge C	ombe Co. Maystrates
Instrument Ser	ial No. <u>OD 8 663</u>	office, 3005.	Anaconda Rd., Tarpuro
The preventive four months are	maintenance procedures for the In	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 gree centigrade;	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;	
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 expirated aged every four months or after 12.	ation date, or the alcoholic breath 5 Alcoholic Breath Simulator tests,
I certify that or procedures wer Department of	the day of <u>De</u> re performed on the instrument indi- Health and Human Services, and the	LLM Sef , 20 13 the icated above, in accordance with che instrument is functioning prope	ne forgoing preventive maintenance urrent regulations of the N.C. rly.
OF THE STATE OF TH	NOSTIN CAROLINA		
The state of the s	Linds	Y Kack	647
	Sign	ature of Certifying Official	Certificate Number

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008663 Test Date: 12/03/2013

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	3:48pm
AIR BLK	.00	3:49pm
ACCY CHK	.08	3:50pm
AIR BLK	.00	3:51pm
SUB TEST	.00	3:52pm
AIR BLK	.00	3:53pm
SUB TEST	.00	3:55pm
AIR BLK	.00	3:56pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Lind A. Cess

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008663

Test Record Number: 2039

Test Date: 12/03/2013

Test Time: `3:57pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:57pm
FLO	Pass	3:57pm
FC	Pass	3:58pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	3:58pm

Printer Tests

rest	Status	Time
PRNT	Pass	3:58pm
	CRC Tests	

Test	Status	Time
COMP	Pass	3:59pm
CAL	Pass	3:59pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II 300 S. Mucconda Rd., Tarporo, NC. County Ralgecombe Instrument Serial No. Do 81, 03 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1.7 Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted: 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests. whichever occurs first. I certify that on the the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C.



Signature of Certifying Official

Certificate Number

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

Department of Health and Human Services, and the instrument is functioning properly.

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008603 Test Date: 12/03/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

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

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-/0101

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	3:56pm 3:57pm 3:57pm
AIR BLK	.00	3:58pm
SUB TEST	.00	3:59pm
AIR BLK	.00	4:00pm
SUB TEST	.00	4:02pm
AIR BLK	.00	4:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008603

Test Record Number: 1308

Test Date: 12/03/2013

Test Time: 4:03pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	4 · 04 pm

Printer Tests

rest St	atus T	ıme
PRNT Pa	ss 4	:04pm

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETE	RS, MODEL INTOX EC	IR II
County \	Jayne	Instrument Location Delmo	1 Johnson A.F.
Instrument Se	erial No	1010 Vermont	Jarrison Pd.,
The preventiv		ntoximeters, Model Intox EC/IR II to	be followed at least once every
. 1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breegree centigrade;	ath simulator thermometer show
2.	Verify instrument displays tim	e and date;	
3.	Initiate breath test sequence;		e de la companie de l
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.	ister is being changed before expiration nged every four months or after 125 A	n date, or the alcoholic breath lcoholic Breath Simulator tests,
	ere performed on the instrument inc	the f dicated above, in accordance with current the instrument is functioning properly.	
ORE AT LESS THE STATE OF THE ST	ORONA CAROLINA		
APRIL 12, 476	art //	· A Second	647
	Sign	nature of Certifying Official	Certificate Number

WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: 008786 Test Date: 12/03/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00	1:00pm 1:01pm 1:01pm 1:02pm 1:03pm 1:04pm 1:06pm
AIR BLK	.00	1:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Tinch A Keesel
Analyst

WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: 008786

Test Record Number: 167

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:08pm
FLO	Pass	1:08pm
FC	Pass	1:08pm

Temperature Tests

Status	Time
Pass	1:08pm
	Pass Pass Pass Pass

Blank Tests

rest	Status	Time
AIR	Pass	1:09pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:09pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:09pm 1:09pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location ANTON Co 1912
Instrument Se	rial No. DO8810 SMITHFIELD, 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 show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	n the
THE STATE OF THE S	

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008810 Test Date: 12/31/2013

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	1:59pm 2:00pm
ACCY CHK	.08	2:00pm
AIR BLK	.00	2:02pm
SUB TEST	.00	2:02pm
AIR BLK	.00	2:03pm
SUB TEST	.00	2:05pm
AIR BLK	.00	2:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008810

Test Record Number: 1441

Test Date: 12/31/2013

Test Time: 2:07pm EST

System Check: Passed

Baseline Tests

pm pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	2:07pm 2:07pm 2:07pm 2:07pm
\mathtt{BT}	Pass	2:07pm

Blank Tests

Test	Status	Time
ÄIR	Pass	2:08pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:08pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:08pm 2:08pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Johnson Instrument Location Janson Co. Jac
Instrument Ser	ial No. 008846 SniTHARD AC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures wer Department of	the 3/ day of December , 20/3 the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF STA	Signature of Certifying Official Certificate Number

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008846 Test Date: 12/31/2013

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: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:56pm
AIR BLK	.00	1:57pm
ACCY CHK	.08	1:57pm
AIR BLK	.00	1:59pm
SUB TEST	.00	1:59pm
AIR BLK	.00	2:00pm
SUB TEST	.00	2:02pm
AIR BLK	.00	2:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008846 Test Record Number: 3264
Test Date: 12/31/2013 Test Time: 2:05pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:05pm
FLO	Pass	2:05pm
FC	Pass	2:06pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:06pm
SRC	Pass	2:06pm
DET	Pass	2:06pm
BAR	Pass	2:06pm
\mathtt{BT}	Pass	2:06pm

Blank Tests

Test	Status	Time
AIR	Pass	2:06pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:06pm

CRC Tests

Test	Status	Time
COMP	Pass	2:06pm
CAL	Pass	2:06pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	DURHAM	Instrument Location 1347 MDBILE Control
Instrument	Serial No. <u>608623</u>	De afficas
The prevent	tive maintenance procedures for the	e Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	er displays pressure, or the alcoholic breath simulator thermometer show degree centigrade;
2.	Verify instrument displays ti	me and date;
3.	Initiate breath test sequence;	
4.	Enter information as prompte	ed;
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" ap	opears, collect breath sample;
7.	When "PLEASE BLOW" ap	ppears, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; a	and
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	anister is being changed before expiration date, or the alcoholic breath nanged every four months or after 125 Alcoholic Breath Simulator tests,
I certify that procedures of Department	were performed on the instrument is	the forgoing preventive maintenance ndicated above, in accordance with current regulations of the N.C. d the instrument is functioning properly.
STAAL	TE OF NORTH AND THE STATE OF TH	ne 6311153220X 636
	Si	gnature of Certifying Official Certificate Number

DURHAM COUNTY BAT MOBILE UNIT 7 310

Serial Number: 008623 Test Record Number: 2830 Test Date: 12/21/2013 Test Time: 9:09pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:10pm
FLO	Pass	9:10pm
FC	Pass	9:10pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:10pm
SRC	Pass	9:10pm
DET	Pass	9:10pm
BAR	Pass	9:10pm
BT	Pass	9:10pm

Blank Tests

Test	Status	Time
AIR	Pass	9:11pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:11pm

CRC Tests

Test	Status	Time
COMP	Pass	9:11pm
CAL	Pass	9:11pm

Preventive Maintenance Status: Pass

Analyst

DURHAM COUNTY BAT MOBILE UNIT 7 310

Serial Number: 008623 Test Date: 12/21/2013

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: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	8:50pm
AIR BLK	.00	8:51pm
ACCY CHK	.07	8:51pm
AIR BLK	.00	8:52pm
SUB TEST	.00	8:53pm
AIR BLK	00	8:54pm
SUB TEST	.00	8:55pm
AIR BLK	.00	8:56pm

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	URHAMI Instrument Location BAT MOBILE UNIT
Instrument Seria	INO. 008704 DURHAM
four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t procedures were Department of H	he
THE STATE OF NEW YORK TO THE STATE OF NEW YORK	Signature of Certifying Official Certificate Number

DURHAM COUNTY BAT MOBILE UNIT 7 310

Serial Number: 008704

Test Record Number: 211

Test Date: 12/21/2013

Test Time: 9:12pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:12pm
FLO	Pass	9:12pm
FC	Pass	9:12pm

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	9:12pm 9:12pm
DET	Pass	9:12pm
BAR	Pass	9:12pm
BT	Pass	9:12pm

Blank Tests

Test	Status	Time
AIR	Pass	9:13pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:13pm

CRC Tests

Test	Status	Time
COMP	Pass	9:13pm
\mathtt{CAL}	Pass	9:13pm

Preventive Maintenance Status: Pass

DURHAM COUNTY BAT MOBILE UNIT 7 310

Serial Number: 008704 Test Date: 12/21/2013

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

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

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

Test	g/210L	Time
DIAG	Pass	8:46pm
AIR BLK	.00	8:47pm
ACCY CHK	.08	8:48pm
AIR BLK	.00	8:49pm
SUB TEST	.00	8:50pm
AIR BLK	.00	8:51pm
SUB TEST	.00	8:53pm
AIR BLK	.00	8:54pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	DURHAM	Instrument Location_	BATMOBILE	Lmitty
Instrument Se	rial No. <u>008760</u>		Duritan	
The preventiv four months a	re maintenance procedures for the I	ntoximeters, Model Intox	EC/IR II to be followed	at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		alcoholic breath simulato	r thermometer show
2.	Verify instrument displays tim	e and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	•		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" app	ears, collect breath sample	e;	
7.	When "PLEASE BLOW" app	ears, collect breath sample	e;	
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.	ister is being changed before a second second is second in the second second is second in the second in the second in the second is second in the second in	ore expiration date, or the r after 125 Alcoholic Bre	e alcoholic breath eath Simulator tests,
	on the 2/ day of Xere performed on the instrument income f Health and Human Services, and		ice with current regulatio	entive maintenance ins of the N.C.
THE STATE OF THE COLUMN VIOLENCE OF THE COLUM	O CONTRACTOR OF THE PARTY OF TH	0 ()110		1.21
	Sign	nature of Certifying Offici	ial Cert	ificate Number

DURHAM COUNTY BAT MOBILE UNIT 7 310

Serial Number: 008760 Test Record Number: 550 Test Date: 12/21/2013 Test Time: 11:11pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:12pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:12pm
	CRC Tests	
Test	Status	Time
COMP	Pass	11:13pm

11:13pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

DURHAM COUNTY BAT MOBILE UNIT 7 310

Serial Number: 008760 Test Date: 12/21/2013

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

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

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

Test	g/210L	Time
AIR BLK ACCY CHK	.07	10:57pm 10:58pm 10:58pm
AIR BLK SUB TEST	.00 .00	10:59pm 11:01pm
AIR BLK	.00	11:02pm
SUB TEST	.00	11:05pm
AIR BLK	.00	11:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

See Juloyan Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Dure HAm Instrument Lo	ocation BAT MOBILE Unit
Instrument S	erial No. <u>008778</u>	Duz HAM
The preventi four months	ve maintenance procedures for the Intoximeters, Modere:	el Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure 34 degrees, plus or minus .2 degree centigrade;	, or the alcoholic breath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath	h sample;
7.	When "PLEASE BLOW" appears, collect breatl	h sample;
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being chan simulator solution is being changed every four much whichever occurs first.	aged before expiration date, or the alcoholic breath nonths or after 125 Alcoholic Breath Simulator tests,
procedures w	on theday ofcere performed on the instrument indicated above, in a f Health and Human Services, and the instrument is f	iccordance with current regulations of the N.C.
CREATE THE	S COMMITTED TO THE STATE OF THE	
A PRO 12. TH	Signature of Certifyin	g Øfficial Certificate Number

DURHAM COUNTY BAT MOBILE UNIT 7 310

Serial Number: 008778 Test Record Number: 1088
Test Date: 12/21/2013 Test Time: 11:17pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:17pm
FLO	Pass	11:17pm
FC	Pass	11:17pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:17pm
SRC	Pass	11:17pm
DET .	Pass	11:17pm
BAR	Pass	11:17pm
BT	Pass	11:17pm

Blank Tests

Test	Status	Time
AIR	Pass	11:18pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:18pm
	CRC Tests	
Test	Status	Time
COMP	Pass	11:18pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

DURHAM COUNTY BAT MOBILE UNIT 7 310

Serial Number: 008778 Test Date: 12/21/2013

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 State: XX
Driver's License Number: NONE

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:06pm 11:07pm
ACCY CHK	.07	11:08pm
AIR BLK	.00	11:09pm
SUB TEST	.00	11:10pm
AIR BLK	.00	11:11pm
SUB TEST	.00	11:13pm
AIR BLK	.00	11:14pm

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

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Durtan	Instrument Location_	BAT MOB!	le Moit
Instrument Ser	ial No. <u>0086/2</u>		DURHAM	
The				
four months are	maintenance procedures for the Interest e:	ntoximeters, Model Intox E	C/IK II to be followed	at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		lcoholic breath simulate	or 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.	Verify that the ethanol gas can simulator solution is being chawhichever occurs first.			
procedures wer	theday of re performed on the instrument inc Health and Human Services, and the	licated above, in accordanc	ce with current regulation	eventive maintenance ons of the N.C.
THE STATE OF THE S	NO CAROLLI	· · · · · · · · · · · · · · · · · · ·		
ARRI 12, 1718 ASTE QUAM VIDEN		fature of Certifying Officia	Cer	tificate Number

DURHAM COUNTY BAT MOBILE UNIT 7 310

Serial Number: 008612 Test Date: 12/22/2013

Test Record Number: 1444
Test Time: 2:03am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:04am
${f FLO}$	Pass	2:04am
FC	Pass	2:04am

Temperature Tests

Test	Status	Time
FC1	Pass	2:04am
SRC	Pass	2:04am
DET	Pass	2:04am
BAR	Pass	2:04am
BT	Pass	2:04am

Blank Tests

Test	Status	Time
AIR	Pass	2:04am

Printer Tests

Test	Status	Time
PRNT	Pass	2:04am
	CRC Tests	

Test	Status	Time
COMP	Pass	2:05am
CAL	Pass	2:05am

Preventive Maintenance Status: Pass

Analyst

DURHAM COUNTY BAT MOBILE UNIT 7 310

Serial Number: 008612 Test Date: 12/22/2013

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

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

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

DIAG Pass 1:500 AIR BLK .00 1:510 ACCY CHK .07 1:510	am am
AIR BLK 00 1:528 SUB TEST .00 1:538	
AIR BLK .00 1:548	
SUB TEST .00 1:56 8 AIR BLK .00 1:568	

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County L	1946 Instrument Location BAT MOBILE (LIVIT
Instrument Seria	1 No. 008760 RALEISH
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on to procedures were Department of H	the 2/ day of 2600, 2600, 2013 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. fealth and Human Services, and the instrument is functioning properly.
STATE OF MANY 20, 1775 MANY 20	Signature of Certifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008760 Test Record Number: 542 Test Date: 12/21/2013 Test Time: 12:39am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:40am
SRC	Pass	12:40am
DET	Pass	12:40am
BAR	Pass	12:40am
\mathtt{BT}	Pass	12:40am

Blank Tests

Test	Status	Time
AIR	Pass	12:40am

Printer Tests

Test	Status	Time
PRNT	Pass	12:40am
	CRC Tests	
Test	Status	Time
COMP	Pass	12:40am

Preventive Maintenance Status: Pass

Pass

CAL

12:40am

12:40am

Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008760 Test Date: 12/21/2013

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

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

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

Test	g/210L	Time
AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	12:29am 12:30am 12:31am 12:31am 12:32am
AIR BLK SUB TEST	.00 .00	12:33am 12:35am
AIR BLK	.00	12:36am

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

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	WAKE	Instrument Location 1597 14	lobile his, T
Instrument	t Serial No. <u>208704</u>	L. RACTO	rt
The prever		the Intoximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas cani 34 degrees, plus or minus .	ister displays pressure, or the alcoholic breatl .2 degree centigrade;	n simulator thermometer shows
2.	Verify instrument displays	time and date;	
3.	Initiate breath test sequenc	ee;	
4.	Enter information as prom	pted;	
5,	Verify instrument accuracy	y;	
6.	When "PLEASE BLOW"	appears, collect breath sample;	<i>*</i>
7.	When "PLEASE BLOW"	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program	n; and	
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is being changed before expiration of changed every four months or after 125 Alcoholments	late, or the alcoholic breath oholic Breath Simulator tests,
proceaures	were performed on the instrumen	the formulation to the formulation of the current and the instrument is functioning properly.	going preventive maintenance t regulations of the N.C.
GREAT STATE OF STATE	ATE OF TOO STATE O		
* COL CITY		Signature of Certifying Official	Certificate Number

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008704 Test Record Number: 206 Test Date: 12/21/2013 Test Time: 12:38am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:38am
SRC	Pass	12:38am
DET	Pass	12:38am
BAR	Pass	12:38am
${ t BT}$	Pass	12:38am

Blank Tests

Test	 Status	Time
AIR	Pass	12:39am

Printer Tests

Test	Status	Time
PRNT	Pass	12:39am
	CRC Tests	
Test	Status	Time
COMP	Pass	12:39am

Preventive Maintenance Status: Pass

Pass

12:39am

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Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008704 Test Date: 12/21/2013

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: MORGART, STEPHEN G

Permit Number: 9372E

Effective: 09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:27am 12:28am
ACCY CHK	.08	12:28am
AIR BLK	.00	12:29am
SUB TEST	.00	12:30am
AIR BLK	.00	12:31am
SUB TEST	.00	12:33am
ATR BLK	. 00	12:34am

Reported AC: .00 g/210L

Signature of Chemical Analyst

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Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	WAKE Instrument Location BAT MIDS, LE LEWIT	endjana Heperatria
Instrument Se	erial No. 008612 RALIGH	
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever are:	y
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer should be degrees, plus or minus .2 degree centigrade;)WS
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister 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.	is,
procedures we	on the	ce
OF THE STATE OF THE WAY TO	Signature of Certifying Official Certificate Number	_

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008612 Test Record Number: 1436
Test Date: 12/20/2013 Test Time: 10:47pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:48pm

Printer Tests

lest	Status	TTIME
PRNT	Pass	10:48pm

CRC Tests

Test	Status	Time
COMP	Pass	10:48pm
CAL	Pass	10:48pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008612 Test Date: 12/20/2013

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	10:38pm
AIR BLK	.00	10:39pm
ACCY CHK	.07	10:40pm
AIR BLK	.00	10:41pm
SUB TEST	.00	10:41pm
AIR BLK	.00	10:42pm
SUB TEST	.00	10:44pm
AIR BLK	.00	10:45pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	WAKE Instrument Location BAT MOBILE CONIT
Instrument S	Serial No. 008577 Rolling
The prevent four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	and the same of th
	t on the day of Decem 3 and 20/2 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 STA	TE OF NORTH TO SEE THE
APRA 12.	100 CTITES 636
	Signature of Certifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008577 Test Date: 12/20/2013

Test Record Number: 949
Test Time: 10:54pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:54pm
FLO	Pass	10:54pm
FC	Pass	10:54pm

Temperature Tests

Status	Time
Pass	10:54pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
ATR	Pass	10.55pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:55pm
	CRC Tests	

Test	Status	Time
COMP	Pass	10:55pm
CAL	Pass	10:55pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008577 Test Date: 12/20/2013

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:41pm 10:42pm
ACCY CHK	.07	10:42pm
AIR BLK	.00	10:43pm
SUB TEST	.00	10:44pm
AIR BLK	.00	10:45pm
SUB TEST	.00	10:46pm
AIR BLK	.00	10:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Wake	Instrument Location_	BAT MOBILELINIT
Instrument Ser	rial No. <u>COS623</u>		Raleion
The preventive four months as		ntoximeters, Model Intox	EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the a	alcoholic breath simulator thermometer show
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample	e;
7.	When "PLEASE BLOW" app	ears, collect breath sample	e;
8.	Print test record;		
9.	Verify Diagnostic Program; an	d	
10.	Verify that the ethanol gas can simulator solution is being char whichever occurs first.	ister is being changed before nged every four months o	fore expiration date, or the alcoholic breath or after 125 Alcoholic Breath Simulator tests
I certify that or procedures we Department of	n the	icated above, in accordanthe instrument is function	the forgoing preventive maintenance with current regulations of the N.C. hing properly.
TO STATE OF THE ST	STET STET	lature of Certifying Offici	ial Certificate Number

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008623 Test Record Number: 2824 Test Date: 12/21/2013 Test Time: 12:39am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:40am
SRC	Pass	12:40am
DET	Pass	12:40am
BAR	Pass	12:40am
BT	Pass	12:40am

Blank Tests

Test	Status	Time
AIR	Pass	12:41am

Printer Tests

Test	Status	Time
PRNT	Pass	12:41am

CRC Tests

Test	Status	Time
COMP	Pass	12:41am
CAL	Pass	12:41am

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008623

Test Date: 12/21/2013 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: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	12:31am
AIR BLK	.00	12:32am
ACCY CHK	.07	12:33am
AIR BLK	.00	12:33am
SUB TEST	.00	12:34am
AIR BLK	.00	12:35am
SUB TEST	.00	12:37am
AIR BLK	.00	12:38am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	WAKE	Instrument Location 347 6	MOBILE UNIT
Instrument	t Serial No. <u>00</u> 8778	Zolen	SH
The prever	ntive maintenance procedures for the Into: hs 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	plays pressure, or the alcoholic breath e centigrade;	simulator thermometer shows
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 canister simulator solution is being change whichever occurs first.	r is being changed before expiration d d every four months or after 125 Alco	late, or the alcoholic breath pholic Breath Simulator tests,
I certify that procedures Departmen	at on the 20 day of 2000 day of 3000 as were performed on the instrument indicant of Health and Human Services, and the	the forgeted above, in accordance with current instrument is functioning properly.	going preventive maintenance regulations of the N.C.
THE GREAT STATE OF THE CONTROL OF TH	000	re of Certifying Official	Certificate Number

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008778 Test Date: 12/20/2013 Test Record Number: 1081 Test Time: 10:48pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:49pm

Printer Tests

Test	Status	Time
PRNT Pass		10:49pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:49pm

Preventive Maintenance Status: Pass

Pass

10:49pm

CAL

Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008778 Test Date: 12/20/2013

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

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	WAKE	Instrument Location_	BAT WIDBILE	Levi 7 24
Instrument	Serial No. <u>00 8623</u>		CANY	
The prever	ntive maintenance procedures for the In as are:	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 t	thermometer shows
2.	Verify instrument displays time	e and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;	;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appe	ears, collect breath sample	e;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample	e;	
8.	Print test record;			
9.	Verify Diagnostic Program; and	d		
10.	Verify that the ethanol gas cani simulator solution is being char whichever occurs first.			
procedures	at on the <u>/ / day of DEC</u> were performed on the instrument ind t of Health and Human Services, and t	ilcaleu above, ili accoluai	ice with current regulations	ntive maintenance s of the N.C.
GREAT SET	ALL ON TOP THE CARROLL AND THE	(5/11/07g	\sim	6. 5 6
	Sign	ature of Certifying Offici	ial Certifi	icate Number

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008623 Test Record Number: 2821 Test Date: 12/19/2013 Test Time: 11:26pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:27pm
SRC	Pass	11:27pm
DET	Pass	11:27pm
BAR	Pass	11:27pm
BT	Pass	11:27pm

Blank Tests

Test	Status	Time
AIR	Pass	11:28pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:28pm

CRC Tests

Test	Status	Time
COMP	Pass	11:28pm
CAL	Pass	11:28pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008623 Test Date: 12/19/2013

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: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG305202

Exp Date: 02/21/2015

Test	g/210L	Time
DIAG	Pass	9:59pm
AIR BLK	.00	10:00pm
ACCY CHK	.07	10:01pm
AIR BLK	.00	10:02pm
SUB TEST	.00	10:04pm
AIR BLK	.00	10:04pm
SUB TEST	.00	10:06pm
AIR BLK	.00	10:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTUATIVETE	KS, MODEL INTOX EC/IR II
County	Gaston	Instrument Location Belmont PD
Instrument	t Serial No. <u>OO 8 733</u>	201 Chronicle Street, Belmon 704-825-3792
The prever		ntoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath simulator thermometer shows gree centigrade;
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 date, or the alcoholic breath nged every four months or after 125 Alcoholic Breath Simulator tests,
	at on the <u>II W</u> day of <u>Dec</u> s were performed on the instrument ind at of Health and Human Services, and t	the forgoing preventive maintenance dicated above, in accordance with current regulations of the N.C. the instrument is functioning properly.
CONTRACTOR OF THE CONTRACTOR O	Supra.	hature of Certifying Official Certificate Number

GASTON COUNTY BELMONT PD 350

Serial Number: 008733 Test Date: 12/11/2013

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

Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E
Permit Number: 19951E
Effective:
10/01/2013-10/01/2015

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	3:49pm 3:50pm 3:51pm
AIR BLK	.00	3:51pm
SUB TEST AIR BLK	.00 .00	3:52pm
SUB TEST	.00	3:53pm 3:55pm
AIR BLK	.00	3:56pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GASTON COUNTY BELMONT PD 350

Serial Number: 008733

Test Fecord Number: 792

Test Date: 12/11/2013

Test Time: 3:57pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

•	
FC1 Pass 3:57 SRC Pass 3:57 DET Pass 3:57 BAR Pass 3:57 BT Pass 3:57	pm pm

Blank Tests

Test	Status	Time
T-50	olalus	T T III (C-2

AIR Pass 3:58pm

Printer Tests

Test Status Time

PRNT Pass 3:58pm

CRC Tests

Test Status Time

COMP Pass 3:58pm CAL Pass 3:58pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ca	atawha Instrument Location Hickory Police Dept
Instrument Se	erial No. 008841 347 and Ave SW, Hickory
	828-324-2060
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on theday ofbec, 203 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	CAROLLE STATE OF THE STATE OF T

CATAWBA COUNTY HICKORY PD 170

Serial Number: 008841 Test Date: 12/11/2013

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

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

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

resc	9/210L	rime
DIAG AIR BLK	Pass	2:13pm 2:14pm
ACCY CHK	.08	2:14pm
AIR BLK	.00	2:15pm
SUB TEST	.00	2:16pm
AIR BLK	.00	2:17pm
SUB TEST	.00	2:18pm
AIR BLK		2:19pm

Reported AC: __.00 g/210L

Sagnature 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

CATAWBA COUNTY HICKORY PD 170

Serial Number: 008841 Test Record Number: 1334
Test Date: 12/11/2013 Test Time: 2:20pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:21pm
FLO	Pass	2:21pm
FC	Pass	2:21pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:21pm
SRC	Pass	2:21pm,
DET	Pass	2:21pm
BAR	Pass	2:21pm
BT	Pass	2:21pm

Blank Tests

Test	Status	Time
AIR	Pass	2:22m

Printer Tests

4		100
Test	Status	Time
PRNT	Pass	2:22pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:22pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Gat	.es	Instrument Location_	Gates 6 5.0.
Instrument Seria	ul No. <u>008884</u>	202 Court	St., Gates ville, N.C.
The preventive r		oximeters, Model Intox	EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr		elcoholic breath simulator thermometer shows
2.	Verify instrument displays time a	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	rs, collect breath sample	>
7.	When "PLEASE BLOW" appear	rs, collect breath sample	> ;
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.			ore expiration date, or the alcoholic breath rafter 125 Alcoholic Breath Simulator tests,
procedures were	the day of	ated above, in accordan	the forgoing preventive maintenance with current regulations of the N.C. ing properly.
A SEE QUANTURAL TO THE STATE OF A SEE O	Zell Signat	ure of Certifying Offici	al Certificate Number

GATES COUNTY GATES CO SO 360

Serial Number: 008884 Test Date: 12/04/2013

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	11:16am 11:17am 11:18am 11:19am 11:19am
AIR BLK	.00	11:19am
SUB TEST	.00	11:22am
AIR BLK	- 00	11:23am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GATES COUNTY GATES CO SO 360

Serial Number: 008884 Test Test Date: 12/04/2013 Test

Test Record Number: 541
Test Time: 11:24am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:25am

Printer Tests

Test	Status	Time
PRNT	Pass	11:25am
	CRC Tests	

TCDC	Status	TIME
COMP	Pass	11:25am
CAL	Pass	11:25am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

. •	INTOXIMETERS, MODEL INTOX EC/IR II
County He	Instrument Location Ahoskie P.D.
Instrument S	erial No. DOS848 705 W. Main St. Ahuskie, N
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
I certify that	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. on the
Department of	of Health and Human Services, and the instrument is functioning properly.
STATE OF STA	
SE QUAM VI	Lell 1 643
	Signature of Certifying Official Certificate Number

HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848 Test Date: 12/03/2013

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

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

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

Analyst's Name: 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 .08	10:25am 10:25am 10:26am
AIR BLK SUB TEST	.00 .00	10:27am 10:27am
AIR BLK	.00	10:28am
SUB TEST	.00	10:30am
AIR BLK	.00	10:31am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

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HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848

Test Record Number: 907

System Check: Passed

Baseline Tests

Test	Status	Time
	. *	
IR	Pass	10:32am
FLO	Pass	10:32am
FC	Pass	10:33am

Temperature Tests

Status	Time
Pass	10:33am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	10:33am

Printer Tests

Test	Status	Time
PRNT	Pass	10:33am
	CRC Tests	
Test	Status	Time
COMP	Pagg	10.34 am

10:34am

Preventive Maintenance Status: Pass

Pass

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ONSLOW	Instrument Location CAM	pLEjeune Amo
Instrumer	nt Serial No. <u>008930</u>		. "
The preve	entive maintenance procedures for the	e Intoximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas canisto 34 degrees, plus or minus .2	er displays pressure, or the alcoholic degree centigrade;	breath simulator thermometer show
2.	Verify instrument displays ti	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
7.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	anister is being changed before expire hanged every four months or after 12	ation date, or the alcoholic breath 5 Alcoholic Breath Simulator tests,
procedure	nat on the day of s were performed on the instrument in the of Health and Human Services, and	ecember, 20 13 th indicated above, in accordance with o d the instrument is functioning prope	current regulations of the N.C.
S S S S S S S S S S S S S S S S S S S	TATE OF NORTH CARD	reof EHall	<i>35</i> 4
	Si	gnature of Certifying Official	Certificate Number

ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008920 Test Date: 12/02/2013

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	11:50am 11:51am
ACCY CHK	.08	11:51am
AIR BLK	.00	11:52am
SUB TEST	.00	11:53am
AIR BLK	.00	11:54am
SUB TEST	.00	11:55am
AIR BLK	.00	11:56am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Karel E-Half
Analyst

ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008920 Test Test Date: 12/02/2013 Tes

Test Record Number: 884
Test Time: 11:57am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:57am
FLO	Pass	11:57am
FC	Pass	11:57am

Temperature Tests

Test	Status	Time
FC1	Pass	11:57am
SRC	Pass	11:57am
DET	Pass	11:57am
BAR	Pass	11:57am
\mathtt{BT}	Pass	11:57am

Blank Tests

Test	Status	Time
AIR	Pass	11:58am

Printer Tests

Test	Status	Time
PRNT	Pass	11:58am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:58am 11:58am

Preventive Maintenance Status: Pass

Karly E-Half
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	ONSLOW	nstrument Location_	JACKSON	ville A.D.
Instrume	ent Serial No. <u>008930</u>			
The prev	rentive maintenance procedures for the Intoxi	meters, Model Intox	EC/IR II to be fol	lowed at least once every
1.	Verify the ethanol gas canister displayed degrees, plus or minus .2 degree		alcoholic breath si	mulator thermometer shows
2.	Verify instrument displays time and	date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears,	collect breath sampl	e;	
7.	When "PLEASE BLOW" appears,	collect breath sampl	e;	4
8.	Print test record;			•
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canister simulator solution is being changed whichever occurs first.			
I certify i procedur Departm	that on the day ofecc res were performed on the instrument indicate ent of Health and Human Services, and the in	ed above, in accordant estrument is function	the forgoince with current reing properly.	ng preventive maintenance gulations of the N.C.
GREAT	STATE OF NORTH			
TO THE PERSON OF	QUAM VIDENT	- E-Hall	<u> </u>	354
	Signatur	e of Certifying Offic	iai	Certificate Number

ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: 008930 Test Date: 12/02/2013

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: HALL, RANDY E

Permit Number: 3462E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	12:27pm 12:28pm 12:28pm
AIR BLK	.00	12:30pm
SUB TEST	.00	12:30pm
AIR BLK	.00	12:32pm
SUB TEST	.00	12:33pm
AIR BLK	.00	12:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Karely E Holf
Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: 008930 Test Record Number: 1983 Test Date: 12/02/2013 Test Time: 12:34pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:34pm
FLO	Pass	12:34pm
FC	Pass	12:34pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:34pm
SRC	Pass	12:34pm
DET	Pass	12:34pm
BAR	Pass	12:34pm
\mathtt{BT}	Pass	12:34pm

Blank Tests

Test	Status	Time
AIR	Pass	12:35pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:35pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:35pm 12:35pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 0	ONSLOW) Instrument Location	· ONSLOW County
Instrument S	nt Serial No. <u>008932</u> <u>SHERITF</u>	s Office
The preventi	entive maintenance procedures for the Intoximeters, Model Into	x EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the 34 degrees, plus or minus .2 degree centigrade;	alcoholic breath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath samp	ole;
7.	When "PLEASE BLOW" appears, collect breath samp	ole;
8.	Print test record;	
9.	Verify Diagnostic Program; and	•
10.	Verify that the ethanol gas canister is being changed be simulator solution is being changed every four months whichever occurs first.	efore expiration date, or the alcoholic breath or after 125 Alcoholic Breath Simulator tests,
I certify that procedures w Department of	nat on the day of	the forgoing preventive maintenance ance with current regulations of the N.C. ning properly.
THE STATION OF THE ST	Signature of Certifying Offi	<u>10</u> 354

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008932 Test Date: 12/02/2013

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: HALL, RANDY E
Permit Number: 3462E
Effective:
09/01/2013-09/01/2015

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

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

rest	g/210L	Time
DIAG	Pass	1:38pm
AIR BLK	.00	1:38pm
ACCY CHK	.07	1:39pm
AIR BLK	.00	1:40pm
SUB TEST	.00	1:41pm
AIR BLK	.00	1:42pm
SUB TEST	.00	1:43pm
AIR BLK	.00	1:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

and E-Half

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008932 Test Date: 12/02/2013 Test Record Number: 2186
Test Time: 1:51pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:52pm
FLO	Pass	1:52pm
FC	Pass	1:52pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:52pm
SRC	Pass	1:52pm
DET	Pass	1:52pm
BAR	Pass	1:52pm
\mathtt{BT}	Pass	1:52pm

Blank Tests

Test	Status	Time	
AIR	Pass	1:53pm	

Printer Tests

Test	Status	Time
PRNT	Pass	1:53pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:53pm 1:53pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County On	show	Instrument Location ONSKO	a County	
Instrument Ser	ial No. <u>00893/</u>	SHERIFFIS OFFI	2	
The preventive four months ar		Intoximeters, Model Intox EC/IR II to b	e followed at least once every	
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic brea egree centigrade;	th simulator thermometer show	
2.	Verify instrument displays tim	e and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	! ;		
5.	Verify instrument accuracy;	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;			
7.	When "PLEASE BLOW" app	ears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; an	nd		
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	nister is being changed before expiration inged every four months or after 125 Ale	date, or the alcoholic breath coholic Breath Simulator tests,	
	e performed on the instrument in	ecember 2013 the fo dicated above, in accordance with current the instrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.	
STATE OF STA	AOR IN CAROUN			
ARRI 12, 173		ine E-Hall	354	
	Sign	nature of Certifying Official	Certificate Number	

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008931 Test Date: 12/02/2013

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: HALL, RANDY E
Permit Number: 3462E
Effective:
09/01/2013-09/01/2015

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	1:59pm 1:59pm 2:00pm
AIR BLK	.00	2:01pm
SUB TEST	.00	2:02pm
AIR BLK	.00	2:03pm
SUB TEST	.00	2:04pm
AIR BLK	.00	2:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008931 Test Date: 12/02/2013

Test Record Number: 1936

Test Time: 2:06pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:07pm
FLO	Pass	2:07pm
FC	Pass	2:07pm

Temperature Tests

Status	Time
Pass	2:07pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	2:07pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:08pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:08pm 2:08pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ONSLOW	Instrument Location MCA:	S New River Par
Instrumer	nt Serial No. <u>008922</u>		
The preve	entive maintenance procedures for the I	Intoximeters, Model Intox EC/IR II t	o be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic begree centigrade;	reath simulator thermometer shows
2.	Verify instrument displays tim	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	!; ·	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample;	
7.	When "PLEASE BLOW" app	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	nd	
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	ister is being changed before expiratinged every four months or after 125	ion date, or the alcoholic breath Alcoholic Breath Simulator tests,
procedure	hat on the day of	dicated above, in accordance with cu	rrent regulations of the N.C.
GREAT SE	TATE OF NO PLANT OF THE PART O		
ESE QU	<u> </u>	Ley SHall	354
	Sign	nature of Certifying Official	Certificate Number

ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: 008922 Test Date: 12/02/2013

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: HALL, RANDY E
Permit Number: 3462E
Effective:
09/01/2013-09/01/2015

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

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

rest	g/210L	Time
DIAG	Pass	3:02pm
AIR BLK	.00	3:03pm
ACCY CHK	.08	3:03pm
AIR BLK	.00	3:05pm
SUB TEST	.00	3:05pm
AIR BLK	.00	3:06pm
SUB TEST	.00	3:07pm
AIR BLK	.00	3:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Karels E Half Analyst

ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: 008922 Test Record Number: 263 Test Date: 12/02/2013

Test Time: 3:09pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:09pm 3:09pm
FC	Pass	3:10pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	3:10pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:10pm
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

3:10pm

3:10pm

COMP

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C.	arteret	Instrument Location	eret County
Instrument S	erial No. <u>008872</u>	SHERIFF'S OFFICE	
The preventifour months		e Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canisto 34 degrees, plus or minus .2	er displays pressure, or the alcoholic br degree centigrade;	eath simulator thermometer show
2.	Verify instrument displays ti	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	Enter information as prompted;	
5.	Verify instrument accuracy;	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.		anister is being changed before expiration hanged every four months or after 125	
procedures w	ere performed on the instrument i	ecember, 20/3 the ndicated above, in accordance with cur d the instrument is functioning properly	rrent regulations of the N.C.
THE STATE OF THE S		4 6 Half	354
	Si	gnature of Certifying Official	Certificate Number

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008882 Test Date: 12/03/2013

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:56am 10:57am 10:57am
AIR BLK SUB TEST	.00	10:59am
AIR BLK	.00	10:59am 11:00am
SUB TEST	.00	11:01am
AIR BLK	.00	11:02am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Karel E-Half
Analyst

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008882 Test Record Number: 1070 Test Date: 12/03/2013 Test Time: 11:03am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:03am 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	
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	CARTERET	Instrument Location CAKTE	Ret County
Instrumer	nt Serial No. <u>(OO 8605</u>	SHERIFT'S OFF	ice
The preve	-	e Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ter displays pressure, or the alcoholic br degree centigrade;	eath simulator thermometer show
2.	Verify instrument displays t	ime and date;	
3.	Initiate breath test sequence	;	
4.	Enter information as prompt	ted;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" a	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" a	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.		canister is being changed before expiration changed every four months or after 125	
I certify the procedure Departme	nat on the <u>3</u> day of <u>1</u> s were performed on the instrument nt of Health and Human Services, ar	ecember, 20/3 the indicated above, in accordance with curnd the instrument is functioning properly	forgoing preventive maintenance rent regulations of the N.C.
E GREAT SE	TATE OF NO.		
* ESSE Q	LIZ. TTO CO	Signature of Certifying Official	354
	S	Signature of Certifying Official	Certificate Number

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008605 Test Date: 12/03/2013

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	10:57am 10:58am 10:59am 11:00am 11:01am 11:02am
SUB TEST	.00	11:04am
AIR BLK	.00	11:04am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analysi

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008605 Test Record Number: 2834 Test Date: 12/03/2013 Test Time: 11:05am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:05am
FLO	Pass	11:05am
FC	Pass	11:06am

Temperature Tests

Test	Status Time
FC1	Pass 11:06am
SRC	Pass 11:06am
DET	Pass 11:06am
BAR	Pass 11:06am
BT	Pass 11:06am

Blank Tests

Test	Status Time
AIR	Pass 11:06am

Printer Tests

Test	Status Time
PRNT	Pass 11:06am
	CDC Togta

Test	Status Time
COMP	Pass 11:07am
CAL	Pass 11:07am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County L	ARteret	Instrument Location	Mokehen	d City P.D.
Instrument Se	erial No. <u>00 87.3/</u>			
The preventive four months a	ve maintenance procedures for the Intare:	toximeters, Model Into	x EC/IR II to be folio	owed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg		alcoholic breath sim	nulator thermometer show
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appear	ars, collect breath samp	le;	
7.	When "PLEASE BLOW" appear	ars, collect breath samp	le;	
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ter is being changed be ged every four months	fore expiration date, or after 125 Alcoholi	or the alcoholic breath ic Breath Simulator tests,
I certify that of procedures w Department of	on the day of cere performed on the instrument indi of Health and Human Services, and the	cated above, in accordance instrument is function	the forgoing ince with current regining properly.	g preventive maintenance ulations of the N.C.
THE STATE OF THE S	SAOJIH CAROUN	y E-Hal	<i>[</i> ;	,
		ature of Certifying Office		Certificate Number

CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008731 Test Date: 12/03/2013

Citation Number: M0000000-0 Subject's Name:

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	11:42am 11:43am 11:43am
AIR BLK	.00	11:44am
SUB TEST AIR BLK	.00 .00	11:45am 11:46am
SUB TEST	.00	11:47am
AIR BLK	.00	11:48am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

and E Half
Analyst

CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008731 Test Record Number: 1441
Test Date: 12/03/2013 Test Time: 11:49am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:50am

Printer Tests

Test	Status	Time
PRNT	Pass	11:50am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:50am 11:50am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	CARtERet		Instrument Location_	Atlantic.	Beach P.D.
Instrume	ent Serial No. 🔼	0878 <u>5</u>			
The prev		procedures for the	Intoximeters, Model Intox	EC/IR II to be folk	owed at least once every
1.	•	ethanol gas canisters, plus or minus .2 d	r displays pressure, or the a egree centigrade;	dcoholic breath sin	nulator thermometer show
2.	Verify ins	trument displays tin	ne and date;		•
3.	Initiate br	eath test sequence;			.*
4.	Enter info	rmation as prompted	d;		
5.	Verify ins	trument accuracy;	*		
6.	When "PI	When "PLEASE BLOW" appears, collect breath sample;			
7.	When "PI	LEASE BLOW" app	pears, collect breath sample	e;	
8.	Print test	record;		÷	
9.	. Verify Di	agnostic Program; a	nd		e e
10.	simulator		nister is being changed before anged every four months of		
I certify procedu Departm	that on the <u>3</u> res were performed nent of Health and F	day of day of day on the instrument in luman Services, and	adicated above, in accordant the instrument is function	the forgoin the with current reging properly.	g preventive maintenance ulations of the N.C.
CONTRACTOR OF THE CONTRACTOR O	STATE OF NO.				
155 × 155 × 150	QUAM VIDEN X	bear	eg EHall		354
	_	Sig	gnatúre of Certifying Offici	al	Certificate Number

 $\label{eq:Asigned} A \ signed \ original \ of \ the \ preventive \ maintenance \ record \ shall \ be \ kept \ on \ file \ for \ at \ least \ three \ years.$

CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008785 Test Date: 12/03/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HALL, RANDY E

Permit Number: 3462E

Effective: 09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	12:10pm
AIR BLK	.00	12:11pm
ACCY CHK	.07	12:11pm
AIR BLK	.00	12:12pm
SUB TEST	.00	12:13pm
AIR BLK	.00	12:14pm
SUB TEST	.00	12:15pm
ATR RIK	.00	12.16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Karl E-Half
Analyst

CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008785 Test Date: 12/03/2013

Test Record Number: 714
Test Time: 12:17pm EST

12/03/2013 Test Time: 12:17pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:17pm
FLO	Pass	12:17pm
FC	Pass	12:17pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:17pm
SRC	Pass	12:17pm
DET	Pass	12:17pm
BAR	Pass	12:17pm
${ t BT}$	Pass	12:17pm

Blank Tests

Test	Status	Time
AIR	Pass	12:18pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:18pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:18pm 12:18pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County CA	Instrument Location EmerAld Iske P.
Instrument Ser	rial No. 008620
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 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.
	on the 3 day of <u>Jecember</u> , 20 <u>/3</u> the forgoing preventive maintenan ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number
	Signature of Certifying Official Certificate Number

CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008620 Test Date: 12/03/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

rest	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	12:56pm 12:57pm 12:58pm
AIR BLK	.00	12:59pm
SUB TEST	.00	12:59pm
AIR BLK	.00	1:00pm
SUB TEST	.00	1:02pm
AIR BLK	.00	1:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Kard E-Half
Analyst

CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008620 Test Record Number: 1581 Test Date: 12/03/2013 Test Time: 1:03pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:04pm

Printer Tests

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

Pass

1:05pm

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CRAVEN Instrument Location HAVE	Lock AD,
Instrumen	t Serial No. <u>008800</u>	
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic br 34 degrees, plus or minus .2 degree centigrade;	eath simulator thermometer show
2.	Verify instrument displays time and date;	•
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expirati simulator solution is being changed every four months or after 125 whichever occurs first.	
I certify the procedure Department	nat on the <u>3</u> day of <u>Jecember</u> , 20 <u>/3</u> the s were performed on the instrument indicated above, in accordance with cur nt of Health and Human Services, and the instrument is functioning properly	forgoing preventive maintenance rrent regulations of the N.C.
A CREAT SEA	Signature of Certifying Official	Certificate Number

CRAVEN COUNTY HAVELOCK PD 240

Serial Number: 008800 Test Date: 12/03/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HALL, RANDY E

Permit Number: 3462E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG308702

Exp Date: 03/28/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	1:48pm 1:49pm 1:49pm
AIR BLK	.00	1:51pm
SUB TEST	.00	1:51pm
AIR BLK	.00	1:52pm
SUB TEST	.00	1:54pm
AIR BLK	.00	1:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

and E Half Analyst

CRAVEN COUNTY HAVELOCK PD 240

Serial Number: 008800 Test Record Number: 748 Test Date: 12/03/2013 Test Time: 1:55pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:55pm
FLO	Pass	1:55pm
FC	Pass	1:55pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:56pm
SRC	Pass	1:56pm
DET	Pass	1:56pm
BAR	Pass	1:56pm
\mathtt{BT}	Pass	1:56pm

Blank Tests

Test	Status	Time
AIR	Pass	1:56pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:56pm
	CRC Tests	

rest	Status	TIME
COMP	Pass	1:56pm
CAL	Pass	1:56pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	CRAVEN Instrument Location MCAS CHERRY POINT PN
Instrume	nt Serial No. <u>010819</u>
The prev	rentive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every oths 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.
procedu	that on the 3 day of Necent bell, 20 13 the forgoing preventive maintenance res were performed on the instrument indicated above, in accordance with current regulations of the N.C. tent of Health and Human Services, and the instrument is functioning properly.
STATE OF THE CALL	STATE OF TO STATE

CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 010819 Test Date: 12/03/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HALL, RANDY E

Permit Number: 3462E

Effective: 09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:30pm
AIR BLK	.00	2:30pm
ACCY CHK	.08	2:31pm
AIR BLK	.00	2:32pm
SUB TEST	.00	2:32pm
AIR BLK	.00	2:33pm
SUB TEST	.00	2:35pm
ATR BLK	. 0.0	2:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Karely E-Half
Analyst

CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 010819 Test Date: 12/03/2013

Test Record Number: 340
Test Time: 2:36pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	2:37pm
SRC	Pass	2:37pm
\mathtt{DET}	Pass	2:37pm
BAR	Pass	2:37pm
\mathtt{BT}	Pass	2:37pm

Blank Tests

Test	Status	Time
AIR	Pass	2:37pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:38pm
	CRC Tests	
Test	Status	Time

COMP	Pass	2:38pm
CAL	Pass	2:38pm

Preventive Maintenance Status: Pass

Knalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County A	mkico Instrument Location PAMkico County
Instrument Seri	al No. 008640 SHEKIFFS OFFICE
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
THE STATE OF THE S	Signature of Certifying Official Certificate Number

PAMLICO COUNTY PAMLICO COUNTY SD 680

Serial Number: 008640 Test Date: 12/04/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:22am 11:22am 11:23am
AIR BLK	.00	11:24am
SUB TEST	.00	11:24am
AIR BLK	.00	11:25am
SUB TEST	.00	11:27am
AIR BLK	.00	11:27am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Kard E Half
Analyst

PAMLICO COUNTY PAMLICO COUNTY SD 680

Serial Number: 008640 Test Date: 12/04/2013

Test Record Number: 995
Test Time: 11:28am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FI _O	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
\mathtt{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

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C	RAUCAL	Instrument Location_ New I	Been A.D.
Instrument Se	erial No. <u>00 88/7</u>		
			·
The prevention four months	ve maintenance procedures for the Intoxi are:	meters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister displayed degrees, plus or minus .2 degree		eath simulator thermometer 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.	Verify that the ethanol gas canister simulator solution is being changed whichever occurs first.		
procedures v	on the day of ere performed on the instrument indicate of Health and Human Services, and the in	ed above, in accordance with cur	
THE STAT.	Salo Carre	j ZHall	354
		re of Certifying Official	Certificate Number

CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817 Test Date: 12/04/2013

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

Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

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

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

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

rest	9/2101	rine
DIAG AIR BLK	Pass	12:02pm 12:03pm
ACCY CHK AIR BLK	.07	12:04pm 12:05pm
SUB TEST	.00	12:05pm
AIR BLK	.00	12:06pm
SUB TEST	.00	12:07pm
AIR BLK	.00	12:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Karch E-Half
Analyst

CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817 Test Record Number: 999
Test Date: 12/04/2013 Test Time: 12:09pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

FC1 Pass 12:09p	m
SRC Pass 12:09p	m
DET Pass 12:09p	m
BAR Pass 12:09p	m
BT Pass 12:09p	m

Blank Tests

Test	Status	Time
AIR	Pass	12:10pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County CA	AVEN	Instrument Location_	CRAVEN	Coanty
Instrument Seri	al No. <u>008732</u>	SHERIFF	5 OFFice	cii)
The preventive four months are	maintenance procedures for the I	ntoximeters, Model Intox	EC/IR II to be foll	lowed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		alcoholic breath sin	mulator thermometer show
2.	Verify instrument displays tim	e and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	,		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" app	ears, collect breath sample	e;	
7.	When "PLEASE BLOW" app	ears, collect breath sample	e;	
8.	Print test record;	•		
9.	Verify Diagnostic Program; an	nd .		
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.			
	the day of e performed on the instrument in Health and Human Services, and			ng preventive maintenance gulations of the N.C.
ONE STATE OF THE S	TOTAL CAROLINA	ing EN	IO.	354
	Sig	nature of Certifying Offic	ial	Certificate Number

CRAVEN COUNTY CRAVEN COUNTY SD 240

Serial Number: 008732 Test Date: 12/04/2013

Citation Number: M0000000-0 Subject's Name:

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

Subject's Date of Birth: 11/11/191
Subject's Sex: Male
Driver's License State: XX

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	12:34pm 12:35pm 12:36pm
AIR BLK SUB TEST	.00 .00	12:36pm 12:37pm
AIR BLK	.00	12:38pm
SUB TEST	.00	12:39pm
AIR BLK	.00	12:40pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Karel E Half
Analyst

CRAVEN COUNTY CRAVEN COUNTY SD 240

Serial Number: 008732 Test Record Number: 1033 Test Date: 12/04/2013 Test Time: 12:41pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:41pm
FLO	Pass	12:41pm
FC	Pass	12:41pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:41pm
SRC	Pass	12:41pm
DET	Pass	12:41pm
BAR	Pass	12:41pm
\mathtt{BT}	Pass	12:41pm

Blank Tests

Test	Status	Time
AIR	Pass	12:42pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:42pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:42pm 12:42pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Jo	NES Instrument Location Joines County
Instrument Seria	al No. 008705 SHERIFFLS OFFICE
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the 4 day of December, 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.
THE STATE OF THE CHANGE OF THE	Signature of Certifying Official Certificate/Number

JONES COUNTY JONES COUNTY SD 510

Serial Number: 008705 Test Date: 12/04/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: HALL, RANDY E Permit Number: 3462E

Effective:

09/01/2013-09/01/2015

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	1:24pm 1:25pm 1:25pm
AIR BLK	.00	1:26pm
SUB TEST	.00	1:27pm
AIR BLK	.00	1:27pm
SUB TEST	.00	1:29pm
AIR BLK	.00	1:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst
rm is used when performing Preventive Maintenance pro

JONES COUNTY JONES COUNTY SD 510

Serial Number: 008705

Test Record Number: 875

Test Date: 12/04/2013

Test Time: 1:30pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR ·	Pass	1:31pm
FLO	Pass	1:31pm
FC	Pass	1:31pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:31pm
SRC	Pass	1:31pm
DET	Pass	1:31pm
BAR	Pass	1:31pm
BT	Pass	1:31pm

Blank Tests

Test	Status	Time
AIR	Pass	1:31pm

Printer Tests

Test	Status	TIME
PRNT	Pass	1:32pm
	65 6 F	

CRC Tests

Test	Status	Time
COMP	Pass	1:32pm
CAL	Pass	1:32pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

r.	INTOXIMETERS, MODEL INTOX EC/IR II
County	mce Instrument Location Jance Co. S.O.
Instrument Se	erial No. 008937 156 Church St Henderson NC
	Hen ar San N C
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.
	on the day of be, 20 /3 the forgoing preventive maintenance of the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
NAME OF STATE OF STAT	E ON OGRAFIA
	Signature of Certifying Official Certificate Number

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937 Test Date: 12/06/2013

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: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:22pm
AIR BLK	.00	9:23pm
ACCY CHK	.08	9:23pm
AIR BLK	.00	9:24pm
SUB TEST	.00	9:25pm
AIR BLK	.00	9:26pm
SUB TEST	.00	9:27pm
AIR BLK	.00	9:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937

Test Record Number: 1578

Test Date: 12/06/2013

Test Time: 9:30pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass	9:30pm
FC FC	Pass Pass	9:30pm 9:30pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:30pm
SRC	Pass	9:30pm
DET	Pass	9:30pm
BAR	Pass	9:30pm
BT	Pass	9:30pm

Blank Tests

Test	Status	Time
AIR	Pass	9:31pm

Printer Tests

rest	Status	TTIIIE
PRNT	Pass	9:31pm

CRC Tests

Test	Status	Time
COMP	Pass	9:31pm
CAL	Pass	9:31pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Instrument Serial No. 2088 70 Instrument Serial No. 2088 70 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the day of Learney 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 property. Signature of Certifying Official Certificate Number		INTOXIMETERS, MODEL INTOX EC/IR II
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	County_	Mance Instrument Location Vance Co. S.O.
1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. 1 certify that on the	Instrumer	nt Serial No. 008870 156 Church St. Henderson NC
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. 1 certify that on the		
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	1.	
4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. 1 certify that on the	2.	Verify instrument displays time and date;
5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	3.	Initiate breath test sequence;
6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. 1 certify that on the	4.	Enter information as prompted;
7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. 1 certify that on the	5.	Verify instrument accuracy;
8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	6.	When "PLEASE BLOW" appears, collect breath sample;
9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	7.	When "PLEASE BLOW" appears, collect breath sample;
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	8.	Print test record;
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	9.	Verify Diagnostic Program; and
procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.	10.	simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests,
See Farley 655	procedur	es were performed on the instrument indicated above, in accordance with current regulations of the N.C.
	GREAT	

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870 Test Date: 12/06/2013

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: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:44pm 9:45pm
ACCY CHK	.08	9:45pm
AIR BLK SUB TEST	.00 .00	9:46pm 9:47pm
AIR BLK	.00	9:47pm
SUB TEST	.00	9:49pm
AIR BLK	.00	9:50pm

Reported AC: .00 g/210L

Signature of Chemical Apalys

Court CVR

Analyst

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870

Test Record Number: 597

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:56pm
FLO	Pass	9:56pm
FC	Pass	9:56pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:56pm
SRC	Pass	9:56pm
DET	Pass	9:56pm
BAR	Pass	9:56pm
BT	Pass	9:56pm

Blank Tests

Test	Status	Time
AIR	Pass	9:57pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:57pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	9:57pm 9:57pm

· Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Finchus DE Instrument Location Bot MOA	Sile Com 1 / A
Instrument Se	erial No. 008577 Asheu	ille
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be folure:	lowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath si 34 degrees, plus or minus .2 degree centigrade;	mulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date simulator solution is being changed every four months or after 125 Alcohowhichever occurs first.	
	on the	ng preventive maintenance gulations of the N.C.
THE STATE OF THE S	TO STATE OF THE PARTY OF THE PA	62
	Signature of Certifying Official	Certificate Number

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008577 Test Date: 12/13/2013

Test Record Number: 946
Test Time: 8:03pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:04pm
FLO	Pass	8:04pm
FC	Pass	8:04pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:04pm
SRC	Pass	8:04pm
DET	Pass	8:04pm
BAR	Pass	8:04pm
\mathtt{BT}	Pass	8:04pm

Blank Tests

Test	Status	Time
AIR	Pass	8:05pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:05pm
	CRC Tests	
Test	Status	Time
COMP	Pass	8:05pm

Preventive Maintenance Status: Pass

Pass

8:05pm

CAL

Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008577 Test Date: 12/13/2013

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	7:49pm
AIR BLK ACCY CHK	.00	7:50pm 7:51pm
AIR BLK	.00	7:52pm
SUB TEST	.00	7:53pm
AIR BLK	.00	7:54pm
SUB TEST	.00	7:55pm
AIR BLK	.00	7:56pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Late 6.10 (5 San)
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Blancom DE Instrument Location BAT MOBILE LEWIT
Instrumen	Serial No. 008623 75he Dille
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.
procedure	at on the
THE COLUMN TO TH	ATE OF NORTH
	Signature of Certifying Official Certificate Number

BUMCOMBE COUNTY BAT MOBILE UNIT 7 100

Serial Number: 008623 Test Record Number: 2816 Test Date: 12/13/2013 Test Time: 7:38pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:39pm
FLO	Pass	7:39pm
FC	Pass	7:39pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:39pm
SRC	Pass	7:39pm
DET	Pass	7:39pm
BAR	Pass	7:39pm
BT	Pass	7:39pm

Blank Tests

Test		Status	Time
AIR	•	Pass	7:40pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:40pm

CRC Tests

Test	Status	Time
COMP	Pass	7:40pm
CAL	Pass	7:40pm

Preventive Maintenance Status: Pass

BUMCOMBE COUNTY BAT MOBILE UNIT 7 100

Serial Number: 008623 Test Date: 12/13/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG305202

Exp Date: 02/21/2015

Test	g/210L	Time
DIAG	Pass	7:18pm
AIR BLK	.00	7:19pm
ACCY CHK	.07	7:19pm
AIR BLK	.00	7:20pm
SUB TEST	.00	7:21pm
AIR BLK	.00	7:22pm
SUB TEST	.00	7:24pm
AIR BLK	.00	7:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	3uncomb€	Instrument Location 54 7 h	10 BILE LEN 11
Instrument Se	erial No. 608704	Asher	2,266
The preventive four months a	ve maintenance procedures for the Intere:	oximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr	isplays pressure, or the alcoholic bre	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" appea	ars, collect breath sample;	
7.	When "PLEASE BLOW" appear	ars, collect breath sample;	•
8.	Print test record;		•
9.	Verify Diagnostic Program; and		
10.		ter is being changed before expirations and every four months or after 125 A	
I certify that procedures w Department of	on the <u>13</u> day of <u>D6</u> ere performed on the instrument indices of Health and Human Services, and the	cated above, in accordance with current is functioning properly	forgoing preventive maintenance ent regulations of the N.C.
THE STATE OF THE S	- Cof	ture of Certifying Official	Certificate Number

BUMCOMBE COUNTY BAT MOBILE UNIT 7 100

Serial Number: 008704

Test Record Number: 200

Test Date: 12/13/2013

Test Time: 7:29pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:30pm
FLO	Pass	7:30pm
FC	Pass	7:30pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:30pm
SRC	Pass	7:30pm
DET	Pass	7:30pm
BAR	Pass	7:30pm
\mathtt{BT}	Pass	7:30pm

Blank Tests

rest	Status	Time
AIR	Pass	7:31pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:31pm
	CRC Tests	
Test	Status	Time
COMP	Pass	7:31pm

7:31pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

BUMCOMBE COUNTY BAT MOBILE UNIT 7 100

Serial Number: 008704 Test Date: 12/13/2013

Citation Number: M0000000-0 Subject's Name:

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	7:21pm 7:22pm
ACCY CHK	.08	7:22pm
AIR BLK	.00	7:23pm
SUB TEST	.00	7:24pm
AIR BLK	.00	7:25pm
SUB TEST	.00	7:26pm
AIR BLK	.00	7:27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	DuRham	Instrument Location	BOT MOBILE LINIT
Instrument S	Serial No. <u>DD 8709</u>		Durcham
The preventi		ximeters, Model Intox E	CC/IR II to be followed at least once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degre		coholic 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.			re expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
	t on theday ofday ofday ofday ofday ofday ofday of Health and Human Services, and the	ated above, in accordanc	
STATE OF THE STATE	Jed C	ure of Certifying Officia	Certificate Number

DURHAM COUNTY BAT MOBILE UNIT 7 310

Serial Number: 008704 Test Date: 12/06/2013 Test Record Number: 197
Test Time: 9:59pm EST

*

Baseline Tests

System Check: Passed

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

Temperature Tests

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

Blank Tests

Test Status Time
AIR Pass 10:01pm

Printer Tests

Test Status Time
PRNT Pass 10:01pm

CRC Tests

Test Status Time

COMP Pass 10:01pm

CAL Pass 10:01pm

Preventive Maintenance Status: Pass

Analyst

DURHAM COUNTY BAT MOBILE UNIT 7 310

Serial Number: 008704 Test Date: 12/06/2013

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	9:42pm
AIR BLK	.00	9:43pm
ACCY CHK	.08	9:44pm
AIR BLK	.00	9:45pm
SUB TEST	.00	9:47pm
AIR BLK	.00	9:48pm
SUB TEST	.00	9:50pm
AIR BLK	.00	9:51pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	Luce 14 Am Instrument Location BAT Mobile Court
Instrument Seria	11 No. 008760 Dun Hang
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
STATE OF A	Start 636

DURHAM COUNTY BAT MOBILE UNIT 7 310

Serial Number: 008760

Test Record Number: 534

Test Date: 12/06/2013

Test Time: 9:52pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:53pm
FLO	Pass	9:53pm
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
\mathtt{BT}	Pass	9:53pm

Blank Tests

Test	Status	Time
ATR	Pass	9:54pm

Printer Tests

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

9:54pm

9:54pm

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

DURHAM COUNTY BAT MOBILE UNIT 7 310

Serial Number: 008760 Test Date: 12/06/2013

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	9:39pm 9:40pm 9:41pm
AIR BLK	.00	9:41pm
SUB TEST	.00	9:42pm
AIR BLK	.00	9:43pm
SUB TEST	.00	9:45pm
AIR BLK	.00	9:46pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst O. 7110 Park

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

1	intualmeters, model intua ec/i	K II
County Wa	Instrument Location Apex	P.S.S. #4
Instrument Ser	ial No. 008621 1615 E.W. Ane X NC	P.S.S.#4 11:ams St
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breat 34 degrees, plus or minus .2 degree centigrade;	h simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Ale whichever occurs first.	
	on the 2 day of 20 Cew 20 13 the form of the instrument indicated above, in accordance with current friends and Human Services, and the instrument is functioning properly.	going preventive maintenance at regulations of the N.C.
R GREAT WAS TO SEE THE STATE OF	CAROLLE CAROLL	
APRIL 12, 173	Jale Farley	655
	Signature of Certifying Official	Certificate Number
	1	

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

DHHS 4080 (11/07)

WAKE COUNTY APEX PD Serial Number: 008621 Test Date: 12/02/2013

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: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:53pm
AIR BLK	.00	3:54pm
ACCY CHK	.08	3:55pm
AIR BLK	.00	3:56pm
SUB TEST	.00	3:56pm
AIR BLK	.00	3:57pm
SUB TEST	.00	3:59pm
AIR BLK	.00	4:00pm

Reported AC: .00 g/210L

Signature of Chemical Analys

Court CVR

Analyst

WAKE COUNTY APEX PD

Serial Number: 008621 Test Record Number: 1463 Test Date: 12/02/2013 Test Time: 4:01pm EST

System Check: Passed

Baseline Tests

Test	Status	·Time
IR	Pass	4:02pm
FLO	Pass	4:02pm
FC	Pass	4:02pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:02pm
SRC	Pass	4:02pm
DET	Pass	4:02pm
BAR	Pass	4:02pm
BT ₁	Pass	4:02pm

Blank Tests

Test	Status	Time
AIR	Pass	4:03pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:03pm

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

<i>.</i>	INTOXIMETERS, MODEL INTOX EC/IR II	- /2
County //	The Instrument Location Devent	fr Christ
Instrument Seria	11 No. 008816 3301 Hamme	ne Ra.
The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be follo	wed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath sim 34 degrees, plus or minus .2 degree centigrade;	ulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	•
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, simulator solution is being changed every four months or after 125 Alcoholi whichever occurs first.	
	the day of cervice, 20/3 the forgoing e performed on the instrument indicated above, in accordance with current regulated and Human Services, and the instrument is functioning properly.	g preventive maintenance ulations of the N.C.
STATE OF STA	Signature of Certifying Official	Certificate Number

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008816 Test Date: 12/02/2013

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: FARLEY, CYNTHIA D
Permit Number: 24123E
Effective:
12/01/2012-12/01/2014

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	12:12pm
AIR BLK	. 0.0	12:13pm
ACCY CHK	.08	12:13pm
AIR BLK	.00	12:15pm
SUB TEST	.00	12:16pm
AIR BLK	.00	12:16pm
SUB TEST	.00	12:18pm
AIR BLK	.00	12:19pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008816 Test Record Number: 5947
Test Date: 12/02/2013 Test Time: 12:21pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:21pm
FLO	Pass	12:21pm
FC	Pass	12:21pm

Temperature Tests

Test	Status	Time
A V	of the state of th	
FC1	Pass	12:21pm
SRC	Pass	12:21pm
DET	Pass	12:21pm
BAR	Pass	12:21pm
BT	Pass	12:21pm
ra de la companya de		

Blank Tests:

rest	Status	Time
Article Committee	* 4	
AIR	Pass .	12:22pm

Printer Tests

	Tes	t	 St	ati	ıs		Ti	me	í,	ارد دروله دروله
							100	1000	14	11.1
i	4.5					1				

PRNT Pass 12:22pm

CRC Tests

Test	Status	Time
COMP	Pass	12:22pm
CAL	Pass	12:22pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County /	16te Instrument Location De Kentin Confer
Instrument Se	rial No.008826 3301 Hammond Rd Raleigh NC
	Raleigh NC
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox/EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on theday ofday
THE STATE OF THE S	Signature of Certifying Official Certificate Number

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008826 Test Date: 12/02/2013

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: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG322601

Exp Date: 08/14/2015

Test	g/210L	Time
DIAG	Pass	11:32am
AIR BLK	.00	11:33am
ACCY CHK	.07	11:34am
AIR BLK	.00	11:35am
SUB TEST	.00	11:36am
AIR BLK	.00	11:37am
SUB TEST	.00	11:38am
AIR BLK	.00	11:39am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Analyst

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008826 Test Record Number: 6469
Test Date: 12/02/2013 Test Time: 11:41am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:41am
FLO	Pass	11:41am
FC	Pass	11:42am

Temperature Tests

Test	Status	Time
FC1	Pass	11:42am
SRC	Pass	11:42am
DET	Pass	11:42am
BAR	Pass	11:42am
\mathtt{BT}	Pass	11:42am

Blank Tests

Test	Status	Time
AIR	Pass	11:42am

Printer Tests

Test	Status	Time
PRNT	Pass	11:42am

CRC Tests

Test	Status	Time
COMP	Pass	11:42am
CAL	Pass	11:42am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR I

	INTUXIMETERS, MC		
County WA	keInstrum	nent Location De A	entian Center
Instrument Seria	al No. 008615 3	301 Ham	nond RJ.
The preventive four months are	maintenance procedures for the Intoximeter	/ /	
1.	Verify the ethanol gas canister displays pr 34 degrees, plus or minus .2 degree centig		eath simulator thermometer show
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect	et breath sample;	
7.	When "PLEASE BLOW" appears, collect	ct 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.	ng changed before expirate four months or after 125	ion date, or the alcoholic breath Alcoholic Breath Simulator tests,
procedures wer	the day of	ove, in accordance with cu	rrent regulations of the N.C.
OF THE STATE OF TH	CAROLLI CAROLL		
ASE CIAM MEN	Signature of C	Tan Can 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)

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008615 Test Date: 12/02/2013

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: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:17am
AIR BLK	.00	10:18am
ACCY CHK	.07	10:19am
AIR BLK	.00	10:20am
SUB TEST	.00	10:20am
AIR BLK	.00	10:21am
SUB TEST	.00	10:23am
ATR BLK	. 0.0	10:24am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008615 Test Record Number: 4015 Test Date: 12/02/2013 Test Time: 10:26am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:26am
SRC	Pass	10:26am
DET	Pass	10:26am
BAR	Pass	10:26am
BT	Pass	10:26am

Blank Tests

Test	Status	Time
AIR	Pass	10:27am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	Instrument Location LIBERTY BLICE DEPT.
Instrument Serie	11 No. 008830 LIBERTY NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the <u>04</u> day of <u>DECEMBER</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.
TARE QUAM VIDEN	Signature of Certifying Official Certificate Number

RANDOLPH LIBERTY POLICE DEPT 750

Serial Number: 008830 Test Date: 12/04/2013

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	12:13pm 12:13pm 12:14pm
AIR BLK	.00	12:15pm
SUB TEST AIR BLK	.00 .00	12:16pm 12:17pm
SUB TEST	.00	12:18pm
AIR BLK	.00	12:19pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

RANDOLPH LIBERTY POLICE DEPT 750

Serial Number: 008830

Test Record Number: 430

Test Date: 12/04/2013

Test Time: 12:26pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test Status	Time
FC1 Pass SRC Pass	12:27pm 12:27pm
DET Pass	12:27pm
BAR Pass	12:27pm
BT Pass	12:27pm

Blank Tests

Test	Status	Time
AIR	Pass	12:28pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:28pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:28pm

12:28pm

Preventive Maintenance Status: Pass

Pass

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	MOORE	Instrument Location MOORE	E Co JAIL
Instrument Se	rial No. <u>00 8735</u>	CARTHAGE	NC
The preventiv		Intoximeters, Model Intox EC/IR II to b	pe followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 o	er displays pressure, or the alcoholic breadegree centigrade;	ath simulator thermometer show
2.	Verify instrument displays tir	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		•
9.	Verify Diagnostic Program; a	nd	
10.		nister is being changed before expiration anged every four months or after 125 A	
	ere performed on the instrument in	the following properly.	ent regulations of the N.C.
THE STATE OF	A COLUMN CAROL		
Total City And The Land City And City And The Land City And City A		gnature of Certifying Official	37/ Certificate Number

MOORE COUNTY MOORE COUNTY JAIL 620

Serial Number: 008735 Test Date: 12/03/2013

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

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

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MOORE COUNTY MOORE COUNTY JAIL 620

Serial Number: 008735 Test Record Number: 1335
Test Date: 12/03/2013 Test Time: 12:17pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:17pm
FLO	Pass	12:17pm
FC	Pass	12:17pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:17pm
SRC	Pass	12:17pm
DET	Pass	12:17pm
BAR	Pass	12:17pm
\mathtt{BT}	Pass	12:17pm

Blank Tests

Test	Status	Time
AIR	Pass	12:18pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:18pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	12:18pm 12:18pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County_	Catawba Instrument Location Catawba County SD
Instrumer	nt Serial No. 008687 100 B Southwest Blvd., Newton
· 	828-464-5241
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every this are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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	that on the <u>lotte</u> day of <u>lecember</u> , 20 <u>l3</u> the forgoing preventive maintenance es were performed on the instrument indicated above, in accordance with current regulations of the N.C. ent of Health and Human Services, and the instrument is functioning properly.
GREAT SE	TATE OF NORTH

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

Certificate Number

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008687 Test Record Number: 1762 Test Date: 12/10/2013

Test Time: 8:56am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:57am
FLO	Pass	8:57am
FC	Pass	8:57am

Temperature Tests

Test	Status	Time
FC1	Pass	8:57am
SRC	Pass	8:57am
DET	Pass	8:57am
BAR	Pass	8:57am
BT .	Pass	8:57am
	The state of the s	

Test Status Time

AIR Pass 8:58am

Printer Tests

Test Status Time

PRNT Pass 8:58am

CRC Tests

Test Status

COMP Pass 8:58am CAL Pass 8:58am

Preventive Maintenance Status: Pass

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008687 Test Date: 12/10/2013

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: 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: AG322601 Exp Date: 08/14/2015

Test	g/210L	Time
DIAG	Pass	9:02am
AIR BLK	.00	9:02am
ACCY CHK	.08	9:03am
AIR BLK	.00	9:04am
SUB TEST	.00	9:05am
AIR BLK	.00	9:06am
SUB TEST	.00	9:07am
AIR BLK	.00	9:08am

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



	INTOXIMETERS, MODEL INTOX EC/IR II
County	-gtawba Instrument Location Catawba County SD
Instrument Se	erial No. 008821 100 B Southwest Blvd. Newton
	88-64-574
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 opposed ures we Department of	on the 1010 day of 1000 or 1000 day of 1000 or 1000 day of 1000 da
NAME OF STATE OF STAT	Signature of Certifying Official Certificate Number

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008821 Test Record Number: 1135
Test Date: 12/10/2013 Test Time: 9:08am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	9:09am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	9:09am

Printer Tests

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

COMP Pass 9:10am CAL Pass 9:10am

Preventive Maintenance Status: Pass

Analyst

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008821 Test Date: 12/10/2013

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: 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	9:19am
AIR BLK	.00	9:20am
ACCY CHK	.07	9:21am
AIR BLK	.00	9:21am
SUB TEST	.00	9:22am
AIR BLK	.00	9:23am
SUB TEST	.00	9:25am
ATR BLK	.00	9:26am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

		INTOXIMETERS, MODEL INTOX EC/IR II
	County CA	Barrus Instrument Location Calgrius County SD
	Instrument Seria	2000
	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 1015 day of 1016 (MY), 2012 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.
	O'THE STATE OF MAN 20, 1775 AND 12, 1775 A	

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008590

Test Record Number: 2185

Test Date: 12/10/2013

Test Time: 11:25am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:26am 11:26am 11:26am 11:26am 11:26am
ـ د	r a b b	11.20aiii

Blank Tests

Test	Status	Time
AIR	Pass	11:27am

Printer Tests

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

Pass

11:27am

Preventive Maintenance Status: Pass

CAL

Analyst

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008590 Test Date: 12/10/2013

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: 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
T 7 7 7 7		44 04
DIAG	Pass	11:31am
AIR BL	K 🛴 .00	11:31am
ACCY C	HK .07	11:32am
AIR BL	K .00	11:33am
SUB TE	ST .00	11:34am
AIR BL	K .00	11:35am
SUB TE	ST .00	11:36am
ATR BL	K 00	11.37am

Reported AC . .00 g/210L

Signature of Chemical Analyst

Count CVR



	INTOXIMETER	S, MODEL INTOX EC/	IR II
County	Stanly	Instrument Location Star	nly County SD
Instrument Se	erial No. <u>008842</u>	1265.3 ^{cd} St.	Albemarle
· ,		704-986-37	34
The preventive four months a	ve maintenance procedures for the Into	eximeters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr	splays pressure, or the alcoholic brea ee centigrade;	th simulator thermometer show
2.	Verify instrument displays time a	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	rs, collect breath sample;	,
7.	When "PLEASE BLOW" appear	rs, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program, and		
10.	Verify that the ethanol gas caniston simulator solution is being change whichever occurs first.	er is being changed before expiration ed every four months or after 125 Al	date, or the alcoholic breath coholic Breath Simulator tests,
I certify that of procedures we Department of	on the	ated above, in accordance with curre	rgoing preventive maintenance nt regulations of the N.C.
OF STATE OF THE ST		ure of Certifying Official	656 Certificate Number

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008842 Test Record Number: 1270 Test Date: 12/11/2013 Test Time: 12:00pm EST

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
\mathtt{BT}	Pass	12:01pm

Blank Tests

Test	Status	Time
AIR	Pass	12:02pm

Printer Tests

Status	Time
Pass	12:02pm
CRC Tests	
Status	Time
Pass Pass	12:02pm 12:02pm
	Pass CRC Tests Status

Preventive Maintenance Status: Pass

Analyst

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008842 Test Date: 12/11/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: 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: AG315701 Exp Date: 06/06/2015

Test	g/210L	Time
DIAG	Pass	12:04pm
AIR BLK	.00	12:04pm
ACCY CHK	.08	12:05pm
AIR BLK	.00	12:06pm
SUB TEST	.00	12:06pm
AIR BLK	.00	12:07pm
SUB TEST	.00	12:09pm
ATP PLK	ሰብ	12 • 10 mm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

_	INTOXIMETERS, MODEL INTOX EC/IK II
County C	leveland Instrument Location Kings Mountain PD
Instrument Se	rial No. 008900 112 S. Piedmont Ave, Kings Me
	704-734-0444
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 of	in the 18th day of December, 2013 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.
OF THE STATE OF TH	

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

Signature of Certifying Official

Certificate Number

CLEVELAND COUNTY KINGS MOUNTAIN PD 220

Serial Number: 008900 Test Date: 12/18/2013

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: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG320602

Exp Date: 07/25/2015

Test	g/210L	Time
DIAG	Pass	3:12pm
AIR BLK	.00	3:13pm
ACCY CHK	.08	3:14pm
AIR BLK	.00	3:15pm
SUB TEST	.00	3:15pm
AIR BLK	.00	3:16pm

SUB TEST .00 3:18pm AIR BLK .00 3:19pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CLEVELAND COUNTY KINGS MOUNTAIN PD 220

Serial Number: 008900 Test Date: 12/18/2013

Test Record Number: 446
Test Time: 3:20pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:20pm 3:20pm
FC	Pass	3:21pm

Temperature Tests

SRC Pass 3:21pm DET Pass 3:21pm BAR Pass 3:21pm	Test	Status	Time
BT Pass 3:21pm	SRC DET	Pass Pass	3:21pm 3:21pm 3:21pm 3:21pm
	BT	Pass	3:21pm

Blank Tests

Test	Status	Time
AIR	Pass	3:21pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:21pm
	CRC Tests	

rest	Status	Time
COMP	Pass	3:21pm
CAL	Pass	3:21pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County L	incom Instrument Location Lincoln County Courthouse
Instrument Ser	ial No. 008827 #1 Court Square, Lincolnton 704-732-9820
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.
I certify that or procedures were Department of	the 8th day of December, 20 3 the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
TOTAL STATE OF	Along the second

Signature of Certifying Official

Certificate Number

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008827 Test Date: 12/18/2013

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: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Analyst

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008827 Test Record Number: 1678
Test Date: 12/18/2013 Test Time: 2:12pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:13pm
FLO	Pass	2:13pm
FC	Pass	2:13pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:13pm
SRC	Pass	2:13pm
DET	Pass	2:13pm
BAR	Pass	2:13pm
BT	Pass	2:13pm
		1 0.01 (1.01

Blank Tests

Test	Status	Time
7 TD .	Daga	2 1 4 10

Printer Tests

Test	Status	Time
PRNT	Pass	2:14pm
	CRC Tests	and the second s
Test	Status	Time
COMP	Pass	2:14pm

Preventive Maintenance Status: Pass

Pass

2:14pm

CAL

Analyst

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

yifying Official

MECKLENBURG COUNTY SHERIFFS DEPARTMENT 590

Serial Number: 008665 Test Date: 12/18/2013

Test Record Number: 3212 Test Time: 10:48am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:50am

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

10:50am

CAL

MECKLENBURG COUNTY SHERIFFS DEPARTMENT 590

> Serial Number: 008665 Test Date: 12/18/2013

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

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

Subject's Date of Birth: 11/11/191
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: AG309101 Exp Date: 04/01/2015

Test	g/210L	Time
Ŷ		
DIAG	Pass	10:52am
AIR BLK	.00	10:52am
ACCY CHK	.08	10:53am
AIR BLK	.00	10:54am
SUB TEST	.00	10:54am
AIR BLK	.00	10:55am
SUB TEST	.00	10:57am
AIR BLK	.00	10:58am

Reported/AC: .00 g/210L

Signature of Chemical Amalyst

Court CVR



^	INTOXIMETERS, MODEL INTOX EC/IR II
County K	ther ford Instrument Location Forest City PD
Instrument Seri	187 S. Church St., Forest City 828-245-555
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 19th day of lecember, 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.
STATE OF THE STATE	Signature of Certifying Official Certificate Number

RUTHERFORD COUNTY FOREST CITY PD 800

Serial Number: 008889 Test Record Number: 537 Test Date: 12/19/2013 Test Time: 9:34am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	9:35am
SRC	Pass	9:35am
DET	Pass	9:35am
BAR	Pass	9:35am
BT	Pass	9:35am

Blank Tests

Test	Status	Time
AIR	Pass	9:35am

Printer Tests

Test	Status	Time
PRNT	Pass	9:35am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:36am 9:36am

Preventive Maintenance Status: Pass

RUTHERFORD COUNTY FOREST CITY PD 800

Serial Number: 008889 Test Date: 12/19/2013

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: AG320602 Exp Date: 07/24/2015

Test	g/210L	Time
$\frac{2l}{\delta}$		
DIAG	Pass	9:40am
AIR BLK	.00	9:41am
ACCY CHK	.08	9:41am
AIR BLK	.00	9:43am
SUB TEST	.00	9:43am
AIR BLK	.00	9:44am
SUB TEST	.00	9:46am
AIR BLK	.00	9:46am

Reported AC .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_ W	4	Instrument Location WAKE	FUREST PD
Instrument Se	rial No. <u>608700</u>	225 S. TAYLOR ST	- WAKE FOREST,
The preventive four months a		Intoximeters, Model Intox EC/IR II to be t	followed at least once every
1.	Verify the ethanol gas canisted 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic breath egree centigrade;	simulator thermometer shows
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	nd	
10.		nister is being changed before expiration d anged every four months or after 125 Alco	
		the forg dicated above, in accordance with current the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
STATE OF THE STATE	The second of Comments and Comm	enature of Certifying Official	Certificate Number

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700 Test Date: 12/17/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	1:37pm
AIR BLK	.00	1:38pm
ACCY CHK	.08	1:39pm
AIR BLK	.00	1:40pm
SUB TEST	.00	1:41pm
AIR BLK	.00	1:42pm
SUB TEST	.00	1:43pm
ATR BLK	.00	$1:44\mathrm{pm}$

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

WAKE COUNTY WAKE FOREST PD 910

Test Record Number: 645 Serial Number: 008700

Test Date: 12/17/2013 Test Time: 1:48pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:48pm
SRC	Pass	1:48pm
DET	Pass	1:48pm
BAR	Pass	1:48pm
\mathtt{BT}	Pass	1:48pm

Blank Tests

Test	Status	Time
AIR	Pass	1:49pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:49pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:49pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County(CUMBERLAND Instrument Location CUMBER	LAND C. DETENTION
Instrument S	Serial No. 008632 FAYETTEVILLE	N,C
The preventi	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be a re:	e followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic brea 34 degrees, plus or minus .2 degree centigrade;	th simulator thermometer 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 simulator solution is being changed every four months or after 125 Al whichever occurs first.	date, or the alcoholic breath coholic Breath Simulator tests,
I certify that procedures v Department	at on the <u>S</u> day of <u>DECEMBER</u> , 20 <u>S</u> the for were performed on the instrument indicated above, in accordance with current of Health and Human Services, and the instrument is functioning properly.	orgoing preventive maintenance ent regulations of the N.C.
CALL STATE CREAT SET STATE CRE	Signature of Certifying Official	Certificate Number

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632 Test Date: 12/18/2013

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:

QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG320602

Exp Date: 07/25/2015

Test	g/210L	Time
DIAG	Pass	11:25am
AIR BLK	.00	11:26am
ACCY CHK	.08	11:27am
AIR BLK	.00	11:27am
SUB TEST	.00	11:28am
AIR BLK	.00	11:29am
SUB TEST	.00	11:31am
ATR BLK	. 00	11:31am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632

Test Record Number: 2703

Test Date: 12/18/2013

Test Time: 11:33am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:33am
FLO	Pass	11:33am
FC	Pass	11:33am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:34am

Printer Tests

Test	Status	Time
PRNT	Pass	11:34am
	CRC Tests	
Test	Status	Time
COMP	Pass	11.34am

Preventive Maintenance Status: Pass

Pass

11:34am

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_/	ECKLENBURG Instrument Location BAT MOBILE UNIT 3
Instrument S	erial No. OO8707 CHARLOTTE, NC
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department o	on the 5 day of DECEMBER, 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.
THE STATE OF THE S	alu Ry Bonn 648

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

Signature of Certifying Official

Certificate Number

MECKLENBURG COUNTY BAT MOBILE UNIT 3
590

Serial Number: 008707 Test Date: 12/05/2013

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

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

Lot Number: 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 .00	10:30pm 10:31pm 10:31pm 10:32pm 10:33pm 10:34pm 10:35pm
AIR BLK	.00	10:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008707

Test Record Number: 1931

System Check: Passed

. Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:42pm

Printer Tests

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

10:42pm

Preventive Maintenance Status: Pass

Pass

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647 Test Date: 12/05/2013

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: BARNES, ALVIN R

Permit Number: 15671E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:26pm
AIR BLK	.00	10:27pm
ACCY CHK	.08	10:27pm
AIR BLK	.00	10:28pm
SUB TEST	.00	10:30pm
AIR BLK	.00	10:31pm
SUB TEST	.00	10:32pm
AIR BLK	.00	10:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647

Test Record Number: 1863

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:34pm 10:34pm 10:34pm 10:34pm 10:34pm
		· · - <u> </u>

Blank Tests

Test	Status	Time
AIR	Pass	10:35pm

Printer Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ECKLENBURG Instrument Location BAT MOBILE UNIT 3		
Instrument Ser	rial No. 008614 CHARLOTTE, NC		
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every		
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 5 day of DECEMBER, 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.		
SUL STATE OF	AO CAROLL		
COT OTTOM ADDRESS	Signature of Certifying Official Certificate Number		

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616 Test Date: 12/05/2013

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: BARNES, ALVIN R

Permit Number: 15671E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:28pm 10:29pm
ACCY CHK	.08	10:29pm
AIR BLK	.00	10:30pm
SUB TEST	.00	10:31pm
AIR BLK	.00	10:32pm
SUB TEST	.00	10:33pm
AIR BLK	.00	10:34pm

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: 1844
Test Date: 12/05/2013 Test Time: 10:35pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:35pm
FLO	Pass	10:35pm
FC	Pass	10:35pm

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	10:35pm 10:35pm
DET	Pass	10:35pm
BAR	Pass	10:35pm
\mathtt{BT}	Pass	10:35pm

Blank Tests

Test	Status	Time
AIR	Pass	10:36pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:36pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:36pm

10:36pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS. MODEL INTOX EC/IR II

County H	ARNE T	Instrument Location BAT M	OBILE UNIT
Instrument Ser	ial No. <u>008734</u>	COAT	5, NC
The preventive four months ar		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" app	ears, collect breath sample;	•
7.	When "PLEASE BLOW" app		
8.	Print test record;	······································	
9.	Verify Diagnostic Program; an		
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	ister is being changed before expiration da nged every four months or after 125 Alcoh	te, or the alcoholic breath nolic Breath Simulator tests,
I certify that o	on the 13 day of D	ECENBERO 13 the forgo	oing preventive maintenance
procedures we Department of	ere performed on the instrument inc f Health and Human Services, and	dicated above, in accordance with current the instrument is functioning properly.	regulations of the N.C.
		• • • •	
mi STATE	94 A		
	C C		
SE CHAMVE	De la	la Baus	648
	Sig	nature of Certifying Official	Certificate Number

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

HARNETT COUNTY BAT MOBILE UNIT 4 420

Serial Number: 008734 Test Date: 12/13/2013

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: BARNES, ALVIN R
Permit Number: 15671E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	8:36pm 8:37pm
ACCY CHK	.00	8:38pm
AIR BLK	.00	8:38pm
SUB TEST	.00	8:39pm
AIR BLK	.00	8:40pm
SUB TEST	.00	8:41pm
AIR BLK	.00	8:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HARNETT COUNTY BAT MOBILE UNIT 4 420

Serial Number: 008734

Test Record Number: 778

Test Date: 12/13/2013

Test Time: 8:44pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:44pm
FLO	Pass	8:44pm
FC	Pass	8:44pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:44pm
SRC	Pass	8:44pm
DET	Pass	8:44pm
BAR	Pass	8:44pm
BT	Pass	8:44pm

Blank Tests

Test	Status	Time
AIR	Pass	8:45pm

Printer Tests

rest	Status	Time
PRNT	Pass	8:45pm

CRC Tests

rest		Status	Time
COMP		Pass	8:45pm
CAL	٠.	Pass	8:45pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	HARNETT Instrument Location BAT MOBILE UNIT
Instrumen	HARNETT Instrument Location BAT MOBILE UNIT t Serial No. 608616 ANGIER, AC
The prevent	ntive 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 the procedures Departmen	at on theday of
STATE OF THE STATE	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

HARNETT COUNTY BAT MOBILE UNIT 3 420

Serial Number: 008616 Test Date: 12/20/2013

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: BARNES, ALVIN R

Permit Number: 15671E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:30pm
AIR BLK	.00	10:31pm
ACCY CHK	.08	10:32pm
AIR BLK	.00	10:33pm
SUB TEST	.00	10:34pm
AIR BLK	:00	10:34pm
SUB TEST	.00	10:36pm
ATR BLK	.00	10:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HARNETT COUNTY BAT MOBILE UNIT 3 420

Serial Number: 008616 Test Date: 12/20/2013

Test Record Number: 1855 Test Time: 10:37pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:39pm

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

10:39pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	HARNETT Instrument Location BAT MOBILE UNI		
Instrument S	HARNETT Instrument Location BAT MOBILE UNI Gerial No. 008647 ANGIER, 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 ZO day of DECEMBER2013 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.		
TATE CHEAT	Wwxy/Jans		
	Signature of Certifying Official Certificate Number		

HARNETT COUNTY BAT MOBILE UNIT 3 420

Serial Number: 008647 Test Date: 12/20/2013

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	10:29pm 10:30pm 10:30pm 10:31pm 10:32pm
AIR BLK	.00	10:32pm
SUB TEST	.00	10:34pm
AIR BLK	.00	10:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HARNETT COUNTY BAT MOBILE UNIT 3 420

Serial Number: 008647 Test Date: 12/20/2013

Test Record Number: 1874
Test Time: 10:36pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:36pm 10:36pm
FC	Pass	10:36pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:36pm
SRC	Pass	10:36pm
DET	Pass	10:36pm
BAR	Pass	10:36pm
\mathtt{BT}	Pass	10:36pm

Blank Tests

Test	Status	Time
AIR	Pass	10:37pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:37pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:37pm

Preventive Maintenance Status: Pass

Pass

10:37pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II County GUILFORD Instrument Location, BAT MOBILE UNI		
Instrument	GUILFORD Instrument Location BAT MOBILE UNI Serial No. 008647 GREENSBORD, 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 tha procedures Department	t on the <u>27</u> day of <u>DECEMBER</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.	
THE STA	To a NORTH	

Signature of Certifying Official

Certificate Number

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008647 Test Date: 12/27/2013

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	9:34pm 9:35pm 9:35pm 9:36pm 9:37pm
AIR BLK	.00	9:38pm
SUB TEST	.00	9:39pm
AIR BLK	.00	9:40pm

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: 1877

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:42pm

Printer Tests

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

The prevent Four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1,	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
certify that o ocedures we partment o	on the 27 day of DECEMBER 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.

TATE OLIVEY TOTAL TOTAL

Signature of Certifying Official

Certificate Number

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008707 Test Date: 12/27/2013

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:
09/01/2013-09/01/2015

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	9:35pm 9:36pm 9:37pm 9:38pm 9:38pm 9:39pm 9:41pm
AIR BLK	.00	9:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Ahalyst

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008707

Test Record Number: 1939

Test Date: 12/27/2013

Test Time: 9:42pm EST

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
DET	Pass	9:43pm
BAR	Pass	9:43pm
BT	Pass	9:43pm

Blank Tests

Test	Status	Time
AIR	Pass	9:44pm

Printer Tests

rest	Status	Time
PRNT	Pass	9:44pm
	CRC Tests	

Test	Status	Time
COMP	Pass	9:44pm
CAL	Pass	9:44pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location BAT MOBILE UNIT 3

GREENSBORD, NC County The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted: 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; Print test record: 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. day of DECEMBER, 20 13 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

" aluka Ber

Signature of Certifying Official

Certificate Number

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008616 Test Date: 12/27/2013

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:33pm 9:34pm
ACCY CHK	.08	9:35pm
AIR BLK SUB TEST	.00 .00	9:36pm 9:36pm
AIR BLK	.00	9:37pm
SUB TEST AIR BLK	.00 .00	9:38pm 9:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008616 Test Record Number: 1860 Test Date: 12/27/2013 Test Time: 9:40pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ΔTR	Pass	9:41 pm

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

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	CUMBERLAND	Instrument Location	UMBERLAND	CO. DETENT
Instrume	nt Serial No. <u>668672</u>	Instrument Location	IF, N.C.	FACILITY
The prev	rentive maintenance procedures for the I	ntoximeters, Model Intox E	EC/IR II to be followed	at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alegree centigrade;	coholic breath simulat	or thermometer shows
2.	Verify instrument displays tim	e and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" app	ears, collect breath sample;	i	
7.	When "PLEASE BLOW" app	ears, collect breath sample;	i	
8.	Print test record;			
, 9.	Verify Diagnostic Program; an	d		
10.	Verify that the ethanol gas can simulator solution is being chawhichever occurs first.	ister is being changed before nged every four months or	re expiration date, or th after 125 Alcoholic Br	e alcoholic breath eath Simulator tests,
procedur	that on the <u> & day of beta</u> es were performed on the instrument incent of Health and Human Services, and	dicated above, in accordance the instrument is functioning	e with current regulation	ventive maintenance ons of the N.C.
GREAT SE	STATE OF NO DELLE CARDINATION OF THE PROPERTY			
407	Sign	Acture of Certifying Officia	I Cer	tificate Number

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008672 Test Date: 12/18/2013

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:
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	11:11am 11:11am 11:12am
AIR BLK	.00	11:13am
SUB TEST AIR BLK	.00	11:14am 11:14am
SUB TEST AIR BLK	.00 .00	11:17am 11:17am
VIV DIV	.00	

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008672 Test Record Number: 3756
Test Date: 12/18/2013 Test Time: 11:22am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	11:23am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	11:24am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County R	Instrument Location LOBES	ON CO. JAIL
Instrument Ser	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	N.C
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to b	oe followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic bre 34 degrees, plus or minus .2 degree centigrade;	ath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 A whichever occurs first.	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify that procedures w Department of	on the day of the corresponding to the vere performed on the instrument indicated above, in accordance with current feath and Human Services, and the instrument is functioning properly	rent regulations of the N.C.
STATION STATE OF STAT	TO NOTE OF THE CAROLINE CAROLI	
ARRI IZ. FI	Signature of Certifying Official	Certificate Number

ROBESON COUNTY LUMBERTON, LEC. 770

Serial Number: 008836 Test Date: 12/19/2013

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: AG317801 Exp Date: 06/27/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:55am 10:56am 10:57am
AIR BLK	.00	10:58am
SUB TEST	.00	10:58am
AIR BLK	.00	10:59am
SUB TEST	.00	11:01am
AIR BLK	.00	11:02am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ROBESON COUNTY LUMBERTON, LEC. 770

Serial Number: 008836 Test Record Number: 2746
Test Date: 12/19/2013 Test Time: 11:05am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:05am
FLO	Pass	11:05am
FC	Pass	11:05am

Temperature Tests

Test	Status	Time
FC1	Pass	11:05am
SRC	Pass	11:05am
DET	Pass	11:05am
BAR	Pass	11:05am
BT	Pass	11:05am

Blank Tests

Test	Status	Time
AIR	Pass	11:06am

Printer Tests

Test	Status	Time
PRNT	Pass	11:06am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:06am 11:06am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County P	OBESON	Instrument Location	ROBBON	(0. JAIL
Instrument Se	erial No. <u>008805</u>	Lunber	en, N	
	· .			
The preventive four months a	re maintenance procedures for the lare:	intoximeters, Model Intox E	C/IR II to be follo	wed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 degrees.		coholic breath simi	ulator thermometer show
2.	Verify instrument displays tim	e and date;		
3.	Initiate breath test sequence;		71, 88	
4.	Enter information as prompted	l;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" app	pears, collect breath sample;		
7.	When "PLEASE BLOW" app	pears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; an	nd		
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.			
	on the day of day of day of Health and Human Services, and		e with current regu	preventive maintenance lations of the N.C.
THE STATE OF THE S				
OF THE STATE	ON CANA			
		÷		
A ESSE QUAM VI	MA	County		652
	\$ig	hature of Certifying Officia		Certificate Number

ROBESON COUNTY LUMBERTON, LEC 770

Serial Number: 008805 Test Date: 12/19/2013

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: AG317801 Exp Date: 06/27/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	10:55am 10:56am 10:56am 10:57am 10:58am 10:58am
SUB TEST	.00	11:00am
AIR BLK	.00	11:01am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY LUMBERTON, LEC 770

Serial Number: 008805 Test Record Number: 2787
Test Date: 12/19/2013 Test Time: 11:04am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:05am 11:05am
FC	Pass	11:05am

Temperature Tests

Test	Status	Time
FC1 SRC DET	Pass Pass Pass	11:05am 11:05am 11:05am
BAR BT	Pass Pass	11:05am 11:05am 11:05am

Blank Tests

Test	Status	Time
AIR	Pass	11:05am

Printer Tests

Test	Status	Time
PRNT	Pass	11:05am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:06am

Preventive Maintenance Status: Pass

Pass

11:06am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	· · · · · · · · · · · · · · · · · · ·	MODEL INTOX EC	
County (1)	IMBERLAND I	nstrument Location ComBA	CAND CO. DETENTION
Instrument Ser	rial No	Fayetteville	VC
The preventive four months are	e maintenance procedures for the Intoxi	meters, 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	ays pressure, or the alcoholic br centigrade;	eath simulator thermometer show
2.	Verify instrument displays time and	date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;	,	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears,	collect breath sample;	
7.	When "PLEASE BLOW" appears,	collect breath sample;	
8.	Print test record;	•	
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister i simulator solution is being changed whichever occurs first.	s being changed before expiration every four months or after 125	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify that on procedures wer Department of	n the <u>B</u> day of <u>DECE</u> re performed on the instrument indicate Health and Human Services, and the in	d above, in accordance with cur	forgoing preventive maintenance rent regulations of the N.C.
CARLES OF THE STATE OF THE STAT	SASON AND THE PROPERTY OF THE	to Convell	37/
	Signature	of Certifying Official	Certificate Number

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008614 Test Date: 12/18/2013

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: RUSSELL, LARRY H
Permit Number: 6108E
Effective:

08/01/2013-08/01/2015

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:18am 11:19am 11:20am
AIR BLK	.00	11:21am
SUB TEST	.00	11:22am
AIR BLK	.00	11:23am
SUB TEST	.00	11:24am
AIR BLK	.00	11:25am

Reported_AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008614

Test Record Number: 2413

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:36am 11:36am
FC	Pass	11:36am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:37am

Printer Tests

rest	Status	Time
PRNT	Pass	11:37am
	CRC Tests	

Test	Status	Time
COMP	Pass	11:37am
CAL	Pass	11:37am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (Instrument Location Comagninus Co. Detennor
Instrument Seria	al No. 008633 Fayetherille 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
STATE OF THE STATE	Signature of Certifying Official Certificate Number

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008633 Test Date: 12/18/2013

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

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

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

Test	g/210L	Time
	Pass	11:16am
AIR BLK	.00	11:17am
ACCY CHK	.07	11:17am
AIR BLK	.00	11:19am
SUB TEST	.00	11:19am
AIR BLK	.00	11:20am
SUB TEST	.00	11:22am
AIR BLK	.00	11:23am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008633 Test Record Number: 2710 Test Date: 12/18/2013 Test Time: 11:25am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:27am

Printer Tests

Test	Status	Time
PRNT	Pass	11:27am
	CRC Tests	

Test	Status	Time
COMP	Pass	11:27am
CAL	Pass	11:27am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County \	AINSTEN	Instrument Location	Berson P	lice DEPT
Instrument Seri	al No. 008885	BENSON	H.C.	
The preventive four months are	maintenance procedures for the Into	kimeters, Model Intox EC/	TR II to be followed	at least once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degre		holic breath simulate	or thermometer shows
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.			
	the <u>20</u> day of <u>10</u> day of 10 day o		with current regulati	ventive maintenance ons of the N.C.
OF THE STATE OF THE CONTROL OF THE C	CAROLINA NO.	The of Certifying Official	Cei	ctificate Number

JOHNSTON COUNTY BENSON POLICE DEPT. 500

Serial Number: 008885 Test Date: 12/20/2013

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:
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	10:00am 10:01am
ACCY CHK	.07	10:02am
AIR BLK	.00	10:03am
SUB TEST	0.0	10:04am
AIR BLK	.00	10:05am
SUB TEST	.00	10:07am
AIR BLK	.00	10:07am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services Rev. 12/2007

JOHNSTON COUNTY BENSON POLICE DEPT. 500

Serial Number: 008885 Test Date: 12/20/2013

Test Record Number: 342
Test Time: 10:08am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FCl	Pass	10:09am
SRC	Pass	10:09am
DET	Pass	10:09am
BAR	Pass	10:09am
BT	Pass	10:09am

Blank Tests

Test	Status	Time
AIR	Pass	10:09am

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

Pass

10:10am

10:10am

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	FIARNETT Instrument Location DUNN POLICE DEPT.
Instrume	nt Serial No. 008644 DUNN N.C.
The prev	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.
procedui	hat on the <u>30</u> day of <u>beceween</u> , 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.
CARLOREATS.	Signature of Certifying Official Certificate Number

HARNETT COUNTY DUNN POLICE DEPT. 420

Serial Number: 008644 Test Date: 12/20/2013

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:
QUARANTELLO, NICHOLAS J
Permit Number: 21536E
Effective:

08/01/2013-08/01/2015

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	11:17am
AIR BLK	.00	11:18am
ACCY CHK	.08	11:18am
AIR BLK SUB TEST	.00	11:19am
AIR BLK	.00 .00	11:20am
SUB TEST	.00	11:20am 11:22am
AIR BLK	.00	11:22am
$\Delta T V D D D$		

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HARNETT COUNTY DUNN POLICE DEPT. 420

Serial Number: 008644 Test Date: 12/20/2013

Test Record Number: 1020
Test Time: 11:23am EST

System Check: Passed

Baseline Tests

11:24am 11:24am 11:24am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:24am

Printer Tests

Test	Status	Time
PRNT	Pass	11:25am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:25am 11:25am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	RICHMOND In	trument Location Richm	OND CO. MAKISTRATES D
Instrume	ent Serial No. OO 8840 P	ex KINGHAM	N.C.
The prev	ventive maintenance procedures for the Intoxim	eters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas canister displa 34 degrees, plus or minus .2 degree c		breath simulator thermometer shows
2.	Verify instrument displays time and o	ate;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;	غر	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, c	ollect breath sample;	
7.	. When "PLEASE BLOW" appears, c	ollect breath sample;	
8.	Print test record;		
9.	. Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is simulator solution is being changed e whichever occurs first.	being changed before expired very four months or after 12	ration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
procedu	that on the day of	above, in accordance with	the forgoing preventive maintenance current regulations of the N.C. erly.
S OREA! SE	STATE OF NO LIVE CARD	The state of the s	
****	Signature	DeAUTE Official	652 Certificate Number
		· · · · ·	•

RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008840 Test Date: 12/02/2013

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	1:12pm 1:12pm
ACCY CHK	.07	1:13pm
AIR BLK	.00	1:14pm
SUB TEST	.00	1:15pm
AIR BLK	.00	1:16pm
SUB TEST	.00	1:18pm
AIR BLK	.00	1:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008840 Test Date: 12/02/2013

Test Record Number: 1270 Test Time: 1:20pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:20pm
SRC	Pass	1:20pm
DET	Pass	1:20pm
BAR	Pass	1:20pm
BT	Pass	1:20pm

Blank Tests

Test	Status	Time
AIR	Pass	1:21pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:21pm
	CRC Tests	

rest	Status	Time
COMP	Pass	1:21pm
CAL	Pass	1:21pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County S	COTLAND	Instrument Location Scu	TUHO CO. SHERIFTS 8
Instrument Se	rial No. <u>008861</u>	LAURINBURG	, pc.
·		e e	
The preventive four months a		toximeters, Model Intox EC/IR	II to be followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg		ic 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" appearance	ars, collect breath sample;	
7.	When "PLEASE BLOW" appearance	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	simulator solution is being chan whichever occurs first.	ged every four months or after	piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
	n the day of re performed on the instrument indi Health and Human Services, and th	cated above, in accordance wit	
STATE STATE OF STATE	CAROLINI	·	
APRIL 12, THE	Signa	ATC-ecature of Certifying Official	Certificate Number

SCOTLAND COUNTY SHERIFF'S OFFICE 820

Serial Number: 008861 Test Date: 12/03/2013

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

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

SCOTLAND COUNTY SHERIFF'S OFFICE 820

Serial Number: 008861

Test Record Number: 875

Test Date: 12/03/2013

Test Time: 10:55am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:56am
SRC	Pass	10:56am
DET	Pass	10:56am
BAR	Pass	10:56am
BT	Pass	10:56am

Blank Tests

Test	Status	Time
AIR	Pass	10:57am
1111	1 455	10.57am

Printer Tests

Test	Status	Time
PRNT	Pass	10:57am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:57am 10:57am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Sc	CUALITOL	Instrument Location LAJRIN	BURG Police D
Instrument Seria	11 No. 008834	LAURIN BURG	NC
The preventive four months are		ximeters, Model Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degrees.	plays pressure, or the alcoholic breath ee centigrade;	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" appears	s, collect breath sample;	
7.	When "PLEASE BLOW" appear	s, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		r is being changed before expiration dand every four months or after 125 Alcohole.	
	the <u>3</u> day of <u>1-7-F</u> performed on the instrument indica lealth and Human Services, and the	the forgotted above, in accordance with current instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
OF THE STATE OF TH	CAROLLING CAROLLING		
* CATE QUAN VIDEN *	Signatu	Coauza re of Certifying Official	Certificate Number

SCOTLAND COUNTY LAURINBURG PD. 820

Serial Number: 008834 Test Date: 12/03/2013

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

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

Analyst's Name:
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 AIR BLK SUB TEST	Pass .00 .08 .00	11:47am 11:48am 11:49am 11:49am
AIR BLK	.00	11:50am 11:51am
SUB TEST	.00	11:53am
AIR BLK	.00	11:53am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

SCOTLAND COUNTY LAURINBURG PD. 820

Serial Number: 008834 Test Date: 12/03/2013

Test Record Number: 568
Test Time: 11:55am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass	11:55am
FC FTO	Pass Pass	11:55am 11:55am

Temperature Tests

Test	Status	Time
FC1	Pass	11:55am
SRC	Pass	11:55am
DET	Pass	11:55am
BAR	Pass	11:55am
BT	Pass	11:55am

Blank Tests

Test	Status	Time
AIR	Pass	11:56am

Printer Tests

rest	Status	Time
PRNT	Pass	11:56am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:56am 11:56am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County U	Jake Instrument Location Bat Mobile Unit 5
Instrument So	erial No. <u>608600</u>
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.
procedures v	on the 13 day of December, 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 THE STATE OF THE CONTROL OF THE C	Signature of Certifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600

Test Record Number: 1308 Test Time: 9:26pm EST

Test Date: 12/13/2013

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
AIR	Pass	9:27pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:27pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:28pm 9:28pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Date: 12/13/2013

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

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

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

g/210L	Time
Pass .00 .07	9:16pm 9:17pm 9:18pm
.00	9:19pm
.00	9:20pm
.00	9:21pm
.00	9:22pm
.00	9:23pm
	.00 .07 .00 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Wake Instrument Location BAT mobile Unit 5
Instrume	ent Serial No. <u>008788</u>
	ventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every nths 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.
procedu	that on the
STATE OF STA	STATE OF TOTAL STATE OF TOTAL STATE OF TOTAL STATE OF TOTAL SIgnature of Ceptifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788

Test Record Number: 884

Test Date: 12/13/2013

Test Time: 9:22pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:23pm
FLO	Pass	9:23pm
FC	Pass	9:23pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:23pm
SRC	Pass	9:23pm
DET	Pass	9:23pm
BAR	Pass	9:23pm
BT	Pass	9:23pm

Blank Tests

Test	Status	Time
AIR	Pass	9:24pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:24pm

CRC Tests

Test	Status	Time
COMP	Pass	9:24pm
CAL	Pass	9:24pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Date: 12/13/2013

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: TOWERY, CHAD V

Permit Number: 26632E

Effective:

10/18/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	9:13pm 9:14pm 9:15pm
AIR BLK	.00	9:16pm
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	Jake Instrument Location BAT Mobile Unit 5		
Instrument S	erial No. <u>00 8 6 9 8</u>		
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
I certify that procedures v	on the		
THE STATE OF A THE ST			

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Record Number: 1021 Test Date: 12/13/2013 Test Time: 9:41pm EST

System Check: Passed

... Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	9:42pm
SRC	Pass	9:42pm
DET	Pass	9:42pm
BAR	Pass	9:42pm
BŤ	Pass	9:42pm

Blank Tests

Test	Status	Time
AIR	Pass	9:42pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:42pm
·	CRC Tests	
Test	Status	Time
COMP	Pass	9:43pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Date: 12/13/2013

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	9:32pm 9:33pm 9:34pm
AIR BLK	.00	9:35pm
SUB TEST AIR BLK	.00 .00	9:35pm 9:36pm
SUB TEST	.00	9:38pm
AIR BLK	.00	9:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	1:/50H 1	nstrument Location BAT MA	Obile Unit 4
Instrument Ser	i i		·
The preventive four months ar	maintenance procedures for the Intoxise:	meters, Model Intox EC/IR II to be f	ollowed at least once every
1.	Verify the ethanol gas canister displaced and degrees, plus or minus .2 degree		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		1
10.	Verify that the ethanol gas canister simulator solution is being changed whichever occurs first.	is being changed before expiration de every four months or after 125 Alco	ate, or the alcoholic breath holic Breath Simulator tests,
I certify that of procedures we Department of	n the day of re performed on the instrument indicate Health and Human Services, and the in	the forged above, in accordance with current astrument is functioning properly.	oing preventive maintenance regulations of the N.C.
CREAT STATE OF STATE	The state of the s		65
	Signatur	e of Certifying Official	Certificate Number

WILSON COUNTY BAT MOBILE UNIT 4 970

Serial Number: 008734 Test Date: 12/30/2013

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: AG322601 Exp Date: 08/14/2015

Test	g/210L	Time
DIAG	Pass	9:27pm
AIR BLK	.00	9:28pm
ACCY CHK	.07	9:28pm
AIR BLK	.00	9:29pm
SUB TEST	.00	9:30pm
AIR BLK	.00	9:31pm
SUB TEST	.00	9:33pm
AIR BLK	.00	9:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WILSON COUNTY BAT MOBILE UNIT 4 970

Serial Number: 008734

Test Record Number: 788

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:35pm
FLO	Pass	9:35pm
FC	Pass	9:35pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:35pm
SRC	Pass	9:35pm
DET	Pass	9:35pm
BAR	Pass	9:35pm
BT	Pass	9:35pm

Blank Tests

Test	Status	Time
AIR	Pass	9:36pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:36pm

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst



County Ne	an Hariover Instrument Location Bate 1	
Instrument Se	rial No. 008739	· · · · · · · · · · · · · · · · · · ·
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to I	be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic bre 34 degrees, plus or minus .2 degree centigrade;	ath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	•
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiratio simulator solution is being changed every four months or after 125 A whichever occurs first.	
I certify that oprocedures we Department o	on the	orgoing preventive maintenance ent regulations of the N.C.
•		**************************************
OF THE STATE	and the second s	
TOTAL DE STATE OF THE STATE OF		654
	Signature of Certifying Official	Cartificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 4 640

> Serial Number: 008734 Test Date: 12/21/2013

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: 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: AG322601 Exp Date: 08/14/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00 .00	9:21pm 9:22pm 9:22pm 9:23pm 9:24pm 9:25pm 9:27pm
AIR BLK	.00	9:28pm

Reported AC: $.00 \, q/210L$

gnature of Chemical Analyst

Court CVR

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

Analyst

Rev. 12/2007

NEW HANOVER COUNTY BAT MOBILE UNIT 4 640

Serial Number: 008734 Test Record Number: 785
Test Date: 12/21/2013 Test Time: 9:28pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	9:29pm
SRC	Pass	9:29pm
DET	Pass	9:29pm
BAR	Pass	9:29pm
\mathtt{BT}	Pass	9:29pm

Blank Tests

Test	Status	Time
AIR	Pass	9:30pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:30pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:30pm

Preventive Maintenance Status: Pass

Pass

9:30pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ne	eas Harrover Instrument Location BAT	Mobile Unit4
Instrument Se	erial No. 2088/1	.:
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to are:	be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic br 34 degrees, plus or minus .2 degree centigrade;	eath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	•
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 a whichever occurs first.	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify that of procedures we Department of	on the <u>2/76</u> day of <u>December</u> , 20 <u>/3</u> the ere performed on the instrument indicated above, in accordance with cur f Health and Human Services, and the instrument is functioning properly	rent regulations of the N.C.
OF CAME STATE OF THE STATE OF T	Signature of Certifying Official	Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 4 640

Serial Number: 008871 Test Date: 12/21/2013

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: AG203902 Exp Date: 02/08/2014

Test	g/210L	Time
DIAG AIR BLK	Pass	9:22pm 9:24pm
ACCY CHK	.07	9:24pm
AIR BLK	.00	9:25pm
SUB TEST	.00	9:26pm
AIR BLK	.00	9:27pm
SUB TEST	.00	9:28pm
AIR BLK	.00	9:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

NEW HANOVER COUNTY BAT MOBILE UNIT 4 640

Serial Number: 008871 Test Date: 12/21/2013

Test Record Number: 736
Test Time: 9:30pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR a je	Pass	9:30pm
FLO	Pass	9:30pm
FC	Pass	9:3 0 pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:30pm
SRC	Pass	9:30pm
DET	Pass	9:30pm
BAR	Pass	9:30pm
BT	Pass	9:30pm

Blank Tests

Test	Status	Time
AIR	Pass	9:31pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:31pm
	CRC Tests	

Test	Status	Time
COMP	Pass	9:31pm

Pass

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ARTORET Instrument Location BAT Mobile Usit 4
Instrument So	
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.
procedures w	on theday of
TARE QUANTY	Signature of Certificial Certificate Number

CARTERET COUNTY BAT MOBILE UNIT 4 150

Serial Number: 008871 Test Date: 12/20/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	8:54pm 8:55pm
ACCY CHK	.07	8:55pm
AIR BLK	.00	8:56pm
SUB TEST	.00	8:57pm
AIR BLK	.00	8:58pm
SUB TEST	.00	8:59pm
AIR BLK	.00	9:00pm

Reported AC:

20 of /210To

Signature of Chemical Analyst

Court CVR

CARTERET COUNTY BAT MOBILE UNIT 4 150

Serial Number: 008871 Test Record Number: 733 Test Date: 12/20/2013 Test Time: 9:00pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:01pm
FLO	Pass	9:01pm
FC	Pass	9:01pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:01pm
SRC	Pass	9:01pm
DET	Pass	9:01pm
BAR	Pass	9:01pm
BT	Pass	9:01pm

Blank Tests

Test	Status	Time
AIR	Pass	ma20:0

Printer Tests

Test	Status	Time
PRNT	Pass	9:02pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:02pm 9:02pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	1	Instrument Location BAT I	Nobile Chat
Instrument Seria	al No. 00 8534	Eprenol Ist	
The preventive if		Intoximeters, Model Intox EC/IR II to be	e followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic brea legree centigrade;	th simulator thermometer shows
2.	Verify instrument displays tim	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	nd	
10.		nister is being changed before expiration anged every four months or after 125 Ale	
	performed on the instrument in	the fordicated above, in accordance with current the instrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
OF MAN 20, 1772	S. S	gnature of Certifying Official	Certificate Number

CARTERET COUNTY BAT MOBILE UNIT 4 150

Serial Number: 008734 Test Date: 12/20/2013

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, GRAYHAM C Permit Number: 7682E Effective:

02/01/2012-02/01/2014

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	8:51pm 8:52pm
ACCY CHK	.08	8:53pm
AIR BLK	.00	8:54pm
SUB TEST	.00	8:54pm
AIR BLK	.00	8:55pm
SUB TEST	.00	8:57pm
AIR BLK	.00	8:58pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CARTERET COUNTY BAT MOBILE UNIT 4 150

Serial Number: 008734

Test Record Number: 782

Test Date: 12/20/2013

Test Time: 8:58pm EST

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	8:59pm
SRC	Pass	8:59pm
DET	Pass	8:59pm
BAR	Pass	8:59pm
BT	Pass	8:59pm

Blank Tests

Test	Status	Time
AIR	Pass	9:00pm

Printer Tests

IESC	Status	TTITE
PRNT	Pass	9:00pm

Ctotuc

m-i m-o

CRC Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County BRU	MSWick Co. Instrument Location BAT Mobile Unit 4
	INO. 008734
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of H	the
THE STATE OF A SET OF	Signature of Certifying Official Certificate Number

BRUNSWICK COUNTY BAT MOBILE UNIT 4 090

Serial Number: 008734 Test Date: 12/07/2013

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: 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: AG322601 Exp Date: 08/14/2015

Test	g/210L	Time
DIAG	Pass	7:34pm
AIR BLK ACCY CHK	.00	7:35pm 7:35pm
AIR BLK	.00	7:35pm
SUB TEST	.00	7:37pm
AIR BLK	.00	7:38pm
SUB TEST	.00	7:39pm
AIR BLK	.00	7:40pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BRUNSWICK COUNTY BAT MOBILE UNIT 4 090

Serial Number: 008734 Test Record Number: 776 Test Time: 7:41pm EST Test Date: 12/07/2013

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:41pm
FLO	Pass	7:41pm
FC	Pass	7:41pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:41pm
SRC	Pass	7:41pm
DET	Pass	7:41pm
BAR	Pass	7:41pm
BT	Pass	7:41pm

Blank Tests

Test	Status	Time
AIR	Pass	7:42pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:42pm

CRC Tests

rest	Status	Time
COMP	Pass	7:42pm
CAL	Pass	7:42pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County λ	BRUNSWick Instrument Location BAT Wholile Unit 4
Instrument S	Gerial No. <u>0088111</u>
The prevent	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5,	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on theday ofbeen_beel, 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.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

BRUNSWICK COUNTY BAT MOBILE UNIT 4 090

Serial Number: 008871 Test Date: 12/07/2013

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: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective: 02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG203902

Exp Date: 02/08/2014

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

Reported AC:

.00 g₂/210L

Signature of Chemical Analyst

Court CVR

Analyst

BRUNSWICK COUNTY BAT MOBILE UNIT 4 090

Serial Number: 008871 Test Test Date: 12/07/2013 Test

Test Record Number: 730 Test Time: 7:42pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:42pm
FLO	Pass	7:42pm
FC	Pass	7:42pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:42pm
SRC	Pass	7:42pm
DET	Pass	7:42pm
BAR	Pass	7:42pm
BT	Pass	7:42pm

Blank Tests

Test	Status	Time
AIR	Pass	7:43pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:43pm

CRC Tests

Test	Status	Time
COMP	Pass	7:43pm
CAL	Pass	7:43pm

Preventive Maintenance Status: Pass

Anályst



_	INTOXIMETERS, MODEL INTOX EC/IR II
County	1RRY Instrument Location SURRY County Jail
Instrument Seria	11 No. 008934 Dobson, N.C.
The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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 Newber , 20 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF A STATE O	Service Little 657

SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934 Test Date: 12/12/2013

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 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: AG205401 Exp Date: 02/23/2014

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	3:02am 3:03am 3:03am
AIR BLK	.00	3:04am
SUB TEST	.00	3:05am
AIR BLK	.00	3:06am
SUB TEST	.00	3:07am
AIR BLK	.00	3:08am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Analyst

SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934 Test Record Number: 1201 Test Date: 12/12/2013 Test Time: 3:09am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass	3:10am 3:10am
FC FLO	Pass Pass	3:10am
FC	Pass	3:IUaiii

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	3:11am

Printer Tests

Test	Status	Time
PRNT	Pass	3:11am
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	3:11am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

ask	INTOXIMETERS, MODEL INTOX EC/IR II
County ***********	DURRY Instrument Location + 16+ Mountain
Instrument Se	erial No. 008938 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
STATE OVER 17 STATE OF THE STAT	

SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938 Test Date: 12/12/2013

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: AG203902 Exp Date: 02/08/2014

Test	g/210L	Time
DIAG AIR BLK	Pass	4:17pm 4:17pm
ACCY CHK AIR BLK	.07 .00	4:18pm 4:19pm
SUB TEST	.00	4:20pm
AIR BLK SUB TEST	.00 .00	4:21pm 4:22pm
AIR BLK		4:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Sant Abelle Analyst

SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938 Test Date: 12/12/2013 Test Record Number: 445
Test Time: 4:24pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:24pm
FLO	Pass	4:24pm
FC	Pass	4:24pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	4:25pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:25pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:25pm 4:25pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first.		INTOXIMETERS, MODEL INTOX EC/IR II
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer is 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first. 1 certify that on the	County	URRY Instrument Location Wound Hiry
1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer s 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first. 1 certify that on the day of day of 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.	Instrument S	rial No. 008943 Police Department
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first. 1 certify that on the day of		
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first. I certify that on the	1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer si 34 degrees, plus or minus .2 degree centigrade;
4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first. 1 certify that on the day of day of day of the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.	2.	Verify instrument displays time and date;
5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first. I certify that on the	3.	Initiate breath test sequence;
6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first. 1 certify that on the	4.	Enter information as prompted;
7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first. 1 certify that on the	5.	Verify instrument accuracy;
8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first. I certify that on the	6.	When "PLEASE BLOW" appears, collect breath sample;
9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first. I certify that on the	7.	When "PLEASE BLOW" appears, collect breath sample;
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first. I certify that on the	8.	Print test record;
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first. I certify that on the day of control of the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.	9.	Verify Diagnostic Program; and
procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.	10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first.
THE STATE OF NO. 12 TO	procedures w	ere performed on the instrument indicated above, in accordance with current regulations of the N.C.
and the second	OF THE STATION OF THE	STORE STATE AND A

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943 Test Date: 12/12/2013

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	5:03pm 5:03pm 5:04pm 5:05pm 5:05pm 5:06pm
SUB TEST	.00	5:08pm
AIR BLK,	.00	5:08pm
	. 0 0	J. UJDill

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943 Test Record Number: 1540
Test Date: 12/12/2013 Test Time: 5:10pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	5:10pm 5:10pm
FC	Pass	5:10pm

Temperature Tests

Status	Time
Pass	5:10pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	5:11pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:11pm
	CRC Tests	
Test	Status	Time

COMP	Pass	5:11pm
CAL	Pass	5:11pm

Preventive Maintenance Status: Pass

Analyst



. /	INTOXIMET	ERS, MODEL INT	OX EC/IR II
County Ya	dKin	Instrument Location_	Yadkin County Jail
Instrument Seri	ial No. <u>008944</u>		Yadkinville, N.C.
The preventive four months are		e Intoximeters, Model Intox	EC/IR II to be followed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2		alcoholic breath simulator thermometer shows
2.	Verify instrument displays ti	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompt	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	ppears, collect breath sample	e;
7.	When "PLEASE BLOW" ap	ppears, collect breath sample	e;
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.			ore expiration date, or the alcoholic breath r after 125 Alcoholic Breath Simulator tests,
			nce with current regulations of the N.C.
ON ESTATE OF THE COURT OF THE C	Jan 11	ignature of Cortifying Offic	ial Certificate Number

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

YADKIN COUNTY YADKIN JAIL 980

Serial Number: 008944 Test Date: 12/13/2013

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: 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: AG312802 Exp Date: 05/08/2015

Test	g/210L	Time
DIAG AIR BLK	Pass	1:56pm 1:57pm
ACCY CHK	.00	1:57pm
AIR BLK	.00	1:58pm
SUB TEST	.00	1:59pm
AIR BLK	.00	2:00pm
SUB TEST	.00	2:01pm
AIR BLK	.00	2:02pm

Reported AC: .00 g/210I

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

YADKIN COUNTY YADKIN JAIL 980

Serial Number: 008944 Test Record Number: 1034
Test Date: 12/13/2013 Test Time: 2:04pm EST

System Check: Passed

Baseline Tests

Test	Status Time
IR	Pass 2:04pm
FLO	Pass 2:04pm
FC	Pass 2:04pm

Temperature Tests

Test	Status Time
FC1 SRC DET BAR BT	Pass 2:04pm Pass 2:04pm Pass 2:04pm Pass 2:04pm Pass 2:04pm

Blank Tests

Test	Status Time
AIR	Pass 2:05pm

Printer Tests

Test	Status Time
PRNT	Pass 2:05pm
*	그 그 그 그 그 그 사이 불 위치 생각이 생각

CRC Tests

Test	Status Time
COMP	Pass 2:05pm
CAL	Pass 2:05pm

Preventive Maintenance Status: Pass

Analysi

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

JOHN JOHN JOHN LOCATION JOHN LOCAT

Instrument Serial No. 008854 Yackinville, N.C.

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

- 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- Verify instrument displays time and date;
- 3. Initiate breath test sequence;
- Enter information as prompted;
- 5. Verify instrument accuracy;
- 6. When "PLEASE BLOW" appears, collect breath sample;
- 7. When "PLEASE BLOW" appears, collect breath sample;
- 8. Print test record:
- 9. Verify Diagnostic Program; and
- 10. Verify that the ethanol gas canister is being changed before 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 <u>Comber</u>, 20 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

YADKIN COUNTY YADKIN JAIL 980

Serial Number: 008854 Test Date: 12/13/2013

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

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

Analyst's Name: 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: AG312802 Exp Date: 05/08/2015

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

Reported AC: .00, g/210L

Signature of Chemical Analyst

Court CVR

Junt Hallyst

YADKIN COUNTY YADKIN JAIL 980

Serial Number: 008854

Test Record Number: 251

Test Date: 12/13/2013

Test Time: 2:05pm EST

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	Status	Time
PRNT	Pass	2:06pm

CRC Tests

Test	Status	Time
COMP	Pass	2:06pm
CAL	Pass	2:06pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Λ	INTOXIMETERS, MODEL INTOX EC/IR II
County A	She Instrument Location Ashe County Jai
Instrument Se	rial No. 008849 Jefferson, N. C.
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
THE STATE OF THE PARTY OF THE P	Signature of Certifying Official Certificate Number

ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849 Test Date: 12/18/2013

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: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

DIAG Pass 11:45am AIR BLK .00 11:46am ACCY CHK .07 11:46am AIR BLK .00 11:47am SUB TEST .00 11:48am AIR BLK .00 11:49am SUB TEST .00 11:51am AIR BLK .00 11:52am	Test	g/210L	Time
SUB TEST .00 11:51am	AIR BLK ACCY CHK AIR BLK SUB TEST	.00 .07 .00	11:46am 11:46am 11:47am 11:48am
			11:51am

Reported AC:

 $0.0 \, g/210L$

Signature of Chemical Analyst

Court CVR

ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849

Test Record Number: 794

Test Date: 12/18/2013

Test Time: 11:56am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:56am
SRC	Pass	11:56am
DET	Pass	11:56am
BAR	Pass	11:56am
BT	Pass	11:56am

Blank Tests

Test	Status	Time
AIR	Pass	11:57am

Printer Tests

Test	Status	Time
PRNT	Pass	11:57am
	CRC Tests	·
Test	Status	Time
COMP CAL	Pass Pass	11:57am 11:57am

Preventive Maintenance Status: Pass



County_A	leghany	Instrument Location Alega	hany County Jail
Instrument Se	rial No. <u>108890</u>	Spar.	fa, N. C.
The preventiv	e maintenance procedures for the In	toximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	fisplays pressure, or the alcoholic bregree centigrade;	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	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	₹	
	simulator solution is being chan whichever occurs first. on the day of	ster is being changed before expiration ged every four months or after 125 And the following properly is functioning properly	Alcoholic Breath Simulator tests, Forgoing preventive maintenance ent regulations of the N.C.
THE STATE OF THE S	Jan	About of Certifying Official	Certificate Number

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

ALLEGHANY COUNTY ALLEGHANY CO JAIL 020

Serial Number: 008890 Test Date: 12/18/2013

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: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG320602

Exp Date: 07/25/2015

Test

	- '	
DIAG	Pass	1:31pm
AIR BLK	.00	1:32pm
ACCY CHK	.07	1:33pm
AIR BLK	.00	1:34pm
SUB TEST	.00	1:34pm

g/210L

Time

SUB TEST .00 1:34pm AIR BLK .00 1:35pm

SUB TEST .00 1:37pm

AIR BLK .00 1:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

ALLEGHANY COUNTY ALLEGHANY CO JAIL 020

Serial Number: 008890 Test Date: 12/18/2013

Test Record Number: 450 Test Time: 1:39pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:39pm
FLO	Pass	1:39pm
FC	Pass	1:39pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:39pm
SRC	Pass	1:39pm
DET	Pass	1:39pm
BAR	Pass	1:39pm
BT	Pass	1:39pm

Blank Tests

Test	Status	Time
AIR	Pass	1:40pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:40pm

CRC Tests

Test	Status	Time
COMP	Pass	1:40pm
CAL	Pass	1:40pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD

D	INTOXIMETERS, MODEL INTOX EC/IR II
County 10	Instrument Location Madison to lice
Instrument S	erial No. 008802 Department
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures v	on the <u>JO</u> day of <u>December</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.
THE STATION OF THE ST	Signature of Certifying Official Certificate Number

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

Certificate Number

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802 Test Date: 12/20/2013

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: 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

rest	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	1:11pm 1:12pm
AIR BLK	.00	1:13pm 1:14pm
SUB TEST	.00	1:15pm
AIR BLK	.00	1:16pm
SUB TEST	.00	1:18pm
AIR BLK	.00	1:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst /

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802

Test Record Number: 563

Test Date: 12/20/2013

Test Time: 1:19pm ÉST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:20pm
SRC	Pass	1:20pm
DET	Pass	1:20pm
BAR	Pass	1:20pm
BT	Pass	1:20pm

Blank Tests

Test	Status	Time
AIR	Pass	1:21pm

Printer Tests

rest	Status	Time
PRNT	Pass	1:21pm

CRC Tests

Test	Status	Time
COMP	Pass	1:21pm
CAL	Pass	1:21pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETE	AS, MODEL INTOX EC/IN	
County C	rson.	Instrument Location Pen Son	(0, 6, to, com
Instrument Serial	1No. <u>60</u> 86 <u>43</u>	ROX DOVU N	St
		KOX POYU N	Comment
The preventive n four months are:		toximeters, Model Intox EC/IR II to be f	ollowed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 degrees.	displays pressure, or the alcoholic breath gree centigrade;	simulator thermometer show
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	d ·	
10.	Verify that the ethanol gas can simulator solution is being charwhichever occurs first.	ister is being changed before expiration d nged every four months or after 125 Alco	ate, or the alcoholic breath sholic Breath Simulator tests,
I certify that on procedures were Department of H	the <u>/8</u> day of <u>)</u> e performed on the instrument inclealth and Human Services, and	licated above, in accordance with current the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
CTATE	<i>0</i> ~	,	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
			• '
* ASE QUAM VIDEA *		i Farley	655
	Sign	nature of Certifying Official	Certificate Number
		. (<i>f</i>	

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693 Test Date: 12/18/2013

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: FARLEY, CYNTHIA D
Permit Number: 24123E
Effective:
12/01/2012-12/01/2014

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	11:21am 11:22am 11:23am 11:24am
SUB TEST	.00	11:24am
AIR BLK	.00	11:25am
SUB TEST	.00	11:27am
AIR BLK	.00	11:28am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693 Test Record Number: 990 Test Date: 12/18/2013 Test Time: 11:29am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:30am 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	11:31am

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

County 1	Person Instrument Location Penson Co L. E. C.
Instrument	Serial No. 008880 120 Court St.
	Rox poru Na
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 show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures	at on the 18th day of 1000 who, 20/3 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.
GREAT OF	ME or NO CAR CAROLING
APRIL 12 FESSE QUA	Colle Farler 655
	Signature of Certifying Official Certificate Number
	f

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

DHHS 4080 (11/07)

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880 Test Date: 12/18/2013

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: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:51am
AIR BLK	.00	10:52am
ACCY CHK	.08	10:53am
AIR BLK	.00	10:54am
SUB TEST	.00	10:54am
AIR BLK	.00	10:55am
SUB TEST	.00	10:57am
AIR BLK	.00	10:58am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880 Test Record Number: 637 Test Date: 12/18/2013 Test Time: 10:59am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:59am
SRC	Pass	10:59am
DET	Pass	10:59am
BAR	Pass	10:59am
B T	Pass	10:59am

Blank Tests

Test	Status	Time
AIR	Pass	11:00am

Printer Tests

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

Pass 11:00am

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX	X EC/IR II
County 1/1/2	1.fax Instrument Location R	anote Rapids P. 1
Instrument Se	rial No. 00 8635 1040 Roa	anoke Ave_
	Rvanoke	Rapids NC
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/re:	/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcol 34 degrees, plus or minus .2 degree centigrade;	holic breath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or aft whichever occurs first.	
I certify that oprocedures w Department o	on the 17th day of 100 cem ber 20 13 ere performed on the instrument indicated above, in accordance of Health and Human Services, and the instrument is functioning	with current regulations of the N.C.
STATE STATE	S ALL	
E C		
APRI D. THE	(1) ale parle	655
	Signature of Certifying Official	Certificate Number

HALIFAX CO ROANOKE RAPIDS PD 410

Serial Number: 008635 Test Date: 12/17/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: FARLEY, CYNTHIA D
Permit Number: 24123E
Effective:
12/01/2012-12/01/2014

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

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

Toot

g/210L	Time
Pass	3:03pm
.00	3:04pm
.08	3:05pm
.00	3:06pm
.00	3:07pm
.00	3:08pm
.00	3:09pm
.00	3:10pm
	Pass .00 .08 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HALIFAX CO ROANOKE RAPIDS PD 410

Serial Number: 008635

Test Record Number: 1245

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	3:12pm
SRC	Pass	3:12pm
DET	Pass	3:12pm
BAR	Pass	3:12pm
\mathtt{BT}	Pass	3:12pm

Blank Tests

Test	Status	Time	
AIR	Pass	3:13pm	

Printer Tests

Test	Status	Time
PRNT	Pass	3:13pm
	CRC Tests	
Tect	Ctatuc	Timo

Test	Status	Time
COMP	Pass	3:13pm
CAL	Pass	3:13pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Serial No. 008656 Instrument Location Ruanoke Rapids P

Ruanoke Rapids 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; 3. Initiate breath test sequence; Enter information as prompted; 4. 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. , 20 13 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656 Test Date: 12/17/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: FARLEY, CYNTHIA D
Permit Number: 24123E
Effective:
12/01/2012-12/01/2014

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

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

Test	g/210L	Time
DIAG	Pass	2:41pm
AIR BLK ACCY CHK	.00	2:42pm
AIR BLK	.00	2:42pm 2:43pm
SUB TEST	.00	2:44pm
AIR BLK	.00	2:45pm
SUB TEST	.00	2:46pm
ATR BLK	- 00	$2 \cdot 47 \text{rpm}$

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Ańalyst

HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656

Test Record Number: 469

Test Date: 12/17/2013 Test Time: 2:49pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:49pm
FLO	Pass	2:49pm
FC	Pass	2:50pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:50pm
SRC	Pass	2:50pm
DET	Pass	2:50pm
BAR	Pass	2:50pm
BT	Pass	2:50pm

Blank Tests

Test	Status	Time
AIR	Pass	2:51pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:51pm

CRC Tests

Test	Status	Time
COMP	Pass	2:51pm
CAL	Pass	2:51pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County M	
Instrument S	erial No. <u>008599</u> <u>Nashall, NC</u>
The preventing 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 <u>f</u> day of <u>December</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.
STATI WANTED SEATON OF THE CORE AT TO SEATON OF THE COMMAN	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)

MADISON COUNTY MADISON COUNTY JAIL 560

Serial Number: 008599 Test Date: 12/18/2013

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: BURNETTE, ANTHONY J
Permit Number: 11304E
Effective:

06/01/2013-06/01/2015

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	12:33pm 12:34pm 12:34pm 12:35pm 12:36pm 12:37pm
SUB TEST	.00	12:38pm
AIR BLK	.00	12:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MADISON COUNTY MADISON COUNTY JAIL 560

Serial Number: 008599 Test Record Number: 501 Test Date: 12/18/2013 Test Time: 12:40pm EST

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
\mathtt{BT}	Pass	12:41pm

Blank Tests

Test	Status	Time
AIR	Pass	12:41pm

Printer Tests

Test

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

Status

Time

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOAIMETERS, MODEL INTOX EC/IR II
County <u>B</u>	instrument Location Burcanbe Co. Jail
	1 No. 008697 Asheville, NC
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 opprocedures were Department of H	the
THE STATE OF A STATE O	Signature of Certifying Official Certificate Number

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008697 Test Date: 12/03/2013

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	6:31pm 6:32pm
ACCY CHK	.07	6:32pm
AIR BLK	.00	6:33pm
SUB TEST	.00	6:34pm
AIR BLK	.00	6:35pm
SUB TEST	.00	6:37pm
AIR BLK	.00	6:38pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008697 Test Record Number: 2149
Test Date: 12/03/2013 Test Time: 6:38pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:39pm
FLO	Pass	6:39pm
FC	Pass	6:39pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:39pm
SRC	Pass	6:39pm
DET	Pass	6:39pm
BAR	Pass	6:39pm
BT	Pass	6:39pm

Blank Tests

Test	Status	Time
AIR	Pass	6:40pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:40pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	6:40pm 6:40pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

(م سمد	INTOXIMETERS, MODEL INTOX EC/IR II
County 15 (1)	Instrument Location By Combe Co. Jail
Instrument Seri	al No. 008798 Instrument Location Buscombe Co. Jail 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 wer Department of	the
THE STATE OF THE S	# CAROLE TO THE

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL
100

Serial Number: 008798 Test Date: 12/03/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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 AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	6:30pm 6:31pm 6:32pm 6:33pm 6:34pm 6:36pm
AIR BLK	.00	6:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008798 Test Record Number: 2961 Test Date: 12/03/2013 Test Time: 6:38pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:38pm
FLO	Pass	6:38pm
FC	Pass	6:38pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:39pm
SRC	Pass	6:39pm
DET	Pass	6:39pm
BAR	Pass	6:39pm
BT	Pass	6:39pm

Blank Tests

Test	Status	Time
AIR	Pass	6:39pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:39pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	6:39pm 6:39pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETE	AS, MODEL INTO A EC/IR	11
County 15/	Incombe	Instrument Location Buncomb	e Co. Jail
Instrument Se	erial No. <u>00 8 80 8</u>	Instrument Location Buncomb	OINC
The preventive four months a		Intoximeters, Model Intox EC/IR II to be for	illowed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 degrees.	r displays pressure, or the alcoholic breath s egree centigrade;	imulator thermometer shows
2.	Verify instrument displays time	ne and date;	
3.	Initiate breath test sequence;		·
4.	Enter information as prompted	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; ar	nd	
10.		nister is being changed before expiration da anged every four months or after 125 Alcoh	
I certify that of procedures we Department of	on the day ofc ere performed on the instrument in if Health and Human Services, and	dicated above, in accordance with current r the instrument is functioning properly.	ing preventive maintenance egulations of the N.C.
THE STATE OF THE S			649
-	Sig	nature of Certifying Official	Certificaté Number

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008808 Test Date: 12/03/2013

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

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

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

Analyst's Name: 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: AG205401 Exp Date: 02/23/2014

Test	g/210L	Time
DIAG	Pass	6:40pm
AIR BLK	.00	6:41pm
ACCY CHK	.08	6:42pm
AIR BLK	.00	6:42pm
SUB TEST	.00	6:43pm
AIR BLK	.00	6:44pm
SUB TEST	.00	6:46pm
AIR BLK	.00	6:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008808 T

Test Record Number: 697

Test Date: 12/03/2013 Test Time: 6:48pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:49pm
FLO	Pass	6:49pm
FC	Pass	6:49pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:49pm
SRC	Pass	6:49pm
DET	Pass	6:49pm
BAR	Pass	6:49pm
${ t BT}$	Pass	6:49pm

Blank Tests

Test	Status	Time
AIR	Pass	6:50pm

Printer Tests

To a t		ш-i
	CRC Tests	
PRNT	Pass	6:50pm
Test	Status	Time

Test	Status	Time
COMP	Pass	6:50pm
CAL	Pass	6:50pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	SUITOR Instrument Location UNC	GREENSZORO
Instrument S	erial No. 008604 Police Dep	ARTMENT
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be are:	followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breatl 34 degrees, plus or minus .2 degree centigrade;	h simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	•
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	Age of the second
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration of simulator solution is being changed every four months or after 125 Alcowhichever occurs first.	date, or the alcoholic breath oholic Breath Simulator tests,
I certify that procedures w Department of	on the	going preventive maintenance t regulations of the N.C.
TARE QUENTY	Signature of Certifying Official	Certificate Number

GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604 Test Date: 12/18/2013

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	2:22pm 2:22pm
ACCY CHK	.08	2:23pm
AIR BLK	.00	2:24pm
SUB TEST	.00	2:25pm
AIR BLK	.00	2:26pm
SUB TEST	.00	2:27pm
AIR BLK	.00	2:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

J. Leen Deov Analyst

GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604

Test Record Number: 1215

Test Date: 12/18/2013

Test Time: 2:29pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:30pm 2:30pm
FC	Pass	2:30pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:30pm
SRC	Pass	2:30pm
DET	Pass	2:30pm
BAR	Pass	2:30pm
\mathtt{BT}	Pass	2:30pm

Blank Tests

Test	Status	Time
AIR	Pass	2:30pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:30pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:31pm 2:31pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. I certify that on the 17 day of 10 d	In second	INTOXIMETERS, MODEL INTOX EC/IR II
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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. 1 certify that on the 17 day of 12 CEAL DEE 2013 the forgoing preventive maintenant procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.	County KAN	dolph Instrument Location ARCWAIC
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. 1 certify that on the 17 day of 18 certificated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.	Instrument Seria	11 No. 00879/ Police Department
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. I certify that on the 17 day of 10 d	•	·
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. I certify that on the	1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. I certify that on the	2.	Verify instrument displays time and date;
5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. 1 certify that on the	3.	Initiate breath test sequence;
6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. I certify that on the	4.	Enter information as prompted;
7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. I certify that on the	5.	Verify instrument accuracy;
8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. I certify that on the	6.	When "PLEASE BLOW" appears, collect breath sample;
9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. I certify that on the	7.	When "PLEASE BLOW" appears, collect breath sample;
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. I certify that on the	8.	Print test record;
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. I certify that on the	9.	Verify Diagnostic Program; and
procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.	10.	simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests,
	procedures were	e performed on the instrument indicated above, in accordance with current regulations of the N.C.
Signature of Certifying Official Certificate Number	OTHE STATE OF THE OFFICE OFFICE OF THE OFFICE OFFIC	Hein Low 642

RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791 Test Date: 12/17/2013

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG204603 Exp Date: 02/15/2014

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791

Test Record Number: 872

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	3:03pm

Test	Status	Time
PRNT	Pass	3:03pm

Printer Tests

CRC Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD

INTOXIMETERS, MODEL INTOX EC/IR II, Instrument Location Haywood Co. Jail County Haywood Instrument Serial No. OU8714 Waynesville, NC The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; Enter information as prompted; Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. Department of Health and Human Services, and the instrument is functioning properly.

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714 Test Date: 12/05/2013

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

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

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

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 ACCY CHK	Pass .00 .07	12:06pm 12:07pm 12:08pm
AIR BLK SUB TEST	.00	12:09pm 12:09pm
AIR BLK	.00	12:10pm
SUB TEST AIR BLK	.00 .00	12:12pm 12:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714

Test Record Number: 959

Test Date: 12/05/2013

Test Time: 12:14pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:15pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:15pm
	CRC Tests	
Test	Status	Time

	beacab	J. 1111C
COMP	Pass	12:15pm
CAL	Pass	12:15pm

Preventive Maintenance Status: Pass

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ha	ywood	Instrument Location <u>Agywoo</u>	od Co. Jail
	erial No. <u>CO89//</u>	Instrument Location Hayword	<u>C</u>
The preventive four months a		toximeters, Model Intox EC/IR II to be	of followed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	isplays pressure, or the alcoholic breat ree centigrade;	th simulator thermometer show
2.	Verify instrument displays time	and date;	
3	Initiate breath test sequence;		
4.	Enter information as prompted;		•
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" 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 ged every four months or after 125 Al	
•	ere performed on the instrument indi	the force instrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
STATE OF THE STATE	1 /w/	R. Cuthorature of Certifying Official	635 Certificate Number

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

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008911 Test Date: 12/05/2013

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

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

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

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

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	12:10pm 12:11pm 12:11pm 12:12pm 12:13pm 12:14pm
SUB TEST	.00	12:15pm
AIR BLK	.00	12:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Analyst

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008911 Test Record Number: 125
Test Date: 12/05/2013 Test Time: 12:07pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:08pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH



County Ch	erokee Instrument Location Cheroke	ee Co. Jail
Instrument Ser	rial No. 008622 Murphy, NC	•
	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breatl 34 degrees, plus or minus .2 degree centigrade;	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 sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10. -	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Alc whichever occurs first.	
procedures we	n the	going preventive maintenance t regulations of the N.C.
STATE OF THE STATE	Signature of Certifying Official	Certificate Number

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

CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

Serial Number: 008622 Test Date: 12/04/2013

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:
10/01/2013-10/01/2015

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

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

_	
.00 .07 .00	10:18am 10:19am 10:19am 10:20am
.00	10:21am
.00	10:22am
.00	10:24am
.00	10:25am
	.07 .00 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

Serial Number: 008622 Test Record Number: 858 Test Date: 12/04/2013 Test Time: 10:25am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:26am
SRC	Pass	10:26am
DET	Pass	10:26am
BAR	Pass	10:26am
BT	Pass	10:26am

Blank Tests

Test	Status	Time
AIR	Pass	10:27am

Printer Tests

Test	Status	Time
PRNT	Pass	10:27am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:27am

Preventive Maintenance Status: Pass

Pass

10:27am

CAL

Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ch	Lerokee Instrument Location Cherokee Co. =	Tail	
Instrument Seria	rial No. 008711 Murphy, NC		
The preventive four months are	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once re:	every	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 34 degrees, plus or minus .2 degree centigrade;	er 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 be simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.		
I certify that on procedures were Department of I	n theday of	enance 3.	
STATE OF STA		per	

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

CHEROKEE COUNTY CHEROKEE COUNTY JAIL
190

Serial Number: 008711 Test Date: 12/04/2013

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	10:19am 10:20am
ACCY CHK	.07	10:21am
AIR BLK	.00	10:21am
SUB TEST	.00	10:22am
AIR BLK	.00	10:23am
SUB TEST	.00	10:25am
AIR BLK	.00	10:26am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

Serial Number: 008711 Test Date: 12/04/2013 Test Record Number: 658
Test Time: 10:26am EST

.

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:28am

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

10:28am

CAL

Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County R	CHMONA	Instrument Location RICHWOND CO. MACISTRATE
Instrument Ser	ial No. 008701	PUCKING HAM N.C.
The preventive four months ar		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 breath simulator thermometer shows ee centigrade;
2.	Verify instrument displays time a	and date;
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appea	rs, collect breath sample;
7.	When "PLEASE BLOW" appear	rs, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.		ter is being changed before expiration date, or the alcoholic breath ged every four months or after 125 Alcoholic Breath Simulator tests,
	re performed on the instrument indic	the forgoing preventive maintenance cated above, in accordance with current regulations of the N.C. e instrument is functioning properly.
STATE OF THE STATE OF THE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFI	Signa	DAUIC 653 ture of Certifying Official Certificate Number

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

RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008701 Test Date: 12/02/2013

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	1:22pm 1:22pm 1:23pm
AIR BLK	.00	1:24pm
SUB TEST	.00	1:25pm
AIR BLK	.00	1:26pm
SUB TEST	.00	1:27pm
AIR BLK	.00	1:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008701 Test Record Number: 1022 Test Date: 12/02/2013 Test Time: 1:29pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:30pm

Printer Tests

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

1:31pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst