# PREVENTIVE MAINTENANCE RECORD

County C	INTOXIMETERS, MODEL INTOX EC/II	
Instrument Se	erial No. <u>00 86 55</u>	
The preventive four months a	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 breath 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.,	Verify Diagnostic Program; and	
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.	
	on the Say of February, 20 3 the forgoire performed on the instrument indicated above, in accordance with current of Health and Human Services, and the instrument is functioning properly.	going preventive maintenance tregulations of the N.C.
STATE STATE OF THE	Signature of Certifying Official	642 Certificate Number

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

## GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008655 Test Date: 02/28/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

06/01/2011-06/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:19pm
AIR BLK	.00	3:19pm
ACCY CHK	.07	3:20pm
AIR BLK	.00	3:21pm
SUB TEST	.00	3:22pm
AIR BLK	.00	3:23pm
SUB TEST	.00	3:24pm
AIR BLK	.00	3:25pm

.00 g/210L Reported AC:

Signature of Chemical Analyst

Court CVR

Analyst

## GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008655

Test Record Number: 1838

Test Date: 02/28/2013

Test Time: 3:26pm EST

System Check: Passed

## Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	3:27pm

## Printer Tests

Test	Status	Time
PRNT	Pass	3:27pm
	CRC Tests	

Test	Status	Time
COMP	Pass	3:27pm
CAL	Pass	3:27pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County G	Uitford Instrument Location HIGH POINT JAIL
Instrument Ser	rial No. <u>008828</u>
e e e e e e e e e e e e e e e e e e e	
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
<b>3.</b>	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	n the 28 day of February, 20 13 the forgoing preventive maintenance are performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	

GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008828 Test Date: 02/28/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: DEAN, L K
Permit Number: 11598E
Effective:
06/01/2011-06/01/2013

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

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

Test	g/210L	Time
DIAG	Pass	3:22pm
AIR BLK	.00	3:22pm
ACCY CHK	.08	3:23pm
AIR BLK	.00	3:24pm
SUB TEST	.00	3:25pm
AIR BLK	,00	3:26pm
SUB TEST	.00	3:27pm
AIR BLK	.00	3:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008828 Test Record Number: 1248
Test Date: 02/28/2013 Test Time: 3:29pm EST

System Check: Passed

Baseline Tests

Test	5	Status	Time
	3.		
IR,	- {	Pass	3:29pm
FLO	1	Pass	3:29pm
FC		Pass	3:29pm

Temperature Tests

iest	Status	TTIIIC
FC1	Pass	3:29pm
SRC	Pass'	3:29pm
DET	Pass	3:29pm
BAR	Pass	3:29pm
BT	Pass	3:29pm
the state of the s		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1

Blank Tests

PP - ' L	5-	<b>~~ ~~ ~~ ~~ ~~ ~~</b>	TTI
11227		STATIO .	. ∵i∵a mi⇔
Test		Status	Time

AIR Pass 3:30pm

Printer Tests

Test Status Time

PRNT Pass 3:30pm

CRC Tests

Test Status Time

COMP Pass 3:30pm CAL Pass 3:30pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD

stran	INTOXIMETERS, MODEL INTOX EC/IR II
County K	Andolph Instrument Location Archdale Police
Instrument Se	Andolph Instrument Location Archdale Police  rial No. 008791  Department
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
<b>. 5.</b>	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
<b>7.</b>	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the 28 day of February, 20/3 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	

## RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791 Test Date: 02/28/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

06/01/2011-06/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:32pm
AIR BLK	.00	2:32pm
ACCY CHK	.08	2:33pm
AIR BLK	.00	2:34pm
SUB TEST	.00	2:35pm
AIR BLK	.00	2:36pm
SUB TEST	.00	2:38pm
AIR BLK	.00	2:39pm
12TT 17TT		_ , _ / / Pill

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791 Test Date: 02/28/2013 Test Record Number: 763
Test Time: 2:39pm EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:40pm 2:40pm
FC	Pass	2:40pm

## Temperature Tests

Status	Time
Pass	2:40pm
	Pass Pass Pass Pass

## Blank Tests

Test	Status	Time
AIR	Pass	2:41pm

## Printer Tests

rest	Status	TTILE
PRNT	Pass	2:41pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:41pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

2:41pm

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

County C	Suilford Instrument Location UNG	Gondon
Instrument Se	rial No. 008604 Police De	po Florent
	·	
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be fore:	ollowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath and degrees, plus or minus .2 degree centigrade;	simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration da simulator solution is being changed every four months or after 125 Alcol whichever occurs first.	
I certify that of procedures we Department o	on the	oing preventive maintenance regulations of the N.C.
OF STATE OF THE ST	_ C)./Seen telor	642
	Signature of Certifying Official	Certificate Number

GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604 Test Date: 02/27/2013

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: DEAN, L K
Permit Number: 11598E

Effective:

06/01/2011-06/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

L. Lewis Jean
Analyst

## GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604

Test Record Number: 1162

Test Date: 02/27/2013

Test Time: 12:16pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:16pm
FLO	Pass	12:16pm
FC	Pass	12:16pm

## Temperature Tests

Test	Status	Time
FC1	Pass	12:16pm
SRC	Pass	12:16pm
DET	Pass	12:16pm
BAR	Pass	12:16pm
$\mathtt{BT}$	Pass	12:16pm

## Blank Tests

Test	Status	Time
AIR	Pass	12:17pm

## Printer Tests

Test	Status	Time
PRNT	Pass	12:17pm

## CRC Tests

Test	Status	Time
COMP	Pass	12:17pm
CAL	Pass	12:17pm

Preventive Maintenance Status: Pass

- Stein Deen Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County_	-uiltord Instrument Location Greenskoro PD
Instrument S	erial No. 008725 100 Police Plaza, Greensborg 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
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the A day of ARAM, 20 15 the forgoing preventive maintenance were performed on the instrument indicated above/in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE WAY 20, 17	

#### GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725 Test Date: 02/27/2013

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: DEAN, L K

Permit Number: 11598E

Effective:

06/01/2011-06/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:39am 10:39am 10:40am
AIR BLK	.00	10:41am
SUB TEST	.00	10:41am
AIR BLK	.00	10:42am
SUB TEST	.00	10:44am
AIR BLK	.00	10:45am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

J. Hun Lear Analyst

## GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725

Test Record Number: 2761

Test Date: 02/27/2013

Test Time: 10:45am EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	10:46am
FLO	Pass	10:46am
FC	Pass	10:46am

## Temperature Tests

Test	Status	Time
FC1	Pass	10:46am
SRC	Pass	10:46am
DET	Pass	10:46am
BAR	Pass	10:46am
BT	Pass	10:46am

## Blank Tests

Test	Status	Time
AIR	Pass	10:46am

## Printer Tests

Test	Status	TIME
PRNT	Pass	10:46am

## CRC Tests

Test	Status	Time
COMP CAL	Pass Pass	10:47am 10:47am

Preventive Maintenance Status: Pass

Analyst Analyst

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County	YOCKINGHAM Instrument Location Rockingham Co. JA;
Instrument S	erial No. 008796 Wentworth, N.C.
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
· 4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the 25 day of February, 20/3 the forgoing preventive maintenance are performed on the instrument indicated above/in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATE STATE OF THE	C VODE C

ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

Serial Number: 008796 Test Date: 02/25/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: DEAN, L K
Permit Number: 11598E

Effective:

06/01/2011-06/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	2:35pm 2:36pm
AIR BLK	.00	2:37pm 2:38pm
SUB TEST AIR BLK	.00	2:38pm 2:39pm
SUB TEST AIR BLK	.00 .00	2:41pm 2:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

Serial Number: 008796

Test Record Number: 1256

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:42pm 2:42pm
FC	Pass	2:43pm

## Temperature Tests

Test	Status	Time
FC1	Pass	2:43pm
SRC	Pass	2:43pm
DET	Pass	2:43pm
BAR	Pass	2:43pm
BT	Pass	2:43pm

#### Blank Tests

Test	Status	Time
ATR	Pass	2 · 43 mm

#### Printer Tests

rest	Status	TTIME
PRNT	Pass	2:44pm
	CRC Tests	

Test	Status	Time
COMP	Pass	2:44pm
CAL	Pass	2:44pm

Preventive Maintenance Status: Pass

Analyst

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

Cou	inty	Rockingham Instrument Location Reidsville Police
Inst	rument	Serial No. 008784 Department
	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;
i National	5.	Verify instrument accuracy;
	6.	When "PLEASE BLOW" appears, collect breath sample;
	7.	When "PLEASE BLOW" appears, collect breath sample;
	8.	Print test record;
	9.	Verify Diagnostic Program; and
	10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
pro	cedures	at on the 25 day of February, 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.
ANE GREATSE	STATE OF STA	

## ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784 Test Date: 02/25/2013 Test Record Number: 655
Test Time: 11:23am EST

System Check: Passed

## Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	11:24am
SRC	Pass	11:24am
DET	Pass	11:24am
BAR	Pass	11:24am
$\mathtt{BT}$	Pass	11:24am

## Blank Tests

Test	Status	Time
AIR	Pass	11:24am

## Printer Tests

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

Preventive Maintenance Status: Pass

Pass

Pass

11:24am

11:24am

COMP

CAL

L. Dewn Jun Analyst

## ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784 Test Date: 02/25/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: DEAN, L K
Permit Number: 11598E

Effective:

06/01/2011-06/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	11:15am
AIR BLK	.00	11:16am
ACCY CHK	.08	11:17am
AIR BLK	.00	11:18am
SUB TEST	.00	11:19am
AIR BLK	.00	11:20am
SUB TEST	.00	11:21am
AIR BLK	.00	11:22am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

A Think Dear

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; Verify Diagnostic Program; and 9. 10. Verify that the ethanol gas canister is being changed before 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 february, 20/3 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

#### ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636 Test Date: 02/25/2013

Citation Number: M0000000-0 Subject's Name:

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: DEAN, L K
Permit Number: 11598E
Effective:
06/01/2011-06/01/2013

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

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

Test	g/210L	Time
DIAG	Pass	12:26pm
AIR BLK	.00	12:27pm
ACCY CHK	.07	12:27pm
AIR BLK	.00	12:29pm
SUB TEST	.00	12:29pm
AIR BLK	.00	12:30pm
SUB TEST	.00	12:31pm
ATR RIK	0.0	12:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636 Test Date: 02/25/2013

Test Record Number: 1256 Test Time: 12:33pm EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:33pm 12:33pm
FC	Pass	12:33pm

## Temperature Tests

Test	Status	Time
FC1	Pass	12:33pm
SRC	Pass	12:33pm
DET	Pass	12:33pm
BAR	Pass	12:33pm
BT	Pass	12:33pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:34pm

## Printer Tests

Test	Status	Time
PRNT	Pass	12:34pm
	CRC Tests	
Test	Status	Time

COMP	Pass	12:34pm
CAL	Pass	12:34pm

Preventive Maintenance Status: Pass

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

County Ed	seconde Instrument Location Edge combe G. Magistra
Instrument Ser	ial No. 00 8603 3005. Anaconda Rd., Terboro, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures we Department of	the 15 day of February, 2013 the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008603 Test Date: 02/15/2013

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

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

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

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
08/01/2011-08/01/2013

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:26am 10:27am
ACCY CHK	.07	10:27am
AIR BLK	.00	10:29am
SUB TEST	.00	10:29am
AIR BLK	.00	10:30am
SUB TEST	.00	10:32am
AIR BLK	.00	10:33am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008603 Test Record Number: 1234 Test Date: 02/15/2013 Test Time: 10:33am EST

System Check: Passed

## Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	10:34am
SRC	Pass	10:34am
DET	Pass	10:34am
BAR	Pass	10:34am
$\mathtt{BT}$	Pass	10:34am

## Blank Tests

Test	Status	Time
AIR	Pass	10:35am

## Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County Ed	secombe	Instrument Location Elgeron	be Co. Majistrati
Instrument Ser	rial No. <u>DO 8(ala3</u>	Instrument Location Edge con 300 S. Anglonda Ro	1., Tarboro, NC
The preventive four months ar	<u>-</u>	Intoximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 c	τ displays pressure, or the alcoholic breath legree centigrade;	simulator thermometer shows
2.	Verify instrument displays tir	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	d;	2
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	and	
10.	simulator solution is being ch whichever occurs first.	nister is being changed before expiration of anged every four months or after 125 Alcoholic for the form	pholic Breath Simulator tests,
procedures we Department o	ere performed on the instrument if Health and Human Services, and	ndicated above, in accordance with currend the instrument is functioning properly.	t regulations of the N.C.
STATE STATE OF STATE	CAROLINIA CAROLI		
WALL STATE	JA Lever	Ighature of Certifying Official	Certificate Number
	51	gnature of Centrying Official	Certificate Nullinei

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008663 Test Date: 02/15/2013

Citation Number: M0000000-0 Subject's Name:

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

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

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
08/01/2011-08/01/2013

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Zelly Analyst

## EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008663 Test Date: 02/15/2013 T

Test Record Number: 1878
Test Time: 10:21am EST

System Check: Passed

## Baseline Tests

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

## Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	10:22am

## Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County Cu	wituck	Instrument Loc	cation Cull	tuck o	(o. 5.	<u>o.</u>
Instrument Seri	al No. <u>008947</u>	407-A	Maple	RJ.,1	Maple	, N.C
The preventive four months are	maintenance procedures for the	Intoximeters, Mode	l Intox EC/IR II	to be followed	ed at least on	ce every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	r displays pressure, egree centigrade;	or the alcoholic	breath simula	ator thermon	neter shows
2.	Verify instrument displays tin	ne and date;				
3.	Initiate breath test sequence;					
4.	Enter information as prompte	d;				
5.	Verify instrument accuracy;					
6.	When "PLEASE BLOW" ap	pears, collect breath	sample;			
7.	When "PLEASE BLOW" ap	pears, collect breath	sample;			
8.	Print test record;				•	
9.	Verify Diagnostic Program; a	nd				
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nister is being chan anged every four m	ged before expirently on the or after 1:	ration date, or 25 Alcoholic	r the alcoholi Breath Simu	ic breath lator tests,
I certify that o procedures we Department of	n the Halth and Human Services, and	ndicated above, in a	ccordance with	current regul	preventive m ations of the	aintenance N.C.
STATE OF THE STATE	Tel.	gnature of Certifyin	og Official		643 Certificate N	umber

CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

Serial Number: 008947 Test Date: 02/14/2013

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

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

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
08/01/2011-08/01/2013

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:22am 11:22am
ACCY CHK	.08	11:23am
AIR BLK	.00	11:24am
SUB TEST	.00	11:24am
AIR BLK	.00	11:25am
SUB TEST	.00	11:27am
ATR BLK	.00	11:28am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Tell

## CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

Serial Number: 008947

Test Record Number: 1205

Test Date: 02/14/2013

Test Time: 11:29am EST

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	11:30am

## Printer Tests

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

Preventive Maintenance Status: Pass

Pass

CAL

11:30am

Analyst

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

County H.VC	Instrument Location Hyde Co. S.O.
Instrument Seria	al No. OOB801 1233 Main St., Swan Quarter, N.C.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the 18 day of force of the 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 TATE OF THE STATE OF THE STA	Signature of Certifying Official Certificate Number

## HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801 Test Date: 02/18/2013

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: GUARD, KELLY G
Permit Number: 12955E
Effective:
08/01/2011-08/01/2013

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:47am 10:47am 10:48am
AIR BLK SUB TEST	.00 .00	10:49am <b>10:49a</b> m
AIR BLK	.00	10:50am
SUB TEST	.00	10:52am
AIR BLK	.00	10:53am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801

Test Record Number: 268

Test Date: 02/18/2013

Test Time: 10:54am EST

System Check: Passed

## Baseline Tests

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

## Temperature Tests

FC1 Pass 10:54am SRC Pass 10:54am DET Pass 10:54am	Test	Status	Time
Diff.	SRC DET BAR	Pass Pass Pass	10:54am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:55am

## Printer Tests

Test	Status	Time
PRNT	Pass	10:55am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:55am

10:55am

Preventive Maintenance Status: Pass

Pass

CAL

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

Cou	$\frac{1}{2}$	Instrument Location Wilson Co. Detention Co.
Instr	ument Seria	11 No. 008627 100 E. Green St. Wilson, N.C.
	preventive i	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
	1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
/	2.	Verify instrument displays time and date;
	3.	Initiate breath test sequence;
	4.	Enter information as prompted;
٠	5.	Verify instrument accuracy;
	6.	When "PLEASE BLOW" appears, collect breath sample;
	7.	When "PLEASE BLOW" appears, collect breath sample;
	8.	Print test record;
	9.	Verify Diagnostic Program; and
	10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
proc	edures wer	the 215+ day of bruary, 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.
ANE GREAT SE	OF THE STATE OF TH	Signature of Certifying Official Certificate Number
		Signature of Certifying Official Certificate Number

## WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008627 Test Date: 02/21/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

08/01/2011-08/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	10:59am 11:00am 11:01am 11:02am
SUB TEST	.00	11:02am
AIR BLK	.00	11:03am
SUB TEST	.00	11:05am
AIR BLK	.00	11:05am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

Kell

## WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008627 Test Record Number: 1525 Test Date: 02/21/2013 Test Time: 11:06am EST

System Check: Passed

## Baseline Tests

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

## Temperature Tests

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

## Blank Tests

Test	Status	Time	
ΔTR	Pass	11:07ar	

#### Printer Tests

## CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County Wi	Instrument Location Wilson 6. Defention (ex
Instrument S	erial No. 008652 100E. Green St., W. Ison, NC.
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures of Department	t on the 215 <sup>t</sup> day of torucayla, 2013 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATE OF THE STATE	Kell J. 1643
	Signature of Certifying Official Certificate Number

## WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008652 Test Date: 02/21/2013

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

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

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

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
08/01/2011-08/01/2013

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:11am 11:12am 11:13am
AIR BLK	.00	11:14am
SUB TEST	.00	11:15am
AIR BLK	.00	11:16am
SUB TEST	.00	11:17am
AIR BLK	.00	<b>11:</b> 18am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008652

Test Record Number: 2189

Test Date: 02/21/2013

Test Time: 11:19am EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	11:20am
FLO	Pass	11:20am
FC	Pass	11:20am

## Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	11:20am 11:20am
DET	Pass	11:20am
BAR	Pass	11:20am
$\mathtt{BT}$	Pass	11:20am

#### Blank Tests

Test	Status	 Time

AIR Pass 11:21am

## Printer Tests

Test	Status	Time
rest	Status	TIME

PRNT Pass 11:21am

CRC Tests

Test Status Time

COMP Pass 11:21am CAL Pass 11:21am

:AL Pass II:21a

Preventive Maintenance Status: Pass

Analyst

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

County He	11-ford Instrument Location Murfreesboro P.D.
Instrument Seri	al No. DO 8906 115 E. Broad St., Murtreestoro,
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
<b>1.</b>	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures we Department of	day of February, 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.
STATE OF THE STATE	AROUND AND AND AND AND AND AND AND AND AND A
STE QUAM VIDE	
4	Signature of Certifying Official Certificate Number

## HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906 Test Date: 02/22/2013

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
08/01/2011-08/01/2013

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:30am 11:31am
ACCY CHK AIR BLK	.07 .00	11:31am 11:32am
SUB TEST	.00	11:33am
AIR BLK	.00	11:34am
SUB TEST	.00	11:35am
AIR BLK	.00	11:36am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906

Test Record Number: 402

Test Date: 02/22/2013

Test Time: 11:37am EST

System Check: Passed

## Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	11:38am
SRC	Pass	11:38am
DET	Pass	11:38am
BAR	Pass	11:38am
$\mathtt{BT}$	Pass	11:38am

## Blank Tests

Test	Status	Time	
•			

AIR Pass 11:39am

## Printer Tests

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

PRNT Pass 11:39am

CRC Tests

Test Status Time

COMP Pass 11:39am CAL Pass 11:39am

Preventive Maintenance Status: Pass

Analyst

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

Cou	ınty <u>Be</u>	earthy Instrument Location Beauty 17 Co. Courthon
Inst	rument Ser	ial No. DO8588 102 E. 2nd St, Washington, N.C.
	preventive	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;
is 1	5.	Verify instrument accuracy;
<i>s</i> *	6.	When "PLEASE BLOW" appears, collect breath sample;
	7.	When "PLEASE BLOW" appears, collect breath sample;
	8.	Print test record;
	9.	Verify Diagnostic Program; and
	10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
pro	cedures we	on the 28 day of <u>February</u> , 20 <u>13</u> the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
A CREAT CO	OTHE STATE OTHER 20, 177	CAROLL
4 V	QUAN VI	Signature of Certifying Official Certificate Number

## BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008588 Test Date: 02/28/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

mit Number: 12955E Effective:

08/01/2011-08/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	10:58am 10:59am
ACCY CHK	.08	11:00am
AIR BLK	.00	11:01am
SUB TEST	.00	11:01am
AIR BLK	.00	11:02am
SUB TEST	.00	11:04am
ATR BIK	. 00	11:05am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008588 Test Record Number: 725

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	11:06am
FLO	Pass	11:06am
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
ATR	Pass	11:07am

## Printer Tests

Test	Status	Time
PRNT	Pass	11:07am
	CRC Tests	
Test	Status	Time

COMP	Pass	11:07am
$\mathtt{CAL}$	Pass	11:07am

Preventive Maintenance Status: Pass

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

County	VANCE	Instrument Location VANCE	CO. SHERIFF'S OF
Instrumen	t Serial No. <u>008937</u>	156 CHURCH ST. 7	HENDERSON, P.
The prever		intoximeters, Model Intox EC/IR II to I	be followed at least once every
1.	- Verify the ethanol gas canister 34 degrees, plus or minus .2 degrees.	displays pressure, or the alcoholic bre egree centigrade;	ath simulator thermometer shows
2.	Verify instrument displays tim	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	<b>l</b> ;	
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; as	nd	
10.	Verify that the ethanol gas car simulator solution is being cha whichever occurs first.	nister is being changed before expiration anged every four months or after 125 A	n date, or the alcoholic breath alcoholic Breath Simulator tests,
procedure	nat on the <u>26</u> day of <u>FEB</u> es were performed on the instrument in nt of Health and Human Services, and	dicated above, in accordance with curr the instrument is functioning properly	Forgoing preventive maintenance ent 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 A CARD	Inature of Certifying Official	Certificate Number

#### VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937 Test Date: 02/28/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	2:06pm 2:07pm
ACCY CHK	.08	2:08pm
AIR BLK	.00	2:09pm
SUB TEST	.00	2:09pm
AIR BLK	.00	2:10pm
SUB TEST	.00	2:12pm
AIR BLK	.00	2:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

## VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937

Test Record Number: 1472

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 SRC	Pass Pass	2:14pm 2:14pm
DET	Pass	2:14pm
BAR	Pass	2:14pm
$\mathtt{BT}$	Pass	2:14pm

## Blank Tests

Test	Status	Time
AIR	Pass	2:14pm

## Printer Tests

Test

CAL

Status

Time

2:14pm

PRNT	Pass	2:14pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:14pm

Preventive Maintenance Status: Pass

Pass

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

County	NAKE	Instrument Location	DETEL	MON CENTER
Instrument S	erial No. 00 8826	3301 HAMMO	mb 80.	PALETOH, M.
The preventi four months	ve maintenance procedures for the I	ntoximeters, Model Intox E	C/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		coholic breath	simulator thermometer shows
2.	Verify instrument displays tim	e and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	,		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" app	ears, collect breath sample;	;	
7.	When "PLEASE BLOW" app	ears, collect breath sample;	;	
8.	Print test record;	,		
9.	Verify Diagnostic Program; an	ad		
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.			
procedures v	on the day of test on the performed on the instrument incof Health and Human Services, and	dicated above, in accordance	ce with current	oing preventive maintenance regulations of the N.C.
TATE STATE OF THE	CKO LAND LAND LAND LAND LAND LAND LAND LAND	J Cercan		652
	Sig	hature of Certifying Officia	11	Certificate Number

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008826 Test Date: 02/20/2013

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:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:35pm
AIR BLK	.00	2:35pm
ACCY CHK	.07	2:36pm
AIR BLK	.00	2:37pm
SUB TEST	.00	2:38pm
AIR BLK	.00	2:39pm
SUB TEST	.00	2:40pm
AIR BLK	.00	2:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008826 Test Record Number: 5650
Test Date: 02/20/2013 Test Time: 2:42pm EST

System Check: Passed

## Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	2:42pm
SRC	Pass	2:42pm
DET	Pass	2:42pm
BAR	Pass	2:42pm
BT	Pass	2:42pm

## Blank Tests

Test	Status	Time
AIR	Pass	2:43pm

## Printer Tests

Test	Status	Time
PRNT	Pass	2:43pm

#### CRC Tests

Test	Statu	s Time
COMP	Pass	2:43pm
CAL	Pass	2:43pm

Preventive Maintenance Status: Pass

Analyst

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

County	DURHAM	Instrument Location DRAM (O. JAIL
Instrumen	nt Serial No. OO SCA (	2175. MANGUMST. DURHAM, N.C
The preve		e Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ter displays pressure, or the alcoholic breath simulator thermometer shows degree centigrade;
2.	Verify instrument displays t	ime and date;
3.	Initiate breath test sequence	;
4.	Enter information as promp	ted;
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" a	appears, collect breath sample;
7.	When "PLEASE BLOW" a	appears, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program;	and
10.	Verify that the ethanol gas of simulator solution is being of whichever occurs first.	canister is being changed before expiration date, or the alcoholic breath changed every four months or after 125 Alcoholic Breath Simulator tests,
procedure	es were performed on the instrument	indicated above, in accordance with current regulations of the N.C. nd the instrument is functioning properly.
GREAT	STATE OF NOTES	

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

Certificate Number

#### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891 Test Date: 02/25/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	12:01pm 12:02pm 12:03pm 12:05pm 12:06pm 12:06pm
SUB TEST	.00	12:08pm
AIR BLK	.00	12:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891

Test Record Number: 2265

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:10pm
FLO	Pass	12:10pm
FC	Pass	12: <b>1</b> 0pm

## Temperature Tests

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

#### Blank Tests

Test	Status	Time

12:11pm AIR Pass

## Printer Tests

Test	Status	Time

12:11pm PRNT Pass

## CRC Tests

Test	Status	Time
COMP	Pass Pass	12:11pm 12:11pm

Preventive Maintenance Status: Pass

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

County	WRIAM Instrument Location WAAM Co. JAN
Instrument Seri	al No. 008878 2175. MANKUM ST. DURLAM, N.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer	the
CONTROL STATE OF THE STATE OF T	Signature of Certifying Official Certificate Number

## DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878 Test Date: 02/25/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

09/01/2011-09/01/2013

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	11:58am 11:59am 12:00pm 12:01pm 12:02pm 12:02pm
SUB TEST	.00	12:02pm
AIR BLK	.00	12:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878

Test Record Number: 2168

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 SRC	Pass Pass	12:07pm 12:07pm
DET	Pass	12:07pm
BAR	Pass	12:07pm
$\mathtt{BT}$	Pass	12:07pm

## Blank Tests

Test	Status	Time	
		•	
7. TD	Dagg	12.08pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:08pm

## CRC Tests

Test	Status	Time
COMP	Pass	12:08pm
CAL	Pass	12:08pm

Preventive Maintenance Status: Pass

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

	INTOXIMETERS, MODEL INTOX EC/IR II
County	Instrument Location DURHAM CO. JAIL
Instrument Seri	al No. 008859 217 S. MANKUM ST. DURHAM, N.C.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures we Department of	the day of day o
- continuo	
STATE OF THE STATE	CARDINA CARDIN
* ASE QUAM VIDE	Kil Daras 653
	Signature of Certifying Official Certificate Number

## DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859 Test Date: 02/25/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

09/01/2011-09/01/2013

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

Agency: DHHS

Test Type: Breath Test

Lot Number: AG124903 Exp Date: 09/06/2013

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:49am 11:49am 11:50am
AIR BLK SUB TEST	.00 .00	11:52am 11:52am
AIR BLK SUB TEST	.00 .00	11:53am 11:55am
AIR BLK	.00	11:56am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859

Test Record Number: 1331

Test Date: 02/25/2013

Test Time: 11:57am EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:58am 11:58am
FC	Pass	11:58am

## Temperature Tests

Test	Status	Time
FC1	Pass	11:58am
SRC	Pass	11:58am
DET	Pass	11:58am
BAR	Pass	11:58am
BT	Pass	11:58am

#### Blank Tests

Test	Status	Time	

AIR Pass 11:58am

## Printer Tests

Test	Status	Time	

PRNT Pass 11:58am

CRC Tests

Test Status Time

COMP Pass 11:59am CAL Pass 11:59am

Preventive Maintenance Status: Pass

Analyst

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

County V	TNEE Instrument Location VANCE CO. SHERET'S P
Instrument Ser	ial No. 008870 156 CHUNCH ST. HEMDERSON, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
THE CHEATER OF THE CH	Signature of Certifying Official Certificate Number

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870 Test Date: 02/27/2013

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:

QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

09/01/2011-09/01/2013

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	12:37pm 12:38pm 12:38pm
AIR BLK	.00	12:39pm
SUB TEST	.00	12:40pm
AIR BLK	.00	12:41pm
SUB TEST	.00	12:42pm
AIR BLK	.00	12:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870

Test Record Number: 425 

System Check: Passed

## Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
71 77 70	Dagg	12:46pm

#### Printer Tests

rest	Status	TIME
PRNT	Pass	12:46pm
	CRC Tests	

Test	Status	Time
COMP CAL	Pass Pass	12:46pm

Preventive Maintenance Status: Pass

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

County	Pender	Instrument Location_	Pender	County
Instrument	Serial No. <u>008948</u>		Sheriff	Dept.
The preven	tive maintenance procedures for the Iss 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	displays pressure, or the a	alcoholic breath simulate	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	e;	
7.	When "PLEASE BLOW" app	ears, collect breath sample	e;	
8.	Print test record;			1
9.	Verify Diagnostic Program; ar	nd		
10.	Verify that the ethanol gas can simulator solution is being chawhichever occurs first.	nister is being changed bef anged every four months o	ore expiration date, or the after 125 Alcoholic Br	ne alcoholic breath reath Simulator tests,
I certify the procedures Departmen	at on the day of day of leaver performed on the instrument in the of Health and Human Services, and	dicated above, in accordanthe instrument is function	the forgoing pronce with current regulations properly.	eventive maintenance ons of the N.C.
E ORE AT SECTION OF SEC	K, (·/	Mode		601
	∕Sig	nature of Certifying Office	cial Ce	rtificate Number

## PENDER COUNTY SHERIFF DEPT ANNEX 700

Serial Number: 008948 Test Date: 02/28/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective:
10/01/2011-10/01/2013

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	1:04pm 1:05pm 1:06pm 1:07pm 1:07pm
SUB TEST AIR BLK	.00 .00	1:10pm 1:11pm
WIK DUV	.00	$\mathbf{r} \cdot \mathbf{r} \mathbf{r} \mathbf{p}_{\mathbf{m}}$

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

A. C. Malyst

Analyst

## PENDER COUNTY SHERIFF DEPT ANNEX 700

Serial Number: 008948 Test Record Number: 562

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	1:12pm
FLO	Pass	1:12pm
FC	Pass	1:12pm

## Temperature Tests

Test	Status	Time
FC1	Pass	1:12pm
SRC	Pass	1:12pm
DET	Pass	1:12pm
BAR	Pass	1:12pm
BT	Pass	1:12pm

#### Blank Tests

Test	Status	Time
7. T D	Dagg	1 • 1 3 mm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:13pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County		Instrument Location_		County
Instrument Se	rial No. <u>008864</u>	Instrument Location_	Sheriff.	Dept
The preventive four months as	e maintenance procedures for the Ir	ntoximeters, Model Intox E	EC/IR II to be followed	d at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		coholic breath simulat	tor thermometer shows
2.	Verify instrument displays time	e and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	<b>;</b>		
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.	Verify that the ethanol gas can simulator solution is being chawhichever occurs first.	ister is being changed befo nged every four months or	ore expiration date, or to after 125 Alcoholic B	the alcoholic breath treath Simulator tests,
I certify that of procedures we Department of	on the day of	dicated above, in accordanthe instrument is functioni	the forgoing proce with current regulating properly.	reventive maintenance tions of the N.C.
STATE OREAL STATE OF THE STATE	/9 e (	nature of Certifying Offici	al C	ertificate Number

DUPLIN COUNTY DUPLIN CO SD 300

Serial Number: 008864 Test Date: 02/28/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:46am 11:47am 11:48am
ACCY CHK AIR BLK	.08	11:48am
SUB TEST	.00	11:50am
AIR BLK	.00	11:51am
SUB TEST	.00	11:52am
AIR BLK	.00	11:53am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## DUPLIN COUNTY DUPLIN CO SD 300

Serial Number: 008864

Test Record Number: 1820

Test Date: 02/28/2013

Test Time: 11:54am EST

System Check: Passed

## Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1 SRC DET	Pass Pass Pass	11:54am 11:54am 11:54am 11:54am
BAR	Pass	
$\mathtt{BT}$	Pass	11:54am

## Blank Tests

Test	Status	Time
AIR	Pass	11:55am

## Printer Tests

Test	Status	Time
PRNT	Pass	11:55am
	CRC Tests	
Test	Status	Time

COMP	Pass	11:55am
CAL	Pass	11:55am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	INTOXIMETERS, MODEL INTOX EC/IR	County
Instrument Se	rial No. 008935 Sharrift	P Depti
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be fol ire:	lowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath si 34 degrees, plus or minus .2 degree centigrade;	mulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date simulator solution is being changed every four months or after 125 Alcohowhichever occurs first.	e, or the alcoholic breath olic Breath Simulator tests,
I certify that procedures w Department of	on the 38 day of 1-Lruary , 20/3 the forgoi ere performed on the instrument indicated above, in accordance with current reof Health and Human Services, and the instrument is functioning properly.	ng preventive maintenance egulations of the N.C.
STATI STATI OFF CHANN SEE CLANN	Signature of Certifying Official	601

PENDER PENDER CO SD 700

Serial Number: 008935 Test Date: 02/28/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:42am 10:43am
AIR BLK ACCY CHK	.00 .07	10:43am
AIR BLK	.00	10:44am
SUB TEST	.00	10:45am
AIR BLK	.00	10:46am
SUB TEST	.00	10:48am
ATR BLK	.00	10:49am

Reported AC: ...00 g/210L

Signature of Chemical Analyst

Court CVR

K. C. Moode
Analyst

#### PENDER PENDER CO SD 700

Serial Number: 008935 Test Record Number: 1307 Test Date: 02/28/2013 Test Time: 10:52am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:52am
FLO	Pass	10:52am
FC	Pass	10:52am

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:53am

#### Printer Tests

Test

CAL

Status

Time

10:53am

PRNT	Pass	10:53am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:53am

Preventive Maintenance Status: Pass

Pass

Analyst

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

County	ender Instrument Location Pend	er Count
Instrument Seria	al No. 008946 Shecif	F Depx.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be fo	llowed 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;	
<b>3.</b>	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	*
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration data simulator solution is being changed every four months or after 125 Alcoh whichever occurs first.	e, or the alcoholic breath olic Breath Simulator tests,
procedures wer	the 28 day of February, 20/3 the forgo e performed on the instrument indicated above, in accordance with current relation and Human Services, and the instrument is functioning properly.	ing preventive maintenance egulations of the N.C.
TOTAL STATE OF THE	Signature of Certifying Official	Certificate Number

PENDER PENDER COUNTY SD 700

Serial Number: 008946 Test Date: 02/28/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:36am 10:37am 10:38am
ACCY CHK AIR BLK	.08 .00	10:38am
SUB TEST	.00	10:40am
AIR BLK	.00	10:41am
SUB TEST	.00	10:42am
ATR BLK	.00	10:43am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

K.C.Manker

Analyst

#### PENDER PENDER COUNTY SD 700

Serial Number: 008946

Test Record Number: 662

Test Date: 02/28/2013

Test Time: 10:44am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:45am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:45am

#### CRC Tests

Test	Status	Time
COMP	Pass	10:45am
CAL	Pass	10:45am

Preventive Maintenance Status: Pass

Analyst

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

County	Ouplin County Instrument Location Wal	Igce P.D.
Instrument So	erial No. <u>008858</u>	
The prevention	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to are:	be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic bre 34 degrees, plus or minus .2 degree centigrade;	eath simulator thermometer 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;	4 4 4 4
9.	Verify Diagnostic Program; and	100 (100 (100 (100 (100 (100 (100 (100
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 v Department	on the	forgoing preventive maintenance rent regulations of the N.C.
	· · · · · · · · · · · · · · · · · · ·	
THE STAT	E OF NOR	
S S S S S S S S S S S S S S S S S S S		
TOTE QUANT	K. C. Madr	601
	Signature of Certifying Official	Certificate Number

DUPLIN COUNTY WALLACE PD 300

Serial Number: 008858 Test Date: 02/27/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

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

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG123501 Exp Date: 08/23/2013

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	1:58pm 1:59pm 2:00pm 2:00pm
SUB TEST	.00	2:01pm
AIR BLK	.00	2:02pm
SUB TEST	.00	2:03pm
AIR BLK	.00	2:04pm

Reported AC;:/ .00 /g/210L

Signature of Chemical Analyst

Court CVR

Analys

#### DUPLIN COUNTY WALLACE PD 300

Serial Number: 008858 Test Date: 02/27/2013

Test Record Number: 569 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	2:06pm
SRC	Pass	2:06pm
DET	Pass	2:06pm
BAR	Pass	2:06pm
BT	Pass	2:06pm

#### Blank Tests

Test	Status	Time
ATR	Pass	2:06pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:06pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:06pm 2:06pm

Preventive Maintenance Status: Pass

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

	INTOXIMETERS, MO		
County 5	Serial No. 008825	ent Location 501 m	Pson Count
Instrument So	Serial No. <u>008825</u>	Sher:f	f Office
The prevention four months a	ive maintenance procedures for the Intoximeters are:	, Model Intox EC/IR II to be fo	ollowed at least once every
1.	Verify the ethanol gas canister displays pro 34 degrees, plus or minus .2 degree centigo		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, collec-	t breath sample;	
7.	When "PLEASE BLOW" appears, collec-	t breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is bein simulator solution is being changed every whichever occurs first.	g changed before expiration da four months or after 125 Alco	ite, or the alcoholic breath holic Breath Simulator tests,
I certify that procedures v Department	t on the 27 day of 1-ebrue were performed on the instrument indicated abort of Health and Human Services, and the instrum	the forgove, in accordance with current lent is functioning properly.	oing preventive maintenance regulations of the N.C.
CTAT	Tr.	<i>į</i> .	
ST (1) 20, 1		÷	
	CARO		
APRIL 12. 10	h. 1.//h	oda-	601
	Signature of C	ertifying Official	Certificate Number

SAMPSON COUNTY SAMPSON CO SD 810

Serial Number: 008825 Test Date: 02/27/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

10/01/2011-10/01/2013

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

Agency: DHHS

Test Type: Breath Test

Lot Number: AG202903 Exp Date: 02/08/2014

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

K. C. Mode Analyst

#### SAMPSON COUNTY SAMPSON CO SD 810

Serial Number: 008825 Test Record Number: 1629
Test Date: 02/27/2013 Test Time: 12:19pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:19pm
FLO	Pass	12:19pm
FC	Pass	12:19pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:19pm
SRC	Pass	12:19pm
DET	Pass	12:19pm
BAR	Pass	12:19pm
$\mathtt{BT}$	Pass	12:19pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:20pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:20pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	12:20pm

Preventive Maintenance Status: Pass

Analyst

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

County Sa	im pson	Instrument Location Som pos	
Instrument Ser	rial No. <u>008877</u>	Sheriff	office
The preventive four months ar	-	ntoximeters, Model Intox EC/IR II to be fol	llowed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath si egree centigrade;	mulator 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	ď	
10.		ister is being changed before expiration dat nged every four months or after 125 Alcoho	
I certify that o procedures we Department of	n the 27 day of February day o	bruary, 20 13 the forgoidicated above, in accordance with current rethe instrument is functioning properly.	ing preventive maintenance egulations of the N.C.
OF THE STATE OF			
NA N	A CANADA		
SET QUAN VIDE	K.C. Sign	Mwdu- nature of Certifying Official	Certificate Number

#### SAMPSON COUNTY SAMPSON COUNTY SD 810

Serial Number: 008877 Test Date: 02/27/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	12:08pm
AIR BLK	.00	12:09pm
ACCY CHK	.07	12:09pm
AIR BLK	.00	12:10pm
SUB TEST	.00	12:11pm
AIR BLK	.00	12:12pm
SUB TEST	.00	12:13pm
ATR BLK	0.0	12 • 14 m

Reported AC: / .00 g/210L

Signature of Chemical Analyst

Court CVR

K. C./Malust

### SAMPSON COUNTY SAMPSON COUNTY SD 810

Serial Number: 008877

Test Record Number: 1298

Test Date: 02/27/2013

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 SRC DET BAR	Pass Pass Pass	12:17pm 12:17pm 12:17pm 12:17pm 12:17pm
$\mathtt{BT}$	Pass	72.1/bm

#### 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	12:18pm

Preventive Maintenance Status: Pass

Analyst

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

County Aw:	Instrument Location AWSON Co. Shariffs Office
Instrument Seria	INO. 008739 Washesboro, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer	the <u>2010</u> day of <u>February</u> , 2013 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
GREATS THE OF TH	NORTH CAROLINA CAROLI
A CORE CITY AND	Signature of Certifying Official Certificate Number

ANSON COUNTY ANSON COUNTY S.O. 030

Serial Number: 008739 Test Date: 02/20/2013

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: TRUDELL, SR., DANIEL T

Permit Number: 21535E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS Test Type: Breath Test

Lot Number: AG124903 Exp Date: 09/06/2013

Test	g/210L	Time
DIAG AIR BLK	Pass	12:09pm 12:10pm
ACCY CHK	.07	12:10pm
AIR BLK	.00	12:12pm
SUB TEST	.00	12:13pm
AIR BLK	.00	12:13pm
SUB TEST	.00	12:15pm
ATR BLK	.00	12:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ANSON COUNTY ANSON COUNTY S.O. 030

Serial Number: 008739 Test Date: 02/20/2013 Test

Test Record Number: 172
Test Time: 12:17pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:17pm 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
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 AN	Instrument Location ANSON Co. Sherres Office
Instrument Serial	INO. 008597 WADESBORD, NC
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the <u>20</u> day of <u>FERRIARY</u> , 20 <u>/3</u> the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	

ANSON COUNTY ANSON COUNTY SO. 030

Serial Number: 008597 Test Date: 02/20/2013

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: RUSSELL, LARRY H

Permit Number: 06108E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG124903 Exp Date: 09/06/2013

g/210L	Time
Pass .00 .07	12:06pm 12:06pm 12:07pm 12:08pm
.00	12:09pm
.00	12:10pm
.00	12:11pm
.00	12:12pm
	Pass .00 .07 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### ANSON COUNTY ANSON COUNTY SO. 030

Serial Number: 008597 Test Date: 02/20/2013

Test Record Number: 901 Test Time: 12:13pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:13pm
SRC	Pass	12:13pm
DET	Pass	12:13pm
BAR	Pass	12:13pm
BT	Pass	12:13pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:14pm

#### Printer Tests

Status

Test

CAL

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

Time

12:14pm

Preventive Maintenance Status: Pass

Pass

Analyst

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

County	Instrument Location Richmond Co. MAGISTRATES C
Instrument Seri	al No. 008840 Rock, NGMAM NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	n the <u>20</u> day of <u>FERAIGRY</u> , 20 <u>/3</u> the forgoing preventive maintenance are performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF THE STATE	TOWN TO THE PARTY OF THE PARTY

RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008840 Test Date: 02/20/2013

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: RUSSELL, LARRY H
Permit Number: 06108E
Effective:
09/01/2011-09/01/2013

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008840 Test Date: 02/20/2013

Test Record Number: 1041 Test Time: 11:15am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:15am
FLO	Pass	11:15am
FC	Pass	11:16am

### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:16am

#### Printer Tests

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

Preventive Maintenance Status: Pass

) Analyst

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

County Ric	MNIONE Instrument Location Richnows Co. Magistrates
Instrument Seri	al No. 008701 Rocking ham, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
. 4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	n the <u>20<sup>th</sup></u> day of <u>February</u> , 20 <u>13</u> the forgoing preventive maintenance re performed on the instrument indicated above; in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE PROPERTY OF T	Signature of Certifying Official Certificate Number



RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008701 Test Date: 02/20/2013

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: TRUDELL, SR., DANIEL T

Permit Number: 21535E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:03am 11:04am
ACCY CHK	.08	11:05am
AIR BLK	.00	11:06am
SUB TEST	.00	11:06am
AIR BLK	.00	11:07am
SUB TEST	.00	11:09am
AIR BLK	.00	11:10am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Serial Number: 008701 Test Record Number: 1004
Test Date: 02/20/2013 Test Time: 11:11am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:12am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:12am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:12am 11:12am

Preventive Maintenance Status: Pass

Analyst

County	rerial No. 008843 Instrument Location WILKES LORD, N.C.
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
. 1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on the day of february, 20 13 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATE STATE OF STATE	E O TO THE CAROLINA C

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

Signature of Certifying Official

Certificate Number

WILKES COUNTY WILKES CO COURTHOUSE 960

Serial Number: 008843 Test Date: 02/27/2013

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: 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	Pass	1:01pm
AIR BLK	.00	1:02pm
ACCY CHK	.07	1:02pm
AIR BLK	.00	1:03pm
SUB TEST	.00	1:04pm
AIR BLK	.00	1:05pm
SUB TEST	.00	1:06pm
AIR BLK,	.00	1:07pm

Timo

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Analyst

#### WILKES COUNTY WILKES CO COURTHOUSE 960

Serial Number: 008843

Test Record Number: 1241

Test Date: 02/27/2013

Test Time: 1:08pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:08pm
SRC	Pass	1:08pm
DET	Pass	1:08pm
BAR	Pass	1:08pm
BT	Pass	1:08pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:09pm

#### Printer Tests

Toot

1696	BLACUS	TIME
PRNT	Pass	1:09pm

Time

#### CRC Tests

rest	Status	Time
COMP	Pass	1:09pm
CAL	Pass	1:09pm

Preventive Maintenance Status: Pass

Analyst

Instrument Serial No. ON STATE Instrument Location Instrument Serial No. ON STATE Instrument Serial No. ON STATE Instrument Location Instrument Lo

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

SURRY COUNTY ELKIN PD 850

Serial Number: 008926 Test Date: 02/26/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG200905

Exp Date: 01/09/2014

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

Reported AC: 00 g/210L

Agnature of Chemical Analyst

Court CVR

Arralyst

#### SURRY COUNTY ELKIN PD 850

Serial Number: 008926

Test Record Number: 540

Test Date: 02/26/2013

Test Time: 10:25am EST

System Check: Passed v

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:26am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:26am
	CRC Tests	

Test	Status	Time
COMP	Pass	10:26am
CAL	Pass	10:26am

Preventive Maintenance Status: Pass

County	INTOXIMETERS, MODEL INTOX EC/IR II  Instrument Location   Qa Kin   Jan
Instrumen	t Serial No. 008944 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
1. 1. 1.	
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	nat on the <u>35</u> day of <u>february</u> , 20 <u>3</u> the forgoing preventive maintenance s were performed on the instrument indicated above, in accordance with current regulations of the N.C. nt of Health and Human Services, and the instrument is functioning properly.
S S S S S S S S S S S S S S S S S S S	Signature of Certifying Official  Certificate Number

#### YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944 Test Date: 02/25/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	1:04pm 1:05pm
ACCY CHK	.08	1:05pm
AIR BLK	.00	1:06pm
SUB TEST	.00	1:07pm
AIR BLK	.00	1:08pm
SUB TEST	.00	1:09pm
AIR BLK	,.00	1:10pm

Reported AC: 00 g/2

Signature of Chemical Analyst

Court CVR

#### YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944

Test Record Number: 862

Test Date: 02/25/2013

Test Time: 1:11pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:11pm
FLO	Pass	1:11pm
FC	Pass	1:11pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:11pm
SRC	Pass	1:11pm
DET	Pass	1:11pm
BAR	Pass	1:11pm
BT	Pass	1:11pm

#### Blank Tests

Test	Status	Time
ΔTR	Pass	1:12pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:12pm

#### CRC Tests

Test	Status	Time
COMP	Pass	1:12pm
CAL	Pass	1:12pm

Preventive Maintenance Status: Pass

Analyst

CountyInstrument S	erial No. 008925  Instrument Location Vac Kin Ville Folice  De Par Fmen F
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
· 7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department	on the
STATI STATI	

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

Signature of Certifying Official

Certificate Number

YADKIN COUNTY YADKINVILLE PD 980

Serial Number: 008925 Test Date: 02/25/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	12:33pm
AIR BLK	.00	12:34pm
ACCY CHK	.08	12:34pm
AIR BLK	.00	12:35pm
SUB TEST	.00	12:36pm
AIR BLK	.00	12:37pm
SUB TEST	.00	12:38pm
ATR BLK	J. 00	12:39pm

Reported AC:

00 g/210L

Agnature 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

#### YADKIN COUNTY YADKINVILLE PD 980

Serial Number: 008925

Test Record Number: 331
Test Time: 12:40pm EST

Test Date: 02/25/2013

TOBE TIME. 12.40pm EDI

#### System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	12:40pm
FLO	Pass	12:40pm
FC	Pass	12:41pm

#### Temperature Tests

Status	Time
Pass	12:41pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	12:41pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:41pm

### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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



Signature of Certifying Official

Certificate Number

DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905 Test Date: 02/25/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L Time
DIAG	Pass 2:11pm
AIR BLK	.00 2:12pm
ACCY CHK	.08 2:12pm
AIR BLK	.00 2:14pm
SUB TEST	.00 2:14pm
AIR BLK	.00 2:15pm
SUB TEST	.00 2:16pm
AIR BLK	.00 2:17pm

Reported AC: .00 g/210L

ignature of Chemical Analyst

Court CVR

#### DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905 Test Record Number: 1078
Test Date: 02/25/2013 Test Time: 2:19pm EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	2:19pm
FLO	Pass	2:19pm
FC	Pass	2:20pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:20pm
SRC	Pass	2:20pm
DET	Pass	2:20pm
BAR.	Pass	2:20pm
$\mathbf{BT}_{11}$ (e.g.	Pass	2:20pm

## Blank Tests

Test	Status	Time
ATR	Pagg	2 • 20 mm

## Printer Tests

Test	Status Pass		Time
PRNT			2:20pm
VIII PH	CRC	Tests	
_	<b>a</b> ,		

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

Preventive Maintenance Status: Pass

Angelyst

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

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

Signature of Certifying Official

Certificate Number

FORSYTH COUNTY FORSYTH CO DETENTION 330

> Serial Number: 008583 Test Date: 02/22/2013

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: 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: AG300202 Exp Date: 01/02/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	2:37pm 2:37pm 2:38pm 2:39pm 2:40pm 2:41pm
SUB TEST	.00	2:42pm
AIR BLK	.00	2:43pm

Signature of Chemical Analyst

Court CVR

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

Analyst

Rev. 12/2007

#### FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583

Test Record Number: 4475

Test Date: 02/22/2013

Test Time: 2:46pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:46pm
FLO	Pass	2:46pm
FC	Pass	2:46pm

#### Temperature Tests

Status	Time
Pass	2:46pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	2:47pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:47pm

#### CRC Tests

Test	Status	Time
COMP	Pass	2:47pm
CALi	Pass	2:47pm

Preventive Maintenance Status: Pass

Analyst

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

<b></b>	INTOXIMETERS, MODEL INTOX/EC/IR II
County To	orsyth Instrument Location Kerners Ville Police
Instrument Se	erial No. 008650 Department
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 tebruary, 20 day the forgoing preventive maintenance are performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

#### FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650 Test Date: 02/22/2013

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: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

JAN MANUTE

Analyst

#### FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650

Test Record Number: 904

Test Date: 02/22/2013

Test Time: 4:03pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:03pm
FLO	Pass	4:03pm
FC	Pass	4:03pm

## Temperature Tests

Test	Status	Time
FC1	Pass	4:03pm
SRC	Pass	4:03pm
$\mathtt{DET}$	Pass	4:03pm
BAR	Pass	4:03pm
BT	Pass	4:03pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:04pm

#### Printer Tests

Test	Status	тіше
PRNT	Pass	4:04pm
	CRC Tests	

Test	Status	Time
COMP	Pass	4:04pm
CAL	Pass	4:04pm

Preventive Maintenance Status: Pass

Analyst

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



Signature of Certifying Official

Certificate Number

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596 Test Date: 02/18/2013

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: AG204603 Exp Date: 02/15/2014

Test	g/210L	Time
DIAG	Pass	1:39pm
AIR BLK	.00	1:40pm
ACCY CHK	.08	1:41pm
AIR BLK	.00	1:42pm
SUB TEST	.00	1:42pm
AIR BLK	.00	1:43pm
SUB TEST	.00	1:45pm
AIR BLK	.00	1:46pm

Chemical Analyst

Court CVR

#### STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596

Test Record Number: 589

Test Date: 02/18/2013

Test Time: 1:47pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:47pm
FLO	Pass	1:47pm
FC	Pass	1:47pm

#### Temperature Tests

Status	Time
Pass	1:47pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
ATR	Pass	1:48pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:48pm

#### CRC Tests

Test	Status	Time
COMP	Pass	1:48pm
CAL	Pass	1:48pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD

	INTOXIMETERS, MODEL INTOX ECAR II
County	Stokes Instrument Location \ \langle ing \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Instrument Seri	al No. 008610 Department
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 <u>febreuge ()</u> , 20 13 the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OF THE STATE OF TH	Late Byth 657

STOKES COUNTY KING PD 840

Serial Number: 008610 Test Date: 02/18/2013

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: AG204603 Exp Date: 02/15/2014

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	2:49pm 2:50pm 2:51pm
AIR BLK	.00	2:52pm
SUB TEST AIR BLK	.00 .00	2:53pm 2:54pm
SUB TEST	.00	2:55pm
AIR BLK	<b>/</b> 00	2:56pm

Reported AC 300 g/210Ly

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 /

## STOKES COUNTY KING PD 840

Serial Number: 008610 Test Record Number: 1247
Test Date: 02/18/2013 Test Time 2.457pm EST

System Check: Passed

Baseline Tests

Test	Statu	s Time	
IR	Pass	23 57pm	
FLO	Pass	2:57pm	
FC	Pass	2:57pm	

#### Temperature Tests

Test	Status Time
FC1	Pass 2:58pm
SRC	Pass 2:58pm
DET	Pass 2:58pm
BAR	Pass 2:58pm
BT	Pass : 2:58pm
	2 (2014) Unit TRESIDENCE STATES AND ALTERNATION AND ALTERNATIO

#### Blank Tests

Test	Status Time
AIR	Pass 2:58pm

#### Printer Tests

Test	Status Time
PRNT	Pass (2:58pm)
-	CRC Tests
Test	Status Time

icac	Deace	
COMP	Pass	. 2:58pm
CAL	Pass	2:58pm

Preventive Maintenance Status: Pass

Analysf

	PREVENTIVE MAINTENANCE RECORD	
County FOR	INTOXIMETERS, MODEL INTOX EC/IR II  RS//L  Instrument Location FORS// Ounty	
Instrument Seri	rial No. 008854 Defention	_
The preventive four months are	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;	NS
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
<b>5.</b>	Verify instrument accuracy;	
8 . A <b>6.</b>	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before 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 rule , 20 13 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.	9
THE STATE OF THE S	Signature of Certifying Official Certificate Number	

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008854 Test Date: 02/05/2013

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: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:00am
AIR BLK	.00	10:01am
ACCY CHK	.07	10:02am
AIR BLK	.00	10:02am
SUB TEST	.00	10:03am
AIR BLK	.00	10:04am
SUB TEST	.00	10:05am
AIR BLK	.00	10:06am

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

## FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008854

Test Record Number: 81

Test Date: 02/05/2013

Test Time: 9:50am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	9:52am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:52am

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX E Instrument Location Instrument Serial No. 108660 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the forgoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008660 Test Date: 02/11/2013

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: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: 50 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

#### FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008660 Test

Test Record Number: 2986
Test Time: 10:46am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:46am 10:46am
FC	Pass	10:46am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:46am
SRC	Pass	10:46am
DET	Pass	10:46am
BAR	Pass	10:46am
BT	Pass	10:46am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:47am

## Printer Tests

Test	Status	Time
PRNT	Pass	10:47am
	CRC Tests	

Test	Status	Time
COMP	Pass	10:47am
CAL	Pass	10:47am

Preventive Maintenance Status: Pass

Angdyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX E Instrument Location Instrument Serial No. 00865 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record: 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the forgoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

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

Centifying Official

Certificate Number

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659 Test Date: 02/11/2013

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: BENFIELD II, KENNETH R
Permit Number: 22067E
Effective:

12/01/2012-12/01/2014

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	10:43am 10:44am 10:45am 10:45am 10:47am 10:48am
AIR BLK	.00	10:49am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

#### FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659 Test Rec Test Date: 02/11/2013 Test Ti

Test Record Number: 1899
Test Time: 10:51am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:51am
SRC	Pass	10:51am
DET	Pass	10:51am
BAR	Pass	10:51am
BT	Pass	10:51am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:52am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:52am
	CRC Tests	
	<b></b>	·

Test	Status	Time
COMP	Pass	10:52am
CAL	Pass	10:52am

Preventive Maintenance Status: Pass

Analyst

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

County Instrument S	Instrument Location Bot Mobile Unit
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the <u>33</u> day of <u>9ebruary</u> , 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 STAT	E ON NOS



Ony B Skynes Signature of Certifying Official

Certificate Number

#### WAKE COUNTY BATMOBILE UNIT 2 910

Serial Number: 008929 Test Date: 02/23/2013

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

Analyst's Name: SKINNER, TONYA B
Permit Number: 13651E
Effective:
10/01/2011-10/01/2013

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:45pm 9:46pm
ACCY CHK AIR BLK	.08	9:47pm 9:48pm
SUB TEST	.00	9:48pm
AIR BLK	.00	9:50pm
SUB TEST AIR BLK	.00 .00	<b>9:51pm</b> 9:52pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Jonya B Skuning Analyst

#### WAKE COUNTY BATMOBILE UNIT 2 910

Serial Number: 008929

Test Record Number: 610

Test Date: 02/23/2013

Test Time: 9:54pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:55pm
FLO	Pass	9:55pm
FC	Pass	9:55pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	9:55pm 9:55pm 9:55pm 9:55pm 9:55pm
T- T	rabb	J. J. J. D

#### Blank Tests

Test	Status	Time
AIR	Pass	9:56pm

#### Printer Tests

PRNT Pass 9:56pm	Test	Status	Time
	PRNT	Pass	9:56pm

#### CRC Tests

Test	Status	Time
COMP	Pass	9:56pm
CAL	Pass	9:56pm

Preventive Maintenance Status: Pass

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

County	Date Instrument Location Boxt Mobile Unit
Instrument Ser	ial No D O S ( D O )
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;
<b>8.</b>	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	n the 3 day of February, 20 13 the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official  Certificate Number

WAKE COUNTY BAT MOBILE UNIT 2 910

Serial Number: 008601 Test Date: 02/23/2013

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

Analyst's Name: SKINNER, TONYA B
Permit Number: 13651E
Effective:
10/01/2011-10/01/2013

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Shya Skyren Analyst

#### WAKE COUNTY BAT MOBILE UNIT 2 910

Serial Number: 008601 Test Date: 02/23/2013

Test Record Number: 737 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
$\mathtt{BT}$	Pass	9:42pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:43pm

#### Printer Tests

iest	Status	lime
PRNT	Pass	9:43pm

#### CRC Tests

Test	Status	T'ime
COMP	Pass	9:43pm
CAL	Pass	9:43pm

Preventive Maintenance Status: Pass

Analyst

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

County \\	ake Instrument Location Bot Mobile Unit 2
Instrument Seria	1 No. 008736
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. 8.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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 3 day of Telocology, 20 13 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
OF THE STATE OF NO. 1772 OF THE STATE OF	Signature of Certifying Official  Certificate Number

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

WAKE COUNTY BAT MOBILE UNIT 2 910

Serial Number: 008736 Test Date: 02/23/2013

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

Analyst's Name: SKINNER, TONYA B
Permit Number: 13651E
Effective:
10/01/2011-10/01/2013

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	9:43pm 9:44pm 9:44pm
AIR BLK	.00	9:45pm
SUB TEST	.00	9:46pm
AIR BLK	.00	9:47pm
SUB TEST	.00	9:48pm
AIR BLK	.00	9:49pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Jonya Skynen Analyst

#### WAKE COUNTY BAT MOBILE UNIT 2 910

Serial Number: 008736

Test Record Number: 555

Test Date: 02/23/2013

Test Time: 9:51pm EST

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	9:51pm
SRC	Pass	9:51pm
DET	Pass	9:51pm
BAR	Pass	9:51pm
$\mathtt{BT}$	Pass	9:51pm

#### Blank Tests

Test	Status	Time
ATR	Pass	9:52pm

#### Printer Tests

lest	Status	TTIIIC
PRNT	Pass	9:52pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

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

County Wa	Instrument Location BAT MOBILE CENT
Instrument Seria	al No. COSGOO RALEIEM
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 /S day of FEBRUARY, 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 S	\$60 6. 11 Jan 686
	Signature of Certifying Official Certificate Number

#### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Date: 02/15/2013

Test Record Number: 1161 Test Time: 11:15pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:15pm
FLO	Pass .	11:15pm
FC	Pass	11:15pm

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass	11:16pm
DET	Pass Pass	11:16pm 11:16pm
BAR	Pass	11:16pm
BT .	Pass	11:16pm

#### Blank Tests

Test	Status	Time
AIR	Pass	11:16pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:16pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:16pm 11:16pm

Preventive Maintenance Status: Pass

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Date: 02/15/2013

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

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

Analyst's Name: MORGART, STEPHEN G
Permit Number: 9372E
Effective:
10/01/2011-10/01/2013

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

County	WAKE Instrument Location BAT 11103,16 Lai, T
Instrument Se	rial No. Cost 98 Raleica
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

#### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Date: 02/15/2013 Test Record Number: 923 Test Time: 11:53pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:54pm

#### Printer Tests

	~~~	
PRNT	Pass	11:54pm
Test	Status	Time

#### CRC Tests

Test	Status	Time
COMP	Pass	11:54pm
CAL	Pass	11:54pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Date: 02/15/2013

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

Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G
Permit Number: 9372E
Effective:
10/01/2011-10/01/2013

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

Lot Number: AG108203 Exp Date: 03/23/2013

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	11:44pm 11:45pm 11:45pm 11:46pm 11:47pm 11:48pm
SUB TEST	.00	11:49pm
AIR BLK	.00	11:50pm

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	WAKE	Instrument Location	BAT 410Bile	britte
Instrument Se	erial No. <u>008788</u>		2 Alfilory	
The preventive four months a		r the Intoximeters, Model Intox EC	C/IR II to be followed at l	east once every
1.	Verify the ethanol gas ca 34 degrees, plus or minus	nister displays pressure, or the alcost 2 degree centigrade;	oholic breath simulator th	nermometer shows
2.	Verify instrument display	ys time and date;		
3.	Initiate breath test sequer	nce;		
4.	Enter information as pro	mpted;		
5.	Verify instrument accura	су;		
6.	When "PLEASE BLOW	appears, collect breath sample;		
7.	When "PLEASE BLOW	" appears, collect breath sample;	-	
8.	Print test record;	•		
9.	Verify Diagnostic Progra	m; and		
10.	Verify that the ethanol gas simulator solution is bein whichever occurs first.	es canister is being changed before g changed every four months or a	expiration date, or the al fter 125 Alcoholic Breath	coholic breath Simulator tests,
I certify that of procedures we Department of	ere performed on the instrume	ent indicated above, in accordance, and the instrument is functioning	with current regulations	tive maintenance of the N.C.
TOTAL ESTATE  OF OUR STATE  OF	CAROLLI CAROLL	Ed C. III		636
		Signature of Certifying Official	Certific	ate Number

#### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Record Number: 779
Test Date: 02/15/2013 Test Time: 11:32pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:33pm 11:33pm
F'C	Pass	11:33pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:34pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:34pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:34pm 11:34pm

Preventive Maintenance Status: Pass

Analyst 110 Jan

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Date: 02/15/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: MORGART, STEPHEN G
Permit Number: 9372E
Effective:
10/01/2011-10/01/2013

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

Lot Number: AG123502 Exp Date: 08/23/2013

Test	g/210L	Time
DIAG	√ Pass	11:24pm
	K . 00	11:25pm
ACCY C	HK .07	11:25pm
AIR BL	K .00	11:26pm
SUB TE	ST .00	11:27pm
AIR BL	K .00	11:28pm
SUB TE	ST .00	11:29pm
AIR BL	K .00	11:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

	INTOXIMETERS, MODEL INTOX EC/IR II
County C	herokee Instrument Location Cherokee Co. Jail
Instrument Se	erial No. 008622 Murphy, NC
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department of	on the <u>S</u> day of <u>February</u> , 20 <u>IS</u> the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
CREAT STATE OF THE	Signature of Certifying Official Certificate Number

CHEROKEE COUNTY CHEROKEE COUNTY JAIL
190

Serial Number: 008622 Test Date: 02/08/2013

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

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

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

Analyst's Name: CUTLER, DANIEL R
Permit Number: 8457E
Effective:
10/01/2011-10/01/2013

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	3:23pm 3:24pm 3:24pm
AIR BLK	.00	3:25pm
SUB TEST	.00	3:26pm
AIR BLK	.00	3:27pm
SUB TEST	.00	3:28pm
AIR BLK	.00	3:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

if R. Cuther

#### CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

Serial Number: 008622

Test Record Number: 803

Test Date: 02/08/2013

Test Time: 3:31pm EST

#### System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:31pm
FLO	Pass	3:31pm
FC	Pass	3:31pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	3:31pm 3:31pm 3:31pm 3:31pm 3:31pm
	10.00	<u></u>

#### Blank Tests

Test	Status	Time
AIR	Pass	3:32pm

#### Printer Tests

rest	Status	111116
PRNT	Pass	3:32pm

Timo

#### CRC Tests

Test	Status	Time
COMP	Pass	3:32pm
CAL .	Pass	3:32pm

Preventive Maintenance Status: Pass

Analyst

## PREVENTIVE MAINTENANCE RECORD

County C	herokee Instrum	nent Location Cherok	ee Co. Iail
Instrument Se	Serial No. <u>008711</u> <u>M</u> .	uphy, NC	
The preventiv	ive maintenance procedures for the Intoximeter are:	s, Model Intox EC/IR II to be f	followed at least once every
1.	Verify the ethanol gas canister displays p 34 degrees, plus or minus .2 degree centig		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	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 expiration d / four months or after 125 Alco	ate, or the alcoholic breath sholic Breath Simulator tests,
I certify that of procedures we Department of	t on theday ofdownwere performed on the instrument indicated about of Health and Human Services, and the instrument	the forgove, in accordance with current nent is functioning properly.	oing preventive maintenance regulations of the N.C.
THE STATE OF THE S	Chil K.	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: 008711 Test Date: 02/08/2013

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

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

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

Analyst's Name: CUTLER, DANIEL R
Permit Number: 8457E
Effective:
10/01/2011-10/01/2013

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

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

Serial Number: 008711

Test Record Number: 581

Test Date: 02/08/2013

Test Time: 3:29pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:29pm 3:29pm
FC	Pass	3:29pm

#### Temperature Tests

Status	Time
Pass	3:29pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	3:30pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:30pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:30pm 3:30pm

Preventive Maintenance Status: Pass

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

County M	acoh	Instrument Location Macol	Co. Magistrate
Instrument Se	erial No. <u>008795</u>	Instrument Location Macon	
The preventive four months a	•	ntoximeters, Model Intox EC/IR II to be f	followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath gree centigrade;	simulator thermometer shows
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;	,	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appo	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	d	
10.		ister is being changed before expiration d nged every four-months or after 125 Alco	
I certify that procedures w Department of	on the day of Health and Human Services, and the first day of the services and the services and the services day of	bruary, , 20/2 the forg dicated above, in accordance with current the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
STATE OF STA		R C.T.	635
	Sign	nature of Certifying Official	Certificate Number

#### MACON COUNTY MACON CO MAGISTRATE 550

Serial Number: 008795 Test Date: 02/08/2013

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

Analyst's Name: CUTLER, DANIEL R
Permit Number: 8457E
Effective:
10/01/2011-10/01/2013

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MACON COUNTY MACON CO MAGISTRATE 550

Serial Number: 008795 Test Date: 02/08/2013 Test Record Number: 282 Test Time: 12:34pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:35pm
SRC	Pass	12:35pm
DET	Pass	12:35pm
BAR	Pass	12:35pm
$\mathtt{BT}$	Pass	12:35pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:35pm

#### Printer Tests

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

COMP	Pass	12:36pm
CAL	Pass	12:36pm

Preventive Maintenance Status: Pass

Analyst

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

County Suc	instrument Location Swain Co. Jail
Instrument Serie	Instrument Location Swain Co. Jail al No. 008723 Bryson City, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the
SECONM VIDES	Signature of Certifying Official  Certificate Number

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008723 Test Date: 02/08/2013

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

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

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

Analyst's Name: CUTLER, DANIEL R
Permit Number: 8457E
Effective:
10/01/2011-10/01/2013

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

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

Test	g/210L	Time
DIAG AIR BLK ACCÝ CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	5:00pm 5:01pm 5:02pm 5:02pm 5:03pm 5:04pm
SUB TEST	.00	5:05pm
AIR BLK	.00	5:05pm
ATK DUK	.00	J. 00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008723 Test Date: 02/08/2013 Test Record Number: 460 Test Time: 5:07pm EST

#### Baseline Tests

System Check: Passed

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

#### ·Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	5:08pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	5:08pm
	ana masta	

#### CRC Tests

Test	Status	Time
COMP	Pass	5:08pm
CAL	Pass	5:08pm

Preventive Maintenance Status: Pass

Analyst

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

County So	wain Instrument Location Swain Co. Jail
Instrument Se	erial No. 008727 Bryson City, NC
The preventiv	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the
TO THE STATE OF THE CONTROL OF THE C	CAROL STATE OF THE

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008727 Test Date: 02/08/2013

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

Analyst's Name: CUTLER, DANIEL R
Permit Number: 8457E
Effective:
10/01/2011-10/01/2013

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008727 Test Date: 02/08/2013 Test Record Number: 714
Test Time: 5:08pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	5:08pm
FC	Pass Pass	5:08pm
FL	rass	$ z : u \circ \omega u$

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	5:08pm 5:08pm
DET	Pass	5:08pm
BAR	Pass	5:08pm
$\mathtt{BT}$	Pass	5:08pm

#### Blank Tests

Test	Status	Time
AIR	Pass	5:09pm

#### Printer Tests

1656	scacus	TIME
PRNT	Pass	5:09pm
	CPC Tests	

Test	Status	Time
COMP	Pass	5:09pm
CAL	Pass	5:09pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location I sede | County S.O. 221 E. Water St., Statesville Instrument Serial No. 008809 704-878-3131 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade: 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the day of February, 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

IREDELL COUNTY IREDELL COUNTY SD 480

Serial Number: 008809 Test Date: 02/06/2013

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: 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: AG201801 Exp Date: 01/18/2014

Test	g/210L	Time
DIAG	Pass	9:52am
AIR BLK	.00	9:52am
ACCY CHK	.07	9:53am
AIR BLK	.00	9:54am
SUB TEST	.00	9:55am
AIR BLK	.00	9:56am
SUB TEST	.00	9:57am
AIR BLK	.00	9:59am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### IREDELL COUNTY IREDELL COUNTY SD 480

Serial Number: 008809

Test Record Number: 2169
Test Time: 9:46am EST

Test Date: 02/06/2013 Test Time: 9:46am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	9:48am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:48am

#### CRC Tests

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County/	INTOXIMETERS, MODEL INTOX EC/IR II  redell Instrument Location Modes Ville Po
	ial No. 008685 750 W. Fredell Ave., Mooresville
<del></del>	704-664-3311
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the 6 day of February, 20 13 the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

#### IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008685 Test Record Number: 1840 

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:45am
FLO	Pass	10:45am
FC	Pass	10:45am

Test		Status	}	Time
FC1 SRC		Pass Pass		10:45am 10:45am
DET		Pass:		10:45am
BAR		Pass		10:45am
BT	÷	Pass		10:45am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:46am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:46am
	CDC Tests	

Test	Status	Time
COMP	Pass	10:46am
CAL	Pass	10:46am

Preventive Maintenance Status: Pass

Analys

IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008685 Test Date: 02/06/2013

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

Subject'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: AG203103 Exp Date: 01/31/2014

Test	g/210L	Time
DIAG AIR BLK	Pass	10:49am
ACCY CHK	.08	10:50am
AIR BLK	.00	10:51am
SUB TEST AIR BLK	.00	10:52am 10:53am
SUB TEST	.00	10:53am
AIR BLK	.00	10:55am

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 A	exander Instrument Location Alexander County SC
Instrument Seri	al No. 008813 29 W main St. Taylors Ville 828-632-4658
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 15 <sup>th</sup> day of Febluary, 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 LINE ST	

#### ALEXANDER COUNTY ALEXANDER COUNTY SD 010

Serial Number: 008813 Test Date: 02/15/2013 Test Record Number: 1097

Test Time: 9:36am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
ΔTR	Pass	9 - 38am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:38am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:38am 9:38am

Preventive Maintenance Status: Pass

Analyst

ALEXANDER COUNTY ALEXANDER COUNTY SD 010

> Serial Number: 008813 Test Date: 02/15/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG201801 Exp Date: 01/18/2014

g/210L	Time
Pass .00 .07 .00	9:45am 9:46am 9:47am 9:48am <b>9:49am</b>
	9:50am <b>9:51am</b>
	9:51am 9:52am
	Pass .00 .07

Reparted AC:\ .00 g/210L

Signature of Chemical Analyst

Court CVR

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

County	Mecklenburg Instrument Location Mecklenburg County SD-Nort		
Instrument S	JOH-853-0180		
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 19th day of February, 2013 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.		
THE STATE OF THE S			

#### MECKLENBURG COUNTY SD 590

Serial Number: 008690

Test Record Number: 3590

Test Date: 02/19/2013

Test Time: 10:56am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time	

AIR Pass 10:57am

#### Printer Tests

Test	Status	Time

PRNT Pass 10:57am

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

MECKLENBURG COUNTY SD 590

Serial Number: 008690 Test Date: 02/19/2013

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: Unknown

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: AG203103 Exp Date: 01/31/2014

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

Reprorted 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	Mecklenburg Instrument Location Mecklenburg County SD-No
Instrumen	t Serial No. 008665 5225 Spector Dr., Charlotte
	704-353-0180
The preve four mont	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.
	at on the 19th day of Febluary, 2013 the forgoing preventive maintenance is were performed on the instrument indicated/above, in accordance with current regulations of the N.C. into f Health and Human Services, and the instrument is functioning properly.
CORPAL CORPACT C	ATE CONSTRUCTION OF CONTINUES O

# MECKLENBURG COUNTY SD 590

Serial Number: 008665 Test Record Number: 2936

Test Date: 02/19/2013 Test Time: 11:28am EST

System Check: Passed

# Baseline Tests

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

# Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	11:30am

## Printer Tests

Test	Status	Time
PRNT	Pass	11:30am
	CRC Tests	
Test	Status	Time

COMP	Pass	11:30am
CAL	Pass	11:30am

Preventive Maintenance Status: Pass

MECKLENBURG COUNTY SD 590

Serial Number: 008665 Test Date: 02/19/2013

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: AG204602 Exp Date: 02/15/2014

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00 .00	11:41am 11:42am 11:42am 11:43am 11:44am
AIR BLK	.00	11:45am
SUB TEST	.00	11:46am
AIR BLK	.00	11:47am

Reported AC

\00 g/210L

Signature of Chemica

# MHATYSU

Court CVR

Analyst

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

County Cle	Veland Instrument Location Cleveland County 5D-Anno		
Instrument Seria	11 No. 008887 407 McBrayer Street, Shelby 704-484-4888		
The preventive r four months are:	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
I certify that on procedures were Department of H	the 2644 day of February , 20 13 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.		
THE QUAM YOUR A	Signature of Certifying Official Certificate Number		

CLEVELAND COUNTY CLEVELAND SD-ANNEX 220

> Serial Number: 008887 Test Date: 02/26/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

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

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	1:39pm 1:40pm
ACCY CHK	.07	1:41pm
AIR BLK SUB TEST	.00 .00	1:42pm 1:42pm
AIR BLK	.00	1:43pm
SUB TEST	.00	1:45pm
AIR BLK	.00	1:46pm

Reported AC: .00 g/210L

grature of Chemical Analyst

Court CVR

### CLEVELAND COUNTY CLEVELAND SD-ANNEX 220

Serial Number: 008887

Test Record Number: 1355

Test Date: 02/26/2013

Test Time: 1:47pm EST

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	1:47pm
FLO	Pass	1:47pm
FC	Pass	1:47pm

# Temperature Tests

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

# Blank Tests

Test	Status	Time
AIR	Pass	1:48pm

## Printer Tests

Test	Status	Time
PRNT	Pass	1:48pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:48pm
CAL	Pass	1:48pm

Preventive Maintenance Status: Pass

Analyst

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

County Cl	eveland Instrument Location Cleveland County SD
Instrument Ser	rial No. 008893 100 Justice Place, Shelby
	704 - 484 - 4888
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.
	n the <u>36th</u> day of <u>February</u> , 20 <u>13</u> the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	

CLEVELAND COUNTY CLEVELAND COUNTY SD 220

> Serial Number: 008893 Test Date: 02/26/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG123501 Exp Date: 08/23/2013

Test	g/210L	Time
DIAG	Pass	1:14pm
AIR BLK	.00	1:15pm
ACCY CHK	.08	1:16pm
AIR BLK	.00	1:17pm
SUB TEST	.00	1:18pm
AIR BLK	.00	1:18pm
SUB TEST	.00	1:20pm
AIR BLK	.00	1:21pm

Reported AC: .00 g/210L

nature of Chemical Analyst

Court CVR

Analyst

# CLEVELAND COUNTY CLEVELAND COUNTY SD 220

Serial Number: 008893

Test Record Number: 1117

Test Date: 02/26/2013

Test Time: 1:22pm EST

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	1:22pm
FLO	Pass	1:22pm
FC	Pass	1:22pm

# Temperature Tests

Test	Status	Time
FCl	Pass	1:22pm
SRC	Pass	1:22pm
DET	Pass	1:22pm
BAR	Pass	1:22pm
$\mathtt{BT}$	Pass	1:22pm

### Blank Tests

Test	Status	Time
AIR	Pass	1:23pm

## Printer Tests

iest	Status	a lung
PRNT	Pass	1:23pm

# CRC Tests

Test	Status	Time
COMP	Pass	1:23pm
CAL	Pass	1:23pm

Preventive Maintenance Status: Pass

Analyst

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

County M	ecklenburg Instrument Location Pineville PD	
	rial No. 008703 427 Main Street, Pineville 704-889-2231	
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;	
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.	
I certify that on the 20th day of February , 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.		
NAME OF STATE OF STAT	CAROLL	

# MECKLENBURG COUNTY PINEVILLE PD 590

Serial Number: 008703
Test Date: 02/20/2013

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

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

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

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

Effective:

10/01/2011-10/01/2013

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
Iq.	4.3	•
$\mathtt{DIAG}^{\#}$	Pass	1:14pm
AIR BLK	.00	1:15pm
ACCY CHK	.08	1:16pm
AIR BLK	.00	1:17pm
SUB TEST	.00	1:17pm
AIR BLK	.00	1:18pm
SUB TEST	.00	1:20pm
AIR BLK	.00	1:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

Rev. 12/2007

# MECKLENBURG COUNTY PINEVILLE PD 590

Serial Number: 008703

Test Record Number: 4988

Test Date: 02/20/2013

Test Time: 1:22pm EST

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	1:22pm
FLO	Pass	1:22pm
FC	Pass	1:22pm

# Temperature Tests

Test	Status	Time
FC1	Pass	1:22pm
SRC	Pass	1:22pm
DET	Pass	1:22pm
BAR	Pass	1:22pm
BT	Pass	1:22pm

# Blank Tests

Test	Status	Time
<b>ATR</b>	Pass	1 • 23 pm

### Printer Tests

Test	Status	Time
PRNT	Pass	1:23pm

### CRC Tests

Test	Status	Time
COMP	Pass	1:23pm
CAL	Pass	1:23pm

Preventive Maintenance Status: Pass

Analyst

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

ones late

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

	MIOMMETE	MS, MODEL INTOX EC/IN	_
County	lnion	Instrument Location Waxhay	v PD
Instrument Se	rial No. <u>008 598</u>	703 W. South Main	
The preventiv		Intoximeters, Model Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath egree centigrade;	simulator thermometer shows
2.	Verify instrument displays tim	e and date;	
3.	Initiate breath test sequence;	•	
4.	Enter information as prompted	<b>t;</b>	
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 Alcol	
procedures we	ere performed on the instrument in	dicated above, in accordance with current the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
THE STATE OF THE S	Sosh E	nature of Certifying Official	650 Certificate Number

UNION COUNTY WAXHAW PD 890

Serial Number: 008598 Test Date: 02/20/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HUTCHINSON, JOSEPH E
Permit Number: 19951E
Effective:
10/01/2011-10/01/2013

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

Lot Number: AG108202 Exp Date: 03/23/2013

Test	g/210L	Time
DIAG AIR BLK	Pass	12:29pm 12:30pm
ACCY CHK	.07	12:31pm
AIR BLK	.00	12:32pm
SUB TEST	.00	12:33pm
AIR BLK	.00	12:34pm
SUB TEST	.00	12:35pm
ATR BLK	. 0.0	12:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

# UNION COUNTY WAXHAW PD 890

Serial Number: 008598 Test Date: 02/20/2013 Test Record Number: 412 Test Time: 12:37pm EDT

System Check: Passed

# Baseline Tests

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

# Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	12:39pm

### Printer Tests

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

ICSC	Status	TIME
COMP	Pass	12:39pm
CAL	Pass	12:39pm

Preventive Maintenance Status: Pass

Analyst

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

County_W	JAICE Instrument Location	WAKE	FUREST	PD
Instrument Ser	Serial No. 608700 YOI OWEN	J <u>57.</u>	WAKE F	OREST, N
The preventive four months ar	ive maintenance procedures for the Intoximeters, Model Intox are:	EC/IR II to b	pe followed at lea	st once every
1.	Verify the ethanol gas canister displays pressure, or the 34 degrees, plus or minus .2 degree centigrade;	alcoholic brea	ath simulator ther	mometer 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 samp	le;		
7.	When "PLEASE BLOW" appears, collect breath samp	le;		
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.	fore expiratio or after 125 A	n date, or the alco llcoholic Breath S	pholic breath Simulator tests,
I certify that o procedures we Department of	t on the <u>26</u> day of <u>FFBRUARY</u> , 20 were performed on the instrument indicated above, in accorda of Health and Human Services, and the instrument is function	the fance with currening properly.	Forgoing preventive ent regulations of .	ve maintenance the N.C.
STATE ONE STATE OF THE OWEN TO STATE OF THE OWN WOOD THE	Bus D Signature of Certifying Office	cial		<u>S</u> ∕∕∕ te Number

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700 Test Date: 02/26/2013

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

Analyst's Name: SMITH, BRIAN D
Permit Number: 08937E
Effective:
08/01/2011-08/01/2013

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	10:31am 10:32am 10:33am 10:34am
SUB TEST	.00	10:34am 10:34am
AIR BLK	.00	10:35am
SUB TEST	.00	10:37am
AIR BLK	.00	10:38am

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700 Test Date: 02/26/2013 Test Record Number: 547
Test Time: 10:41am EST

System Check: Passed

### Baseline Tests

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

# Temperature Tests

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

# Blank Tests

Test	Status	Time
AIR	Pass	10:43am

### Printer Tests

Test	Status	Time
PRNT	Pass	10:43am
	CRC Tests	
	<b>a</b>	mil a

Test	Status	Time
COMP	Pass	10:43am
CAL	Pass	10:43am

Preventive Maintenance Status: Pass

Analyst

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

County	INTOXIMETE	Instrument Location Att Co. Delention CT
Instrument	Serial No	174 Detention Dr., Greenville, N
The prevent		Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic breath simulator thermometer shows legree centigrade;
2.	Verify instrument displays tin	ne and date;
3.	Initiate breath test sequence;	-
4.	Enter information as prompte	d;
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" ap	pears, collect breath sample;
7.	When "PLEASE BLOW" ap	pears, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; a	nd
10.		nister is being changed before expiration date, or the alcoholic breath anged every four months or after 125 Alcoholic Breath Simulator tests,
	were performed on the instrument in	the forgoing preventive maintenance dicated above, in accordance with current regulations of the N.C. the instrument is functioning properly.
THE STAN IS TO THE ST	Sign	malure of Certifying Official Certificate Number

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646 Test Date: 02/20/2013

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

Analyst's Name: KEESLER, LINDA A

Driver's License Number: NONE

Permit Number: 11646E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	11:22am
AIR BLK	.00	11:23am
ACCY CHK	.07	11:24am
AIR BLK	.00	11:25am
SUB TEST	.00	11:25am
AIR BLK	.00	11:26am
SUB TEST	.00	11:28am
ATR BLK	. 00	11:29am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

MIN Keese

# PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646 Test Date: 02/20/2013

Test Record Number: 1967 Test Time: 11:30am EST

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	11:30am
FLO	Pass	11:30am
FC	Pass	11:30am

# Temperature Tests

Status	Time
Pass	11:30am
	Pass Pass Pass Pass

#### Blank Tests

Test	t-	Status	Time
AIR		Pass	11:31am

### Printer Tests

Test	Status	Time
PRNT	Pass	11:31am
	CRC Tests	

Test	Status	Time
COMP	Pass	11:31am
CAL	Pass	11:31am

Preventive Maintenance Status: Pass

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

	intoximeters, model intox ec/ir ii
County	DATES Instrument Location GATES 60. 5.0.
Instrument Ser	rial No. DO8884 202 COURT ST., GATESVILLE, Nº
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 or procedures we Department of	day of filling, 20/3 the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

GATES COUNTY GATES CO SO 360

Serial Number: 008884 Test Date: 02/21/2013

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, LINDA A

Permit Number: 11646E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC; .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

### GATES COUNTY GATES CO SO 360

Serial Number: 008884 Test Record Number: 477
Test Date: 02/21/2013 Test Time: 12:14pm EST

System Check: Passed

### Baseline Tests

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

# Temperature Tests

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

### Blank Tests

Test	Status	'l'ime
AIR	Pass	12:16pm

# Printer Tests

Status

Time

12:16pm

Test

CAL

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

Preventive Maintenance Status: Pass

Pass

Analyst

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

, \	INTOXIMETERS, MODEL INTOX EC/IR II
County Nt	Instrument Location WOSKIC P.D.
Instrument Serial	No. D08448 705 Ll. main St., Mhoskie, NC
The preventive m 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.
	ne day of the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
O'ME STATE OF NO.	Signature of Certifying Official Certificate Number

HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848 Test Date: 02/21/2013

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, LINDA A

Permit Number: 11646E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:54am
AIR BLK	.00	10:55am
ACCY CHK	.08	10:56am
AIR BLK	.00	10:57am
SUB TEST	.00	10:57am
AIR BLK	.00	10:58am
SUB TEST	.00	11:01am
AIR BLK	.00	11:02am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848 Test Record Number: 782
Test Date: 02/21/2013 Test Time: 11:03am EST

System Check: Passed

# Baseline Tests

Test	Status	Time
*		
IR	Pass	11:03am
FLQ	Pass	11:03am
FC	Pass	11:03am

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:04am

#### Printer Tests

rest	Status	TIME
PRNT	Pass	11:04am

### CRC Tests

rest	Status	TTIIIG
COMP	Pass	11:04am
CAL	Pass	11:04am

Preventive Maintenance Status: Pass

Analyst

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

		KS, MODEL INTOX EC/IR	
County 15 t	ncombe	Instrument Location <u>Buncom</u>	be Co. Jail
Instrument Ser	ial No. <i>008697</i>	Ashevi	lle , NC
The preventive four months are		itoximeters, Model Intox EC/IR II to be for	ollowed 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;	simulator thermometer show
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		•
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ears, collect breath sample;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	I	
10.		ster is being changed before expiration da aged every four months or after 125 Alcoh	
I certify that on procedures wer Department of	the <u>19</u> day of <u>Feb.</u> re performed on the instrument ind Health and Human Services, and t	, 20 / the forgo icated above, in accordance with current rhe instrument is functioning properly.	ing preventive maintenance egulations of the N.C.
OTHE STATE OF THE	NO PILL CAROLLINA		
	Sign	ature of Certifying Official	Certificate Number
	market Miles	• • • • • • • • • • • • • • • • • • • •	A (WILLEY W.

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL
100

Serial Number: 008697 Test Date: 02/19/2013

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: BURNETTE, ANTHONY J
Permit Number: 11304E
Effective:
06/01/2011-06/01/2013

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

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

Test	g/210L	Time
DIAG	Pass	2:33pm
AIR BLK	.00	2:34pm
ACCY CHK	.07	2:34pm
AIR BLK	.00	2:36pm
SUB TEST	.00	2:36pm
AIR BLK	.00	2:37pm
SUB TEST	.00	2:39pm
AIR BLK	.00	2:40pm

-- /0101

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008697

Test Record Number: 2005

Test Date: 02/19/2013

Test Time: 2:43pm EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	2:43pm
FLO	Pass	2:43pm
FC	Pass	2:43pm

# Temperature Tests

Test	Status	Time
FC1	Pass	2:43pm
SRC	Pass	2:43pm
DET	Pass	2:43pm
BAR	Pass	2:43pm
BT	Pass	2:43pm

### Blank Tests

Test	Status	Time
AIR	Pass	2:44pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:44pm

## CRC Tests

Test	Status	Time
COMP	Pass	2:44pm
CAL	Pass	2:44pm

Preventive Maintenance Status: Pass

Analyst

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

County BU	al No. 00 8808 Instrument Location Buncombe Co. Juit
Instrument Seri	al No. 00 8808 Asheville, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the
STATE OF THE STATE	Signature of Certifying Official  Certificate Number

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL
100

Serial Number: 008808 Test Date: 02/19/2013

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: BURNETTE, ANTHONY J
Permit Number: 11304E
Effective:
06/01/2011-06/01/2013

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	2:34pm 2:35pm
ACCY CHK	.08	2:36pm
AIR BLK	.00	2:37pm
SUB TEST	.00	2:37pm
AIR BLK	.00	2:38pm
SUB TEST	.00	2:40pm
AIR BLK	.00	2:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008808 Test Record Number: 605 Test Date: 02/19/2013 Test Time: 2:42pm EST

System Check: Passed

# Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:43pm 2:43pm
FC	Pass	2:43pm

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	2:44pm

#### Printer Tests

Test	Status	'l'ıme
PRNT	Pass	2:44pm

# CRC Tests

Test	Status	Time
COMP	Pass	2:44pm
CAL	Pass	2:44pm

Preventive Maintenance Status: Pass

Analyst

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

County Ma	Instrument Location Madison Co. Jail
Instrument Seri	ial No. 008918 Instrument Location Madison Co. Jail  Marshall, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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
THE STATE OF THE S	Signature of Certifying Official Certificate Number

#### MADISON COUNTY MADISON COUNTY JAIL 560

Serial Number: 008916 Test Date: 02/15/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2011-06/01/2013

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	4:47pm 4:48pm 4:48pm
AIR BLK SUB TEST	.00	4:49pm 4:50pm
AIR BLK	.00	4:51pm
SUB TEST	.00	4:52pm
AIR BLK	.00	4:53pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### MADISON COUNTY MADISON COUNTY JAIL 560

Serial Number: 008916 Test Record Number: 382 Test Date: 02/15/2013 Test Time: 4:53pm EST

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	4:54pm
FLO	Pass	4:54pm
FC	Pass	4:54pm

# Temperature Tests

Test	Status	Time
FC1	Pass	4:54pm
SRC	Pass	4:54pm
DET	Pass	4:54pm
BAR	Pass	4:54pm
BT	Pass	4:54pm

### Blank Tests

Test	Status	Time
AIR	Pass	4:55pm

## Printer Tests

Test	Status	Time
PRNT	Pass	4:55pm

### CRC Tests

Test	Status	Time
COMP	Pass	4:55pm
CAL	Pass	4:55pm

Preventive Maintenance Status: Pass

Analyst

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

County Moso	Instrument Location Mars Hill PD
Instrument Seri	al No. 00 85 82 Mars Hill, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the
STATE OF THE STATE	649
	Signature of Certifying Official Certificate Number

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

DHHS 4080 (11/07)

#### MADISON COUNTY MARS HILL PD 560

Serial Number: 008582 Test Date: 02/13/2013

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: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2011-06/01/2013

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

Agency: DHHS

Test Type: Breath Test

Lot Number: AG108202 Exp Date: 03/23/2013

Test	g/210L	Time
DIAG AIR BLK	Pass	1:58pm 1:59pm
ACCY CHK	.07	2:00pm
AIR BLK	.00	2:01pm
SUB TEST	.00	2:01pm
AIR BLK	.00	2:02pm
SUB TEST	.00	2:04pm
AIR BLK	.00	2:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## MADISON COUNTY MARS HILL PD 560

Serial Number: 008582 Test Record Number: 914
Test Date: 02/13/2013 Test Time: 2:06pm EST

System Check: Passed

#### Baseline Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	2:07pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:07pm
	CRC Tests	

Test	Status	Time
COMP	Pass	2:07pm
CAL	Pass	2:07pm

Preventive Maintenance Status: Pass

Analyst

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

9	7 INTUXIMETERS, MODEL INTOX EC/IR II
County /	OWAN Instrument Location SALISHURY Tolice
Instrument S	500M10
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on theday of
STATE OREAL STATE OF THE STATE	

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008718 Test Date: 02/19/2013

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: DEAN, L K

Permit Number: 11598E

Effective:

06/01/2011-06/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

- Sein Dean Analyst

#### ROWAN COUNTY SALISBURY PD 790

Serial Number: 008718 Test Record Number: 799
Test Date: 02/19/2013 Test Time: 11:09am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:09am
FLO	Pass	11:09am
FC	Pass	11:09am

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	11:10am 11:10am
DET	Pass	11:10am
BAR	Pass	11:10am
$\mathtt{BT}$	Pass	11:10am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:10am

## Printer Tests

Test	Status	Time
PRNT	Pass	11:10am
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

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

County ALX	MANY Instrument Location BURLINGTON P.D.
Instrument Seria	INO. 008812 267 W. FRONT ST. RUPLINGTON, N
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
, <b>1.</b>	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
O'THE STATE OF A STATE	Stricture of Cortificing Official Cortificate Number

#### ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008812 Test Date: 02/05/2013

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	11:52am 11:53am
ACCY CHK	.07	11:54am
AIR BLK	.00	11:55am
SUB TEST	.00	11:56am
AIR BLK	.00	11:57am
SUB TEST	.00	11:58am
AIR BLK	.00	11:59am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008812

Test Record Number: 1535

Test Date: 02/05/2013

Test Time: 12:00pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:01pm
SRC	Pass	12:01pm
DET	Pass	12:01pm
BAR	Pass	12:01pm
BT	Pass	12:01pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:01pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

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

	ALAMANES Instrument Location BURLINGTON	a a
County	ALAMANES Instrument Location SURLINGTON	
Instrument	t Serial No. 008907 267 W. FRONT ST. BUA	MINKION, V
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed his are:	l at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulat 34 degrees, plus or minus .2 degree centigrade;	or thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	1. 18.
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or t simulator solution is being changed every four months or after 125 Alcoholic B whichever occurs first.	he alcoholic breath reath Simulator tests,
I certify th procedures Departmen	nat on the	eventive maintenance ions of the N.C.
S S S S S S S S S S S S S S S S S S S	Usk Clarice (	ertificate Number

#### ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008907 Test Date: 02/05/2013

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:

QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG124903 Exp Date: 09/06/2013

Test	g/210L	Time
DIAG AIR BLK	Pass	11:47am 11:48am
ACCY CHK	.08	11:49am
AIR BLK	.00	11:50am
SUB TEST	.00	11:50am
AIR BLK	.00	11:51am
SUB TEST	.00	11:53am
AIR BLK	.00	11:54am

Reported AC; .00 g/2101

Signature of Chemical Analyst

Court CVR

Analys

#### ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008907 Test Record Number: 514
Test Date: 02/05/2013 Test Time: 11:55am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass 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	11:56am

#### Printer Tests

TESL	Status	TIME
PRNT	Pass	11:56am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:57am 11:57am

Preventive Maintenance Status: Pass

Analyst

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

County_	ALAMANE Instrument Location ALAMANE CO. JAIL
Instrumer	nt Serial No. 008853 1095. MAPLE ST. 64A-1AM, NC
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedur	hat on the
GREAT	Signature of Certifying Official  Certificate Number

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008853 Test Date: 02/05/2013

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:

QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

09/01/2011-09/01/2013

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	12:45pm,
AIR BLK	.00	12:46pm
ACCY CHK	.08	12:47pm 12:48pm
SUB TEST	er vald gill i Sakara gala da e	12:48pm
AIR BLK	.00	12:49pm
SUB TEST	.00	12:51pm 12:52pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008853 Test Record Number: 1033 Test Date: 02/05/2013 Test Time: 12:55pm EST

System Check: Passed

#### Baseline Tests

Test	Sta	atus	Time	<b>2</b>
	and the second			etini (a. 134). Mala Navida (a.
IR	Pas	the second of the second of		55pm
FLO	Pas	term in the state of	and the same of the	55pm
FC	Pas	3 <b>S</b>	12:	55pm

#### Temperature Tests

Test		Stat	us	Tim	<b>9</b> /4//
				社会議	(Bhai
FC1	All the second	Pass	A 19 100 9	A Cheer all Co	56pm
SRC	grad v "Albania"	Pass -	4,000,000,000	- 101 (200)	56pm
DET	1.0	Pass	医皮肤性皮肤炎	100	56pm
BAR		Pass	10.000	100	56pm
BT	Mary (A)	Pass		12;	56pm

#### Blank Tests

Test Status Time

AIR Pass 12:56pm

# Printer Tests

Test Status Time

PRNT Pass 12:56pm

CRC Tests

Test Status Time

COMP Pass 12:56pm CAL Pass 12:56pm

Preventive Maintenance Status: Pass

Analyst

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

County_	WAKE	Instrument Location DETENTION CENTER
Instrume	nt Serial No. <u>008876</u>	3301 + MAMMOND PD, RALEIGH. N.
The prev		r the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas can 34 degrees, plus or minus	nister displays pressure, or the alcoholic breath simulator thermometer shows s.2 degree centigrade;
2.	Verify instrument display	ys time and date;
3.	Initiate breath test sequen	ice;
4.	Enter information as pror	mpted;
. 5.	Verify instrument accurac	су;
6.	When "PLEASE BLOW'	" appears, collect breath sample;
7.	When "PLEASE BLOW'	" appears, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Progra	ım; and
10.	Verify that the ethanol gas simulator solution is bein whichever occurs first.	as canister is being changed before expiration date, or the alcoholic breathing changed every four months or after 125 Alcoholic Breath Simulator tests,
procedui	res were performed on the instrume	the forgoing preventive maintenance ent indicated above, in accordance with current regulations of the N.C. s, and the instrument is functioning properly.
THE GREAT SEA	STATE OF NO. 1720, 1722 NO. 1720, 1722 NO. 1720, 1722 NO.	

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

Certificate Number

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008826 Test Date: 02/06/2013

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

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

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

Test	g/210L	Time
DIAG	Pass	1:56pm
AIR BLK	.00	1:57pm
ACCY CHK	.07	1:58pm
AIR BLK	.00	1:59pm
SUB TEST	.00	2:00pm
AIR BLK	.00	2:01pm
SUB TEST	.00	2:02pm
AIR BLK	.00	2:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### WAKE COUNTY DETENTION CENTER 910

Serial Number: 008826 Test Record Number: 5609
Test Date: 02/06/2013 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
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	2:07pm
CAL	Pass	2:07pm

Preventive Maintenance Status: Pass

Analyst

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

County	WAKE	Instrument	Location D	ETENÌ	700	CONTER
Instrumen	nt Serial No. OOS616	3301	HAMMOND	Ph,	PAL	E16H , H.C
The preve	entive maintenance procedures for the	ne Intoximeters, M	Iodel Intox EC/II	R II to be f	ollowed a	t least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus 3			olic breath	simulator	thermometer shows
2.	Verify instrument displays	time and date;				
3.	Initiate breath test sequence	<b>;</b>				
4.	Enter information as promp	eted;				
5.	Verify instrument accuracy	;				
6.	When "PLEASE BLOW"	appears, collect be	eath sample;			
7.	When "PLEASE BLOW"	appears, collect bi	eath sample;			
8.	Print test record;					
9.	Verify Diagnostic Program	; and				
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is being c changed every for	hanged before ear ar months or afte	xpiration d r 125 Alco	ate, or the holic Bre	alcoholic breath ath Simulator tests,
procedure	hat on the day of es were performed on the instrumenent of Health and Human Services, a	t indicated above,	in accordance w	ith current	oing prev regulation	entive maintenance ns of the N.C.
GREAT	CAR VIOLENT CONTRACTOR OF THE PROPERTY OF THE	Signature of Cert	ひて ifying Official	<u> </u>	- 65 Cert	ificate Number

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008816 Test Date: 02/06/2013

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	1:51pm 1:52pm 1:53pm
AIR BLK	.00	1:55pm
SUB TEST AIR BLK	.00 .00	1:56pm 1:57pm
SUB TEST	.00	1:59pm
AIR BLK	.00	2:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WAKE COUNTY DETENTION CENTER 910

Serial Number: 008816

Test Record Number: 5539

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:02pm
FLO	Pass	2:02pm
FC	Pass	2:03pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:03pm
SRC	Pass	2:03pm
DET	Pass	2:03pm
BAR	Pass	2:03pm
BT	Pass	2:03pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:03pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:03pm

# CRC Tests

Test	Status	Time
COMP	Pass	2:04pm
CAL	Pass	2:04pm

Preventive Maintenance Status: Pass

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

	INTOXIMETE	•			
County W	ALE	_ Instrum	ent Location DE	とっていれ	CENTER
Instrument Seria	al No. 008615	3301	HAMMONS	PS. R	AUZIGH, N.C
The preventive i	maintenance procedures for the	Intoximeters	, Model Intox EC/IR	II to be follo	wed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d			ic breath sim	alator thermometer shows
2.	Verify instrument displays tin	ne and date;			
3.	Initiate breath test sequence;				·
4.	Enter information as prompte	d;			
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" ap	pears, collect	breath sample;		
7.	When "PLEASE BLOW" ap	pears, collect	breath sample;		
8.	Print test record;				
9.	Verify Diagnostic Program; a	nd			
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nister is bein anged every	g changed before exp four months or after	oiration date, 125 Alcoholi	or the alcoholic breath c Breath Simulator tests,
I certify that on procedures were Department of I	the day of e performed on the instrument in Health and Human Services, and	Shuthendicated above the instrument	ye, in accordance with ent is functioning pro	the forgoing h current regu perly.	preventive maintenance plations of the N.C.
THE STATE OF THE S	Si	gnature of Co	ertifying Official		Certificate Number

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008615 Test Date: 02/06/2013

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:

QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG		1 00
DIAG	Pass	1:20pm
AIR BLK	.00	1:20pm
ACCY CHK	.07	1:21pm
AIR BLK	.00	1:22pm
SUB TEST	.00	1:23pm
AIR BLK	.00	1:24pm
SUB TEST	.00	1:26pm
ATR RIK	0.0	1.27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

nalyst

#### WAKE COUNTY DETENTION CENTER 910

Serial Number: 008615 Test Record Number: 3477
Test Date: 02/06/2013 Test Time: 1:28pm EST

System Check: Passed

Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time	
			-

AIR Pass 1:30pm

#### Printer Tests

Test Status Time

PRNT Pass 1:30pm

CRC Tests

Test Status Time

COMP Pass 1:30pm CAL Pass 1:30pm

Preventive Maintenance Status: Pass

Analyst

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

County	WAYE	Instrument Location	n Dete	win	CENT	-EN_
Instrument !	Serial No. <u>00</u> 8686	3301 HAMME	oms ps.	PALZT	SH,	<u>v</u> .
The prevent four months	tive maintenance procedures for the	ne Intoximeters, Model Into	ox EC/IR II to b	e followed a	t least once	every
1.	Verify the ethanol gas canis 34 degrees, plus or minus		e alcoholic brea	th simulator	thermomete	er shows
2.	Verify instrument displays	time and date;				
3.	Initiate breath test sequence	<b>;</b> ;				
4.	Enter information as promp	oted;				
5.	Verify instrument accuracy	,				
6.	When "PLEASE BLOW"	appears, collect breath sam	ple;			
7.	When "PLEASE BLOW"	appears, collect breath sam	ple;			
8.	Print test record;					
9.	Verify Diagnostic Program	; and				
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is being changed be changed every four month	pefore expiration s or after 125 A	i date, or the Icoholic Bre	alcoholic b ath Simulato	reath or tests,
I certify that procedures Department	were performed on the instrument of Health and Human Services, a	t indicated above, in accordand the instrument is function	dance with curre	ent regulatio	entive main ns of the N.	tenance C.
ASSESSED AND THE CREAT SECTION OF THE CREAT SECTION	NE ON OCCUPANT OF THE PARTY OF	Signature of Certifying Of	ficial		ificate Num	ber

#### WAKE COUNTY DETENTION CENTER 910

Serial Number: 008686 Test Date: 02/06/2013

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

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	1:16pm 1:17pm
ACCY CHK	.08	1:17pm
AIR BLK SUB TEST	.00 .00	1:18pm 1:19pm
AIR BLK	.00	1:20pm
SUB TEST AIR BLK	.00 .00	1:22pm 1:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### WAKE COUNTY DETENTION CENTER 910

Serial Number: 008686

Test Record Number: 4106

Test Date: 02/06/2013

Test Time: 1:25pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:25pm
FLO	Pass	1:25pm
FC	Pass	1:25pm

# Temperature Tests

Status	Time
Pass	1:25pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
ATR	Pass	1 • 26pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:26pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:26pm
CAL	Pass	1:26pm

Preventive Maintenance Status: Pass

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

County AL	ANALE Instrument Location ALAMANCE CO. JAIL
Instrument Seria	al No. 008913 109 S. MAPIE ST. GRAHAM, N.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the S day of TORAL , 20 13 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OTHE STATE OF THE CHAPTER OF THE CHA	Signature of Certifying Official Certificate Number

#### ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913 Test Date: 02/08/2013

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	10:37am
AIR BLK	.00	10:38am
ACCY CHK	.08	10:39am
AIR BLK	.00	10:40am
SUB TEST	.00	10:42am
AIR BLK	.00	10:42am
SUB TEST	.00	10:44am
AIR BLK	.00	10:45am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913 Test Record Number: 1605
Test Date: 02/08/2013 Test Time: 10:45am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:46am
FLO	Pass	10:46am
FC	Pass	10:46am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:46am
SRC	Pass	10:46am
DET	Pass	10:46am
BAR	Pass	10:46am
BT	Pass	10:46am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:47am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:47am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:47am 10:47am

Preventive Maintenance Status: Pass

Analyst

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

County	WAKE	Instrument Location	APEX	P.S.S. #4
Instrument	Serial No. <u>008651</u>	1615 E Will	Aus ST	: APEX, N.C
The preven	tive maintenance procedures for the s are:	Intoximeters, Model Intox 1	EC/IR II to be f	ollowed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 o	or displays pressure, or the a degree centigrade;	lcoholic breath	simulator thermometer shows
2.	Verify instrument displays tit	ne and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompte	ed;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" ap	pears, collect breath sample	<b>;</b> ;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample	<b>;</b> ;	
8.	Print test record;			
9.	Verify Diagnostic Program;	and		
10.	Verify that the ethanol gas ca simulator solution is being cl whichever occurs first.	nister is being changed befor nanged every four months or	ore expiration d r after 125 Alco	ate, or the alcoholic breath pholic Breath Simulator tests,
I certify the procedures Departmen	at on the day of were performed on the instrument in that of Health and Human Services, an	ndicated above, in accordan	nce with current	going preventive maintenance regulations of the N.C.
SE COREAT OF SECONDARY OF SECON	CAROLINA AM YMMAN Y	ignature of Certifying Offic	ial	Certificate Number

WAKE COUNTY APEX PD 910

Serial Number: 008651 Test Date: 02/11/2013

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: Region, Four

Permit Number: 04020E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:09pm
AIR BLK	.00	3:10pm
ACCY CHK	.08	3:11pm
AIR BLK	.00	3:11pm
SUB TEST	.00	3:12pm
AIR BLK	.00	3:13pm
SUB TEST	.00	3:14pm
AIR BLK	.00	3:15pm

Reported AC: .0

 $00 \, \sigma/210T$ 

Signature of themical Analys

Court CVR

Analyst

#### WAKE COUNTY APEX PD 910

Serial Number: 008651 Test Record Number: 933
Test Date: 02/11/2013 Test Time: 3:16pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:16pm
FLO	Pass	3:16pm
FC	Pass	3:17pm

## Temperature Tests

Test	Status	Time
FC1	Pass	3:17pm
SRC	Pass	3:17pm
DET	Pass	3:17pm
BAR	Pass	3:17pm
BT	Pass	3:17pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:17pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:17pm
	CRC Tests	

Test	Status	Time
COMP	Pass	3:17pm
CAL	Pass	3:17pm

Preventive Maintenance Status: Pass

Analyst

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

•	INTOAINETERS, NODEL INTOA EC/IN	4
County	DURTINUM Instrument Location DURTIN	
Instrument Se	Serial No. OUS891 2175. HANGUM ST	, DURLAM, N
The preventiv	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be f is are:	followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	•
10.	Verify that the ethanol gas canister is being changed before expiration d simulator solution is being changed every four months or after 125 Alco whichever occurs first.	ate, or the alcoholic breath pholic Breath Simulator tests,
	at on theday of, 20, 20, the forg were performed on the instrument indicated above, in accordance with current at of Health and Human Services, and the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
CREATE TO COLUMN TO THE COLUMN		
ESE QUAM VI	10 St 1 (C) A-UZ-e(	652
	Signature(of Certifying Official	Certificate Number

### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891 Test Date: 02/14/2013

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	8:11am
AIR BLK	.00	8:12am
ACCY CHK	.08	8:13am
AIR BLK	.00	8:15am
SUB TEST	.00	8:15am
AIR BLK	.00	8:16am
SUB TEST	.00	8:18am
AIR BLK	.00	8:19am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891

Test Record Number: 2255

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:20am
FLO	Pass	8:20am
FC	Pass	8:20am

## Temperature Tests

Status	Time
Pass	8:20am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
ATR	Pass	8:21am

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:21am
	CRC Tests	

Test	Status	Time	
COMP	Pass	8:21am	
CAL	Pass	8:21am	

Preventive Maintenance Status: Pass

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

	INTOXIMETERS, MODEL INTOX EC/IR II
County WY	9-KE Instrument Location APEX P.S.S. # 4
Instrument Seria	al No. 008621 1615 E WILLAMS ST. APEX, N
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the day of FEBLACE, 20 13 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certificial Certificate Number

WAKE COUNTY APEX PD Serial Number: 008621

Test Date: 02/19/2013

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:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG205401

Exp Date: 02/23/2014

Test	g/210L	Time
DIAG	Pass	2:25pm
AIR BLK	.00	2:26pm
ACCY CHK	.07	2:27pm
AIR BLK	.00	2:28pm
SUB TEST	.00	2:29pm
AIR BLK	.00	2:30pm
SUB TEST	.00	2:31pm
AIR BLK	.00	2:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### WAKE COUNTY APEX PD

Serial Number: 008621 Test Record Number: 1243

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	2:33pm
FLO	Pass	2:33pm
FC	Pass	2:33pm

### Temperature Tests

Test	Status	Time
FC1	Pass	2:33pm
SRC	Pass	2:33pm
DET	Pass	2:33pm
BAR	Pass	2:33pm
BT	Pass	2:33pm

### Blank Tests

Test	Status	Time
AIR	Pass	2:34pm

### Printer Tests

Test	Status	Time
PRNT	Pass	2:34pm

### CRC Tests

Test	Status	Time
COMP	Pass	2:34pm
CAL	Pass	2:34pm

Preventive Maintenance Status: Pass

Analyst

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

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

ignature of Certifying Official

### BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008939 Test Date: 02/09/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG123501 Exp Date: 08/23/2013

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	8:50pm 8:51pm 8:52pm 8:52pm
SUB TEST	.00	8:53pm
AIR BLK SUB TEST	.00 .00	8:54pm 8:55pm
ATR BLK	- 00	8:56pm

Reported AC: .00/g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008939 Test Record Number: 869 Test Date: 02/09/2013 Test Time: 8:57pm EST

System Check: Passed

### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1	Pass	8:58pm
SRC	Pass	8:58pm
DET	Pass	8:58pm
BAR	Pass	8:58pm
$\mathtt{BT}$	Pass	8:58pm

#### Blank Tests

Test	Status	Time
ATR	Pass	8:58pm

### Printer Tests

rest	Status	TIME
PRNT	Pass	8:59pm

### CRC Tests

Test	Status	Time
COMP	Pass	8:59pm
CAL	Pass	8:59pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

2	INTOXIMETERS, MODEL INTOX EC/IR II  ONLY COLOR DE Instrument Location BAT Nobile UNIT 6
Instrument So	erial No. <u>20888</u>
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
OF THE STATE OF TH	Signature of Certifying Official  Certificate Number

### BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008898 Test Date: 02/09/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG201802 Exp Date: 01/18/2014

Test	g/210L	Time
DIAG	Pass	8:49pm
AIR BLK	.00	8:50pm
ACCY CHK	.08	8:50pm
AIR BLK	.00	8:5 <b>1p</b> m
SUB TEST	.00	8:52pm
AIR BLK	.00	8:53pm
SUB TEST	.00	8:54pm
ATR BLK	.00	8:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008898 Test Record Number: 906
Test Date: 02/09/2013 Test Time: 8:56pm EST

System Check: Passed

### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1	Pass	8:57pm
SRC	Pass	8:57pm
DET	Pass	8:57pm
BAR	Pass	8:57pm
BT	Pass	8:57pm

#### Blank Tests

Test	status	Time
AIR	Pass	8:57pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:58pm
	CRC Tests	
Test	Status	Time
COMP	Pass	8:58pm

Preventive Maintenance Status: Pass

Analyst

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

County_	Reuniswick Co Instrument Location BAT Mobile Unit 6
Instrument Se	erial No. 008869 Borling Springs Lake.
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.
I certify that procedures we Department of	on the
THE STATE OF THE S	

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

Signature of Certifying Official

Certificate Number

### BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008869 Test Record Number: 912 Test Date: 02/09/2013 Test Time: 9:05pm EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	9:06pm
FLO	Pass	9:06pm
FC	Pass	9:06pm

### Temperature Tests

Test	Status	Time
****		0.00
FC1	Pass	9:06pm
SRC	Pass	9:06pm
DET	Pass	9:06pm
BAR	Pass	9:06pm
BT	Pass	9:06pm

#### Blank Tests

iest	Status	rrine
AIR	Pass	9:07pm

### Printer Tests

rest	Status	TIME
PRNT	Pass	9:07pm
	CRC Tests	
Test	Status	Time

COMP	Pass	9:07pm
CAL	Pass	9:07pm

Preventive Maintenance Status: Pass

Analyst

#### BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008869 Test Date: 02/09/2013

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

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

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

Analyst's Name: 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: AG123501 Exp Date: 08/23/2013

Test	g/210L	Time
DIAG	Pass	8:51pm
AIR BLK	.00	8:52pm
ACCY CHK	.08	8:53pm
AIR BLK	.00	8:54pm
SUB TEST	.00	8:55pm
AIR BLK	.00	8:55pm
SUB TEST	.00	8:57pm
ATR BLK	. 00	8:58pm

Reported AC .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County_M	ecklenburg Instrument Location CMPD-LEC
Instrument So	erial No. 008594 601 E. Trade Street, Charlotte
The prevention	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the 14 day of February , 20 13 the forgoing preventive maintenance vere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATION OF THE STATIO	Signature of Certifying Official  Certificate Number

### MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008594 Test Date: 02/07/2013

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: HUTCHINSON, JOSEPH E Permit Number: 19951E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	1:29pm 1:30pm
ACCY CHK	.07	1:31pm
AIR BLK	.00	1:32pm
SUB TEST	.00	1:33pm
AIR BLK	.00	1:34pm
SUB TEST	.00	1:35pm
AIR BLK	.00	1:36pm

Reported AC: .00 g/210L

SAlgnature of Chemical Analyst

Court CVR

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Department of Health and Human Services

Analyst

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### MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008594 Test Record Number: 1094
Test Date: 02/07/2013 Test Time: 1:37pm EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	1:37pm
FLO	Pass	1:37pm
FC	Pass	1:38pm

### Temperature Tests

Test	Status	Time
FC1	Pass	1:38pm
SRC	Pass	1:38pm
DET	Pass	1:38pm
BAR	Pass	1:38pm
$\mathtt{BT}$	Pass	1:38pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:38pm

### Printer Tests

Test	Status	Time
PRNT	Pass	1:38pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:39pm

Preventive Maintenance Status: Pass

Analyst

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

County_M	ecklenburg Instrument Location CMPD - LEC
Instrument Ser	rial No. 008691 601 E. Trade Street, Charlotte
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.
procedures we	on the
THE STATE OF THE PART OF THE P	Service of the servic

### MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008691 Test Date: 02/07/2013

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: HUTCHINSON, JOSEPH E
Permit Number: 19951E
Effective:

10/01/2011-10/01/2013

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

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

Test	g/210L	Time
DIAG	Pass	1:27pm
AIR BLK	.00	1:28pm
ACCY CHK	.08	1:29pm
AIR BLK	.00	1:30pm
SUB TEST	.00	1:31pm
AIR BLK	.00	1:31pm
SUB TEST	.00	1:34pm
AIR BLK	.00	1:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008691 Test Record Number: 3686
Test Date: 02/07/2013 Test Time: 1:36pm EST

System Check: Passed

### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1	Pass	1:37pm
SRC	Pass	1:37pm
DET	Pass	1:37pm
BAR	Pass	1:37pm
BT	Pass	1:37pm

#### Blank Tests

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Test	Status	Time
AIR	Pass	1:37pm

### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

感觉器 "说""自然是多少是有关的。""我说道""心理我们的不是一个。

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

	INTOXIMETERS, MODEL INTOX EC/IR II
County	Lincoln Instrument Location Lincoln County Courthou:
Instrument	serial No. 008823 "I Courthouse Square, Lincolnton
The prevent	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures	at on the 64 day of Fencucy , 20 13 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. tof Health and Human Services, and the instrument is functioning properly.
AND SEE ALL SE	Signature of Certifying Official  Certificate Number

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008823 Test Date: 02/06/2013

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: HUTCHINSON, JOSEPH E
Permit Number: 19951E
Effective:
10/01/2011-10/01/2013

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

Lot Number: AG206102 Exp Date: 03/14/2014

Test	g/210L	Time
DIAG AIR BLK	Pass	2:38pm 2:39pm
ACCY CHK AIR BLK	.08 .00	2:39pm 2:40pm
SUB TEST		2:41pm
AIR BLK	.00	2:42pm
SUB TEST AIR BLK	.00 .00	2:43pm 2:44pm
WIK DIV	.00	∠ ; ~± 4• [Pιιι

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

### LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008823

Test Record Number: 994

Test Date: 02/06/2013

Test Time: 2:45pm EST

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	2:46pm

### Printer Tests

Test	Status	Time
PRNT	Pass	2:46pm
	CRC Tests	

Test	Status	Time
COMP	Pass	2:46pm
CAL	Pass	2:46pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

, )	INTOXINETERS, MODEL INTOX ECTR II	
County Ma	Instrument Location Wayne (o. Detention (entor)	
Instrument Seri	al No. 008671 207 E Chatrut St. Goldskovo, 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 the		
Signature of Certifying Official  Certificate Number		

### WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008671 Test Date: 02/01/2013

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
08/01/2011-08/01/2013

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:49am 10:50am
ACCY CHK	.07	10:50am
AIR BLK	.00	10:51am
SUB TEST	.00	10:52am
AIR BLK	.00	10:53am
SUB TEST	.00	10:54am
AIR BLK	.00	10:55am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008671

Test Record Number: 2474

Test Date: 02/01/2013

Test Time: 10:56am EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	10:57am
FLO	Pass	<b>1</b> 0:57am
FC	Pass	10:57am

### Temperature Tests

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

#### Blank Tests

Test	Status	Time
лтр	Dagg	10.58am

### Printer Tests

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

COMP	Pass	10:58am
CAL	Pass	10:58am

Preventive Maintenance Status: Pass

Analyst

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

County Way	ne Instrument Location Wayne Co. Datentian Cer
Instrument Seria	INO. DO 8649 207E Clestrut St, Goldsburg, a
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the day of followary, 20 13 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
ESE GURM AND AS 17.12.	Signature of Certifying Official Certificate Number
	Signature of Contrying Official Continuate Number

#### WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008649 Test Date: 02/01/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
08/01/2011-08/01/2013

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008649

Test Record Number: 2270

Test Date: 02/01/2013

Test Time: 11:17am EST

System Check: Passed

### Baseline Tests

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

### Temperature Tests

Test	Status	Time
		* * * * * * * * * * * * * * * * * * *
FCl	Pass	11:17am
SRC	Pass	11:17am
DET	Pass	11:17am
BAR	Pass	11:17am
BT	Pass	11:17am

### Blank Tests

Test	Status	Time
Z T D	Pagg	11·18am

### Printer Tests

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

11:18am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

County C	UNGERLAND Instrument Location FT. BRAGG P.M. D.
Instrument Ser	rial No
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every 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 o procedures we Department of	n the
TOTAL STATE OF THE	Signature of Certifying Official  Certificate Number

CUMBERLAND COUNTY FORT BRAGG, LEC. 250

Serial Number: 008908 Test Date: 02/01/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RUSSELL, LARRY H

Permit Number: 06108E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG124903 Exp Date: 09/06/2013

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	2:23pm 2:24pm 2:24pm
AIR BLK SUB TEST	.00	2:25pm 2:26pm
AIR BLK SUB TEST	.00	2:27pm 2:28pm
AIR BLK	.00	2:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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Department of Health and Human Services

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### CUMBERLAND COUNTY FORT BRAGG, LEC. 250

Serial Number: 008908 Test Record Number: 1287
Test Date: 02/01/2013 Test Time: 2:30pm EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	2:30pm
FLO	Pass	2:30pm
FC	Pass	2:30pm

### Temperature Tests

Status	Time
Pass	2:31pm
	Pass Pass Pass Pass

### Blank Tests

Test	Status	Time
AIR	Pass	2:31pm

### Printer Tests

Test	Status	Time
PRNT	Pass	2:31pm

### CRC Tests

Test	Status	Time
COMP	Pass	2:31pm
CAL	Pass	2:31pm

Preventive Maintenance Status: Pass

Analyst

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

County CUA	MBERLAND Instrument Location F. BRAGE P.M.O.		
Instrument Seria	I No. <u>008903</u>		
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 Olday of FERRUARY, 2013 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.		
THE STATE OF A STATE O	Signature of Certifying Official Certificate Number		

### CUMBERLAND COUNTY FORT BRAGG LEC. 250

Serial Number: 008903 Test Date: 02/01/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RUSSELL, LARRY H
Permit Number: 06108E
Effective:
09/01/2011-09/01/2013

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:02pm 12:03pm
ACCY CHK	.08	12:04pm
AIR BLK	.00	12:05pm
SUB TEST	.00	12:06pm
AIR BLK	.00	12:07pm
SUB TEST	.00	12:09pm
ATR BLK	.00	12:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### CUMBERLAND COUNTY FORT BRAGG LEC. 250

Serial Number: 008903 Test Record Number: 1105 Test Date: 02/01/2013 Test Time: 12:11pm EST

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	12:12pm

### Printer Tests

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

Preventive Maintenance Status: Pass

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

County_ /	1ecklenburg	Instrument Location BAT MOBILE UNIT 3
Instrument S	erial No. <u>008707</u>	Instrument Location BAT MOBILE UNIT 3  CHARLOTTE, UC
The prevention four months		ximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degre	plays pressure, or the alcoholic breath simulator thermometer shows the centigrade;
2.	Verify instrument displays time at	nd date;
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	•
5.	Verify instrument accuracy;	· . ·
6.	When "PLEASE BLOW" appear	s, collect breath sample;
7.	When "PLEASE BLOW" appear	s, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.		r is being changed before expiration date, or the alcoholic breath devery four months or after 125 Alcoholic Breath Simulator tests,
procedures w	on the 15 day of FEA	, 20 13 the forgoing preventive maintenance tted above, in accordance with current regulations of the N.C. instrument is functioning properly.
THE STATE OF THE S	film K	cy Benne Lo 48  Indof Certifying Official Certificate Number

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

> Serial Number: 008707 Test Date: 02/15/2013

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

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

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

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
10/01/2011-10/01/2013

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

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

Test	g/210L	Time
DIAG	Pass	9:58pm
AIR BLK	.00	9:59pm
ACCY CHK	.08	9:59pm
AIR BLK	.00	10:00pm
SUB TEST	.00	10:01pm
AIR BLK	.00	10:02pm
SUB TEST	.00	10:03pm
AIR BLK	.00	10:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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### MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008707

Test Record Number: 1622

Test Date: 02/15/2013 Test Time: 10:05pm EST

System Check: Passed

### Baseline Tests

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

### Temperature Tests

Test	Status	Time
SRC DET BAR	Pass Pass Pass Pass Pass	10:05pm 10:05pm 10:05pm 10:05pm 10:05pm

### Blank Tests

Test	:	Status	Time	
AIR		Pass	10:06pm	

### Printer Tests

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

Preventive Maintenance Status: Pass

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

County M	ECKLENBURG	Instrument Location BAT	MOBILE UNIT 3
Instrument So	erial No. <u>008616</u>	Instrument Location BAT A	SLOTTE, NC
The prevention	•	atoximeters, 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 brogree centigrade;	eath simulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;	•	
6.	When "PLEASE BLOW" appe	ears, collect breath sample;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	i	
10.		ster is being changed before expiration and every four months or after 125 A	
procedures w	ere performed on the instrument ind	20 <u>13</u> the icated above, in accordance with current is functioning properly	rent regulations of the N.C.
THE STATE OF THE S	alu.	Ra James ature of Certifying Official	Certificate Number

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

> Serial Number: 008616 Test Date: 02/15/2013

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

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

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

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
10/01/2011-10/01/2013

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

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

Test	g/210L	Time
DIAG	Pass	10:00pm
AIR BLK	.00	10:01pm
ACCY CHK	.08	10:02pm
AIR BLK	.00	10:03pm
SUB TEST	.00	10:03pm
AIR BLK	.00	10:04pm
SUB TEST	.00	10:06pm
AIR BLK	.00	10:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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### MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616 Test Record Number: 1550
Test Date: 02/15/2013 Test Time: 10:09pm EST

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

Test	Status	Time
AIR	Pass	10:10pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County M	ECKLENBURG Instrument Location BAT MOBILE UNIT S
Instrument Se	erial No. 008647 CHARLOTTE, NC
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 we	on the 15 day of FEB, 20 13 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
OTHE STATE OTHER S	Alm Ray Berns 648
	Signature of Sertifying Official Certificate Number

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647 Test Date: 02/15/2013

Citation Number: M0000000-0

Subject's Name:

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	10:02pm 10:03pm 10:04pm 10:05pm 10:05pm
AIR BLK	.00	10:05pm
SUB TEST	.00	10:08pm
AIR BLK	.00	10:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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### MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647 Test Record Number: 1569
Test Date: 02/15/2013 Test Time: 10:10pm EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	10:11pm
FLO FC	Pass Pass	10:11pm 10:11pm
F.C	rabb .	TO TTOM

### Temperature Tests

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

### Blank Tests

Test		Status	Time
	# ** •		
AIR	: .	Pass	10:12pm

### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

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PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County <u>I</u>	Ogplin Instrument Location Warsqu Police
Instrument S	erial No. 008874 Department
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department o	on the
THE STATE OF THE S	K. C. Shoding 601

DUPLIN COUNTY WARSAW PD 300

Serial Number: 008874 Test Date: 02/27/2013

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

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

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective:
10/01/2011-10/01/2013

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:15am
ACCY CHK	.00	11:16am 11:16am
AIR BLK SUB TEST	.00 .00	11:17am 11:18am
AIR BLK	.00	11:10am
SUB TEST	.00	11:20am
AIR BLK	.00	11:21am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### DUPLIN COUNTY WARSAW PD 300

Serial Number: 008874 Test Record Number: 264
Test Date: 02/27/2013 Test Time: 11:22am EST

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	11:23am

### Printer Tests

Test	Status	Time
PRNT	Pass	11:23am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:23am

Preventive Maintenance Status: Pass

Analyst