PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Un	ion Instrument Location Union County SD		
Instrument Seria	11No. 008876 3344 Presson Rd, Monroe 704-283-3770		
The preventive i	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 <u>3544</u> day of <u>January</u> , 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.			
THE STATE OF THE S	Signature of Certifying Official Certificate Number		

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008876 Test Date: 01/25/2013

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: 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: AG201801 Exp Date: 01/18/2014

g/210L	Time
Pass	12:37pm
.00	12:37pm
.08	12:38pm
.00	12:39pm
.00	12:41pm
.00	12:42pm
.00	12:43pm
.00	12:44pm
	Pass .00 .08 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services
Rev. 12/2007

Analyst

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008876 Test Record Number: 2796 Test Date: 01/25/2013 Test Time: 12:46pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

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

AIR Pass 12:47pm

Printer Tests

Tes		atus	Time

PRNT Pass 12:47pm

CRC Tests

Test Status Time

COMP Pass 12:47pm CAL Pass 12:47pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 5+	inly Instrument Location Stanly County SD
Instrument Ser	ial No. 008842 126 S. 3rd Street, Albemarle 704-986-3734
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 <u>33rd</u> day of <u>January</u> , 20 <u>13</u> the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008842 Test Date: 01/23/2013

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG124201 Exp Date: 08/13/2013

Test	g/210L	Time
DIAG	Pass	1:45pm
AIR BLK	.00	1:46pm
ACCY CHK	.07	1:46pm
AIR BLK	.00	1:47pm
SUB TEST	.00	1:48pm
AIR BLK	.00	1:49pm
SUB TEST	.00	1:50pm
AIR BLK	.00	1:51pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008842

Test Record Number: 1127

Test Date: 01/23/2013

Test Time: 1:52pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:53pm 1:53pm
FC	Pass	1:53pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	1:53pm 1:53pm 1:53pm 1:53pm 1:53pm

Blank Tests

Test	Status	Time
AIR	Pass	1:53pm

Printer Tests

		
	CRC Tests	
PRNT	Pass	1:54pm
Test	Status	Time

Test	Status	Time
COMP	Pass	1:54pm
CAL	Pass	1:54pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County G	aston	Instrument Location_	Gaston Cou	inty SO
Instrument Ser	rial No. <u>00 86 43</u>	425 N.	Marietta St.	Gastania
		204-869-	6800	
The preventive four months ar	e maintenance procedures for the Intoree:	cimeters, 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		alcoholic breath simulate	or thermometer show
2.	Verify instrument displays time ar	ıd date;		•
3.	Initiate breath test sequence;			
4.	Enter information as prompted;	÷		
5. ,	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears	s, collect breath sample	> ;	
7.	When "PLEASE BLOW" appears	s, collect breath sample	∍ ;	
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canister simulator solution is being change whichever occurs first.			
	on the 200 day of 300 day of free performed on the instrument indicated the free Health and Human Services, and the		ice with current regulation	eventive maintenance ons of the N.C.
THE STATE OF THE S	A CAROLINA	ure of Certifying Offici	ial Cer	tificate Number

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008643 Test Date: 01/28/2013

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: HAYS, MARK D
Permit Number: 15924E
Effective:
02/01/2012-02/01/2014

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

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

Test	g/210L	Time ,
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	10:28am 10:29am 10:30am 10:31am
SUB TEST	.00	10:32am
AIR BLK SUB TEST	.00 .00	10:33am 10:34am
AIR BLK	.00	10:35am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008643

Test Record Number: 1576

Test Date: 01/28/2013

Test Time: 10:37am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	'Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass	10:37am 10:37am 10:37am 10:37am 10:37am
**		

Blank Tests

Test Status Time

Pass AIR 10:38am

Printer Tests

Test Status Time

PRNT 10:38am Pass

CRC Tests

Test Status Time

COMP Pass 10:38am CAL Pass 10:38am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	lecklenburg Instrument Location Cornelius P.D.
	ial No. 008692 21440 Catawba Ave., Cornelius
	704-892-1363
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 29th day of January, 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	

MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: 008692 Test Record Number: 1852 Test Date: 01/29/2013 Test Time: 9:27am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:28am 9:28am
FC	Pass	9:28am

Temperature Tests

Status	Time
Pass	9:28am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
7 TD	Dagg	0.202

Printer Tests

Test	Status	Time
PRNT	Pass	9:29am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:29am 9:29am

Preventive Maintenance Status: Pass

Analyst

MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: 008692 Test Date: 01/29/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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	9:34am
AIR BLK	.00	9:35am
ACCY CHK	.07	9:36am
AIR BLK	.00	9:37am
SUB TEST	.00	9:37am
AIR BLK	.00	9:38am
SUB TEST	.00	9:40am
AIR BLK	.00	9:41am

.00 g/210L

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests. whichever occurs first. 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 STATESVILLE PD 480

Serial Number: 008619

Test Record Number: 842

Test Date: 01/29/2013

Test Time: 8:26am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:26am
FLO	Pass	8:26am
FC	Pass	8:26am

Temperature Tests

Test	Status	Time
FC1	Pass	8:26am
SRC	Pass	8:26am
DET	Pass	8:26am
BAR	Pass	8:26am
BT	Pass	8:26am

Blank Tests

Test	Status	Time
AIR	Pass	8:27am

Printer Tests

ICSC	Blacus	TIME
PRNT	Pass	8:27am

CRC Tests

Test	Status	Time
COMP	Pass	8:27am
CAL	Pass	8:27am

Preventive Maintenance Status: Pass

IREDELL COUNTY STATESVILLE PD 480

Serial Number: 008619 Test Date: 01/29/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG120101

Exp Date: 07/20/2013

Test 🐇	g/210L	Time
DIAG	Pass	8:16am
AIR BLK	.00	8:17am
ACCY CHK	.08	8:17am
AIR BLK	.00	8:18am
SUB TEST	.00	8:20am
AIR BLK	.00	8:21am
SUB TEST	.00	8:22am
AIR BLK	.00	8:23am

Reported AC: .00 g/210L

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

		INTOXIMETERS, MODEL INTOX EC/IR II
Cou	inty	Kutherford Instrument Location Fores City PD
Inst	rument :	Serial No. 008889 1875. Church St., Fores City 828-245-5555
		828-345-5555
	prevent months	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every sare:
4	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.
proc	cedures	ton the 30 day of 3904, 2013 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. tof Health and Human Services, and the instrument is functioning properly.
THE GREAT SEA	TOTAL STAR	Signature of Certifying Official Certificate Number

RUTHERFORD COUNTY FOREST CITY PD 800

Serial Number: 008889 Test Record Number: 467

Test Date: 01/30/2013

Test Time: 8:55am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:55am
FLO	Pass	8:55am
FC	Pass	8:56am

Temperature Tests

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

Blank Tests

Test	Status	Time
ATR	Pass	8:56am

Printer Tests

Test	Status	TIME
PRNT	Pass	8:56am
	CDC Esta	

CRC Tests

Test	Status	Time
COMP	Pass	8:56am
CAL	Pass	8:56am

Preventive Maintenance Status: Pass

RUTHERFORD COUNTY FOREST CITY PD 800

Serial Number: 008889 Test Date: 01/30/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: 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: AG123501

Exp Date: 08/23/2013

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

Reported AC: \.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst/

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Da	1e	Instrument Location	Co. Detention Cent
Instrument Ser	ial No. <u>008783</u>	1044 Driffwood	Dr. Montes NC.
four months are		Intoximeters, Model Intox EC/IR II	I to be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d		breath simulator thermometer shows
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	nd	
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nister is being changed before expinanced every four months or after 12	ration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
I certify that or procedures we Department of	re performed on the instrument in	ndicated above, in accordance with the instrument is functioning prop	the forgoing preventive maintenance current regulations of the N.C. erly.
THE STATE OF THE S	X DET	ghature of Certifying Official	Certificate Number

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Date: 01/28/2013

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

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	Pass	11:47am
AIR BLK	.00	11:48am
ACCY CHK	.08	11:48am
AIR BLK	.00	11:49am
SUB TEST	.00	11:50am
AIR BLK	.00	11:51am
SUB TEST	.00	11:52am
AIR BLK	.00	11:53am

Reported AC: .00 q/210L

Signature of Chemical Analyst

Court CVR

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Record Number: 371

Test Date: 01/28/2013 Test Time: 11:55am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:56am

Printer Tests

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

Pass

11:56am

Preventive Maintenance Status: Pass

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

-	INTOAIMETERS, MODEL INTOX EC/IR II
County DC	Instrument Location Date (o. Dotention (e)
Instrument Ser	rial No. DO8804 1044 Driftwood Dr., Mantou,
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures we Department of	the
STATE ON THE STATE OF THE STATE	Signature of Certifying Official Certificate Number

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804 Test Date: 01/28/2013

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
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 AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	11:34am 11:35am 11:35am 11:37am 11:37am
SUB TEST	.00	11:40am
AIR BLK	.00	11:41am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804 Test Record Number: 1100 Test Date: 01/28/2013 Test Time: 11:41am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	11:42am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	11:43am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County V	Instrument Location Type 11 (v. 5.0.
Instrument Seri	al No. 008902 407 Main St., Columbia, 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 were Department of	the day of January, 20 13 the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF THE STATE	Signature of Certifying Official Certificate Number

TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902 Test Date: 01/29/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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	Pass	10:59am
AIR BLK	.00	11:00am
ACCY CHK	.07	11:01am
AIR BLK	.00	11:02am
SUB TEST	.00	11:02am
AIR BLK	.00	11:03am
SUB TEST	.00	11:05am
ATR BLK	0.0	11.06am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Xelly S.A. Analyst

TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902 Test Date: 01/29/2013

Test Record Number: 386
Test Time: 11:07am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:08am

Printer Tests

Test	Status	Time
PRNT	Pass	11:08am
	CRC Tests	
Test	Status	Time

CAL Pass 11:08am
Preventive Maintenance

Pass

Status: Pass

11:08am

COMP

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

~	INTOAIMETERS, MODEL INTOX EC/IR II
County W	ashington Instrument Location Washington 6.5.0
Instrument Se	instrument Location Washington (c. S.O. S.O. Stall No. 008829 Adams St., Phymouth, M.C.
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 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 day of January, 2013 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829 Test Date: 01/29/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:03pm 12:04pm
ACCY CHK	.07	12:04pm 12:05pm
SUB TEST	.00	12:06pm
AIR BLK	.00	12:07pm
SUB TEST	.00	12:08pm
AIR BLK	.00	12:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829 Test Record Number: 462 Test Date: 01/29/2013 Test Time: 12:10pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	12:11pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	12:11pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County/	Montgonery Instrument Location Montgonery G. Jai
Instrument Se	rial No. 008721 TRAY NC
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	n the 30 day of ANUARY, 20 13 the forgoing preventive maintenance are performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	CAROLLA CAROLL

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

Signature of Certifying Official

Certificate Number

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008721 Test Date: 01/30/2013

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

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

Driver's License Number: NONE

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

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

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

Reported AC: .00 g/210L

Signature (of) Chemical Analyst

Court CVR

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008721

Test Record Number: 735
Test Time: 12:38pm EST

Test Date: 01/30/2013 Test Tir

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:39pm
SRC	Pass	12:39pm
DET	Pass	12:39pm
BAR	Pass	12:39pm
BT	Pass	12:39pm

Blank Tests

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

AIR Pass 12:40pm

Printer Tests

Test	Status	Time
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PRNT Pass 12:40pm

CRC Tests

Test	Status	Time

COMP Pass 12:40pm CAL Pass 12:40pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Count	x_ M	DNTGOMERY Instrument Location MONTGOMERY Co. JAIL
Instru	ment Serial	No. 008709 TROY NC
	reventive m	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
1	10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
proce	ify that on t dures were rtment of H	he 30 day of 30
THE GREAT SE	STATE OF N. W. 20, 1775 ARR. 12, 17th ARR. 12, 17th ARR. 12, 17th ARR. 12, 17th	Signature of Certifying Official Certificate Number

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008709 Test Date: 01/30/2013

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

Analyst's Name: 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	12:56pm 12:57pm 12:57pm 12:58pm 12:59pm
AIR BLK	.00 .00	1:00pm
SUB TEST AIR BLK	.00	1:01pm 1:02pm

Reported AC: .00 g/210L

Signature Chemical Analyst

Court CVR

Analyst

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008709

Test Record Number: 777

Test Date: 01/30/2013

Test Time: 1:04pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:05pm
FLO	Pass	1:05pm
FC	Pass	1:05pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:05pm
SRC	Pass	1:05pm
DET	Pass	1:05pm
BAR	Pass	1:05pm
BT	Pass	1:05pm

Blank Tests

Test	Status	Time
AIR	Pass	1:05pm

Printer Tests

Test St	catus	Time
PRNT Pa	ass	1:05pm

CRC Tests

Test	Status	Time
COMP	Pass	1:06pm
CAL	Pass	1:06pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Marie Commence of the Parket o	INTOXIMETERS, MODEL INTOX EC/IR II
County /	AvidSoll Instrument Location DAVIDSON CO JA:
Instrument Ser	rial No. 008845 LexingToN, N.C.
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3. ~	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the 30 day of Andrey, 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	CARD CARD CARD CARD CARD CARD CARD CARD

DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845 Test Date: 01/30/2013

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

Driver's License Number: NONE

Analyst's Name: 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	Pass	2:52pm 2:53pm
ACCY CHK AIR BLK	.08 .00	2:54pm 2:55pm
SUB TEST	.00	2:55pm
AIR BLK	.00	2:56pm
SUB TEST	.00	2:58pm
AIR BLK	.00	2:59pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845

Test Record Number: 1343

Test Date: 01/30/2013

Test Time: 2:59pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	3:00pm
SRC	Pass	3:00pm
DET	Pass	3:00pm
BAR	Pass	3:00pm
\mathtt{BT}	Pass	3:00pm

Blank Tests

Test	Status	Time
AIR	Pass	3:00pm

Printer Tests

COMP

CAL

3:01pm

3:01pm

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

Preventive Maintenance Status: Pass

Pass

Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	PAVIDSON Instrument Location Lexingrow Palice
Instrument S	erial No. 008883 Department
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 30 day of 7ANUARY, 20/3 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATE STATE OF THE	

DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883 Test Date: 01/30/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: 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: AG125602

Exp Date: 09/13/2013

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	2:20pm 2:21pm 2:21pm
AIR BLK	.00	2:23pm
SUB TEST	.00	2:23pm
AIR BLK	.00	2:24pm
SUB TEST	.00	2:26pm
AIR BLK	.00	2:27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883

Test Record Number: 1095

Test Date: 01/30/2013

Test Time: 2:28pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:28pm
FLO	Pass	2:28pm
FC	Pass	2:28pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:28pm
SRC	Pass	2:28pm
DET	Pass	2:28pm
BAR	Pass	2:28pm
BT	Pass	2:28pm

Blank Tests

Test	Status	Time
AIR	Pass	2:29pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:29pm

CRC Tests

Test	Status	Time
COMP	Pass	2:29pm
CAL	Pass	2:29pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Instrument Serial No. OOB87 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. 3. Initiate breath test sequence; 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. ANUARY, 20 / 3 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008872 Test Date: 01/30/2013

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: 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

rest	9/2101	TIME
DIAG	Pass	1:35pm
AIR BLK	.00	1:36pm
ACCY CHK	.07	1:36pm
AIR BLK	.00	1:37pm
SUB TEST	.00	1:38pm
AIR BLK	.00	1:39pm
SUB TEST	.00	1:40pm
AIR BLK	.00	1:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

L'Hein Deon

DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008872

Test Record Number: 973

Test Date: 01/30/2013

Test Time: 1:42pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:43pm
SRC	Pass	1:43pm
DET	Pass	1:43pm
BAR	Pass	1:43pm
BŤ	Pass	1:43pm

Blank Tests

Test	Status	Time
ATR	Pass	1:43pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:43pm

CRC Tests

Test	Status	Time
COMP	Pass	1:43pm
\mathtt{CAL}	Pass	1:43pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/1R II
County S	wiltord Instrument Location Green=boro JA.
Instrument Seri	ial No. <u>008790</u>
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
Tour months are	5. · · · · · · · · · · · · · · · · · · ·
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 A 9 day of ANUARY, 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	CANON CONTRACTOR OF THE PROPERTY OF THE PROPER

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790 Test Date: 01/29/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: 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: AG206103 Exp Date: 03/01/2014

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	11:51am 11:52am 11:53am 11:54am
SUB TEST	.00	11:54am
AIR BLK	.00	11:55am
SUB TEST	.00	11:57am
AIR BLK	.00	11:57am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790 Test Record Number: 3479
Test Date: 01/29/2013 Test Time: 11:58am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	11:59am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	11:59am

Printer Tests

Test	Status	Time
PRNT	Pass	11:59am
	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 <u></u>	uil-ford Instrument Location Greenshord JA;
Instrument Se	rial No. <u>OOS 794-</u>
The preventiv	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the 29 day of JANUARY, 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 TH	

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794 Test Date: 01/29/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG206103 Exp Date: 03/01/2014

Test	g/210L	Time
DIAG	Pass	11:26am
AIR BLK	.00	11:27am
ACCY CHK	.08	11:27am
AIR BLK	.00	11:28am
SUB TEST	.00	11:29am
AIR BLK	.00	11:30am
SUB TEST	.00	11:31am
AIR BLK	.00	11:32am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Dean

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794 Test Record Number: 2563 Test Date: 01/29/2013 Test Time: 11:33am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:34am

Printer Tests

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

Preventive Maintenance Status: Pass

J. Kun Denn Analyst

PREVENTIVE MAINTENANCE RECORD

County G	ilford Instrument Location Greensbard JAil
Instrument Ser	ial No. <u>00 8638</u>
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
. 1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	n the 29 day of ANDARY, 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

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

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008638 Test Date: 01/29/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: 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: AG206102 Exp Date: 03/01/2014

Test	g/210L	Time
DIAG	Pass	12:18pm
AIR BLK	.00	12:18pm
ACCY CHK	.07	12:19pm
AIR BLK	.00	12:20pm
SUB TEST	.00	12:21pm
AIR BLK	.00	12:22pm
SUB TEST	.00	12:24pm
ATR BIK	0.0	12:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008638 Test Record Number: 743
Test Date: 01/29/2013 Test Time: 12:26pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:26pm
FLO	Pass	12:26pm
FC	Pass	12:26pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:27pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:27pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:27pm 12:27pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County K	OWAN Instrument Location ChiNA GROVE
Instrument Ser	rial No. 008862 Police Department
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o procedures we Department of	on the B day of JANUARY, 20/3 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 PARTY OF THE P	Signature of Certificial Certificate Number

ROWAN COUNTY CHINA GROVE PD 790

Serial Number: 008862 Test Date: 01/08/2013

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: DEAN, L K
Permit Number: 11598E

Effective:

06/01/2011-06/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:53pm
AIR BLK	.00	3:54pm
ACCY CHK	.07	3:55pm
AIR BLK	.00	3:56pm
SUB TEST	.00	3:57pm
AIR BLK	.00	3:58pm
SUB TEST	.00	4:00pm
ATR BLK	. 00	4:01pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

is used when performing Preventive Maintenance pro

ROWAN COUNTY CHINA GROVE PD 790

Serial Number: 008862 Test Reco Test Date: 01/08/2013 Test Tim

Test Record Number: 317
Test Time: 4:03pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:03pm
FLO	Pass	4:03pm
FC	Pass	4:04pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	4:04pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:04pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4:05pm

Pass

4:05pm

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County R	OWAN Instrument Location SALISBURY Police
Instrument Se	rial No. 008835 Department
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.
	n the <u>S</u> day of <u>ANCAPY</u> , 20/3 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.
TAN STATE OF THE S	AROUND TO THE POST OF THE POST

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008835 Test Date: 01/08/2013

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: 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	Pass	2:17pm
AIR BLK	.00	2:17pm
ACCY CHK	.08	2:18pm
AIR BLK	.00	2:20pm
SUB TEST	.00	2:20pm
AIR BLK	.00	2:21pm
SUB TEST	.00	2:23pm
AIR BLK	.00	2:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008835

Test Record Number: 1128

Test Date: 01/08/2013

Test Time: 2:24pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:25pm
FLO	Pass	2:25pm
FC	Pass	2:25pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:25pm
SRC	Pass	2:25pm
DET	Pass	2:25pm
BAR	Pass	2:25pm
BT	Pass	2:25pm

Blank Tests

Test	Status	Time	
ATR	Pass	2:26pm	

Printer Tests

Test	Status	Time
PRNT	Pass	2:26pm

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Instrument Serial No. 008869 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the day of ANUARY, 20/3 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C.



Signature/of Certifying Official

Certificate Number

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

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

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868 Test Date: 01/08/2013

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: 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	Pass	2:39pm 2:40pm
ACCY CHK	.07	2:40pm
AIR BLK	.00	2:41pm
SUB TEST	.00	2:42pm
AIR BLK	.00	2:43pm
SUB TEST	.00	2:44pm
AIR BLK	.00	2:45pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868 Te Test Date: 01/08/2013 T

Test Record Number: 1823
Test Time: 2:46pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	2:47pm
SRC	Pass	2:47pm
DET	Pass	2:47pm
BAR	Pass	2:47pm
BT	Pass	2:47pm

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
CAL	Pass	2:47pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	NASH	_ Ins	trument Location	Pc	xx4 h	last	P.D.	
Instrumen	t Serial No. <u>00</u> 8740	# 1	trument Location_	NT.	PIAZZ	1, Rex	er h	lc -
							<u> </u>	_
The preve	ntive maintenance procedures for the hs are:	Intoxim	eters, Model Intox E	EC/IR I	I to be follo	wed at least	once every	
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d			coholic	breath sim	ulator therm	ometer shov	٧S
2.	Verify instrument displays tin	ne and d	ate;					
3.	Initiate breath test sequence;							
4.	Enter information as prompte	d;						
5.	Verify instrument accuracy;							
6.	When "PLEASE BLOW" ap	pears, co	ollect breath sample;	;				
7.	When "PLEASE BLOW" ap	pears, co	ollect 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.							,
procedure	hat on the <u>30</u> day of <u>50</u> es were performed on the instrument in the of Health and Human Services, and	ndicated	above, in accordance	ce with	current regu	g preventive ulations of t	maintenanc he N.C.	е
GREAT SE	TATE OF TO	gnature	of Certifying Officia	al		652 Certificate	Number	

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740 Test Date: 01/30/2013

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	11:24am 11:25am 11:26am 11:26am
AIR BLK	.00	11:28am
SUB TEST	.00	11:30am
ATR BLK	. 00	11:31am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740

Test Record Number: 406

System Check: Passed

Baseline Tests

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

Temperature Tests

BAR Pass	11:36am 11:36am 11:36am 11:36am 11:36am
DI Fass	11.JUan

Blank Tests

Test	Status	Time
AIR	Pass	11:36am

Printer Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	NASH Instrument Location Focus Hours P.D
Instrumen	Serial No. 008741 #1 GOVERNIN PLAZA, POXXY M
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	day of
S S S S S S S S S S S S S S S S S S S	

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741 Test Date: 01/30/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:25am 11:26am 11:26am
AIR BLK	.00	11:27am
SUB TEST	.00	11:28am
AIR BLK	.00	11:29am
SUB TEST	.00	11:30am
AIR BLK	.00	11:31am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741 Test Record Number: 1176

Test Date: 01/30/2013

Test Time: 11:34am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:36am

Printer Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	NASH	Instrument Location	NASH	CO. JAIL
Instrument !	Serial No. <u>008630</u>	NASHUILE	, W.C.	
The prevent four months	ive maintenance procedures for the Instance:	ntoximeters, Model Intox EC	/IR II to be follow	ved at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		sholic breath simu	lator thermometer shows
2.	Verify instrument displays time	e and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	•		·
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" app	ears, collect breath sample;		
7.	When "PLEASE BLOW" app	ears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; an	d .		
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	ister is being changed before nged every four months or at	expiration date, ofter 125 Alcoholic	or the alcoholic breath e Breath Simulator tests,
procedures	were performed on the instrument inc t of Health and Human Services, and	dicated above, in accordance	with current regu	preventive maintenance lations of the N.C.
COREAT COREAT CONTRACTOR OF CO	K N K	nature of Certifying Official)	652 Certificate Number

NASH COUNTY NASH COUNTY JAIL 630

Serial Number: 008630 Test Date: 01/30/2013

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name:
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

iest	9/21011	1.1.116
DIAG	Pass	2:16pm
AIR BLK	.00	2:16pm
ACCY CHK	.08	2:17pm
AIR BLK	.00	2:18pm
SUB TEST	.00	2:19pm
AIR BLK	.00	2:19pm
SUB TEST	.00	2:21pm
AIR BLK	.00	2:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NASH COUNTY NASH COUNTY JAIL 630

Serial Number: 008630

Test Record Number: 2592 Test Date: 01/30/2013 Test Time: 2:22pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:23pm
FLO	Pass	2:23pm
FC	Pass	2:23pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	2:23pm 2:23pm 2:23pm 2:23pm 2:23pm
		т.

Blank Tests

Test	Status	Time
AIR	Pass	2:23pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:23pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:24pm 2:24pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Rol	Instrument Location Robeson Co. Jail
Instrument Seri	al No. 008836 humbordon, 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 30 the day of January, 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

ROBESON COUNTY LUMBERTON, LEC. 770

Serial Number: 008836 Test Date: 01/30/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: TRUDELL, SR., DANIEL T Permit Number: 21535E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG125602 Exp Date: 09/13/2013

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY LUMBERTON, LEC. 770

Serial Number: 008836

Test Record Number: 2347 Test Time: 11:09am EST

Test Date: 01/30/2013

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	Pass	11:09am
SRC	Pass	11:09am
\mathtt{DET}	Pass	11:09am
BAR	Pass	11:09am
BT	Pass	11:09am

Blank Tests

Test	Status	Time
7 TD	Dagg	11.10am

Printer Tests

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

11:10am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Rolo	Instrument Location Robosow Co. Jail
Instrument Seria	No. 008805 Lumbordon, NC
The preventive n	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on to procedures were Department of H	he 30 day of 2013 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
THE STATE OF A STATE O	A Sun OTTrual Of Sp. 657
	Signature of Certifying Official Certificate Number

ROBESON COUNTY LUMBERTON, LEC 770

Serial Number: 008805 Test Date: 01/30/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Permit Number: 21535E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG125602 Exp Date: 09/13/2013

Test	g/210L	Time
DIAG	Pass	10:59am
AIR BLK	.00	10:59am
ACCY CHK	.07	11:00am
AIR BLK	.00	11:01am
SUB TEST	.00	11:02am
AIR BLK	.00	11:02am
SUB TEST	.00	11:04am
ATR BLK	. 00	11:05am

-Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY LUMBERTON, LEC 770

Serial Number: 008805

Test Record Number: 2424

Test Date: 01/30/2013

Test Time: 11:06am EST

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 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:07am 11:07am 11:07am 11:07am 11:07am

Blank Tests

Test	Status	Time
AIR	Pass	11:07am

Printer Tests

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

11:07am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

1	INTOANVIETERS, WODEL INTOA EC/IN II		
County WAR	REN Instrument Location WARREN Co. JAIL		
Instrument Seria	INO. 008793 HWY 58 WARRENTON, NC		
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
I certify that on procedures were Department of H	the 29 day of nouse 29, 20/2 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.		
THE STATE OF THE S	Signature of Certifying Official Certificate Number		

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793 Test Date: 01/29/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG204603 Exp Date: 02/15/2014

Test	g/210L	Time
DIAG	Pass	3:51pm
AIR BLK	.00	3:52pm
ACCY CHK	.08	3:53pm
AIR BLK	.00	3:54pm
SUB TEST	.00	3:55pm
AIR BLK	.00	3:55pm
SUB TEST	.00	3:57pm
ATR BLK	0.0	3:58pm

Reported AC:

.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793

Test Record Number: 624

Test Date: 01/29/2013

Test Time: 4:00pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ΔTR	Pass	4:02pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:02pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:02pm 4:02pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County WA	RRION Instrument Location NORLINA PB
Instrument Seria	al No. 008873 101 MAIN ST. NORLINA, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the 29 day of JANUARY, 2013 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF THE STATE	Signature of Certifying Official Certificate Number

WARREN COUNTY NORLINA POLICE DEPT 920

Serial Number: 008873 Test Date: 01/29/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: 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
DIÄG AIR BLK	Pass	3:02pm 3:03pm
ACCY CHK	.07	3:04pm
AIR BLK	.00	3:05pm
SUB TEST AIR BLK	.00 .00	3:05pm 3:06pm
SUB TEST	.00	3:07pm
AIR BLK	.00	3:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

WARREN COUNTY NORLINA POLICE DEPT 920

Serial Number: 008873

Test Record Number: 938

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ATR	Pagg	3 • 1 0 mm

Printer Tests

Test	Status	Time
PRNT	Pass	3:10pm

CRC Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County V	INTUATIVIETERS, WIODEL INTUA ECTRIF ANCE Instrument Location VANCE Co. SHERIFF'S DE
Instrument S	Instrument Location VANCE CO SHERIFF'S DE Serial No. 008870 156 CHURCH ST. HENDERSON, 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.
procedures v	on the 29 day of OANUARY, 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 STA	
ESSE QUAM'S	Kin D. Smith 637
	Signature of Certifying Official Certificate Number

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870 Test Date: 01/29/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: 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: AG206103 Exp Date: 03/01/2014

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

Reported AC: 00 d/210T

Signature of Chemical Analyst

Court CVR

Analyst

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870 Test Record Number: 400 Test Date: 01/29/2013 Test Time: 10:40am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:41am
SRC	Pass	10:41am
DET	Pass	10:41am
BAR	Pass	10:41am
$_{ m BT}$	Pass	10:41am

Blank Tests

Test	Status	Time
AIR	Pass	10:41am

Printer Tests

Test	Status	Time
PRNT	Pass	10:41am
	CRC Tests	
Test	Status	Time

COMP	Pass	10:42am
CAL	Pass	10:42am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ANCE Instrument Location VANCE Co. SHERIFF'S DEP
Instrument Se	Instrument Location VANCE CO. SHERIFF'S DEP prial No. 008937 156 CHURCH ST. HENDERSON, 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 of procedures we Department of	on the 29 day of JANUARY, 20/3 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
TARE QUANTY	Signature of Certifying Official Certificate Number

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937 Test Date: 01/29/2013

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

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

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

Analyst's Name: 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: AG206103 Exp Date: 03/01/2014

Test	g/210L	Time
DIAG	Pass	10:22am
AIR BLK	.00	10:23am
ACCY CHK	.08	10:24am
AIR BLK	.00	10:25am
SUB TEST	.00	10:26am
AIR BLK	.00	10:26am
SUB TEST	.00	10:28am
ATR BLK	0.0	10.29am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937 Test Record Number: 1467 Test Date: 01/29/2013 Test Time: 10:30am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:31am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	LEE Instrument Location LEE Co. JAIL
Instrument S	erial No. 008645 SANFORD NC
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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
TALES AND SECTION OF THE CONTROL OF	

LEE COUNTY LEE CO. LEC. 520

Serial Number: 008645 Test Date: 01/28/2013

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: RUSSELL, LARRY H

Permit Number: 06108E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	2:27pm 2:27pm
ACCY CHK	.08	2:28pm
AIR BLK	.00	2:29pm
SUB TEST	.00	2:30pm
AIR BLK	.00	2:31pm
SUB TEST	.00	2:32pm
ATR BLK	. 00	2:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

LEE COUNTY LEE CO. LEC. 520

Serial Number: 008645 Test Record Number: 1185 Test Date: 01/28/2013 Test Time: 2:34pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:34pm 2:34pm
FC	rass Pass	2:34pm

Temperature Tests

Status	Time
Pass	2:34pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	2:35pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:35pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:35pm 2:35pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County N	100RE Instrument Location Poblines Pource DEPT.
Instrument Seri	al No. 008728 Robbins, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
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 <u>28</u> day of <u>JANUARY</u> , 20 <u>13</u> the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF CHANGE OF THE STATE OF THE STAT	A Dane 10 371
	Signature of Certifying Official Certificate Number

MOORE COUNTY ROBBINS PD 620

Serial Number: 008728 Test Date: 01/28/2013

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: RUSSELL, LARRY H

Permit Number: 06108E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:59am 10:00am
ACCY CHK	.08	10:00am
AIR BLK	.00	10:01am
SUB TEST	.00	10:02am
AIR BLK	.00	10:03am
SUB TEST	.00	10:05am
ATR BLK	. 0.0	10:05am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

MOORE COUNTY ROBBINS PD 620

Serial Number: 008728 Test Record Number: 218
Test Date: 01/28/2013 Test Time: 10:07am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:07am
FLO	Pass	10:07am
FC	Pass	10:07am

Temperature Tests

Test	Status	Time
FC1	Pass	10:07am
SRC	Pass	10:07am
DET	Pass	10:07am
BAR	Pass	10:07am
\mathtt{BT}	Pass	10:07am

Blank Tests

Test	Status	Time
AIR	Pass	10:08am

Printer Tests

Test	Status	Time
PRNT	Pass	10:08am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:08am 10:08am

Preventive Maintenance Status: Pass

Analyst

m is used when performing Preventive Maintenance p

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County J	Instrument Location Solma tolice Dept.
Instrument Seri	al No. 008595 Solma, N.C.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer	the <u>28th</u> day of <u>Jamuary</u> , 20 <u>13</u> the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

JOHNSTON COUNTY SELMA PD 500

Serial Number: 008595 Test Date: 01/28/2013

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: 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: AG124904 Exp Date: 09/06/2013

Test	g/210L	Time
DIAG	Pass	9:34am
AIR BLK	.00	9:34am
ACCY CHK	.07	9:35am
AIR BLK	.00	9:36am
SUB TEST	.00	9:37am
AIR BLK	.00	9:38am
SUB TEST	.00	9:39am
AIR BLK	.00	9:40am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

JOHNSTON COUNTY SELMA PD 500

Serial Number: 008595 Test Record Number: 632

Test Date: 01/28/2013

Test Time: 9:41am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

FC1 Pass 9:42am SRC Pass 9:42am DET Pass 9:42am BAR Pass 9:42am BT Pass 9:42am	Test	Status	Time
DI Fass 7.42am	SRC DET BAR	Pass Pass Pass	9:42am 9:42am 9:42am
	21	1 0.00	5 . 1 = 0

Blank Tests

Test	Status	Time
AIR	Pass	9:43am

Printer Tests

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

Preventive Maintenance Status: Pass

CAL

Pass

9:43am

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County M	OORE Instrument Location Moore Co. JAIL
Instrument Seria	al No. 00 8735 CARTHAGE, 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.
	theday of, 20, 20
THE STATE OF A STATE O	Signature of Certifying Official Certificate Number

MOORE COUNTY MOORE COUNTY JAIL 620

Serial Number: 008735 Test Date: 01/24/2013

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

MOORE COUNTY MOORE COUNTY JAIL 620

Serial Number: 008735 Test Record Number: 1195 Test Date: 01/24/2013 Test Time: 12:40pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:42pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst Russell

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	ADNETT	Instrument Location / /20	WETT OF DE TENTION O
County <i></i>	rial No. <u>00 8730</u>	LILLINGTON, /	
The preventive our months a	re maintenance procedures for the In	toximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg		breath simulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	ars, collect breath sample;	
7.	When "PLEASE BLOW" appear	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		ter is being changed before expira ged every four months or after 12.	ation date, or the alcoholic breath 5 Alcoholic Breath Simulator tests,
certify that or rocedures we repartment o	on the	CARY, , 20 / 3 the cated above, in accordance with ce instrument is functioning prope	ne forgoing preventive maintenance urrent regulations of the N.C. rly.
THE STATE OF THE S	The Carlo		
TO TO THE PARTY OF	0.5	ture of Certifying Official	

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730 Test Date: 01/18/2013

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	3:21pm
AIR BLK	.00	3:22pm
ACCY CHK	.07	3:23pm
AIR BLK	.00	3:24pm
SUB TEST	.00	3:24pm
AIR BLK	.00	3:25pm
SUB TEST	.00	3:27pm
AIR BLK	.00	3:28pm

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

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730 Test Record Number: 1516
Test Date: 01/18/2013 Test Time: 3:30pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:30pm
FLO	Pass	3:30pm
FC	Pass	3:31pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:31pm
SRC	Pass	3:31pm
DET	Pass	3:31pm
BAR	Pass	3:31pm
BT	Pass	3:31pm

Blank Tests

Test	:	Status	·	Ti	.me	
				:		٠.
ΔTR	:	Pagg		з.	31	nm

Printer Tests

Test	Status	Time
PRNT	Pass	3:31pm
•	CRC Tests	

Test	Status	Time
COMP	Pass	3:31pm
CAL	Pass	3:31pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

		· ·
LARNETT	Instrument Location ////	TT Co. DOTENTION CT
al No. <u>008729</u>	LILLINGTON A	IC
maintenance procedures for the In	ntoximeters, Model Intox EC/IR II to	be followed at least once every
		eath simulator thermometer shows
Verify instrument displays time	e and date;	
Initiate breath test sequence;		
Enter information as prompted		
Verify instrument accuracy;		
When "PLEASE BLOW" appe	ears, collect breath sample;	
When "PLEASE BLOW" appe	ears, collect breath sample;	
Print test record;		
Verify Diagnostic Program; and	d	
e performed on the instrument ind	icated above, in accordance with cur	rent regulations of the N.C.
# CAROLINA SIEN	ature of Certifying Official	Certificate Number
	waintenance procedures for the Inc. Verify the ethanol gas canister 34 degrees, plus or minus .2 de Verify instrument displays time. Initiate breath test sequence; Enter information as prompted; Verify instrument accuracy; When "PLEASE BLOW" appeau when "PLEASE BLOW" appeau when "PLEASE BLOW" appeau when "PLEASE BLOW" appeau which the ethanol gas can is simulator solution is being char whichever occurs first. The	maintenance procedures for the Intoximeters, Model Intox EC/IR II to a verify the ethanol gas canister displays pressure, or the alcoholic brown of the structure of the structu

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729 Test Date: 01/18/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RUSSELL, LARRY H

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

Test	g/210L	Time
DIAG	Pass	3:48pm
AIR BLK	.00	3:48pm
ACCY CHK	.07	3:49pm
AIR BLK	.00	3:50pm
SUB TEST	.00	3:51pm
AIR BLK	.00	3:52pm
SUB TEST	.00	3:53pm
ATR BLK	- 00	3:54pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729

Test Record Number: 1590

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:56pm
FLO	Pass	3:56pm
FC	Pass	3:56pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:56pm
SRC	Pass	3:56pm
DET	Pass	3:56pm
BAR	Pass	3:56pm
BT	Pass	3:56pm

Blank Tests

Test	Status	Time
AIR	Pass	3:57pm

Printer Tests

rest	Status	111116
PRNT	Pass	3:57pm

CRC Tests

Test	Status	Time	
COMP	Pass	3:57pm	
CAL	Pass	3:57pm	

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTUAIMETERS, MODEL INTUA EC/IR II
County	MOORE Instrument Location PINEHURST BLICE DEPT.
Instrument Se	rial No. 008710 PINRHURST, NC
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	n the
THE STATE OF THE S	C AROLL STATE OF THE STATE OF T

MOORE COUNTY PINEHURST PD. 620

Serial Number: 008710 Test Date: 01/09/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RUSSELL, LARRY H
Permit Number: 06108E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	10:36am 10:37am 10:37am 10:38am 10:39am
AIR BLK SUB TEST AIR BLK	.00 .00 .00	10:40am 10:42am 10:43am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MOORE COUNTY PINEHURST PD. 620

Serial Number: 008710

Test Record Number: 898 Test Date: 01/09/2013 Test Time: 10:43am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	10:44am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time	

AIR Pass 10:44am

Printer Tests

Test	Status	Time

PRNT Pass 10:44am

CRC Tests

Test	Status	Time

10:45am COMP Pass CALPass 10:45am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

**************************************	C C C C C C C C C C
County Sec	instrument Location Beauty (o. Our thou
Instrument Seri	al No. 608909 102 E. 2nd St., Washington, 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 day of January, 20 3 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE CHANGE OF THE	Signature of Certifying Official Certificate Number

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909 Test Date: 01/04/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

08/01/2011-08/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	10:53am 10:54am 10:55am 10:56am
SUB TEST	.00	10:57am
AIR BLK	.00	10:58am
SUB TEST	.00	10:59am
AIR BLK	.00	11:00am

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

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909 Test Record Number: 1526
Test Date: 01/04/2013 Test Time: 11:01am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:01am
FLO	Pass	11:01am
FC	Pass	11:02am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:02am

Printer Tests

Test	Status	Time
PRNT	Pass	11:02am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:03am 11:03am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County R	auto+ Instrument Location Baufor+ Co. Courthous
Instrument Se	orial No. DO8586 102 E. 2nd St., Washington, N.C
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
. 9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w	on theday of, 20, 20
COME STATE OF THE	Signature of Certifying Official Certificate Number

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008586 Test Date: 01/04/2013

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

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

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

Analyst's Name: 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: AG206603 Exp Date: 03/06/2014

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:39am 10:40am 10:41am
AIR BLK	.00	10:42am
SUB TEST	.00	10:43am
AIR BLK	.00	10:44am
SUB TEST	.00	10:46am
AIR BLK	.00	10:47am

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

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008586 Test Record Number: 923

Test Date: 01/04/2013 Test Time: 10:48am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:49am

Printer Tests

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

Pass

10:49am

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Pove	quimans Instrument Location Parquimans (o. 5.0.
Instrument Serie	ai No. DO8921 110 N. Church St. Hertford, NC
	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the 3 day of January, 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.
OF LESTATE	Toll Am (643
	Signature of Certifying Official Certificate Number

PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921 Test Date: 01/03/2013

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

08/01/2011-08/01/2013

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 ACCY CHK AIR BLK	Pass .00 .08	11:18am 11:19am 11:20am 11:20am
SUB TEST	.00	11:22am
AIR BLK	.00	11:23am
SUB TEST	.00	11:24am
AIR BLK	.00	11:25am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921

Test Record Number: 383

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:28am

Printer Tests

Test	Status	Time
PRNT	Pass	11:28am
	CRC Tests	
Test	Status	Time

11:28am COMP Pass CAL Pass 11:28am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County 1	Instrument Location Ayden P.D
Instrument Ser	rial No. 008666 4144 West Ave., Ayden, WC.
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
I certify that of procedures we Department of	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. on the
O'CHE STATE O'CHE	

PITT AYDEN PD 730

Serial Number: 008666 Test Date: 01/23/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	1:58pm 1:58pm 1:59pm
AIR BLK	.00	2:00pm
SUB TEST	.00	2:01pm
AIR BLK	.00	2:01pm
SUB TEST	.00	2:03pm
AIR BLK	.00	2:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

J Analys

PITT AYDEN PD 730

Serial Number: 008666

** 東京の東京の西南南南京

Test Record Number: 638

Test Date: 01/23/2013

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

Preventive Maintenance Status: Pass

Pass

Pass

2:06pm 2:06pm

COMP

CAL

Tell Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County Bec	Instrument Location Belhaven Police Dept
Instrument Seri	al No. 008928 Belhaven, 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
O STATS BUT OF THE OWNER OF THE OWNER OF THE OWNER OWN	Tell III
	Signature of Certifying Official Certificate Number

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928 Test Date: 01/02/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: 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: AG206603

Exp Date: 03/06/2014

g/210L	Time
Pass	10:07am
	10:08am
	10:09am
.00	10:09am
.00	10:10am
	10:11am
.00	10:13am
	Pass .00 .07 .00 .00

10:13am

Reported AC: .00 g/210L

AIR BLK .00

Signature of Chemical Analyst

Court CVR

Analyst

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928

Test Record Number: 187

Test Date: 01/02/2013

Test Time: 10:14am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:15am
SRC	Pass	10:15am
DET	Pass	10:15am
BAR	Pass	10:15am
BT	Pass	10:15am

Blank Tests

Test	Status	Time
AIR	Pass	10:15am

Printer Tests

Test	Status	Time
PRNT	Pass	10:15am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:15am

Preventive Maintenance Status: Pass

Pass

10:15am

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II	
County 5	TREPH Instrument Location GYRRA (O. S.O.	
Instrument So	Instrument Location Greene Co. S.O. erial No. DD867D 301 N. Greene St, Snow Hill,	NC
The prevention	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once e are:	very
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 34 degrees, plus or minus .2 degree centigrade;	r shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bresimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.	
I certify that procedures w Department of	on the 15 day of January, 20 13 the forgoing preventive maintenance 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.	enance
TATION OF THE PARTY OF THE PART	Signature of Certifying Official Certificate Number	

GREENE COUNTY GREENE CO SO 390

Serial Number: 008670 Test Date: 01/15/2013

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: AG124201 Exp Date: 08/30/2013

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	10:47am 10:48am 10:49am 10:50am
SUB TEST	.00	10:51am
AIR BLK	.00	10:52am
SUB TEST	.00	10:54am
AIR BLK	.00	10:55am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Zell Analyst

GREENE COUNTY GREENE CO SO 390

Serial Number: 008670 Test Record Number: 1315
Test Date: 01/15/2013 Test Time: 10:55am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:57am

Printer Tests

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

Pass

10:57am

Preventive Maintenance Status: Pass

CAL

Analyst/

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C	ASWELL Instrument Location SHP CASWELL Of the
Instrument Se	ASWELL OFF Instrument Location SHP CASWELL OFF erial No. 008593 956 FRETOWER RD, BIANCH
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that of procedures we Department of	on the
STATE CUEVA SE COLOMAN ASSES C	1 1 O 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

CASWELL COUNTY SHP YANCEYVILLE 160

Serial Number: 008593 Test Date: 01/02/2013

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	10:14am 10:15am 10:15am 10:16am
SUB TEST	.00	10:17am
AIR BLK	.00	10:18am
SUB TEST	.00	10:19am
AIR BLK	.00	10:20am

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

CASWELL COUNTY SHP YANCEYVILLE 160

Serial Number: 008593 Test Record Number: 898 Test Date: 01/02/2013 Test Time: 10:21am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:22am 10:22am
FLO FC	Pass Pass	10:22am
T. C	rapp	TO. 220111

Temperature Tests

Test	Status	Time
FC1	Pass	10:22am
SRC	Pass	10:22am
DET	Pass	10:22am
BAR	Pass	10:22am
BT	Pass	10:22am

Blank Tests

Test	Status	Time
AIR	Pass	10:23am

Printer Tests

Test	Status	Time
PRNT	Pass	10:23am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:23am

Preventive Maintenance Status: Pass

Pass

10:23am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location St. MDB, 16/6, 7
Instrument S	erial No. OCO Boo Estevision
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
STAT STATE CHEAT S	Signature of Certifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Record Number: 1151 Test Date: 01/19/2013 Test Time: 12:31am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:32am
FLO	Pass	12:32am
FC	Pass	12:32am

Temperature Tests

Test	Status	Time
FC1	Pass	12:32am
SRC	Pass	12:32am
DET	Pass	12:32am
BAR	Pass	12:32am
BT	Pass	12:32am

Blank Tests

Test	Status	Time
AIR	Pass	12:32am

Printer Tests

Test	Status	Time
PRNT	Pass	12:32am
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

12:33am

12:33am

COMP

CAL

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Date: 01/19/2013

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	12:22am 12:23am 12:24am 12:25am 12:26am
SUB TEST	.00	12:29am
AIR BLK	.00	12:30am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst O. JUSPEN

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County R	sheson Instrument Location Red Springs tolice Dep
Instrument S	erial No. 008857 Recl Springs, NC
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on the
STATISTICS STATISTICS OF STATI	Signature of Certifying Official Certificate Number

ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008857 Test Date: 01/16/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: 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

g/210L	Time
Pass .00 .07	10:57am 10:57am 10:58am 10:59am
.00	10:59am
.00	11:00am
.00	11:02am
.00	11:03am
	Pass .00 .07 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008857 Test Record Number: 312 Test Date: 01/16/2013 Test Time: 11:04am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:04am 11:04am
FC	Pass	11:04am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:05am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

アクステクステク・ナナイン・ライエエエイデル

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County 13	uncombe Instrument Location Buncombe Co. Jail
Instrument Se	rial No. 00 8631 Asheville, NC
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL
100

Serial Number: 008631 Test Date: 01/11/2013

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

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

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

Analyst's Name: 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: AG204602 Exp Date: 02/15/2014

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass	5:23pm 5:24pm 5:24pm 5:25pm 5:26pm
		-
AIR BLK	.00	5:27pm
SUB TEST	.00	5:28pm
AIR BLK	.00	5:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008631 Test Record Number: 3019
Test Date: 01/11/2013 Test Time: 5:30pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	5:31pm 5:31pm
FC	Pass	5:31pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:31pm
SRC	Pass	5:31pm
DET	Pass	5:31pm
BAR	Pass	5:31pm
BT	Pass	5:31pm

Blank Tests

Test	Status	Time
AIR	Pass	5:31pm

Printer Tests

lest	Status	TTIIIE
PRNT	Pass	5:31pm
	CRC Tests	

lest	Status	TTIIIe
COMP CAL	Pass	5:32pm
CAL	Pass	5:32pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR I

County Rol	neson Instrument Location Tembroke tolice Dopl.
Instrument Ser	ial No. 008837 Pombroke, NC
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o procedures we Department of	n the 15 day of January, 20\3 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 COLETAN TO THE COLE	AROUND TO THE PART OF THE PART

ROBESON COUNTY PEMBROKE POLICE DEPT 770

> Serial Number: 008837 Test Date: 01/15/2013

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: 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: AG206103 Exp Date: 03/01/2014

Test	g/210L	Time
DIAG	Pass	9:50am
AIR BLK	.00	9:51am
ACCY CHK	.08	9:52am
AIR BLK	.00	9:53am
SUB TEST	.00	9:53am
AIR BLK	.00	9:54am
SUB TEST	.00	9:56am
ATR BLK	.00	9:57am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst This form is used when performing Preventive Maintenance procedures

> Forensic Tests for Alcohol Branch **Department of Health and Human Services**

Rev. 12/2007

ROBESON COUNTY PEMBROKE POLICE DEPT 770

Serial Number: 008837

Test Record Number: 385

Test Date: 01/15/2013

Test Time: 9:57am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ΔTR	Pagg	9.59am

Printer Tests

Test	Status	Time
PRNT	Pass	9:59am
	CRC Tests	•
Test	Status	Time
COMP	Pass	9:59am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Robbe	Instrument Location 54. Pauls Police Dep
Instrument Serial	INO. 008814 St. Fauls, 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.
I certify that on to procedures were Department of H	the 14th day of 100000000000000000000000000000000000
THE STATE OF A	Signature of Certifying Official Certificate Number

ROBESON COUNTY ST. PAULS PD. 770

Serial Number: 008814 Test Date: 01/14/2013

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: 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: AG124904 Exp Date: 09/06/2013

Test	g/210L	Time
DIAG	Pass	9:25am
AIR BLK	.00	9:26am
ACCY CHK	.07	9:27am
AIR BLK	.00	9:28am
SUB TEST	.00	9:28am
AIR BLK	.00	9:29am
SUB TEST	.00	9:31am
AIR BLK	.00	9:32am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY ST. PAULS PD. 770

Serial Number: 008814

Test Record Number: 382

Test Date: 01/14/2013

Test Time: 9:34am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	9:34am
SRC	Pass	9:34am
DET	Pass	9:34am
BAR	Pass	9:34am
\mathtt{BT}	Pass	9:34am

Blank Tests

Test	Status	Time
AIR	Pass	9:35am

Printer Tests

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

Pass

9:35am

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County(Suilford Instrument Location Greens boro Police
Instrument	Serial No. 008725 Department
The prevent	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every sare:
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	t on the
OTHE STATE OF THE	

GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725 Test Record Number: 2680 Test Date: 01/03/2013 Test Time: 1:18pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:18pm
FLO	Pass	1:18pm
FC	Pass	1:18pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:18pm
SRC	Pass	1:18pm
DET	Pass	1:18pm
BAR	Pass	1:18pm
BT	Pass	1:18pm

Blank Tests

Test	Status	Time
AIR	Pass	1:19pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:19pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:19pm

1:19pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725 Test Date: 01/03/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: 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

DIAG	Pass	1:11pm
AIR BLK	.00	1:11pm
ACCY CHK	.08	1:12pm
AIR BLK	.00	1:13pm
SUB TEST	.00	1:14pm

q/210L

Time

AIR BLK .00 1:15pm SUB TEST .00 1:16pm

AIR BLK .00 1:17pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Mc	Instrument Location Southern Pines P.D.
Instrument Seria	INO. 008790 Southern Pinjes, 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.
I certify that on procedures were Department of H	the
TES QUANTED TO THE STATE OF THE	Signature of Certifying Official Certificate Number

MOORE COUNTY SOUTHERN PINES PD. 620

Serial Number: 008720 Test Date: 01/07/2013

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: TRUDELL, SR., DANIEL T Permit Number: 21535E

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

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	10:48am 10:49am
ACCY CHK	.07	10:50am
AIR BLK	.00	10:51am
SUB TEST	.00	10:51am
AIR BLK	.00	10:52am
SUB TEST	.00	10:54am
ATR BLK	.00	10:55am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MOORE COUNTY SOUTHERN PINES PD. 620

Serial Number: 008720 Test Test Date: 01/07/2013 Test

Test Record Number: 654
Test Time: 10:56am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ATR	Pass	10:57am

Printer Tests

Test	Status	Time
PRNT	Pass	10:57am
	CRC Tests	

Test	Status	Time
COMP	Pass	10:57am
CAL	Pass	10:57am

Preventive Maintenance Status: Pass

Lami Ottorall au Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	1	rument Location HOKE CO. DETENTION CENTE
<u> </u>		
Instrument Serial	1 No. <u>008632</u>	KAEROD, NC
The preventive m four months are:	naintenance procedures for the Intoxime	ters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays 34 degrees, plus or minus .2 degree cer	s pressure, or the alcoholic breath simulator thermometer shows ntigrade;
2.	Verify instrument displays time and da	ite;
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, col	llect breath sample;
7.	When "PLEASE BLOW" appears, col	llect breath sample;
8.	Print test record;	
9,	Verify Diagnostic Program; and	
10.		being changed before expiration date, or the alcoholic breath ery four months or after 125 Alcoholic Breath Simulator tests,
	he <u>OH</u> day of <u>ANUA</u> performed on the instrument indicated a ealth and Human Services, and the instr	the forgoing preventive maintenance above, in accordance with current regulations of the N.C. ument is functioning properly.
STATE OF NO.	A CAROLINA C	Certifying Official Certificate Number

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852 Test Date: 01/04/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: RUSSELL, LARRY H

Permit Number: 06108E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	11:28am 11:29am 11:29am 11:30am 11:31am 11:32am
SUB TEST	.00	11:34am
AIR BLK	.00	11:35am

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

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852 Test Date: 01/04/2013

Test Record Number: 494
Test Time: 11:36am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:37am

Printer Tests

Test	Status	Time
PRNT	Pass	11:37am
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	11:37am 11:37am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /7	OKE Instrument Location HOKE CO DETENTION CTR.
Instrument Seria	al No. 008855 RAEFORD, 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 OH day of JANUARY, 20 13 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855 Test Date: 01/04/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RUSSELL, LARRY H
Permit Number: 06108E
Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:55am 11:56am 11:56am 11:57am
AIR BLK SUB TEST	.00	11:58am
AIR BLK	.00	11:59am
SUB TEST ATR BLK	.00 .00	12:00pm 12:01pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855 Test Record Number: 786
Test Date: 01/04/2013 Test Time: 12:02pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:02pm
FLO	Pass	12:02pm
FC	Pass	12:02pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:02pm
SRC	Pass	12:02pm
DET	Pass	12:02pm
BAR	Pass	12:02pm
BT	Pass	12:02pm

Blank Tests

Test	Status	Time
AIR	Pass	12:03pm

Printer Tests

CRC Tests

Test	Status	Time
COMP	Pass	12:03pm
CAL	Pass	12:03pm

Preventive Maintenance Status: Pass

Analyst Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	SCOTIAND Instrument Location LAURINBURG POLICE I) <i>EF</i>
Instrument	Serial No. W8834 LAURINGURG NC	
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever as are:	у
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shadegrees, plus or minus .2 degree centigrade;	ows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
, · 7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.	
I certify the procedures Departmen	at on the <u>O3</u> day of <u>JANUARY</u> , 20 <u>1.3</u> the forgoing preventive maintenant were performed on the instrument indicated above, in accordance with current regulations of the N.C. at of Health and Human Services, and the instrument is functioning properly.	ce
THE GREAT SECTION OF S	Signature of Certifying Official Certificate Number	-

SCOTLAND COUNTY LAURINBURG PD. 820

Serial Number: 008834 Test Date: 01/03/2013

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	10:44am 10:45am 10:46am 10:47am 10:47am
AIR BLK	.00	10:48am
SUB TEST	.00	10:50am
AIR BLK	.00	10:51am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

SCOTLAND COUNTY LAURINBURG PD. 820

Serial Number: 008834

Test Record Number: 508

Test Date: 01/03/2013

Test Time: 10:51am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	10:52am
Pass	10: 52am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	10:53am

Printer Tests

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

COMP	Pass	10:53am
CAL	Pass	10:53am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOANTETERS, MODEL INTOA EC/IR II
County	LEE Instrument Location SANFORD POLICE DEP
Instrument Se	orial No. 008867 SANFORD, NC
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the <u>02</u> day of <u>JANUARY</u> , 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.
STATE OF THE STATE	
Tooming the second	Signature of Certifying Official Certificate Number

LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: 008867 Test Date: 01/02/2013

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:55am 11:55am
ACCY CHK	.07	11:56am 11:57am
SUB TEST	.00	11:58am
AIR BLK	.00	11:59am
SUB TEST	.00	12:00pm
AIR BLK	.00	12:01pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: 008867 Test Date: 01/02/2013 Test Record Number: 638
Test Time: 12:02pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:03pm
SRC	Pass	12:03pm
DET	Pass	12:03pm
BAR	Pass	12:03pm
BT	Pass	12:03pm

Blank Tests

Test	Status	Time
AIR	Pass	12:03pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:03pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:04pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

12:04pm

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Sca	thand Instrument Location Scothand Co. Shorieca		
Instrument Seria	INO. 008861 haurinburg, NC		
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
procedures were	the <u>Sycl</u> day of <u>January</u> , 2013 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 COLOMA VIDER	Signature of Certifying Official Certificate Number		

SCOTLAND COUNTY SHERIFF'S OFFICE 820

Serial Number: 008861 Test Date: 01/03/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Permit Number: 21535E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:02am 10:03am
ACCY CHK	.08	10:03am
AIR BLK SUB TEST	.00 .00	10:04am 10:05am
AIR BLK	.00	10:06am
SUB TEST	.00	10:07am
ATR BLK	. 0.0	10:08am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Analyst

SCOTLAND COUNTY SHERIFF'S OFFICE 820

Serial Number: 008861 Test Record Number: 731

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:11am

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

10:11am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Johnston Instrument Location Benson Police Dept.
Instrumen	it Serial No. O08885 Previsory, NC
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	nat on the And day of, 20 \
GREAT SE	Signature of Certifying Official Certificate Number

JOHNSTON COUNTY BENSON POLICE DEPT. 500

Serial Number: 008885 Test Date: 01/02/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

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

Permit Number: 21535E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG125602 Exp Date: 09/13/2013

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

Reported AC: .00 g/210L

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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

JOHNSTON COUNTY BENSON POLICE DEPT. 500

Serial Number: 008885 Test Record Number: 290 Test Date: 01/02/2013 Test Time: 11:13am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:14am

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

11:14am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Jo	hnston Instrument Location Johnston Co. Jail
Instrument Seria	INO. 008810 Smithfield, WC
The preventive i	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the <u>dnic</u> day of <u>lawlicary</u> , 20 <u>day</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	Signature of Certifying Official Certificate Number

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008810

Test Record Number: 1265

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time	
AIR	Pass	9:46am	

Printer Tests

iest	Status	TIME
PRNT	Pass	9:46am

CRC Tests

0110 10505			
Test	Status	Time	
COMP CAL	Pass Pass	9:46am 9:46am	

Preventive Maintenance Status: Pass

Analyst

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008810 Test Date: 01/02/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Permit Number: 21535E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:36am 9:37am
AIR BLK ACCY CHK	.00 .08	9:37am 9:38am
AIR BLK	.00	9:39am
SUB TEST	.00	9:40am
AIR BLK	.00	9:41am
SUB TEST	.00	9:42am
AIR BLK	.00	9:43am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Johnston Instrument Location Johnston Co. Jail
Instrume	nt Serial No. <u>OO 8846</u> Smith GiolD, NC
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	nat on the 2 No day of 1000 carry , 20 13 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.
SELECTION OF SELEC	TATE OF NO STATE CARD
	Signature of Certifying Official Certificate Number
•	• •

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008846 Test Date: 01/02/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

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

Permit Number: 21535E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG204603

Exp Date: 02/15/2014

Test	g/210L	Time
DIAG	Pass	9:34am
AIR BLK	.00	9:35am
ACCY CHK	.08	9:36am
AIR BLK	.00	9:37am
SUB TEST	.00	9:38am
AIR BLK	.00	9:39am
SUB TEST	.00	9:40am
ATR BLK	0.0	9 • 41 am

Reported AC: .00 g/210L

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Signature of Chemical Analyst

Court CVR

Analyst

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008846 Test Record Number: 2722

Test Date: 01/02/2013 Test Time: $9:43am\ EST$

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ATR	Pass	9:44am

Printer Tests

Test	Status	Time
PRNT	Pass	9:44am

CRC Tests

Test	Status	Time
COMP	Pass	9:44am
CAT.	Pagg	9 · 44 am

Preventive Maintenance Status: Pass

Manalyst Car

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CABARRUS	Instrument Lo	ocation BAT Mo	BILE UNIT 3
Instrument	t Serial No. <u>0086/6</u>		CONCOR	BILE UNIT 3
The prever four month	ntive maintenance procedures for thes are:	e Intoximeters, Mod	el Intox EC/IR II to be f	ollowed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2		, or the alcoholic breath	simulator thermometer show
2.	Verify instrument displays t	ime and date;		
3.	Initiate breath test sequence		·	
4.	Enter information as prompt	ted;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" a	ppears, collect breatl	h sample;	
7.	When "PLEASE BLOW" a	ppears, collect breati	h sample;	
8.	Print test record;			•
9.	Verify Diagnostic Program;	and		
10.	Verify that the ethanol gas c simulator solution is being c whichever occurs first.	anister is being chan hanged every four m	ged before expiration de nonths or after 125 Alcol	ate, or the alcoholic breath holic Breath Simulator tests,
I certify that procedures Department	at on the day of were performed on the instrument t of Health and Human Services, an	JAN indicated above, in a id the instrument is f	, 20 <u>13</u> the forgo eccordance with current functioning properly.	oing preventive maintenance regulations of the N.C.
CORPAND SECTION SECTIO	ATE OF TO SERVICE AND SERVICE	Ray Ban ignature of Certifyin	g Official	648 Certificate Number

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

Certificate Number

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008616 Test Date: 01/04/2013

Citation Number: M0000000-0

Subject's Name:

PREVENT<u>I</u>VE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:39pm 9:40pm
ACCY CHK AIR BLK	.08	9:41pm 9:42pm
SUB TEST	.00	9:42pm
AIR BLK	.00	9:43pm
SUB TEST	.00	9:45pm
AIR BLK	.00	9:46pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008616 Test Date: 01/04/2013 Test Record Number: 1540
Test Time: 9:47pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:48pm 9:48pm
FC	Pass	9:48pm

Temperature Tests

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

Blank Tests

Test	Status	Time
ATR	Pass	9:49pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:49pm
	CRC Tests	·
Test	Status	Time
COMP CAL	Pass Pass	9:49pm 9:49pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CABARRUS	Instrument Location_	BAT MUBILE	UNIT 3
Instrument S	erial No. <u>008647</u>		BAT MUBILE CONCORD, N	C
The preventi	ve maintenance procedures for the Into are:	oximeters, Model Intox	EC/IR II to be followed at lea	ast once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr	splays pressure, or the a ee centigrade;	lcoholic breath simulator the	rmometer show
2.	Verify instrument displays time a	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;	·	e e e e e e e e e e e e e e e e e e e	
5.	Verify instrument accuracy;		•	V
6.	When "PLEASE BLOW" appear	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appear	rs, collect breath sample	3	
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas caniste simulator solution is being change whichever occurs first.	er is being changed befo ed every four months or	re expiration date, or the alcoafter 125 Alcoholic Breath S	pholic breath simulator tests,
I certify that of procedures we Department of	on theday ofJAA. ere performed on the instrument indicates of Health and Human Services, and the	, 20 ated above, in accordance instrument is functioning	the forgoing preventive with current regulations of the properly.	ve maintenance the N.C.
One STATE				
Wall to	Lelin Ka	y Berson	Lo 4	8 • Number

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008647 Test Date: 01/04/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2011-10/01/2013

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00	9:35pm 9:36pm 9:37pm 9:38pm 9:39pm 9:40pm 9:41pm 9:42pm
		_

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

analyst

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008647

Test Record Number: 1553
Test Time: 9:43pm EST

Test Date: 01/04/2013 Test Time: 9:43p

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
	•	
AIR	Pass	9:44pm

Printer Tests

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

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County ME	CKLENBURG Instrument Location BAT MOBILE UNIT 3		
Instrument Seri	al No. OOB616 CHARLOTTE, NC		
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
I certify that on procedures were Department of I	the 18 day of JAN, 2013 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.		
STATE ON STATE ON STATE OF STA	Clu Ray Banes 648 Signature of Certifying Official Certificate Number		

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616 Test Date: 01/18/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:17pm
AIR BLK	.00	10:18pm
ACCY CHK	.08	10:18pm
AIR BLK	.00	10:19pm
SUB TEST	.00	10:20pm
AIR BLK	.00	10:20pm
SUB TEST	.00	10:22pm
AIR BLK	.00	10:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616 Test Date: 01/18/2013

Test Record Number: 1545 Test Time: 10:24pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:24pm
FLO	Pass	10:24pm
FC	Pass	10:25pm

Temperature Tests

Test Status Time	
FC1 Pass 10:25p	m
SRC Pass 10:25p	m
DET Pass 10:25p	m
BAR Pass 10:25p	m
BT Pass 10:25p	m

Blank Tests

Test	Status	Time
AIR	Pass	10:25pm

Printer Tests

"est	Status	Time
PRNT	Pass	10:25pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:25pm

Preventive Maintenance Status: Pass

Pass

10:25pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	MECKLENBURG Instrument Location	BATMOBILE UNIT 3
Instrument !	Serial No. <u>008707</u>	CHARLOTTE, NC
The prevent four months	tive maintenance procedures for the Intoximeters, Model Intox E are:	C/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the ale 34 degrees, plus or minus .2 degree centigrade;	coholic breath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or a whichever occurs first.	e expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
I certify that procedures v Department	on the 18 day of JA N, 20 1 were performed on the instrument indicated above, in accordance of Health and Human Services, and the instrument is functioning	the forgoing preventive maintenance with current regulations of the N.C. g properly.
TARIO GREAT	Men Ray Bames	<u>648</u>
	Signature of Certifying Official	Certificate Number

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

Certificate Number

MECKLENBURG COUNTY BAT MOBILE UNIT 3
590

Serial Number: 008707 Test Date: 01/18/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	10:14pm 10:15pm 10:15pm 10:16pm
SUB TEST	.00	10:18pm
AIR BLK	.00	10:19pm
SUB TEST	.00	10:20pm
ATR BLK	.00	10:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008707

Test Record Number: 1615

Test Date: 01/18/2013

Test Time: 10:22pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:22pm 10:22pm
FC	Pass	10:22pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:22pm 10:22pm 10:22pm 10:22pm 10:22pm
		the state of the s

Blank Tests

Test	Status	Time
AIR	Pass	10:23pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:23pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:23pm 10:23pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	ECKLENBURG Instrument Location BAT MOBILE UNIT 3
Instrument Se	Instrument Location BAT MOBILE UNIT 3 Orial No. 008647 CHARLOTTE NC
The	
four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o procedures we Department of	n the 18 day of 5AD, 2013 the forgoing preventive maintenance are performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE PARTY OF THE P	Certificate Number

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647 Test Date: 01/18/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	10:11pm 10:12pm 10:12pm 10:13pm 10:13pm 10:14pm
SUB TEST	.00	10:16pm
AIR BLK	.00	10:17pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alu Ray Benes Analyst

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647

Test Record Number: 1558

Test Date: 01/18/2013

Test Time: 10:18pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	10:18pm 10:18pm 10:18pm 10:18pm 10:18pm
\mathtt{BT}	Pass	TO. TODII

Blank Tests

Test	Status	Time
AIR	Pass	10:19pm

Printer Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CABARRUS	Instrument Location	BAT MOBILE UNIT :
Instrument	t Serial No. <u>008707</u>		KANNAPOLIS, NC
The prever		Intoximeters, Model Intox	EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d	displays pressure, or the a	alcoholic breath simulator thermometer show
2.	Verify instrument displays tim	ne and date;	
3.	Initiate breath test sequence;		
4,	Enter information as prompted	I ;	•
5.	Verify instrument accuracy;		,
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" app	ears, collect breath sample	2
8.	Print test record;		
9.	Verify Diagnostic Program; ar	nd ·	
10.	Verify that the ethanol gas can simulator solution is being chawhichever occurs first.	ister is being changed beforinged every four months or	ore expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
	at on thet _ day of	dicated above, in accordan	the forgoing preventive maintenance ce with current regulations of the N.C. ng properly.
THE CHEAT OF STATE OF	ATE COLOR	2 3 ana	648

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008707 Test Date: 01/19/2013

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: 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 AIR BLK	Pass	10:47pm 10:48pm
ACCY CHK	.08	10:49pm
AIR BLK	.00	10:49pm
SUB TEST	.00	10:50pm
AIR BLK	.00	10:51pm
SUB TEST	.00	10:52pm
AIR BLK	.00	10:53pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008707

Test Record Number: 1619

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	10:54pm 10:54pm 10:54pm 10:54pm
\mathtt{BT}	Pass	10:54pm

Blank Tests

Test	Status	Time
AIR	Pass	10:55pm

Printer Tests

Test	Status	Time
PRNT	Pass.	10:55pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:55pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ABARRUS	Instrument Location BA	T MOBILE UNIT 3
Instrument Se	rial No. <u>008647</u>	Ka	NUAPOLIS, NC
The preventiv	e maintenance procedures for the Intre:	toximeters, Model Intox EC/IR I	I to be followed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	isplays pressure, or the alcoholic	breath simulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appea	ars, collect breath sample;	
7.	When "PLEASE BLOW" appear	ars, collect breath sample;	•
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.	ter is being changed before expir ged every four months or after 12	ration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
procedures we	n theday of ere performed on the instrument indic Health and Human Services, and the	cated above, in accordance with	current regulations of the N.C.
STATE STATE OF THE	CAROLINIA CONTRACTOR OF THE CO		
A COR GIVEN AIDE		Ly Bons	648
	Signat	ture of Certifying Official	Certificate Number

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008647 Test Date: 01/19/2013

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: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008647 Test Date: 01/19/2013

Test Record Number: 1565
Test Time: 10:50pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:52pm

Printer Tests

Status

Test

Time

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Water Instrument Location Bot Mobile (Ci, T)
Instrument Se	rial No. CO 86 98
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.
	n the day of January, 2013 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.
OF CHANNE	Signature of Certifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698

Test Record Number: 918

Test Date: 01/19/2013

Test Time: 1:06am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:06am
FLO	Pass	1:06am
FC	Pass	1:06am

Temperature Tests

Test	Status	Time
FC1	Pass	1:06am
SRC	Pass	1:06am
DET	Pass	1:06am
BAR	Pass	1:06am
BT	Pass	1:06am

Blank Tests

Test	Status	Time
AIR	Pass	1:07am

Printer Tests

rest	Status	TIME
PRNT	Pass	1:07am

CRC Tests

Test	Status	Time
COMP	Pass	1:07am
CAL	Pass	1:07am

Preventive Maintenance Status: Pass

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Date: 01/19/2013

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective: 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	Pass .00 .07 .00 .00	12:55am 12:56am 12:56am 12:57am 1:00am
AIR BLK	.00	1:01am
SUB TEST	.00	1:02am
ATR BLK	. 00	1:03am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Serial No. DO \$788 Instrument Location BAT MOBILE Um, T
Instrument	Serial No. 008788 1246, 44
The preven	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	at on the
S S S S S S S S S S S S S S S S S S S	Signature of Certifying Official Contificate Number

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788
Test Date: 01/19/2013

Test Record Number: 772
Test Time: 12:42am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:43am
SRC	Pass	12:43am
DET	Pass	12:43am
BAR	Pass	12:43am
BT	Pass	12:43am

Blank Tests

Test	Status	Time
ATR	Pass	12:44am

Printer Tests

Test	Status	Time
PRNT	Pass	12:44am
	CRC Tests	
Test	Status	Time

1000	Deacab	1 1110
COMP	Pass	12:44am
CAL	Pass	12:44am

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Date: 01/19/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: MORGART, STEPHEN G Permit Number: 9372E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, MONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	12:24am 12:25am 12:26am 12:27am 12:29am
AIR BLK	.00	12:30am
SUB TEST	.00	12:32am
AIR BLK	.00	12:33am

Reported Action of The

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	in to aimereks, model in to a ectik it
County <u>Ha</u>	ywood Instrument Location Haxwood Co. Jail
Instrument Se	erial No. 008714 Waynesville, 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.
I certify that opposedures we Department of	on the
OS OF THE STATE OF THE OFFICE	Signature of Certifying Official Certificate Number

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714 Test Date: 01/15/2013

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: CUTLER, DANIEL R

Permit Number: 8457E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:25am 11:25am 11:26am
AIR BLK SUB TEST	.00 .00	11:27am
AIR BLK	.00	11:28am
SUB TEST	.00	11:30am
AIR BLK	.00	11:31am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714 Test Record Number: 779
Test Date: 01/15/2013 Test Time: 11:32am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:32am
FLO	Pass	11:32am
FC	Pass	11:32am

Temperature Tests

Test	Status	Time
FC1	Pass	11:32am
SRC	Pass	11:32am
DET	Pass	11:32am
BAR	Pass	11:32am
\mathtt{BT}	Pass	11:32am

Blank Tests

Test	Status	Time
AIR	Pass	11:33am

Printer Tests

Test	Status	Time
PRNT	Pass	11:33am
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

11:33am

11:33am

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County //o	aywood	Instrument Location Hayung	od Co. Jail	
Instrument S	Serial No. <u>COS 712</u>	Waynesville,	NC	
The preventi	tive maintenance procedures for the Into s are:	eximeters, 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		reath simulator thermometer shows	
2.	Verify instrument displays time a	nd date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appear	s, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas caniste simulator solution is being change whichever occurs first.		ion date, or the alcoholic breath Alcoholic Breath Simulator tests,	
I certify that procedures v Department	at on the day of mere performed on the instrument indicated to f Health and Human Services, and the	the ated above, in accordance with cue instrument is functioning proper	e forgoing preventive maintenance rrent regulations of the N.C. ly.	
GREAT SE	NIE OR NO GENERAL CONTRACTOR OF THE CONTRACTOR O			
ESSE QUAM		cure of Certifying Official	Certificate Number	

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712 Test Date: 01/15/2013

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:24am 11:24am
ACCY CHK	.08	11:25am
AIR BLK	.00	11:26am
SUB TEST	.00	11:26am
AIR BLK	.00	11:27am
SUB TEST	.00	11:29am
AIR BLK	.00	11:30am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Caff R. Cuth

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712

Test Record Number: 1333 Test Time: 11:31am EST

Test Date: 01/15/2013

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:31am
FLO	Pass	11:31am
FC	Pass	11:32am

Temperature Tests

Test	Status	Time
FC1	Pass	11:32am
SRC	Pass	11:32am
DET	Pass	11:32am
BAR	Pass	11:32am
BT	Pass	11:32am

Blank Tests

Test	Status	Time
		•
AIR	Pass	11:32am

Printer Tests

Test	Status	Time
PRNT	Pass	11:32am
	CRC Tests	
Test	Status	Time

COMP Page 11.32a	1000	Deacab	TIME
	COMP	Pass	11:32am
	CAL	Pass	11:32am

Preventive Maintenance Status: Pass

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

CURRITUCK COUNTY SO-COROLLA 260

Serial Number: 008949 Test Date: 01/31/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, LINDA A Permit Number: 11646E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	2:15pm 2:17pm 2:17pm
AIR BLK	.00	2:18pm
SUB TEST	.00	2:19pm
AIR BLK	.00	2:20pm
SUB TEST	.00	2:21pm
AIR BLK	.00	2:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CURRITUCK COUNTY SO-COROLLA 260

Serial Number: 008949 Test Record Number: 269
Test Date: 01/31/2013 Test Time: 2:23pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:23pm
FLO	Pass	2:23pm
FC	Pass	2:23pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:23pm
SRC	Pass	2:23pm
DET	Pass	2:23pm
BAR	Pass	2:23pm
BT	Pass	2:23pm

Blank Tests

Test	Status	Time
AIR	Pass	2:24pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:24pm
	CRC Tests	
Test	Status	Time

Test	Status	Time
COMP	Pass	2:24pm
CAL	Pass	2:24pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location (1) Devil Hills (.).
Instrumen	Serial No. 008847 102 Town Hall Dr., Kill Pevil f
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures	at on theday of, 20, 20
STEP STEP STEP STEP STEP STEP STEP STEP	ATE OF NO.

DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008847 Test Date: 01/31/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, LINDA A
Permit Number: 11646E
Effective:
09/01/2011-09/01/2013

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:58pm 12:59pm
ACCY CHK	.08	12:59pm
AIR BLK SUB TEST	.00 .00	1:00pm 1:01pm
AIR BLK	.00	1:02pm
SUB TEST	.00	1:03pm
AIR BLK	.00	1:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008847 Test Record Number: 365 Test Date: 01/31/2013 Test Time: 12:55pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:56pm

Printer Tests

Status

Time

Test

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

,	MINIOAIMETE	KS, MODEL INTOX E	C/IK II
County	Wayne	Instrument Location <u>Sfy</u>	mour Johnson Aft
Instrument Se	rial No	1010 VWM3W	Y CANSON RL., GO
The preventiv	e maintenance procedures for the Ir	toximeters, Model Intox EC/IR II	I to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		breath simulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		•
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
-6.	When "PLEASE BLOW" appe	ars, collect breath sample;	
, 7.	When "PLEASE BLOW" appe	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	I	
10.			ation date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
procedures we	on the 29th day of 7 ere performed on the instrument ind f Health and Human Services, and t	icated abo√e, in accordance with (
TO THE STATE OF TH	Jan and a second	4 Kall	647
	Sign	ature of Certifying Official	Certificate Number

WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: 008786 Test Record Number: 146
Test Date: 01/29/2013 Test Time: 2:16pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:16pm
FLO	Pass	2:16pm
FC	Pass	2:16pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:16pm
SRC	Pass	2:16pm
DET	Pass	2:16pm
BAR	Pass	2:16pm
BT	Pass	2:16pm

Blank Tests

Test	Status	Time
AIR	Pass	2:17pm

Printer Tests

1000	Deacap	1 11110
PRNT	Pass	2:17pm
	CRC Tests	

Status

Test	Status	Time
COMP	Pass	2:17pm
CAL	Pass	2:17pm

Preventive Maintenance Status: Pass

Analyst

WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: 008786 Test Date: 01/29/2013

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

Analyst's Name: 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: AG205401 Exp Date: 02/23/2014

Test	g/210L	Time
DIAG AIR BLK	Pass	2:20pm 2:20pm
ACCY CHK	.08	2:21pm
AIR BLK	.00	2:22pm
SUB TEST	.00	2:22pm
AIR BLK	.00	2:23pm
SUB TEST	.00	2:25pm
AIR BLK	.00	2:26pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD

County	. enoir	Instrument Location	Kinstun	P.D.
Instrument Se	erial No. 004624	205 F. King	51., Kin	STON , NO
The preventive four months a	ve maintenance procedures for the I	ntoximeters, Model Intox EC/II	R II to be followed at I	east once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcohogree centigrade;	olic breath simulator th	ermometer shows
2.	Verify instrument displays time	e and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" app	ears, collect breath sample;		
7.	When "PLEASE BLOW" app	ears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; an	d		
10.	Verify that the ethanol gas can simulator solution is being charwhichever occurs first.	ister is being changed before ex nged every four months or after	piration date, or the al	coholic breath Simulator tests,
	on the day of day of fere performed on the instrument include of Health and Human Services, and the day of the		th current regulations	tive maintenance of the N.C.
TO STATE AND STATE OF THE CORE AT STATE AND STATE OF THE CORE AT STATE O	7/107	AA Keel	Strate 4-24	, buf many
	/ / Sigr	nature of Certifying Official	Certific	ate Number

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

Certificate Number

LENOIR COUNTY KINSTON PD 530

Serial Number: 008624 Test Date: 01/28/2013

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: KEESLER, LINDA A
Permit Number: 11646E
Effective:
09/01/2011-09/01/2013

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	3:27pm 3:28pm 3:29pm 3:30pm 3:30pm
AIR BLK	.00	3:31pm
SUB TEST	.00	3:33pm
AIR BLK	.00	3:34pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Linex Rece Analyst

LENOIR COUNTY KINSTON PD 530

Serial Number: 008624

Test Record Number: 1201

Test Date: 01/28/2013

Test Time: 3:35pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	3;36pm

Printer Tests

rest	Status	Time
PRNT	Pass	3:36pm

CRC Tests

Test	Status	Time
COMP	Pass	3:36pm
CAL	Pass	3:36pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

			•	
County Let	Noic	Instrument Location_	Lenoir Co. S.O.	
Instrument Seria	INO. 008 639	130 Queer	1 St., Kinston, N.	<u>C.</u>
The preventive r four months are:		ntoximeters, Model Intox	EC/IR II to be followed at least once ev	very
1,	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the a	alcoholic breath simulator thermometer	shows
2.	Verify instrument displays tim	e and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	•		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" app	ears, collect breath sample	e;	
7.	When "PLEASE BLOW" app	ears, collect breath sample	e;	
8.	Print test record;			
9.	Verify Diagnostic Program; an	d		
10.			ore expiration date, or the alcoholic brear after 125 Alcoholic Breath Simulator	
	theday of performed on the instrument inclealth and Human Services, and	licated aboyé, in accordan	the forgoing preventive mainternce with current regulations of the N.C. ing properly.	nance
TO THE STATE OF NO. 175 N. 175	Sign	6A Lee L	2 Certificate Number	

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639 Test Date: 01/28/2013

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: 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: AG203102 Exp Date: 01/31/2014

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	3:06pm 3:07pm 3:07pm
AIR BLK	.00	3:08pm
SUB TEST	.00	3:09pm
AIR BLK	.00	3:10pm
SUB TEST	.00	3:12pm
AIR BLK	.00	3:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639

Test Record Number: 1928

Test Date: 01/28/2013

Test Time: 3:13pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:14pm
FLO	Pass	3:14pm
FC	Pass	3:14pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:14pm
SRC	Pass	3:14pm
DET	Pass	3:14pm
BAR	Pass	3:14pm
BT	Pass	3:14pm

Blank Tests

Test	Status	Time
AIR	Pass	3:15pm

Printer Tests

Test	Status	Time
	•	
PRNT	Pass	3:15pm

CRC Tests

Test	Status	Time
COMP	Pass	3:15pm
CAL	Pass	3:15pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

// \	II (I OZRIVIE I E	A.	
County UN	NOMO	Instrument Location	nowan Co. Public Safet
Instrument Seri	al No. 004445	305 W. Free	Muson ST., Edentor
The preventive four months are		ntoximeters, Model Intox EC	C/IR II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		pholic breath simulator thermometer shows
2.	Verify instrument displays tim	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	l;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample;	
7.	When "PLEASE BLOW" app	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; ar	nd	
10.			expiration date, or the alcoholic breath fter 125 Alcoholic Breath Simulator tests,
			the forgoing preventive maintenance with current regulations of the N.C. properly.
STATE OF STA	CAROLINA	of A. Keesl	47
	Sign	nature of Certifying Official	Certificate Number

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895 Test Date: 01/24/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test q/210L Time

DIAG Pass 2:42pm

AIR BLK .00 2:43pm

ACCY CHK .08 2:43pm

AIR BLK .00 2:45pm

SUB TEST .00 2:45pm

AIR BLK .00 2:46pm

SUB TEST .00 2:47pm

AIR BLK .00 2:48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch Department of Health and Human Services

Rev. 12/2007

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895 Test Date: 01/24/2013

Test Record Number: 513
Test Time: 2:49pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:50pm
FLO	Pass	2:50pm
FC	Pass	2:50pm

Temperature Tests

Status	Time
Pass	2:50pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	2:51pm

Printer Tests

	ana m	
PRNT	Pass	2:51pm
Test	Status	Time

CRC Tests

Test	Status	Time
COMP	Pass	2:51pm
CAL	Pass	2:51pm

Preventive Maintenance Status: Pass

Analyst

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



Signature of Certifying Official

Certificaté Number

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008950 Test Date: 01/08/2013

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: KEESLER, LINDA A
Permit Number: 11646E
Effective:
09/01/2011-09/01/2013

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

Lot Number: AG120101 Exp Date: 07/20/2013

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Find 1. Keel
Analyst

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008950 Test Date: 01/08/2013 Test Record Number: 788
Test Time: 12:24pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	12:25pm 12:25pm 12:25pm 12:25pm
BT	Pass	12:25pm

Blank Tests

Test	Status	Time
AIR	Pass	12:26pm

Printer Tests

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

12:26pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

	PREVENTIVE MAINTENANCE RECORD	
County_	INTOXIMETERS, MODEL INTOX EC/IR II ATQUATUAL Instrument Location PAGNATUAL CO. PAGIL Safety	
Instrument Se	Gerial No. DO 8941 Bldg., 200 E. Colonial AVR., Elizarell	Å.
The preventive four months a	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:	e e e e e e e e e e e e e e e e e e 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.	
	on the	
STATE OREAL TO THE STATE OF THE	Jack A Verel 647	
	Signature of Certifying Official Certificate Number	

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

> Serial Number: 008941 Test Date: 01/08/2013

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: KEESLER, LINDA A Permit Number: 11646E Effective: 09/01/2011-09/01/2013

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

> Lot Number: AG120101 Exp Date: 07/20/2013

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008941 Test Record Number: 850 Test Date: 01/08/2013 Test Time: 12:17pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:17pm
SRC	Pass	12:17pm
DET	Pass	12:17pm
BAR	Pass	12:17pm
BT	Pass	12:17pm

Blank Tests

Test	Status	Time
ATR	Pass	12·18rpm

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

Analysť

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; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before 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

HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906 Test Date: 01/08/2013

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: 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: AG108202 Exp Date: 03/23/2013

Test	g/210L	Time
DIAG	Pass	2:06pm
AIR BLK	.00	2:07pm
ACCY CHK	.07	2:07pm
AIR BLK	.00	2:08pm
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

Find Y. Ciece

HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906 Test Record Number: 398
Test Date: 01/08/2013 Test Time: 2:14pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	2:15pm
SRC	Pass	2:15pm
DET	Pass	2:15pm
BAR	Pass	2:15pm
BT	Pass	2:15pm

Blank Tests

Test	Status	Time
AIR	Pass	2:15pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:15pm
	CRC Tests	
Test	Status	Time

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Canden Instrument Location Canden CD. S.D.
Instrument So	erial No. DD 8940 113 HWY 343, Canden , N
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.
procedures w	on the 24th day of 30 NVAIL, 20 1 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	

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

Certificate Number

CAMDEN COUNTY CAMDEN CO SO 140

Serial Number: 008940 Test Date: 01/24/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, LINDA A
Permit Number: 11646E
Effective:
09/01/2011-09/01/2013

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	1:16pm 1:17pm
ACCY CHK	.00	1:17pm
AIR BLK	.00	1:19pm
SUB TEST	.00	1:20pm
AIR BLK	.00	1:21pm
SUB TEST	.00	1:22pm
AIR BLK	.00	1:23pm

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

CAMDEN COUNTY CAMDEN CO SO 140

Serial Number: 008940 Test Date: 01/24/2013 Test Record Number: 580
Test Time: 1:24pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:24pm 1:24pm
FC	Pass	1:24pm

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	1:24pm 1:24pm
DET	Pass	1:24pm
BAR BT	Pass Pass	1:24pm 1:24pm
D I	rapp	T.74D

Blank Tests

Test	Status	Time
AIR	Pass	1:25pm

Printer Tests

Test

PRNT	Pass	1:25pm
	CRC Tests	
Test	Status	Time

Status

Time

ICBC	Status	TIME
COMP	Pass	1:25pm
CAL	Pass	1:25pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Major	Instrument Location Madison Co. Juil		
Instrument Seria	INO. 00 8599 Marshall, NC		
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
procedures were	the 28 day of January, 20/5 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.		
THE STATE OF A	649		
¥	Signature of Certifying Official Certificate Number		

MADISON COUNTY MADISON COUNTY JAIL 560

Serial Number: 008599 Test Date: 01/28/2013

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: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2011-06/01/2013

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	4:34pm
AIR BLK	.00	4:34pm
ACCY CHK	.08	4:35pm
AIR BLK	.00	4:36pm
SUB TEST	.00	4:36pm
AIR BLK	.00	4:37pm
SUB TEST	.00	4:39pm
ATR BLK	. 0.0	$4 \cdot 40$ nm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MADISON COUNTY MADISON COUNTY JAIL 560

Serial Number: 008599 Test Record Number: 446
Test Date: 01/28/2013 Test Time: 4:41pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	4:42pm 4:42pm
FC	Pass	4:42pm

Temperature Tests

Test	Status	Time
	**	
FC1	Pass	4:42pm
SRC	Pass	4:42pm
DET	Pass	4:42pm
BAR	Pass	4:42pm
BT	Pass	4:42pm

Blank Tests

Test	Status	Time
AIR	Pass	4:43pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:43pm

CRC Tests

Test	Status	Time
COMP	Pass	4:43pm
CAL	Pass	4:43pm

Preventive Maintenance Status: Pass

Analyst