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

County Dq	Ve Instrument Location Dave (a. S. O Hatteras
Instrument Seria	11 No. DO 8807 50346 NC Hay 12, Frisco, N.C.
The preventive if four months are:	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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 27 day of March, 2013 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OT THE STATE OF A CONTROL OF THE PROPERTY OF T	Signature of Certifying Official  Certificate Number

DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807 Test Date: 03/27/2013

Citation Number: M0000000-0
Subject's Name:

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

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

Analyst's Name: 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	12:55pm
AIR BLK	.00	12:56pm
ACCY CHK	.07	12:56pm
AIR BLK	.00	12:57pm
SUB TEST	.00	12:58pm
AIR BLK	.00	12:59pm
SUB TEST	.00	1:00pm
AIR BLK	.00	1:01pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807

Test Record Number: 444

Test Date: 03/27/2013 Test Time: 1:02pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
ATR	Pass	1 · 04 pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:04pm

#### CRC Tests

Test	Status	Time
COMP	Pass	1:04pm
CAL	Pass	1:04pm

Preventive Maintenance Status: Pass

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

County H	yde Instrument Location Hyde Co. S.O Ocracoke
Instrument Se	erial No. DD 8797 NC 12, Devacoke, NC
The prevention four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the 27th day of March, 20/3 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.
AND SET OF STATE OF S	2000 CARON (AU 2
	Signature of Certifying Official Certificate Number

HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797 Test Date: 03/27/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797

Test Record Number: 290

Test Date: 03/27/2013

Test Time: 11:05am EDT

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	Pass Pass	11:06am 11:06am
DET	Pass	11:06am
BAR	Pass	11:06am
BT	Pass	11:06am

#### 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
CAL	Pass	11:07am

Preventive Maintenance Status: Pass

Analyst

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

County P. H	Instrument Location P. H. Co. Detention (ev
Instrument Seria	INO. DO 86102 124 Detention Dr. Greenville, M
The preventive if four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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 26 day of March, 20/3 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Tealth and Human Services, and the instrument is functioning properly.
THE GLAM VIDE A STATE OF A STATE	Tell 1 Certificate Number  Signature of Certifying Official Certificate Number

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008662 Test Date: 03/26/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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	Pass	11:23am 11:24am
ACCY CHK	.07	11:24am
AIR BLK	.00	11:25am
SUB TEST	.00	11:26am
AIR BLK	.00	11:27am
SUB TEST	.00	11:28am
AIR BLK	.00	11:29am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### PITT COUNTY PITT CO DETENTION 730

Serial Number: 008662

Test Record Number: 758

Test Date: 03/26/2013

Test Time: 11:31am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:31am
SRC	Pass	11:31am
DET	Pass	11:31am
BAR	Pass	11:31am
BT	Pass	11:31am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:32am

#### Printer Tests

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

COMP	Pass	11:32am
CAL	Pass	11:32am

Preventive Maintenance Status: Pass

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

County	P.H Instrument Location P. H (O. Deteration (
Instrumen	at Serial No.000 86068 124 Detention Dr. Greenville
The prevention	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.
procedures	nat on the <u>OCH</u> day of <u>March</u> , 20 <u>13</u> the forgoing preventive maintenance is were performed on the instrument indicated above, in accordance with current regulations of the N.C. int of Health and Human Services, and the instrument is functioning properly.
ST. A. S.	ATE OF NO.
	Signature of Certifying Official Certificate Number
	organization Contribute Centificate Number

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668 Test Date: 03/26/2013

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

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

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

Analyst's Name: 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	Pass	11:04am
AIR BLK	.00	11:04am
ACCY CHK	.07	11:05am
AIR BLK	.00	11:06am
SUB TEST	.00	11:07am
AIR BLK	.00	11:08am
SUB TEST	.00	11:09am
ATR BLK	- ሰ ሰ	11 10am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668

Test Record Number: 2128

Test Date: 03/26/2013

Test Time: 11:11am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Status	Time
Pass	11:11am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	11:12am

#### Printer Tests

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

1656	Status	111116
COMP	Pass	11:12am
CAL	Pass	11:12am

Preventive Maintenance Status: Pass

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

County A	Instrument Location Bot Mobile Unit
Instrument Seri	ial No 0 8 6 0
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;
<b>5.</b>	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the 15 day of March, 20 3 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF A STATE O	Signature of Certifying Official Certificate Number

ALAMANCE COUNTY BAT MOBILE UNIT 2 000

Serial Number: 008601 Test Date: 03/15/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENACE

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

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

Analyst's Name: SKINNER, TONYA B
Permit Number: 13651E

Effective:

10/01/2011-10/01/2013

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:04pm
AIR BLK ACCY CHK	.00	9:05pm 9:05pm
AIR BLK	.00	9:05pm
SUB TEST	.00	9:07pm
AIR BLK	.00	9:08pm
SUB TEST	.00	9:09pm
AIR BLK	.00	9:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Onya B Skynn

#### ALAMANCE COUNTY BAT MOBILE UNIT 2 000

Serial Number: 008601

Test Record Number: 745

Test Date: 03/15/2013

Test Time: 9:12pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	9:13pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:13pm

#### CRC Tests

Test	status	Time
COMP	Pass	9:13pm
CAL	Pass	9:13pm

Preventive Maintenance Status: Pass

Donya B Skyner Analyst

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

County O	Jamance Instrument Location Bot Mobile Unit:
Instrument S	Gerial No. <u>DOS 73 4</u>
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department of	on the 15 day of March, 2013 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	

#### ALAMANCE COUNTY BAT MOBILE UNIT 2 000

Serial Number: 008736 Test Date: 03/15/2013

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

Driver's License Number: NONE

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:10pm 9:11pm
ACCY CHK	.08	9:11pm
AIR BLK	.00	9:12pm
SUB TEST	.00	9:13pm
AIR BLK	.00	9:14pm
SUB TEST	.00	9:16pm
AIR BLK	.00	9:17pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Donya B Skynner Analyst

#### ALAMANCE COUNTY BAT MOBILE UNIT 2 000

Serial Number: 008736

Test Record Number: 563 

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:22pm
SRC	Pass	9:22pm
DET	Pass	9:22pm
BAR	Pass	9:22pm
$\mathtt{BT}$	Pass	9:22pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:22nm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:23pm

#### CRC Tests

Test	Status	Time
COMP	Pass	9:23pm
CAL	Pass	9:23pm

Preventive Maintenance Status: Pass

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

County	ottand Instrument Location Bat Mobile Unit
Instrument Seri	al No. 00860 \
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 <u>32</u> day of <u>Narch</u> , 20 <u>13</u> the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. dealth and Human Services, and the instrument is functioning properly.
THE STATE OF A STATE O	Onus R Skynin Latel

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

Signature of Certifying Official

SCOTLAND COUNTY BAT MOBILE UNIT 2 820

Serial Number: 008601 Test Date: 03/22/2013

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Onya B 5kinnun Analyst

#### SCOTLAND COUNTY BAT MOBILE UNIT 2 820

Serial Number: 008601 Test Record Number: 756
Test Date: 03/22/2013 Test Time: 9:18pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:18pm
FLO	Pass	9:18pm
FC	Pass	9:18pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:18pm
SRC	Pass	9:18pm
DET	Pass	9:18pm
BAR	Pass	9:18pm
BT	Pass	9:18pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:19pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:19pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	9:19pm

Preventive Maintenance Status: Pass

Orya B Skuner Analyst

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

County	ocotland Instrument Location Bat Mobile Unit
Instrument S	erial No.008734
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that oprocedures w Department o	on the day of, 20, 20 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
TATE ME TO THE WAY TO THE WAY THE WAY TO THE WAY THE W	

#### SCOTLAND COUNTY BAT MOBILE UNIT 2 820

Serial Number: 008736 Test Date: 03/22/2013

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	9:04pm 9:05pm 9:06pm
AIR BLK	.00	9:06pm
SUB TEST	.00	9:08pm
AIR BLK	.00	9:09pm
SUB TEST	.00	9:10pm
AIR BLK	.00	9:11pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Donya B Styne

### SCOTLAND COUNTY BAT MOBILE UNIT 2 820

Serial Number: 008736 Test Date: 03/22/2013

Test Record Number: 572
Test Time: 9:15pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	9:15pm
FLO	Pass	9:15pm
FC	Pass	9:15pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	9:15pm 9:15pm 9:15pm 9:15pm 9:15pm
		_

#### Blank Tests

Test	Status	Time
AIR	Pass	9:16pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:16pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:16pm

COMP Pass 9:16pm CAL Pass 9:16pm

Preventive Maintenance Status: Pass

Joya B 5 Kinner

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

The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows
2.	34 degrees, plus or minus .2 degree centigrade;  Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the
THE STATE OF THE S	Omia B. Skinnia 144
Winner Contraction of the Contra	MONIA DEDKINAN LINU

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

Signature of Certifying Official

Certificate Number

MOORE COUNTY BAT MOBILE UNIT 2 620

Serial Number: 008736 Test Date: 03/16/2013

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	8:53pm
AIR BLK	.00	8:54pm
ACCY CHK	.08	8:55pm
AIR BLK	.00	8:56pm
SUB TEST	.00	8:56pm
AIR BLK	.00	8:57pm
SUB TEST	.00	8:59pm
AIR BLK	.00	9:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Onya B Stunen
Analyst

#### MOORE COUNTY BAT MOBILE UNIT 2 620

Serial Number: 008736 Test Date: 03/16/2013

Test Record Number: 569
Test Time: 9:02pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:02pm 9:02pm
FC	Pass	9:02pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:02pm
SRC	Pass	9:02pm
$\mathtt{DET}$	Pass	9:02pm
BAR	Pass	9:02pm
$\mathtt{BT}$	Pass	9:02pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:03pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:03pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:03pm

Preventive Maintenance Status: Pass

Pass

9:03pm

CAL

Donya B Skumi

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

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

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

Certificate Number

MOORE COUNTY BAT MOBILE UNIT 2 620

Serial Number: 008601 Test Date: 03/16/2013

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	8:53pm 8:54pm 8:55pm
AIR BLK	.00	8:56pm
SUB TEST	.00	8:57pm
AIR BLK	.00	8:59pm
SUB TEST	.00	9:00pm
AIR BLK	.00	9:01pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Dong Bothner Analyst

#### MOORE COUNTY BAT MOBILE UNIT 2 620

Serial Number: 008601 Test Date: 03/16/2013

Test Record Number: 751
Test Time: 9:03pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

· · · · · · · · · · · · · · · · · · ·	
FC1       Pass       9:04p         SRC       Pass       9:04p         DET       Pass       9:04p         BAR       Pass       9:04p         BT       Pass       9:04p	m m m

#### Blank Tests

Test	Status	Time
AIR	Pass	9:04pm

#### Printer Tests

Tepr	blatus	TTIIIC
PRNT	Pass	9:05pm

#### CRC Tests

rest	Status	Time
COMP	Pass	9:05pm
CAL	Pass	9:05pm

Preventive Maintenance Status: Pass

Donya B 5 Kunen

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

<del></del>	Instrument Location DOT MODIR UNIT
Instrument Seri	ial No. 00873 (J
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.
certify that on procedures were Department of H	the 30 day of 000, 2013 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF A PART OF A P	Signature of Certifying Official Certificate Number

WILSON COUNTY BAT MOBILE UNIT 2 970

Serial Number: 008736 Test Date: 03/30/2013

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	9:58pm 9:59pm 10:00pm
AIR BLK	.00	10:01pm
SUB TEST	.00	10:01pm
AIR BLK	.00	10:02pm
SUB TEST	.00	10:04pm
AIR BLK	.00	10:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Onya B Skinner Analyst

#### WILSON COUNTY BAT MOBILE UNIT 2 970

Serial Number: 008736 Test Date: 03/30/2013

Test Record Number: 582 Test Time: 10:07pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:08pm

#### Printer Tests

Test

PRNT	Pass	10:08pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:09pm 10:09pm

Status

Time

Preventive Maintenance Status: Pass

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

County (1)	ilson (SHP) Instrument Location Bat mobile Unit ?
Instrument Se	erial No. <u>008661</u>
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o procedures we Department of	n the
THE STATE OF THE S	Down Baskinson's

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

Signature of Certifying Official

Certificate Number

WILSON COUNTY BAT MOBILE UNIT 2 970

Serial Number: 008601 Test Date: 03/30/2013

Citation Number: M000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Female
Driver's License State: yy

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Jonya B Skynner Analyst

#### WILSON COUNTY BAT MOBILE UNIT 2 970

Serial Number: 008601 Te Test Date: 03/30/2013 T

Test Record Number: 770
Test Time: 10:03pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:04pm

### Printer Tests

Test	Status	Time	

PRNT Pass 10:04pm

#### CRC Tests

Test	Status	Time
COMP	Pass Pass	10:04pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

~		INTOXIMETERS, MODEL INTOX EC/IR II
Co	unty <u>) U</u>	sham (co so) Instrument Location Boxt Mobile Unit
Inst	trument Se	erial No.00860
The	preventive months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
	ī.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	2.	Verify instrument displays time and date;
	3.	Initiate breath test sequence;
	4.	Enter information as prompted;
<u>, , , , , , , , , , , , , , , , , , , </u>	5.	Verify instrument accuracy;
Å .	6.	When "PLEASE BLOW" appears, collect breath sample;
	7.	When "PLEASE BLOW" appears, collect breath sample;
4	8.	Print test record;
	9.	Verify Diagnostic Program; and
	10.	Verify that the ethanol gas canister is being changed before 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	rtify that o edures we artment of	n the day of, 20 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.
CAL GREAT SEA	THE STATE OF THE S	

# DURHAM COUNTY BAT MOBILE UNIT 2 310

Serial Number: 008601 Test Date: 03/29/2013

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	9:51pm 9:52pm 9:52pm
AIR BLK	.00	9:53pm
SUB TEST	.00	9:54pm
AIR BLK	.00	9:55pm
SUB TEST	.00	9:56pm
AIR BLK	.00	9:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Onya B Skynon Analyst

# DURHAM COUNTY BAT MOBILE UNIT 2 310

Serial Number: 008601 Test Date: 03/29/2013 Test Record Number: 766
Test Time: 10:00pm EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

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

# Blank Tests

Test	Status	Time
AIR	Pass	10:01pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:01pm
	CDC Tosts	

#### CRC Tests

Test	Status	Time
COMP	Pass	10:01pm
CAL	Pass	10:01pm

Preventive Maintenance Status: Pass

Analyst

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

Cou	nty <u>Ra</u>	dolph Instrument Location Pat Mobile Unit		
Instr	ument Seria	INO. 008734		
The four	preventive n 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;		
ì	8.	Print test record;		
	9.	Verify Diagnostic Program; and		
	10.	Verify that the ethanol gas canister is being changed before 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		he, 20, 20		
THE OREAL SEA	THE STATE OF AN	Signature of Certifying Official  Certificate Number		

RANDOLPH COUNTY BAT MOBILE UNIT 2 750

Serial Number: 008736 Test Date: 03/23/2013

Citation Number: M0000000-0 Subject's Name:

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

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Donya B Skunst

# RANDOLPH COUNTY BAT MOBILE UNIT 2 750

Serial Number: 008736

Test Record Number: 575

Test Date: 03/23/2013

Test Time: 11:09pm EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:09pm 11:09pm 11:09pm 11:09pm 11:09pm

#### Blank Tests

Test	Status	Time
AIR	Pass	11:10pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

11:10pm

CAL

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

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

#### RANDOLPH COUNTY BAT MOBILE UNIT 2 750

Serial Number: 008601 Test Date: 03/23/2013

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

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

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Donya B Skynen Analyst

#### RANDOLPH COUNTY BAT MOBILE UNIT 2 750

Serial Number: 008601 Test Record Number: 760 Test Date: 03/23/2013 Test Time: 11:03pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:03pm
FLO	Pass	11:03pm
FC	Pass	11:04pm

## Temperature Tests

•	
FC1 Pass 11:04p	m
SRC Pass 11:04p	m
DET Pass 11:04p	
BAR Pass 11:04p	m
BT Pass 11:04p	m

#### Blank Tests

Test	Status	Time
AIR	Pass	11:04pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:04pm
	CRC Tests	
Test	Status	'rime

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Donya B Stunning

11:05pm

11:05pm

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

County Cla	Instrument Location Clay Co. Jail
Instrument Seria	al No. 008608 //ayesville, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer	the 27 day of March, 20/3 the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OTHE STATE OF THE OFFICE OFFICE OFFICE OFFICE OFFICE OFFIC	Signature of Certifying Official  Certificate Number

#### CLAY COUNTY CLAY COUNTY JAIL 210

Serial Number: 008608 Test Date: 03/27/2013

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

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

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# CLAY COUNTY CLAY COUNTY JAIL 210

Serial Number: 008608

Test Record Number: 917 

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
AIR	Pass	12:18pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:18pm

#### CRC Tests

Test	Status	Time
COMP	Pass	12:18pm
CAL	Pass	12:18pm

Preventive Maintenance Status: Pass

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

County 6 V	aham Instrument Location Graham Co. 50
	al No. 008915 Robbinsville, 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;
. <b>7.</b>	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

#### GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008915 Test Date: 03/07/2013

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:52am 11:53am
ACCY CHK	.08	11:54am
AIR BLK	.00	11:55am
SUB TEST	.00	11:56am
AIR BLK	.00	11:57am
SUB TEST	.00	11:58am
AIR BLK	.00	11:59am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Cult

## GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008915 Test Date: 03/07/2013 Test Record Number: 542
Test Time: 12:01pm EST

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	12:01pm
FLO	Pass	12:01pm
FC	Pass	12:01pm

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:02pm

## Printer Tests

Test	Status	Time
PRNT	Pass	12:02pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:02pm 12:02pm

Preventive Maintenance Status: Pass

Analyst

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

County 1	Macon Instrument Location Macon Co. Jail
Instrument S	erial No. 008789 Franklin, 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;
a <b>7.</b>	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures	t on the 2 / day of March, 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.
TOSE QUANTILE STATE OF THE STAT	Chil R. Cath
	Signature of Certifying Official Certificate Number

#### MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008789 Test Date: 03/21/2013

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

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008789 Test Record Number: 302 

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:59am
FLO	Pass	10:59am
FC	Pass	10:59am

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:00am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:00am
	CRC Tests	

Test	Status	Time
COMP	Pass	11:00am
CAL	Pass	11:00am

Preventive Maintenance Status: Pass

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

	INTOXIMETERS, MODEL INTOX EC/IR II
County /	Pacon Instrument Location Macon Co- Jail
Instrument Ser	rial No. 008618 Franklin, NC
The preventive four months a	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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 2/ day of March, 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 CREAT OF THE	

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008618 Test Date: 03/21/2013

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:49am 10:50am 10:51am
AIR BLK SUB TEST	.00	10:51am 10:52am
AIR BLK	.00	10:54am
SUB TEST AIR BLK	.00 .00	<b>10:55am</b> 10:56am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008618 Test Date: 03/21/2013

Test Record Number: 1315
Test Time: 10:57am EDT

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:58am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:58am

# CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County_ W	THE	Instrument Location	ANY P.D.
Instrument Se	rial No. <u>////////////////////////////////////</u>	120 WILLINSON	AVE CAM N
The preventiv		ntoximeters, Model Intox EC/IR I	I to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic gree centigrade;	breath simulator thermometer shows
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	i (151	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appo	ears, collect breath sample;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	d	
10.			ration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
procedures we	on the <u>Jb</u> day of MA-Usere performed on the instrument ind f Health and Human Services, and t	icated above, in accordance with	
STATE COLUMN STATE OF THE STATE	Sign	ature of Certifying Official	Certificate Number

WAKE COUNTY CARY PD 910

Serial Number: 008587 Test Date: 03/26/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name:
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: AG303502 Exp Date: 02/04/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:46am 11:47am 11:47am
AIR BLK	.00	11:49am
SUB TEST	.00	11:49am
AIR BLK	.00	11:50am
SUB TEST	.00	11:52am
AIR BLK	. 00	11:53am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WAKE COUNTY CARY PD 910

Serial Number: 008587 Test Date: 03/26/2013

Test Record Number: 2221
Test Time: 11:55am EDT

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 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:55am 11:55am 11:55am 11:55am 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 CAL Pass 11:56am

Preventive Maintenance Status: Pass

**Analyst** 

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

County	MAKE	Instrum	nent Location	KNIGHTDAIE	P.S.
Instrument	Serial No. OO 883	38 <u>979</u>	STEEPIE	Same	CT. KNK
The preven	ntive maintenance procedures is are:	for the Intoximeters	s, Model Intox EC/	IR II to be followed at	least once every
1.	Verify the ethanol gas 34 degrees, plus or mi			olic breath simulator t	thermometer shows
2.	Verify instrument disp	plays time and date;			
3.	Initiate breath test sequ	uence;			
4.	Enter information as p	rompted;			
5.	Verify instrument accu	uracy;			
6.	When "PLEASE BLO	When "PLEASE BLOW" appears, collect breath sample;			
7.	When "PLEASE BLO	When "PLEASE BLOW" appears, collect breath sample;			
8.	Print test record;				
9.	Verify Diagnostic Pro	gram; and			
10.	Verify that the ethanol simulator solution is b whichever occurs first.	eing changed every			
I certify the procedures Departmen	at on the <u>26</u> day of were performed on the instru t of Health and Human Service	MARCH ment indicated aborces, and the instrum	, 20 \ <u>\</u> ve, in accordance went is functioning p	the forgoing prever ith current regulations roperly.	ntive maintenance s of the N.C.
THE CHAIN OF THE COLOR	NE ON NORTH CAROLINA	Signatura of Co	ATT Cartifying Official	Conti	osta Number

WAKE COUNTY KNIGHTDALE PS 910

Serial Number: 008838 Test Date: 03/26/2013

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	1:33pm
AIR BLK	.00	1:34pm
ACCY CHK	.07	1:35pm
AIR BLK	.00	1:36pm
SUB TEST	.00	1:36pm
AIR BLK	.00	1:37pm
SUB TEST	.00	1:38pm
AIR BLK	.00	1:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## WAKE COUNTY KNIGHTDALE PS 910

Serial Number: 008838 Test Date: 03/26/2013

Test Record Number: 840
Test Time: 1:42pm EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	1:42pm 1:42pm
DET	Pass	1:42pm
BAR	Pass	1:42pm
BT	Pass	1:42pm

## Blank Tests

Test	Status	Time
AIR	Pass	1:43pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:43pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:43pm

Pass 1:43pm

Preventive Maintenance Status: Pass

CAL

Analyst

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

County (	RANUITE Instrument Location CRESONICUR P.D.
Instrument Se	erial No. 008641 III MASONIC ST. CREEDMOUR, N
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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 day of
STATE OF STA	
APRIL 12, 1776	Signature of Certifying Official Certificate Number

GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641 Test Date: 03/25/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

# GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641 Test Record Number: 732 Test Date: 03/25/2013 Test Time: 11:49am EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	11:50ar

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:50am
	CRC Tests	

rest	Status	111111111111111111111111111111111111111
COMP	Pass	11:50am
CAL	Pass	11:50am

Preventive Maintenance Status: Pass

Analyst

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

County C	UMBERIAND Ins	trument Location /T. 1309	ico Pin.o.
Instrument Ser	rial No. <u>008403</u>		
·			
The preventive four months are	e maintenance procedures for the Intoxime e:	eters, Model Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister display 34 degrees, plus or minus .2 degree ce	s pressure, or the alcoholic breath s ntigrade;	simulator thermometer shows
2. /	Verify instrument displays time and de	ate;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, co	llect breath sample;	
7.	When "PLEASE BLOW" appears, co	llect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is a simulator solution is being changed ev whichever occurs first.		
	n the <u>28</u> day of <u>MARCA</u> re performed on the instrument indicated a Health and Human Services, and the instr	above, in accordance with current re	ing preventive maintenance egulations of the N.C.
STATE OF THE STATE	NORTH THE PROPERTY OF THE PROP		
A SEE OF THE SEE OF TH		0	371
	(Signature o	f Certifying Official	Certificate Number

CUMBERLAND COUNTY FORT BRAGG LEC. 250

Serial Number: 008903 Test Date: 03/28/2013

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: AG205402 Exp Date: 02/23/2014

Test	g/210L	Time
DIAG AIR BLK	Pass	12:33pm 12:34pm
ACCY CHK	.08	12:34pm
AIR BLK	.00	12:36pm
SUB TEST	.00	12:37pm
AIR BLK	.00	12:38pm
SUB TEST	.00	12:39pm
AIR BLK	.00	12:40pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

# CUMBERLAND COUNTY FORT BRAGG LEC. 250

Serial Number: 008903 Test Date: 03/28/2013

Test Record Number: 1124 Test Time: 12:44pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	12:44pm
FLO	Pass	12:44pm
FC	Pass	12:45pm

## Temperature Tests

Test	Status	Time
FC1	Pass	12:45pm
SRC	Pass	12:45pm
DET	Pass	12:45pm
BAR	Pass	12:45pm
BT	Pass	12:45pm

## Blank Tests

Test	Status	Time
AIR	Pass	12:45pm

# Printer Tests

CAL

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

12:46pm

Preventive Maintenance Status: Pass

Pass

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

County_	CYMBERLAND Instrument Location FT. BRAGG P.M.O.
Instrumer	nt Serial No. <u>00 8908</u>
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every this are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
, <b>5.</b>	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedur	hat on the <u>28</u> day of <u>MARCH</u> , 20 / 3 the forgoing preventive maintenance es were performed on the instrument indicated above, in accordance with current regulations of the N.C. ent of Health and Human Services, and the instrument is functioning properly.
GREAT GREAT	Signature of Certifying Official  Certificate Number

CUMBERLAND COUNTY FORT BRAGG, LEC. 250

Serial Number: 008908 Test Date: 03/28/2013

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: AG205402 Exp Date: 02/23/2014

Test	g/210L	Time
DIAG AIR BLK	Pass	11:50am 11:50am
ACCY CHK	.07	11:51am
AIR BLK	.00	11:52am
SUB TEST	.00	11:53am
AIR BLK	.00	11:54am
SUB TEST	.00	11:55am
ATR RIK	0.0	11:56am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## CUMBERLAND COUNTY FORT BRAGG, LEC. 250

Serial Number: 008908 Test Record Number: 1349
Test Date: 03/28/2013 Test Time: 11:58am EDT

System Check: Passed

## Baseline Tests

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

# Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	11:59am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:59am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:59am 11:59am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETER	3, MODEL INTOX EC/IR	
County (4	) slee	Instrument Location SAT M.	o.s.Le Lwit
Instrument Ser	rial No. 008623	CANZ	TANKER.
The preventive four months are		oximeters, Model Intox EC/IR II to be fol	llowed at least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr	splays pressure, or the alcoholic breath si ee centigrade;	mulator thermometer shows
2.	Verify instrument displays time a	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	rs, collect breath sample;	
7.	When "PLEASE BLOW" appear	rs, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas caniston simulator solution is being change whichever occurs first.	er is being changed before expiration date ed every four months or after 125 Alcoho	e, or the alcoholic breath olic Breath Simulator tests,
I certify that on procedures wer Department of	n the 29 day of Marre performed on the instrument indice. Health and Human Services, and the	the forgoi ated above, in accordance with current re instrument is functioning properly.	ng preventive maintenance gulations of the N.C.
THE STATE OF THE S	Since the second	cure of Certifying Official	Certificate Number

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008623 Test Record Number: 2670 Test Date: 03/29/2013 Test Time: 11:35pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:36pm
SRC	Pass	11:36pm
DET	Pass	11:36pm
BAR	Pass	11:36pm
$\mathtt{BT}$	Pass	11:36pm

#### Blank Tests

Test	Status	Time
AIR	Pass	11:37pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:37pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst Mofan

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008623 Test Date: 03/29/2013

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: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	11:24pm
AIR BLK	.00	11:25pm
ACCY CHK	.08	11:26pm
AIR BLK	.00	11:27pm
SUB TEST	.00	11:28pm
AIR BLK	.00	11:29pm
SUB TEST	.00	11:31pm
AIR BLK	.00	11:32pm

Signature of Chemical Analyst

.00 g/210

Court CVR

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

County	Pitt Instrument Location Est Mobile Con. T
Instrument Se	rial No. DO 8623 GREEN VILLE
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures we Department of	n the
OFFICE WAY OF THE STATE OF THE	Signature of Certifying Official Certificate Number

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

Certificate Number

PITT COUNTY BAT MOBILE UNIT 7 730

Serial Number: 008623 Test Record Number: 2667
Test Date: 03/23/2013 Test Time: 10:50pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:50pm
FLO	Pass	10:50pm
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	10:51pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:51pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst Jun

PITT COUNTY BAT MOBILE UNIT 7 730

Serial Number: 008623 Test Date: 03/23/2013

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: MORGART, STEPHEN G

Permit Number: 9372E

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

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

g/210L	Time
Pass	10:37pm
.00	10:38pm
.08	10:39pm
.00	10:40pm
.00	10:41pm
.00	10:41pm
.00	10:43pm
.00	10:44pm
	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

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

County	WAYNE Instrument Location BAT 140Bile hour THE
Instrument	Serial No Go ( ) 30,00
The prevent	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	at on the
THE CREAT OF THE CONTROL OF THE CONT	Signature of Certifying Official Certificate Number

#### WAYNE COUNTY BAT MOBILE UNIT 5 950

Serial Number: 008600 Test Record Number: 1173
Test Date: 03/15/2013 Test Time: 11:48pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test Status Time	
FC1 Pass 11:49p	m
SRC Pass 11:49p	mc
DET Pass 11:49	mc
BAR Pass 11:49	mc
BT Pass 11:49p	om

#### Blank Tests

Test	Status	Time
AIR	Pass	11:49pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:49pm
	CRC Tests	
Test	Status	Time

COMP Pass 11:49pm CAL Pass 11:49pm

Preventive Maintenance Status: Pass

Analyst

WAYNE COUNTY BAT MOBILE UNIT 5 950

Serial Number: 008600 Test Date: 03/15/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

10/01/2011-10/01/2013

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	11:37pm
AIR BLK	.00	11:38pm
ACCY CHK	.08	11:39pm
AIR BLK	.00	11:40pm
SUB TEST	.00	11:42pm
AIR BLK	.00	11:43pm
SUB TEST	.00	11:45pm
AIR BLK	.00	11:46pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

County	VAYNE Instrument Location BAT 1110 Bile Unit
Instrument Seria	11 No. 005-698 GOLDS BOAD
The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the /5 day of hianch, 20/3 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

#### WAYNE COUNTY BAT MOBILE UNIT 5 950

Serial Number: 008698 Test Date: 03/15/2013

Test Record Number: 935 Test Time: 11:50pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:50pm
FLO	Pass	11:50pm
FC	Pass	11:50pm

#### Temperature Tests

FC1 Pass 11:50p	
SRC Pass 11:50p	m
DET Pass 11:50p	m
BAR Pass 11:50p	m
BT Pass 11:50p	m

#### Blank Tests

Test	Status	Time
AIR	Pass	11:51pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:51pm

#### CRC Tests

Test	Status	Time
COMP	Pass	11:51pm
CAL	Pass	11:51pm

Preventive Maintenance Status: Pass

Analyst

WAYNE COUNTY BAT MOBILE UNIT 5 950

Serial Number: 008698 Test Date: 03/15/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

mit 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	Pass	11:41pm
AIR BLK	.00	11:42pm
ACCY CHK	.07	11:43pm
AIR BLK	.00	11:44pm
SUB TEST	.00	11:44pm
AIR BLK	.00	11:45pm
SUB TEST	.00	11:47pm
AIR BLK	.00	11:48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County	WAYNE	Instrument Location_			
Instrument S	Serial No. <u>008788</u>		(O0 L	OS BOIL	<u></u>
The preventi	ive maintenance procedures for the I are:	ntoximeters, Model Intox	EC/IR II to	be followed at le	ast once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		alcoholic bro	eath simulator the	rmometer 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 sampl	e;		
7.	When "PLEASE BLOW" app	ears, collect breath sampl	e;		
8.	Print test record;				
9.	Verify Diagnostic Program; an	d			•
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.				
I certify that procedures w Department	on the	, 20_ dicated above, in accordar the instrument is function	13 the noce with curring properly	forgoing preventi ent regulations of	ve maintenance f the N.C.
STATION STATION OF THE COREAT	S AROUN				
APRIL 12. TI	Col	nature of Certifying Offic		1	<u> </u>

#### WAYNE COUNTY BAT MOBILE UNIT 5 950

Serial Number: 008788 Test Record Number: 791 Test Date: 03/15/2013 Test Time: 11:49pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:50pm
SRC	Pass	11:50pm
DET	Pass	11:50pm
BAR	Pass	11:50pm
BT	Pass	11:50pm

#### Blank Tests

Test	Status	Time
ATR	Pass	11:50pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:50pm
	CRC Tests	

Test	Status	Time
COMP	Pass	11:50pm
CAL	Pass	11:50pm

Preventive Maintenance Status: Pass

Analyst

WAYNE COUNTY BAT MOBILE UNIT 5 950

Serial Number: 008788 Test Date: 03/15/2013

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:39pm 11:40pm 11:41pm
AIR BLK	.00	11:42pm
SUB TEST	.00	11:42pm
AIR BLK	.00	11:43pm
SUB TEST	.00	11:45pm
AIR BLK	. 0.0	11:46pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

County	WAKE Instrument Location ISAT MDB, $l \in Can$ , $T'$
Instrument S	Serial No. 008698 Wanted
The prevent four months	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures Department	t on theday of
STA STA	TE ON LOCATION OF THE CASE OF

#### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Record Number: 944
Test Date: 03/22/2013 Test Time: 9:53pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:54pm
FLO	Pass	9:54pm
FC	Pass	9:54pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:54pm
SRC	Pass	9:54pm
DET	Pass	9:54pm
BAR	Pass	9:54pm
BT	Pass	9:54pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:55pm

#### Printer Tests

Status

Test

COMP

CAL

Time

9:55pm

9:55pm

Pass	9:55pm
CRC Tests	
Status	Time
	CRC Tests

Preventive Maintenance Status: Pass

Pass

Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Date: 03/22/2013

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

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

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

PREVENTIVE MAINTENANCE RECORD

	GUILFORD	S, MODEL INTOX E	T MARILE DUIT.
County	Serial No. 008647	GRO	T MOBILE UNIT. EENSBORD, NC
The prevent four months	ive maintenance procedures for the Into	ximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degre		breath simulator thermometer shows
2.	Verify instrument displays time ar	d date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears	, collect breath sample;	
7.	When "PLEASE BLOW" appears	, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister simulator solution is being change whichever occurs first.		ation date, or the alcoholic breath 5 Alcoholic Breath Simulator tests,
	on the day of A were performed on the instrument indica of Health and Human Services, and the	ted above, in accordance with o	
STAT STATE OF THE		4 Bares re 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

#### GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008647 Test Date: 03/01/2013

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

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

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

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
10/01/2011-10/01/2013

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008647 Test Date: 03/01/2013 Test Record Number: 1576
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 SRC DET BAR	Pass Pass Pass Pass	10:51pm 10:51pm 10:51pm 10:51pm
BT	Pass	10:51pm

#### Blank Tests

Test Status Time

AIR Pass 10:52pm

Printer Tests

Test Status Time

PRNT Pass 10:52pm

CRC Tests

Test Status Time

COMP Pass 10:52pm CAL Pass 10:52pm

Preventive Maintenance Status: Pass

Analyst

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

County		Instrument Location BAT MOBILE UNIT 3
Instrument	t Serial No. <u>008707</u>	Instrument Location BAT MOBILE UNIT 3  GREENSBORD 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 de	displays pressure, or the alcoholic breath simulator thermometer shows egree centigrade;
2.	Verify instrument displays tim	e and date;
3.	Initiate breath test sequence;	
4.	Enter information as prompted	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" app	ears, collect breath sample;
7.	When "PLEASE BLOW" app	ears, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; ar	nd
10.		ister is being changed before expiration date, or the alcoholic breath inged every four months or after 125 Alcoholic Breath Simulator tests,
procedures	s were performed on the instrument in	ARCH, 20 13 the forgoing preventive maintenance dicated above, in accordance with current regulations of the N.C. the instrument is functioning properly.
ST. COMPANY OF ST.		Cy Bana Lo 48  nature of Certifying Official Certificate Number

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

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008707 Test Date: 03/01/2013

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

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

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
10/01/2011-10/01/2013

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

Lot Number: AG203902

Exp Date: 02/08/2014
Test q/210L Time

1000	5/2202	
DIAG	Pass	10:11pm
AIR BLK	.00	10:12pm
ACCY CHK	.08	10:13pm
AIR BLK	.00	10:14pm
SUB TEST	.00	10:14pm
AIR BLK	.00	10:15pm
SUB TEST	.00	10:17pm
AIR BLK	.00	10:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008707

Test Record Number: 1630

Test Date: 03/01/2013

Test Time: 10:18pm EST

System Check: Passed

### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:20pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

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

County	GUILFORD	Instrument Location BAT Mod	BILE UNIT 3
Instrument	Serial No. <u>008614</u>	GREENS	130RO, NC
The preven	tive maintenance procedures for the sare:	Intoximeters, 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 d	displays pressure, or the alcoholic breath simu egree centigrade;	lator thermometer shows
2.	Verify instrument displays tim	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	<b>;</b>	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample;	
7.	When "PLEASE BLOW" app	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	d	
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	ister is being changed before expiration date, or nged every four months or after 125 Alcoholic	r the alcoholic breath Breath Simulator tests,
I certify that procedures of Department	were performed on the instrument inc	ARCH, 2013 the forgoing place distribution in accordance with current regulation in the instrument is functioning properly.	preventive maintenance ations of the N.C.
STAA STAA STAA STAA STAA STAA STAA STAA	LO TO SHIP CAROLINA	Ba Ba	ر. یا چ

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

Signature of Certifying Official

Certificate Number

化异甲酰胺医甲甲酚 化二硫酸甲基二硫酸钠化盐钠医磷酸盐医水溶液

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008616 Test Date: 03/01/2013

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

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

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

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
10/01/2011-10/01/2013

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

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

Test	g/210L	Time
DIAG	Pass	10:16pm
AIR BLK	.00	10:17pm
ACCY CHK	.08	10:17pm
AIR BLK	.00	10:18pm
SUB TEST	.00	10:19pm
AIR BLK	.00	10:19pm
SUB TEST	.00	10:21pm
AIR BLK	.00	10:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008616 Test Date: 03/01/2013

Test Record Number: 1557 Test Time: 10:22pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass	10:23pm 10:23pm
FC	Pass Pass	10:23pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:23pm
SRC	Pass	10:23pm
DET	Pass	10:23pm
BAR	Pass	10:23pm
BT	Pass	10:23pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:24pm

#### Printer Tests

lest	Status	TTILE
PRNT	Pass	10:24pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:24pm 10:24pm

Preventive Maintenance Status: Pass

Analyst

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

County_/	ECKLENBURG Instrument Location BAT MOBILE UNIT
Instrument S	erial No. 008647 CHARLOTTE, NC
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;
<b>7.</b>	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9,	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on the
TATE STATE OF THE CONTROL OF THE CON	Du Zan Bams (648
	Signature of Certifying Official Certificate Number

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

> Serial Number: 008647 Test Date: 03/15/2013

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

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

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

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
10/01/2011-10/01/2013

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

m Kay Baines (Analyst

#### MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647 Test Date: 03/15/2013 Test Record Number: 1582
Test Time: 10:44pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
	1000	
IR	Pass	10:45pm
FLO	Pass	10:45pm
FC	Pass	10:45pm

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	10:45pm 10:45pm
DET	Pass	10:45pm
BAR	Pass	10:45pm
BT	Pass	10:45pm

#### Blank Tests

Test Status Time

AIR Pass 10:46pm

#### Printer Tests

Test Status Time

PRNT Pass 10:46pm

CRC Tests

Test Status Time

COMP Pass 10:46pm CAL Pass 10:46pm

Preventive Maintenance Status: Pass

Analyst

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

County <u></u>	TECKLENBURG Instrument Location BAT MOBILE UNIT
Instrument S	Serial No. 008616 Instrument Location BAT MOBILE UNIT S  CHARLOTTE, NC
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that opposedures we Department of	on the
STATE STATE OF THE	Ray Banes Signature of Certifying Official  Certificate Number

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616 Test Date: 03/15/2013

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

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

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

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
10/01/2011-10/01/2013

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

m Ray Barnes Analyst

# MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616 Test Date: 03/15/2013

Test Record Number: 1562 Test Time: 10:38pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:39pm
SRC	Pass	10:39pm
DET	Pass	10:39pm
BAR	Pass	10:39pm
BT	Pass	10:39pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:39pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County ME	CKLENBURG		AT MOBILE UNIT 3
Instrument Se	erial No. <u>008707</u>	С	HARLOTTE, NC
			,
The preventiv		toximeters, Model Intox EC/IR	I II to be followed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg		lic 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" appea	urs, 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 exp ged every four months or after	piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
	on the 15 day of MAR ere performed on the instrument indice of Health and Human Services, and the	cated above, in accordance wit	
STATE OF STA	Signal	Sy Scu-sture of Certifying Official	Lo 48 Certificate Number

MECKLENBURG COUNTY BAT MOBILE UNIT 3
590

Serial Number: 008707 Test Date: 03/15/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
10/01/2011-10/01/2013

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

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

Test	g/210L	Time
DIAG	Pass	10:25pm
AIR BLK	.00	10:25pm
ACCY CHK	.08	10:26pm
AIR BLK	.00	10:27pm
SUB TEST	.00	10:27pm
AIR BLK	.00	10:28pm
SUB TEST	.00	10:30pm
AIR BLK	.00	10:31pm

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: 1637

Test Date: 03/15/2013

Test Time: 10:32pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:32pm 10:32pm 10:32pm 10:32pm 10:32pm
3		4

#### Blank Tests

Test	Status	Time
1		
AIR	Pass	10:33pm

### Printer Tests

Status

Time

10:33pm

Test

CAL

	Social	1 11110
PRNT	Pass	10:33pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:33rpm

Preventive Maintenance Status: Pass

Pass

Analyst

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

County	GUILFORD	Instrument Location	BAT MOBILE UNIT
Instrumen	nt Serial No. <u>008707</u>		BAT MOBILE UNIT HIGH POINT, NC
The preve	entive maintenance procedures for the Into	eximeters, Model Intox E	C/IR II to be followed at least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr		coholic breath simulator thermometer shows
2.	Verify instrument displays time a	nd date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appea	rs, collect breath sample;	
7.	When "PLEASE BLOW" appea	rs, collect breath sample;	
8.	Print test record,		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.	er is being changed befored every four months or	e expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
procedure	hat on the 22 day of MA es were performed on the instrument indice ont of Health and Human Services, and the	ated above, in accordanc	3 the forgoing preventive maintenance with current regulations of the N.C. g properly.
GREAT GR	TATE OF NORTH	Bara	1,48

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

Certificate Number

GUILFORD COUNTY BAT MOBILE UNIT 3 401

Serial Number: 008707 Test Date: 03/22/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

~ / 21 AT

Test	g/210L	Time
DIAG	Pass	9:20pm
AIR BLK	.00	9:21pm
ACCY CHK	.08	9:21pm
AIR BLK	.00	9:22pm
SUB TEST	.00	9:23pm
AIR BLK	.00	9:24pm
SUB TEST	.00	9:25pm
AIR BLK	.00	9:26pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# GUILFORD COUNTY BAT MOBILE UNIT 3 401

Serial Number: 008707

Test Record Number: 1649 

System Check: Passed

### Baseline Tests

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

# Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	9:27pm 9:27pm
DET	Pass	9:27pm
BAR	Pass	9:27pm
$\mathtt{BT}$	Pass	9:27pm

#### Blank Tests

Test	Status	Time
		•
AIR	Pass	9:28pm

#### Printer Tests

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

9:28pm

Preventive Maintenance Status: Pass

CAL

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

County	GUILFORD Instrument Location BAT MOBILE UNIT
Instrument Ser	ial No. 008616 Instrument Location BAT MOBILE UNIT
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;
<b>6.</b> .	When "PLEASE BLOW" appears, collect breath sample;
<b>7.</b>	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the <u>32</u> day of <u>MARCH</u> , 20 13 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF A STATE O	William Ray Barnes 648 Signature of Certifying Official Certificate Number

#### GUILFORD COUNTY BAT MOBILE UNIT 3 401

Serial Number: 008616 Test Date: 03/22/2013

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:23pm
AIR BLK	.00	10:24pm
ACCY CHK	.08	10:24pm
AIR BLK	.00	10:25pm
SUB TEST	.00	10:26pm
AIR BLK	.00	10:27pm
SUB TEST	.00	10:28pm
AIR BLK	.00	10:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# GUILFORD COUNTY BAT MOBILE UNIT 3 401

Serial Number: 008616

Test Record Number: 1577 Test Date: 03/22/2013 Test Time: 10:30pm EDT

System Check: Passed

# Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:31pm

# Printer Tests

Test	Status	Time
PRNT	Pass	10:31pm
	CRC Tests	

Test	Status	Time
COMP	Pass	10:31pm
CAL	Pass	10:31pm

Preventive Maintenance Status: Pass

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

County C	UILFORD Instrument Location BAT MUBILE UNIT
Instrument Ser	rial No. 008647 Instrument Location BAT MUBICE UNIT
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4. "	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer	the <u>JJ</u> day of <u>MARCH</u> , 20 <u>13</u> the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF STA	Olem Ray Barres  Signature of Oertifying Official  Certificate Number
	Signature of Gerthying Official Certificate Number

# GUILFORD COUNTY BAT MOBILE UNIT 3 401

Serial Number: 008647 Test Date: 03/22/2013

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

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

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
10/01/2011-10/01/2013

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

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

Test	g/210L	Time
DIAG	Pass	10:25pm
AIR BLK	.00	10:26pm
ACCY CHK	.07	10:26pm
AIR BLK	.00	10:27pm
SUB TEST	.00	10:28pm
AIR BLK	.00	10:29pm
SUB TEST	.00	10:30pm
AIR BLK	.00	10:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# GUILFORD COUNTY BAT MOBILE UNIT 3 401

Serial Number: 008647 Test Record Number: 1594 Test Date: 03/22/2013 Test Time: 10:37pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	<b>T</b>	10.00
	Pass	10:38pm
FLO	Pass	10:38pm
FC	Pass	10:38pm

#### Temperature Tests

Status	Time
Pass	10:38pm
	Pass Pass Pass Pass

### Blank Tests

Test	Status	1	Time
AIR	Pass	÷	10:39pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

10:39pm

CAL

Analyst

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

County	WAKE Instrument Location BAT 110 Bile CWITT
Instrument	Serial No. 008760 WENDER
The prevent four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on the
STATE OF STA	CAROLL

# WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008760

Test Record Number: 405 

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	9:56pm
FLO	Pass	9:56pm
FC	Pass	9:57pm

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	9:58pm

#### Printer Tests

Test	Status	Time	
PRNT	Pass	9:58pm	

# CRC Tests

rest	Status	Time
COMP	Pass	9:58pm
CAL	Pass	9:58pm

Preventive Maintenance Status: Pass

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008760 Test Date: 03/22/2013

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	9:41pm
AIR BLK	.00	9:42pm
ACCY CHK	.07	9:42pm
AIR BLK	.00	9:43pm
SUB TEST	.00	9:44pm
AIR BLK	.00	9:45pm
SUB TEST	.00	9:47pm
AIR BLK	.00	9:48pm

Reperted AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analy

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

County	Wake Instrument Location 1847 MOBILE CENTS
Instrument S	Gerial No. Dostoon Rateier
The prevent	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department of	on the
THE STATE OF THE S	
Whomas .	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

# WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Record Number: 1179 Test Date: 03/16/2013

Test Time: 10:43pm EDT

System Check: Passed

#### Baseline Tests

ss 10:43pm
ss 10:43pm ss 10:43pm

### Temperature Tests

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

#### Blank Tests

Test Stati	ıs Time
------------	---------

AIR Pass 10:44pm

#### Printer Tests

Test Status Time

PRNT 10:44pm Pass

CRC Tests

Test Status Time

COMP 10:44pm Pass CAL Pass 10:44pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Date: 03/16/2013

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: 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
Ž.		
DIAG	Pass	10:34pm
AIR BLK	.00	10:35pm
ACCY CHK	.08	10:36pm
AIR BLK	.00	10:37pm
SUB TEST	.00	10:38pm
AIR BLK	.00	10:39pm
SUB TEST	.00	10:40pm
AIR BLK	.00	10:41pm

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
Port 12/2007

Rev. 12/2007

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

County	WAKE Instrument Location BAT MIDBILE Line THE
Instrument	Serial No. 008698 RALEIEN
The preven	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures	t on the
CONTRACTOR OF THE CONTRACTOR O	Signature of Certifying Official Certificate Number

### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Record Number: 939

Test Date: 03/16/2013 Test Time: 10:45pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:45pm
FLO	Pass	10:45pm
FC	Pass	10:46pm

### Temperature Tests

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

#### Blank Tests

Test	Status	Time
	•	

AIR 10:46pm Pass

#### Printer Tests

Test St	atus Time
---------	-----------

PRNT 10:46pm Pass

#### CRC Tests

Test	Status	Time
Test	Status	Time

COMP Pass 10:47pm CAL Pass 10:47pm

Preventive Maintenance Status: Pass

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Date: 03/16/2013

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: 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	Pass	10:36pm
AIR BLK	.00	10:37pm
ACCY CHK	.07	10:38pm
AIR BLK	.00	10:39pm
SUB TEST	.00	10:39pm
AIR BLK	.00	10:40pm
SUB TEST	.00	10:42pm
AIR BLK	.00	10:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County	WAKE	Instrument Location_	BAT In	Bile Luit	
Instrument S	derial No. <u>008755</u>		Ralenon	,	_
The preventi	ve maintenance procedures for the are:	Intoximeters, Model Intox E	EC/IR II to be follo	wed at least once every	_
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d		lcoholic breath sim	alator thermometer show	₩S
2.	Verify instrument displays tin	ne and date;			
3.	Initiate breath test sequence;	•			
4.	Enter information as prompted	d;			
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" app	pears, collect breath sample;	;		
7.	When "PLEASE BLOW" app	pears, collect breath sample;	· ;		
8,	Print test record;				
9.	Verify Diagnostic Program; a	nđ			
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.				,
I certify that procedures w Department	on theday of/ vere performed on the instrument in of Health and Human Services, and	dicated above, in accordance the instrument is functioning	the forgoing the with current regular properly.	preventive maintenance lations of the N.C.	Э
TANDO SESTATION OF SESTATION OF SESTATION OF SESTATION OF SESTATION OF SESSATION OF	Sign	Inature of Certifying Officia	7	Certificate Number	

### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Date: 03/16/2013 Test Record Number: 796
Test Time: 10:44pm EDT

System Check: Passed

# Baseline Tests

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

### Temperature Tests

Status	Time
Pass	10:44pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	10:45pm

#### Printer Tests

PRNT	Pass	10:45pm
Test	Status	Time

#### CRC Tests

Test	Status	'l'ıme
COMP	Pass	10:45pm
CAL	Pass	10:45pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Date: 03/16/2013

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

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

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

Test	g/210L	Time
		•
DIAG	Pass	10:35pm
AIR BLK	.00	10:36pm
ACCY CHK	.07	10:37pm
AIR BLK	.00	10:38pm
SUB TEST	.00	10:38pm
AIR BLK	.00	10:39pm
SUB TEST	.00	10:41pm
AIR BLK	.00	10:42pm

Reported AC: .00 g/210L

Court CVR

Analyst

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

County He.	nderson Instrument Location Henderson Co. Detention
Instrument Se	erial No. 008822 Instrument Location Henderson Co. Detention of the Meritage Print No. 14 enderson Ville, NC
The preventiv	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	on the
STATE OF THE STATE	649
:	Signature of Certifying Official Certificate Number

#### HENDERSON COUNTY DETENTION 440

Serial Number: 008822 Test Date: 03/14/2013

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2011-06/01/2013

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

Test Type: Breath Test

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

g/210L	Time
Pass	6:38pm
.00	6:39pm
.07	6:40pm
.00	6:41pm
.00	6:41pm
.00	6:42pm
.00	6:44pm
.00	6:45pm
	Pass .00 .07 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### HENDERSON COUNTY DETENTION 440

Serial Number: 008822 Test Record Number: 1403 Test Date: 03/14/2013 Test Time: 6:47pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	6:48pm
FLO	Pass	6:48pm
FC	Pass	6:48pm

### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	6:48pm 6:48pm
DET	Pass	6:48pm
BAR	Pass	6:48pm
BT	Pass	6:48pm

#### Blank Tests

Test	Status	Time
AIR	Pass	6:48pm

#### Printer Tests

Test	Ctatua	Time
iest	Status	TIME
PRNT	Pass	6:48pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	6:49pm 6:49pm

Preventive Maintenance Status: Pass

Analyst

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

County Hen	clerson Instrument Location Henclerson Co Detention
Instrument Seria	Instrument Location Henderson Co Detention  Henderson Ville, 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
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.

DHHS 4080 (11/07)

#### HENDERSON COUNTY DENTENTION 440

Serial Number: 008806 Test Date: 03/14/2013

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

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

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

Test	g/210L	Time
DIAG	Pass	6:34pm
AIR BLK	.00	6:35pm
ACCY CHK	.07	6:36pm
AIR BLK	.00	6:37pm
SUB TEST	.00	6:37pm
AIR BLK	.00	6:38pm
SUB TEST	.00	6:40pm
AIR BLK	.00	6:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### HENDERSON COUNTY DENTENTION 440

Serial Number: 008806

Test Record Number: 1272

Test Date: 03/14/2013

Test Time: 6:47pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	6:48pm
FLO	Pass	6:48pm
FC	Pass	6:48pm

## Temperature Tests

Test	Status	Time
FC1	Pass	6:48pm
SRC	Pass	6:48pm
DET	Pass	6:48pm
BAR	Pass	6:48pm
BT	Pass	6:48pm

### Blank Tests

rest	Status	Time
AIR	Pass	6:48pm

#### Printer Tests

rest	Status	Time
PRNT	Pass	6:49pm

# CRC Tests

Test	Status	Time
COMP	Pass	6:49pm
CAL	Pass	6:49pm

Preventive Maintenance Status: Pass

Analyst

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

A		ers, wodel in tox ec/in	
County /	Very	_ Instrument Location Avery	Co. Fail
Instrument So	erial No. <u>008664</u>	Instrument Location Avery of Wewler	d, Na
The preventive four months a	• •	Intoximeters, Model Intox EC/IR II to be fo	llowed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 o	er displays pressure, or the alcoholic breath s degree centigrade;	imulator thermometer show
2.	Verify instrument displays tir	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
7.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	and	,
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	anister is being changed before expiration dat hanged every four months or after 125 Alcoh	te, or the alcoholic breath olic Breath Simulator tests,
I certify that procedures w Department of	on the day of	, 20 / 3 the forgo indicated above, in accordance with current r d the instrument is functioning properly.	ing preventive maintenance egulations of the N.C.
TATE THE CREAT TO A VANDED SECTION OF THE CREAT TO A VANDED SECTIO		ignature of Certifying Official	649 Certificate Number

AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664 Test Date: 03/09/2013

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: BURNETTE, ANTHONY J
Permit Number: 11304E

Effective:

06/01/2011-06/01/2013

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	5:56pm 5:57pm
ACCY CHK	.07	5:58pm
AIR BLK	.00	5:59pm
SUB TEST	.00	5:59pm
AIR BLK	.00	6:00pm
SUB TEST	.00	6:02pm
AIR BLK	.00	6:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664

Test Record Number: 539

Test Date: 03/09/2013

Test Time: 6:03pm EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	6:03pm
FLO	Pass	6:04pm
FC	Pass	6:04pm

### Temperature Tests

Test	Status	Time
FC1	Pass	6:04pm
SRC	Pass	6:04pm
DET	Pass	6:04pm
BAR	Pass	6:04pm
BT	Pass	6:04pm

### Blank Tests

Test	Status	Time
AIR	Pass	6:04pm

## Printer Tests

Test	Status	Time
PRNT	Pass	6:04pm
		~ . o r p

### CRC Tests

Test	Status	Time
COMP	Pass	6:05pm
CAL	Pass	6:05pm

Preventive Maintenance Status: Pass

Analyst

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

County 6	Instrument Location Caldwell Co. Jail
Instrument Ser	ial No. 008803 Instrument Location Calchell Co. Jail
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the day of
THE STATE OF THE S	13 649
	Signature of Certifying Official Certificate Number

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008803 Test Date: 03/07/2013

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: BURNETTE, ANTHONY J
Permit Number: 11304E
Effective:

06/01/2011-06/01/2013

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	4:59pm 5:00pm 5:01pm 5:02pm
SUB TEST	.00	5:03pm
AIR BLK	.00	5:04pm
SUB TEST	.00	5:05pm
AIR BLK	.00	5:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008803

Test Record Number: 305

Test Date: 03/07/2013

Test Time: 5:08pm EST

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

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

#### Blank Tests

Test	Status	Time

AIR Pass 5:09pm

#### Printer Tests

rest	Status	111116
PRNT	Pass	5:09pm

### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County <u>Cal</u>	
Instrument Seria	11 No. 00 8719 Lenoir, 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
THE STATE OF N. ST	Signature of Certifying Official Certificate Number

CALDWELL COUNTY CALDWELL COUNTY JAIL
130

Serial Number: 008719 Test Date: 03/07/2013

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: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2011-06/01/2013

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	4:59pm 5:00pm 5:00pm
ACCI CHK	.00	5:01pm
SUB TEST	.00	5:02pm
AIR BLK	.00	5:03pm
SUB TEST	.00	5:05pm
AIR BLK	.00	5:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008719 Test Record Number: 1307 Test Date: 03/07/2013 Test Time: 5:07pm EST

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	5:07pm 5:07pm
DET	Pass	5:07pm
BAR	Pass	5:07pm
BT	Pass	5:07pm

# Blank Tests

Test	Status	Time
ATR	Pass	5:08pm

# Printer Tests

Test	Status	Time
PRNT	Pass	5:08pm

#### CRC Tests

Preventive Maintenance Status: Pass

Analyst

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

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:  1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath	County Mi	khell Instrument Location Sprice Pine P.D.		
four months are:  1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests	Instrument Seri	Instrument Location Sprice Pine P.D.  Sprice Pine P.D.  Sprice Pine P.D.		
34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests	•			
<ol> <li>Initiate breath test sequence;</li> <li>Enter information as prompted;</li> <li>Verify instrument accuracy;</li> <li>When "PLEASE BLOW" appears, collect breath sample;</li> <li>When "PLEASE BLOW" appears, collect breath sample;</li> <li>Print test record;</li> <li>Verify Diagnostic Program; and</li> <li>Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests</li> </ol>	1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;		
<ol> <li>Enter information as prompted;</li> <li>Verify instrument accuracy;</li> <li>When "PLEASE BLOW" appears, collect breath sample;</li> <li>When "PLEASE BLOW" appears, collect breath sample;</li> <li>Print test record;</li> <li>Verify Diagnostic Program; and</li> <li>Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests</li> </ol>	2.	Verify instrument displays time and date;		
<ol> <li>Verify instrument accuracy;</li> <li>When "PLEASE BLOW" appears, collect breath sample;</li> <li>When "PLEASE BLOW" appears, collect breath sample;</li> <li>Print test record;</li> <li>Verify Diagnostic Program; and</li> <li>Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests</li> </ol>	3.	Initiate breath test sequence;		
<ol> <li>When "PLEASE BLOW" appears, collect breath sample;</li> <li>When "PLEASE BLOW" appears, collect breath sample;</li> <li>Print test record;</li> <li>Verify Diagnostic Program; and</li> <li>Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests</li> </ol>	4.	Enter information as prompted;		
<ol> <li>When "PLEASE BLOW" appears, collect breath sample;</li> <li>Print test record;</li> <li>Verify Diagnostic Program; and</li> <li>Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests</li> </ol>	5.	Verify instrument accuracy;		
<ol> <li>Print test record;</li> <li>Verify Diagnostic Program; and</li> <li>Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests</li> </ol>	6.	When "PLEASE BLOW" appears, collect breath sample;		
<ul> <li>Verify Diagnostic Program; and</li> <li>Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests</li> </ul>	7.	When "PLEASE BLOW" appears, collect breath sample;		
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests	8.	Print test record;		
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests	9.	Verify Diagnostic Program; and		
	10.	simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests,		
I certify that on the				
TO THE STATE OF NOTICE AND THE STATE OF THE STATE OF NOTICE AND THE STATE OF THE	STATE OF STA	NORTH CAROLL STATE OF THE STATE		
Signature of Certifying Official Certificate Number	Winness of the Control of the Contro	Signature of Certifying Official Certificate Number		

MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008726 Test Date: 03/01/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2011-06/01/2013

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

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008726 Test Record Number: 591

Test Date: 03/01/2013

Test Time: 4:05pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:05pm
FLO	Pass	4:05pm
FC	Pass	4:05pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:05pm
SRC	Pass	4:05pm
DET	Pass	4:05pm
BAR	Pass	4:05pm
BT	Pass	4:05pm

#### Blank Tests

Test	Status	Time
λτD	Dagg	4 • 0 6 m

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:06pm

#### CRC Tests

Test	Status	Time
COMP	Pass	4:06pm
CAL	Pass	4:06pm

Preventive Maintenance Status: Pass

Analyst

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

Instrument Serial No. 008904 Instrument Location Mosgarton DPS  Morganian, NC	
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least on four months are:	
<ol> <li>Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermon 34 degrees, plus or minus .2 degree centigrade;</li> </ol>	eter show
2. Verify instrument displays time and date;	
3. Initiate breath test sequence;	
4. Enter information as prompted;	
5. Verify instrument accuracy;	
6. When "PLEASE BLOW" appears, collect breath sample;	
7. When "PLEASE BLOW" appears, collect breath sample;	
8. Print test record;	•
9. Verify Diagnostic Program; and	
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulation whichever occurs first.	breath ator tests,
I certify that on the	intenance I.C.
THE STATE OF NORTH AND	
Signature of Certifying Official Certificate Num	nher.

#### BURKE COUNTY MORGANTON DPS 110

Serial Number: 008904 Test Date: 03/04/2013

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: 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: AG108203 Exp Date: 03/23/2013

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	1:56pm 1:57pm 1:58pm
AIR BLK	.00	1:50pm
SUB TEST	.00	1:59pm
AIR BLK	.00	2:00pm
SUB TEST	.00	2:02pm
AIR BLK	.00	2:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BURKE COUNTY MORGANTON DPS 110

Serial Number: 008904 Test Record Number: 1142
Test Date: 03/04/2013 Test Time: 2:06pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:06pm
SRC	Pass	2:06pm
DET	Pass	2:06pm
BAR	Pass	2:06pm
BT	Pass	2:06pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:07pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:07pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:07pm

Preventive Maintenance Status: Pass

Analyst

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

77	INTOXIMETERS, MODEL INTOX EC/IR II
County $\mathcal{B}_{\ell}$	Whe Instrument Location Morganton DPS
Instrument Se	rial No. DOB 831 Instrument Location Morgan fon DPS  Morgan fon 1 NC.
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o procedures we Department of	n the
STATE OF STA	649
	Signature of Certifying Official Certificate Number

#### BURKE COUNTY MORGANTON DPS 110

Serial Number: 008831 Test Date: 03/04/2013

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: 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	Pass .00 .08	1:57pm 1:58pm 1:58pm
AIR BLK	.00	2:00pm
SUB TEST	.00	2:00pm
AIR BLK	.00	2:01pm
SUB TEST	.00	2:03pm
AIR BLK	.00	2:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BURKE COUNTY MORGANTON DPS 110

Serial Number: 008831

Test Record Number: 1251 

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:06pm
FLO	Pass	2:06pm
FC	Pass	2:07pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:07pm
SRC	Pass	2:07pm
DET	Pass	2:07pm
BAR	Pass	2:07pm
BT	Pass	2:07pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:07pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:07pm

#### CRC Tests

rest	Status	1111116
COMP	Pass	2:08pm
CAL	Pass	2:08pm

Time

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County A	Very Instrument Location Baner Elk, P.D.
Instrument Se	erial No. 008724 Bancer Elk, NC
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
<b>6.</b> ",	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that of procedures we Department o	on the
GREAT CREAT	CAROLINA
*ESSE QUAM VID	649
	Signature of Certifying Official Certificate Number

#### AVERY COUNTY BANNER ELK PD 050

Serial Number: 008724 Test Date: 03/19/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2011-06/01/2013

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

Test Type: Breath Test

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

g/210L	Time
Pass	1:04pm
	1:05pm
.08	1:06pm
.00	1:07pm
.00	1:07pm
.00	1:08pm
.00	1:10pm
.00	1:11pm
	Pass .00 .08 .00 .00 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### AVERY COUNTY BANNER ELK PD 050

Serial Number: 008724 T Test Date: 03/19/2013

Test Record Number: 316
Test Time: 1:11pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	1:12pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:12pm

#### CRC Tests

rest	Status	Time
COMP	Pass	1:13pm
CAL	Pass	1:13pm

Preventive Maintenance Status: Pass

Analyst

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

County C	abarrus Instrument Location Kannapolis PO		
Instrument Seri	ial No. 008589 314 S. Main Street, Kannapolis 1704-920-4000		
The preventive four months are	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever e:	ry	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sh 34 degrees, plus or minus .2 degree centigrade;	ow:	
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister 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.	ts,	
procedures were	the <u>action</u> , 20 <u>13</u> the forgoing preventive maintenarce 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.	nce	
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.

Certificate Number

#### CABARRUS COUNTY KANNAPOLIS PD 120

Serial Number: 008589 Test Date: 03/20/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	1:19pm 1:20pm
ACCY CHK	.08	1:20pm
AIR BLK	.00	1:21pm
SUB TEST	.00	1:22pm
AIR BLK	.00	1:23pm
SUB TEST	.00	1:24pm
AIR BLK	.00	1:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

Rev. 12/2007

#### CABARRUS COUNTY KANNAPOLIS PD 120

Serial Number: 008589 Test Record Number: 1864 Test Date: 03/20/2013 Test Time: 1:14pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:15pm 1:15pm
FC	Pass	1:15pm

## Temperature Tests

Test	Status	Time
FC1	Pass	1:15pm
SRC	Pass	1:15pm
DET	Pass	1:15pm
BAR	Pass	1:15pm
${ t BT}$	Pass	1:15pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:16pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:16pm

#### CRC Tests

Test	Status	Time
COMP	Pass	1:16pm
CAL	Pass	1:16pm

Preventive Maintenance Status: Pass

Analyst

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

	INTOXIMETE	NS, MODEL INTOX EC/IN II	
CountyG	raston	Instrument Location Gaston Cou	nty SD
Instrument Se	rial No. <u>00 8684</u>	425 N. Marietta St 704-869-6800	•
The preventive four months as		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	displays pressure, or the alcoholic breath simu egree centigrade;	lator thermometer show
2.	Verify instrument displays tim	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	<b>!;</b>	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample;	
7.	When "PLEASE BLOW" app	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	nd	
10.		nister is being changed before expiration date, o anged every four months or after 125 Alcoholic	
I certify that o procedures we Department of	on the 1744 day of Marchaere performed on the instrument income of Health and Human Services, and	arch, 20_13 the forgoing dicated above, in accordance with current regul the instrument is functioning properly.	preventive maintenance lations of the N.C.
THE STATE OF THE S	Sesh 2. #	hature of Certifying Official	650 Certificate Number

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008684 Test Date: 03/17/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Test	g/210L	Time
DIAG	Pass	2:05pm
AIR BLK	.00	2:06pm
ACCY CHK	.07	2:07pm
AIR BLK	.00	2:08pm
SUB TEST	.00	2:09pm
AIR BLK	.00	2:10pm
SUB TEST	.00	2:11pm
AIR BLK	.00	2:12pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008684 Test Record Number: 2300 Test Date: 03/17/2013 Test Time: 2:14pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass	2:15pm 2:15pm
FLO	Pass	∠:15bm
FC	Pass	2:15pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:15pm
SRC	Pass	2:15pm
DET	Pass	2:15pm
BAR	Pass	2:15pm
$\mathtt{BT}$	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
COMP	Pass	2:16pm

Preventive Maintenance Status: Pass

Pass

CAL

2:16pm

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

	INTOXIMETERS, MODEL INTOX EC/IR II
County	Caharrus Instrument Location Caharrus County SD
Instrumen	1 Serial No. 008625 30 Corban Avenue, Concord 704-920-3000
	109-720-3000
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
. 5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	nat on the
GREAT SET	ATE OF NO. 1772  ANY WORDS  ANY WORDS  Signature of Contifficing Official  Contifficing Number

#### CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008625 Test Date: 03/15/2013

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	1:56pm 1:57pm 1:58pm
AIR BLK SUB TEST	.00	1:59pm 2:00pm
AIR BLK SUB TEST	.00	2:01pm 2:03pm
AIR BLK	.00	2:03pm

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

#### CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008625

Test Record Number: 3216 

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1 SRC DET	Pass Pass Pass	2:07pm 2:07pm 2:07pm
BAR	Pass	2:07pm
BT	Pass	2:07pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:08pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:08pm

#### CRC Tests

Test	Status	Time
COMP	Pass	2:08pm
CAL	Pass	2:08pm

Preventive Maintenance Status: Pass

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

County	Cabarrus	Instrument Location		County SD
Instrument S	Gerial No. <u>008792</u>	30 Corba	n Avenue, 20-3000	Concord
The preventi	ive maintenance procedures for the are:			
1.	Verify the ethanol gas canist 34 degrees, plus or minus 2		alcoholic breath sin	mulator thermometer show
2.	Verify instrument displays ti	me and date;	26.1	
3.	Initiate breath test sequence;			
4.	Enter information as prompt	ed;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" ap	opears, collect breath samp	le;	
7,	When "PLEASE BLOW" ap	ppears, collect breath samp	le;	
8.	Print test record;			
9.	Verify Diagnostic Program;	and		
10.	Verify that the ethanol gas consimulator solution is being considered whichever occurs first.			
procedures v	on the <u>15+</u> day of <u>M</u> were performed on the instrument of Health and Human Services, an	indicated above, in accorda	ance with current re	ng preventive maintenance gulations of the N.C.
TATIS UNIT OF THE STATE OF THE	Swell E.	Haldsignature of Certifying Offi	cial	654 Certificate Number

#### CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008792 Test Date: 03/15/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test g/210L Time

DIAG Pass 1:55pm
AIR BLK .00 1:56pm
ACCY CHK .08 1:56pm
AIR BLK .00 1:58pm

 SUB TEST .00
 1:59pm

 AIR BLK .00
 2:00pm

SUB TEST .00 2:01pm

AIR BLK .00 2:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008792 Test Date: 03/15/2013 Test Record Number: 953

Test Time: 2:06pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:06pm
SRC	Pass	2:06pm
DET	Pass	2:06pm
BAR	Pass	2:06pm
BT	Pass	2:06pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:07pm

## Printer Tests

Test	Status	Time
PRNT	Pass	2:07pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County Mec	Klenburg Instrument Location Matthews PD		
Instrument Seria	1201 Crews Rd, Matthews 704-847-4069		
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:		
1,	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
procedures were	the 13th day of March, 2013 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.		
TASE CUM VIDE	Signature of Certifying Official  Certificate Number		

#### MECKLENBURG COUNTY MATTHEWS PD 590

Serial Number: 008699 Test Date: 03/13/2013

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	12:09pm
AIR BLK	.00	12:10pm
ACCY CHK	.07	12:11pm
AIR BLK	.00	12:12pm
SUB TEST	.00	12:13pm
AIR BLK	.00	12:14pm
SUB TEST	.00	12:15pm
ATR BLK	. 00	12:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

Rev. 12/2007

#### MECKLENBURG COUNTY MATTHEWS PD 590

Serial Number: 008699 Test Record Number: 1934 Test Date: 03/13/2013 Test Time: 12:17pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:18pm 12:18pm
		_
FC	Pass	12:18pm

#### Temperature Tests

Test Status Time	
FC1 Pass 12:18	pm
SRC Pass 12:18	рm
DET Pass 12:18	рm
BAR Pass 12:18	рm
BT Pass 12:18	рm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:19pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:19pm
	CRC Tests	
Test	Status	Time

COMP	Pass	12:19pm
CAL	Pass	12:19pm

Preventive Maintenance Status: Pass

Analyst

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

CountyA	Mexander	Instru	ment Location Alexand	er County SD
Instrument Se	erial No. <u>008813</u>	91	Commercial Par 828-632-4658	k Ave, Taylorsville
The preventive four months a	ve maintenance procedures for the Into	ximeter	s, Model Intox EC/IR II to be fo	llowed at least once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degrees			imulator thermometer shows
2.	Verify instrument displays time at	id date:	;	
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears, collect breath sample;			
7.	When "PLEASE BLOW" appears, 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.			
procedures we	on the 8 H day of Marc ere performed on the instrument indica of Health and Human Services, and the	ited abo	ove, in accordance with current re	ing preventive maintenance egulations of the N.C.
THE STATE OF THE S	Seph E. A	Let Net ure of C	Certifying Official	65Ф Certificate Number

ALEXANDER COUNTY ALEXANDER COUNTY SD 010

Serial Number: 008813 Test Date: 03/08/2013

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: 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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	10:15am 10:16am 10:16am
AIR BLK	.00	10:17am
SUB TEST	.00	10:18am
AIR BLK	.00	10:19am
SUB TEST	.00	10:20am
AIR BLK	.00	10:21am

Reported AC: 2.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## ALEXANDER COUNTY ALEXANDER COUNTY SD 010

Serial Number: 008813 Test Record Number: 1107

Test Date: 03/08/2013 Test Time: 10:22am EST

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	10:22am
SRC	Pass	10:22am
DET	Pass	10:22am
BAR	Pass	10:22am
$\mathtt{BT}$	Pass	10:22am

#### Blank Tests

iest	Status	Time
AIR	Pass	10:23am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:23am

#### CRC Tests

Test	Status	Time
COMP	Pass	10:23am
CAL	Pass	10:23am

Preventive Maintenance Status: Pass

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

County	Stanly Instrument Location Stanly County 30			
Instrumer	126 5. 3rd Street, Albemarle 704-986-3734			
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every this are:			
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;			
2.	Verify instrument displays time and date;			
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears, collect breath sample;			
7.	When "PLEASE BLOW" appears, collect breath sample;			
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canister is being changed before 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 GREAT SEA	Signature of Certifying Official  STATE OCTOR  (550)  Certificate Number			

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008824 Test Date: 03/07/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

Lot Number: AG109703 Exp Date: 04/07/2013

2pm
3pm 4pm 5pm
6pm
7pm
mqe
9pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008824 Test Record Number: 833
Test Date: 03/07/2013 Test Time: 5:00pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:01pm
FLO	Pass	5:01pm
FC	Pass	5:01pm

## Temperature Tests

Test	Status	Time
FC1	Pass	5:01pm
SRC	Pass	5:01pm
DET	Pass	5:01pm
BAR	Pass	5:01pm
BT	Pass	5:01pm

#### Blank Tests

Test	Status	Time
AIR	Pass	5:02pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	5:02pm
	CRC Tests	•
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

5:02pm

5:02pm

COMP

CAL

Analyst

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

County U	nion Instrument Location Union County 5D		
Instrument Ser	ial No. 008866 3344 Presson Rd, Monroe 704-283-3770		
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	the 74 day of March, 2013 the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.		
STATE OF THE STATE			

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008866 Test Date: 03/07/2013

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

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

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

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

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

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

g/210L	Time
Pass	2:19pm
	2:20pm
	2:21pm
.00	2:22pm
.00	2:23pm
.00	2:24pm
.00	2:25pm
.00	2:27pm
	Pass .00 .08 .00 .00 .00 .00

Reported AC:, .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## UNION COUNTY UNION COUNTY SD 890

Serial Number: 008866

Test Record Number: 1398

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:28pm
FLO	Pass	2:28pm
FC	Pass	2;29pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:29pm
SRC	Pass	2:29pm
$\operatorname{DET}$	Pass	2:29pm
BAR	Pass	2:29pm
$\mathtt{BT}$	Pass	2:29pm

#### Blank Tests

Test	Status	Time	
	100	1	
7 T.D	The eight	2 - 2022	
ATR	Pass	2:29pm	

## Printer Tests

Test	Status	Time
PRNT	Pass	2:29pm

## CRC Tests

Test	Status	Time
COMP	Pass Pass	2:30pm 2:30pm

Preventive Maintenance Status: Pass

Analyst

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

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

Certificate Number

#### ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802 Test Date: 03/15/2013

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/21.0L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	12:24pm 12:25pm 12:26pm
AIR BLK	.00	12:27pm
SUB TEST	.00	12:28pm
AIR BLK	.00	12:29pm
SUB TEST	.00	12:30pm
AIR BLK	.00	12:31pm

Reported AC: 80 g/210L

Signature of Chamical Analyst

Court CVR

Analyst

#### ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802

Test Record Number: 504

Test Date: 03/15/2013

Test Time: 12:33pm EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:34pm

#### Printer Tests

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

Test	Status	Time
COMP	Pass	12:34pm
CAL	Pass	12:34pm

Preventive Maintenance Status: Pass

A	PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II
County /	leghany Instrument Location Alleghany Quarty TAil
Instrument Seri	ial No. 008890 5parfa, 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.
	the day of March, 20 5 the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certificial Certificate Number

#### ALLEGHANY COUNTY ALLEGHANY CO JAIL 020

Serial Number: 008890 Test Date: 03/20/2013

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:49pm
AIR BLK	.00	2:50pm
ACCY CHK	.07	2:50pm
AIR BLK	.00	2:51pm
SUB TEST	。00	2:52pm
AIR BLK	.00	2:53pm
SUB TEST	.00	2:54pm
AIR BLK	.00	2:55pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

#### ALLEGHANY COUNTY ALLEGHANY CO JAIL 020

Serial Number: 008890

Test Record Number: 400 

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:56pm 2:56pm
FC	Pass	2:57pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:57pm
SRC	Pass	2:57pm
DET	Pass	2:57pm
BAR	Pass	2:57pm
BT	Pass	2:57pm

#### Blank Tests

Test	Status	Time
ATR	Pass	2:57pm

#### Printer Tests

Test	Status	TIME
PRNT	Pass	2:57pm

#### CRC Tests

Test	Status	Time
COMP CAL	Pass Pass	2:57pm 2:57pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTQX EC/IR II Instrument Location\_ Instrument Serial No. 0 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. Initiate breath test sequence; 3. Enter information as prompted; 4. Verify instrument accuracy; 5. When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. Print test record; 8. Verify Diagnostic Program; and 9. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the forgoing preventive maintenance day of procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

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

gnature of Certifying Official

Certificate Number

ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849 Test Date: 03/20/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BENFIELD II, KENNETH R
Permit Number: 22067E

Effective: 12/01/2012-12/01/2014

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

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849 Test Record Number: 717

Test Date: 03/20/2013 Test Time: 1:35pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:36pm
SRC	Pass	1:36pm
DET	Pass	1:36pm
BAR	Pass	1:36pm
BT	Pass	1:36pm

#### Blank Tests

Test	Status	Time
ATR	Pass	1:37pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:37pm

# CRC Tests

iest	Status	TIME
COMP	Pass	1:37pm
CAL	Pass	1:37pm

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



Signature of Certifying Official

Certificate Number

SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934 Test Date: 03/21/2013

Citation Number: M0000000-0
Subject's Name:

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

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

Analyst's Name: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

12/01/2012-12/01/2014

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	5:18pm 5:18pm 5:19pm
AIR BLK	.00	5:20pm
SUB TEST	.00	5:21pm
AIR BLK	.00	5:22pm
SUB TEST	.00	5:23pm
AIR BLK	.00	5:24pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

Rev. 12/2007

#### SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934

Test Record Number: 1053

Test Date: 03/21/2013

Test Time: 5:25pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	5:26pm
FLO	Pass	5:26pm
FC	Pass	5:26pm

#### Temperature Tests

Test Status Time	
FC1 Pass 5:26	
SRC Pass 5:26	om
DET Pass 5:26	om
BAR Pass 5:26	om
BT Pass 5:26	om

#### Blank Tests

Test	Status	Time

AIR Pass 5:26pm

#### Printer Tests

Test	Status	Time

PRNT Pass 5:26pm

#### CRC Tests

Test Status Time
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COMP Pass 5:27pm CAL Pass 5:27pm

Preventive Maintenance Status: Pass

Analyst

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

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

Signature of Centifying Official

Certificate Number

#### SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943 Test Date: 03/22/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:58am 10:58am
ACCY CHK	.08	10:59am
AIR BLK	.00	11:00am
SUB TEST	.00	11:00am 11:01am
AIR BLK SUB TEST	.00 .00	11:01am
AIR BLK	<i>?</i> 00	11:04am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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#### SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943 Test Record Number: 1419
Test Date: 03/22/2013 Test Time: 11:06am EDT

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
	1000	11:0 / O.III

#### 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 Instrument Location Instrument Serial No. \_\_009938 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; Initiate breath test sequence; 3. Enter information as prompted; 4. Verify instrument accuracy; 5. When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record; Verify Diagnostic Program; and 9. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. 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

SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938 Test Date: 03/22/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:59am 11:59am
ACCY CHK		12:00pm
AIR BLK	.00	12:01pm
SUB TEST	.00	12:02pm
AIR BLK SUB TEST	.00 .00	12:03pm 12:04pm
AIR BLK	.00	12:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938 Test Date: 03/22/2013 Test Record Number: 404
Test Time: 12:07pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:07pm 12:07pm
FC	Pass	12:07pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:07pm 12:07pm 12:07pm 12:07pm 12:07pm
<del>-</del> -		

#### Blank Tests

Test	Status	Time
AIR	Pass	12:08pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:08pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

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

1	INTOXIMETERS, MODEL INTOX EC/IR II
County c	noir Instrument Location Lenoir Co. So.
Instrument Ser	ial No. 008639 130 Queen St., Kinsson, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
. 1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	n theday of
THE STATE OF CHAMPED AND THE STATE OF CHAMPED	Signature of Certifying Official Certificate Number

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639 Test Date: 03/28/2013

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	Pass	9:42am
AIR BLK	.00	9:43am
ACCY CHK	.07	9:44am
AIR BLK	.00	9:45am
SUB TEST	.00	9:45am
AIR BLK	.00	9:47am
SUB TEST	.00	9:48am
AIR BLK	.00	9:50am

Reported AC: 2.00 g/210L

Signature of Chemical Analyst

Court CVR

#### LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639

Test Record Number: 1969

Test Date: 03/28/2013

Test Time: 9:51am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test		
	Status	Time

AIR Pass 9:52am

## Printer Tests

Test	11/15	Status	Time

PRNT Pass 9:52am

#### CRC Tests

Test	Status	Time
TEST.	SE31.08	. 11me

COMP Pass 9:52am CAL Pass 9:52am

Preventive Maintenance Status: Pass

Analyst

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

County MA(())		•	cation MACTIN	Δ
Instrument So	erial No. 08912	305 E.	Main ST.,	Williamston, NO
The prevention four months	ve maintenance procedures for the are:	e Intoximeters, Mode	el Intox EC/IR II to be t	followed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2		or the alcoholic breath	simulator thermometer shows
2.	Verify instrument displays ti	me and date;	-	
3.	Initiate breath test sequence;			
4.	Enter information as prompt	ed;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" a	ppears, collect breat	h sample;	
7.	When "PLEASE BLOW" a	ppears, collect breat	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 n	nged before expiration of months or after 125 Alco	late, or the alcoholic breath bholic Breath Simulator tests,
procedures v	on the 26th day of 10th were performed on the instrument of Health and Human Services, and	indicated above, in a	accordance with current	going preventive maintenance regulations of the N.C.
TATE STATE OF THE CONTROL OF THE CON		Signature of Certifying	Luce of Official	Certificate Number

#### MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Date: 03/26/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Linu A. Ween
Analyst

#### MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Record Number: 616 Test Date: 03/26/2013 Test Time: 1:14pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:14pm
SRC	Pass	1:14pm
DET	Pass	1:14pm
BAR	Pass	1:14pm
BT	Pass	1.14 pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:15pm

## Printer Tests

Test

. .

PRNT	Pass	1:15pm

Status

Time

#### CRC Tests

Test	Status	Time
COMP	Pass	1:15pm
CAL	Pass	1:15pm

Preventive Maintenance Status: Pass

Analyst

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

County LA	RHERET Instrument Location EMERALD IS LE P. A.
Instrument Ser	al No. <u>0089/7</u>
The preventive four months ar	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 o procedures we Department of	the
OSE CUAN VIDE	Rang E HAD 354
	Signature of Certifying Official Certificate Number

CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008917 Test Date: 03/13/2013

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: HALL, RANDY E
Permit Number: 03462E
Effective:
09/01/2011-09/01/2013

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	11:14am 11:15am 11:16am 11:17am
AIR BLK		
SUB TEST	.00 .00	11:18am 11:20am
AIR BLK	.00	11:20am
WIN DIN	.00	±±.∠±aiii

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008917 Test Record Number: 328
Test Date: 03/13/2013 Test Time: 11:22am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:22am
FLO	Pass	11:22am
FC	Pass	11:23am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:23am
SRC	Pass	11:23am
DET	Pass	11:23am
BAR	Pass	11:23am
BT	Pass	11:23am
<del></del>	1000	<b></b>

#### Blank Tests

Test	Status	Time
AIR	Pass	11:23am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:23am
	CRC Tests	
Test	Status	Time

1000	Deacas	110
COMP	Pass	11:24am
CAL	Pass	11:24am

Preventive Maintenance Status: Pass

Analyst

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

County	CARTERET Instrument Location A+L	ANTIC BEACH A.D		
Instrument	Serial No. <u>00 87 85</u>			
The prevent four months	tive maintenance procedures for the Intoximeters, Model Intox EC/IR Is are:	I to be followed at least once every		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic 34 degrees, plus or minus .2 degree centigrade;	c breath simulator thermometer shows		
2.	Verify instrument displays time and date;			
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;			
7.	When "PLEASE BLOW" appears, collect breath sample;			
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canister is being changed before expi simulator solution is being changed every four months or after 1 whichever occurs first.			
I certify that procedures Department	t on the	the forgoing preventive maintenance current regulations of the N.C. erly.		
STA	Signature of Certifying Official	Certificate Number		

#### CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008785 Test Date: 03/13/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HALL, RANDY E
Permit Number: 03462E
Effective:
09/01/2011-09/01/2013

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	12:16pm 12:17pm 12:18pm
AIR BLK SUB TEST	.00 .00	12:19pm 12:19pm
AIR BLK	.00	12:20pm
SUB TEST	.00	12:21pm
AIR BLK	.00	12:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Karel E-Hall
Analyst

#### CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008785

Test Record Number: 618 

# System Check: Passed

#### Baseline Tests

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

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:29pm

#### Printer Tests

iest	Status	TIME
PRNT	Pass	12:29pm
	CRC Tests	
		_

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

Preventive Maintenance Status: Pass

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

County_	CARteret	Instrument Location More	head City A.D.
Instrume	nt Serial No. <u>00873/</u>	<del> </del>	
The prev	rentive maintenance procedures for the laths are:	Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic breegree centigrade;	eath simulator thermometer show
2.	Verify instrument displays tim	ne and date;	
3.	Initiate breath test sequence;		•
4.	Enter information as prompted	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; at	nd	
10.		nister is being changed before expiration anged every four months or after 125 A	
I certify ( procedur Departme	that on the <u>/3</u> day of <u>//</u> res were performed on the instrument in ent of Health and Human Services, and	ACA , 20 15 the adicated above, in accordance with current the instrument is functioning properly	forgoing preventive maintenance rent regulations of the N.C.
HIN CONEATON STATES	**************************************	andure of Certifying Official	Certificate Number

#### CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008731 Test Date: 03/13/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: HALL, RANDY E

Permit Number: 03462E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	12:51pm
AIR BLK	.00	12:51pm
ACCY CHK	.08	12:52pm
AIR BLK	.00	12:53pm
SUB TEST	.00	12:54pm
AIR BLK	.00	12:55pm
SUB TEST	.00	12:56pm
AIR BLK	.00	12:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008731 Test Record Number: 1312 Test Date: 03/13/2013 / Test Time: 12:57pm EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	12:58pm
FLO	Pass	12:58pm
FC	Pass	12:58pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:58pm
SRC	Pass	12:58pm
DEŤ	Pass	12:58pm
BAR	Pass	12:58pm
BT	Pass	12:58pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:59pm

#### Printer Tests

Status

Time

12:59pm

Test

CAL

PRNT	Pass	12:59pm
	CRC Tests	•
Test	Status	Time
COMP	Pass	12:59pm

Preventive Maintenance Status: Pass

Pass

Analyst

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

County	CARteret Instrument Location CARTERET County	_
Instrument	Serial No. 008882 SHERIFTS OFFICE	
The preven	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every sare:	у
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer should degree, plus or minus .2 degree centigrade;	)W
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.	
	at on the	.ce
STATE STATE OF THE	Signature of Certifying Official  Certificate Number	_

#### CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008882 Test Date: 03/13/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HALL, RANDY E
Permit Number: 03462E
Effective:
09/01/2011-09/01/2013

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

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

Test	g/210L	Time
DIAG	Pass	1:49pm
AIR BLK	.00	1:50pm
ACCY CHK	.07	1:50pm
AIR BLK	.00	1:52pm
SUB TEST	.00	1:52pm
AIR BLK	.00	1:53pm
SUB TEST	.00	1:55pm
AIR BLK	.00	1:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008882 Test Record Number: 751 Test Date: 03/13/2013 Test Time: 1:56pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:56pm
FLO	Pass	1:56pm
FC	Pass	1:56pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:57pm
SRC	Pass	1:57pm
DET	Pass	1:57pm
BAR	Pass	1:57pm
BT	Pass	1:57pm

#### Blank Tests

Test	Status	Time	
		'	- 1
AIR	Pass	1:57r	om.

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:57pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:57pm 1:57pm

Preventive Maintenance Status: Pass

Analyst

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

Instrument Seri	al No. <u>0088/9</u> <u>5Heriffs Office</u>
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the <u>30</u> day of <u>MARCA</u> , 20/3 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 THE S	Signature of Certifying Official  Signature Signature Official Certificate Number

# CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008819 Test Date: 03/20/2013

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

Analyst's Name: HALL, RANDY E
Permit Number: 03462E
Effective:
09/01/2011-09/01/2013

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

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

rest	g/210L	Time
DIAG AIR BLK ACCY CHK		11:37am 11:38am 11:39am
AIR BLK SUB TEST	.00 .00	11:40am 11:40am
AIR BLK	.00	11:41am
SUB TEST	.00	11:43am
AIR BLK	.00	11:44am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008819 Test Date: 03/20/2013 Test Record Number: 499
Test Time: 11:44am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status Time
FC1	Pass 11:45am
SRC	Pass 11:45am
DET	Pass 11:45am
BAR	Pass 11:45am
BT .	Pass 11:45am

# Blank Tests

Test Status Time

AIR Pass 11:45am

# Printer Tests

Test Status Time

PRNT Pass 11:45am

# CRC Tests

Test Status Time

COMP Pass 11:45am CAL Pass 11:45am

Preventive Maintenance Status: Pass

Analyst

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

County	CRAVEN Instrument Location HAVELOCK A.D.
Instrumer	Serial No. <u>008800</u>
The preve	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sh 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.
procedure	on the
THE CREAT CR	Range ENall 354
	Signature of Certifying Official Certificate Number

CRAVEN COUNTY HAVELOCK PD 240
Serial Number: 008800
Test Date: 03/25/2013

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: HALL, RANDY E Permit Number: 03462E Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:58am
AIR BLK	.00	9:58am
ACCY CHK	.07	9:59am
AIR BLK	.00	10:01am
SUB TEST	.00	10:01am
AIR BLK	.00	10:03am
SUB TEST	.00	10:04am
AIR BLK	.00	10:05am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Rand E Half
Analyst

# CRAVEN COUNTY HAVELOCK PD 240

Serial Number: 008800 Test Record Number: 651 Test Date: 03/25/2013 Test Time: 10:06am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:06am
FLO	Pass	10:06am
FC	Pass	10:06am

# Temperature Tests

Test	Status	Time
FC1	Pass	10:06am
SRC	Pass	10:06am
DET	Pass	10:06am
BAR	Pass	10:06am
BT	Pass	10:06am

# Blank Tests

Test	Status	Time
AIR	Pass	10:07am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:07am

### CRC Tests

Test	Status	Time
COMP	Pass	10:07am
CAL	Pass	10:07am

Preventive Maintenance Status: Pass

Karely E-Half
Analyst

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

County_	CRAVEN Instrument Location MCAS CHERRY POINT PM
Instrume	nt Serial No. <u>0/08/9</u>
The prev	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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 t procedure Departme	nat on the
THE CREAT SECTION OF S	Signature of Certifying Official  Certificate Number

#### CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 010819 Test Date: 03/25/2013

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: HALL, RANDY E
Permit Number: 03462E
Effective:
09/01/2011-09/01/2013

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	10:34am 10:35am 10:36am 10:37am
SUB TEST	.00	10:37am
AIR BLK	.00	10:38am
SUB TEST	.00	10:40am
AIR BLK	.00	10:40am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 010819

Test Record Number: 296

Test Date: 03/25/2013

Test Time: 10:41am EDT

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	10:42am
SRC	Pass	10:42am
DET	Pass	10:42am
BAR	Pass	10:42am
BT	Pass	10:42am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:42am

# Printer Tests

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

Preventive Maintenance Status: Pass

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

County	CRAVEN Instrument Location New BERN P. A.
Instrument	Serial No. 0088/7_
The prever	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	t on the
AL 18 THE PARTY OF	Tang EHall 354
	Signature of Certifying Official Certificate Number

CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817 Test Date: 03/25/2013

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: HALL, RANDY E
Permit Number: 03462E
Effective:
09/01/2011-09/01/2013

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	11:21am 11:21am 11:22am 11:23am
AIR BLK SUB TEST	.00	11:24am 11:26am
AIR BLK	.00	11:20am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Rang E-Hall
Analyst

# CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817 Test Date: 03/25/2013 Test

Test Record Number: 941
Test Time: 11:27am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass	11:28am
LC LTO	Pass	11:28am
FC	Pass	11:28am

# Temperature Tests

Test	Status	Time
FC1	Pass	11:28am
SRC	Pass	11:28am
DET	Pass	11:28am
BAR	Pass	11:28am
BT	Pass	11:28am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:29am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:29am

# CRC Tests

Test	Status	Time
COMP	Pass	11:29am
CAL	Pass	11:29am

Preventive Maintenance Status: Pass

Analyst

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

County	RAUEN Instrument Location CRAVEN COUNTY
Instrument Se	erial No. 008732 SHERIFF'S OFFICE
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 o procedures we Department of	on the
THE STATE OF THE O	Ray EHald 354
	Signature of Certifying Official Certificate Number

#### CRAVEN COUNTY CRAVEN COUNTY SD 240

Serial Number: 008732 Test Date: 03/25/2013

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: HALL, RANDY E
Permit Number: 03462E
Effective:
09/01/2011-09/01/2013

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

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

Test	g/210L	Time
DIAG	Pass	11:59am
AIR BLK	.00	12:00pm
ACCY CHK	.07	12:01pm
AIR BLK	.00	12:02pm
SUB TEST	.00	12:02pm
AIR BLK	.00	12:03pm
SUB TEST	.00	12:04pm
AIR BLK	.00	12:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Karely E-Half
Analyst

# CRAVEN COUNTY CRAVEN COUNTY SD 240

Serial Number: 008732 Test Date: 03/25/2013

Test Record Number: 889
Test Time: 12:06pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:06pm 12:06pm
FC	Pass	12:06pm

### Temperature Tests

Status	Time
Pass	12:06pm
	Pass Pass Pass Pass

# Blank Tests

Test	Status	Time
AIR	Pass	12:07pm

# Printer Tests

Test	Status	Time
PRNT	Pass	12:07pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:07pm 12:07pm

Preventive Maintenance Status: Pass

Analyst

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

County	Janes	Instrument Location <u>し</u> しい	5 County
Instrument	t Serial No. <u>008705</u>	SHERIFF'S OFF	: :-C
The prever	ntive maintenance procedures for the last are:	Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic buegree centigrade;	reath simulator thermometer show
2.	Verify instrument displays tim	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	<b>!</b> ;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, coflect 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 expiratinged every four months or after 125	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
procedures	at on the	licated above, in accordance with cur	rent regulations of the N.C.
CONTRACTOR OF STREET	ATE OF NORTH CAROLING	1/ n/)	
- 40V		egEHall	354
	Sign	nature of Certifying Official	Certificate Number

JONES COUNTY JONES COUNTY SD 510

Serial Number: 008705 Test Date: 03/25/2013

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: HALL, RANDY E Permit Number: 03462E Effective:

09/01/2011-09/01/2013

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

Test Type: Breath Test

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

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

Reported\_AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# JONES COUNTY JONES COUNTY SD 510

Serial Number: 008705 Test Record Number: 806 Test Date: 03/25/2013 Test Time: 1:11pm EDT

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	1:13pm

# Printer Tests

Status

Time

Test

	D 00.000	
PRNT	Pass	1:13pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:13pm 1:13pm

Preventive Maintenance Status: Pass

Analyst

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

Λ	INTOAMMETERS, MODEL INTO A EC/IR II
County PA	Mico Instrument Location PAMLICO County
Instrument Seri	al No. <u>DO8640</u> SHERIFF'S OFFICE
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on a procedures were Department of H	the <u>25</u> day of <u>MARCA</u> , 20/3 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OF ME STATE OF N. OF N. OF ME STATE OF N. OF N. OF ME STATE OF N.	Signature of Certifying Official Certificate Number

#### PAMLICO COUNTY PAMLICO COUNTY SD 680

Serial Number: 008640 Test Date: 03/25/2013

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: HALL, RANDY E Permit Number: 03462E Effective: 09/01/2011-09/01/2013

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

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

Test	g/210L	Time
DIAG	Pass	2:26pm
AIR BLK	.00	2:27pm
ACCY CHK	.08	2:27pm
AIR BLK	.00	2:2 <b>9pm</b>
SUB TEST	.00	2:29pm
AIR BLK	.00	2:30pm
SUB TEST	.00	2:31pm
AIR BLK	.00	2:32pm

.00 g/210L Reported AC:,

Signature of Chemical Analyst

Court CVR

#### PAMLICO COUNTY PAMLICO COUNTY SD 680

Serial Number: 008640

Test Record Number: 941

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:33pm 2:33pm
FC	Pass	2:33pm

# Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	2:34pm 2:34pm 2:34pm 2:34pm
$\mathtt{BT}$	Pass	2:34pm

# Blank Tests

Test	Status	Time
ATR	Pass	2:34pm

### Printer Tests

Test	Status	Time
PRNT	Pass	2:34pm

#### CRC Tests

Test	Status	Time
COMP	Pass	2:34pm
CAL	Pass	2:34pm

Preventive Maintenance Status: Pass

Karol E-Half
Analyst

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

County_	ONSLOW	Instrument Location LAMA	Lejeuve PMO
Instrume	nt Serial No. <u>00 8920</u>		
		· · · · · · · · · · · · · · · · · · ·	
The preve four mon	entive maintenance procedures for the Inthe the are:	ntoximeters, Model Intox EC/IR II t	to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic begree centigrade;	reath simulator thermometer show
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appo	ears, collect breath sample;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	d	
10.	Verify that the ethanol gas cani simulator solution is being char whichever occurs first.	ister is being changed before expiratinged every four months or after 125	ion date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify the procedure Departme	nat on theday ofnat on theday ofnat on the instrument ind nt of Health and Human Services, and t	ARCA , 20 13 the licated above, in accordance with cuthe instrument is functioning proper	e forgoing preventive maintenance rrent regulations of the N.C.
O SE	TATE OF NORTH	) ng EHAD	process conserved by
		ature of Certifying Official	Certificate Number

ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008920 Test Date: 03/26/2013

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

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

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

Analyst's Name: HALL, RANDY E
Permit Number: 03462E
Effective:

09/01/2011-09/01/2013

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Karl E-Hall
Analyst

# ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008920

Test Record Number: 741

Test Date: 03/26/2013

Test Time: 10:21am EDT

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

Test	Status	Time
FC1	Pass	10:22am
SRC	Pass	10:22am
DET	Pass	10:22am
BAR	Pass	10:22am
$\mathtt{BT}$	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

Karely E-Half
Analyst

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

County ON:	Instrument Location JACKSONUITE P.D.
Instrument Seria	INo. <u>008930</u>
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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>JG</u> day of <u>MARCA</u> , 20 <u>/3</u> 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 NO.	Signature of Certifying Official Certificate Number

ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: 008930 Test Date: 03/26/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HALL, RANDY E
Permit Number: 03462E
Effective:
09/01/2011-09/01/2013

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:57am 10:58am
ACCY CHK	.08	10:58am
AIR BLK	.00	10:59am
SUB TEST	.00	11:00am
AIR BLK	.00	11:01am
SUB TEST	.00	11:02am
AIR BLK	.00	11:03am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Karly E-Half
Analyst

#### ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: 008930 Test Date: 03/26/2013

Test Record Number: 1905
Test Time: 11:04am EDT

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	Pass	11:05am

Preventive Maintenance Status: Pass

Pass

11:05am

CAL

Karely E Half
Analyst

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

County	ONS how Instrument La	ocation ONSLOU	1 County	
Instrumen	nt Serial No. <u>008931</u> <u>5HeRi /</u>	TIS OFFICE	2	
The preve	ntive maintenance procedures for the Intoximeters, Mode	el Intox EC/IR II to be fo	ollowed at least once every	
1.	Verify the ethanol gas canister displays pressure, 34 degrees, plus or minus .2 degree centigrade;	or the alcoholic breath s	simulator thermometer show	
2.	Verify instrument displays time and date;			
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath	ı sample;		
7.	When "PLEASE BLOW" appears, collect breath	ı sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canister is being chan simulator solution is being changed every four m whichever occurs first.			
I certify th procedures Departmen	nat on the <u>JC</u> day of <u>MARCA</u> s were performed on the instrument indicated above, in a nt of Health and Human Services, and the instrument is f	, 20 <u>/</u> the forgo ccordance with current re unctioning properly.	ing preventive maintenance egulations of the N.C.	
TO SECTION SEC	Signature of Certifying	g Official	354 Certificate Number	

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008931 Test Date: 03/26/2013

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

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

Analyst's Name: HALL, RANDY E
Permit Number: 03462E
Effective:
09/01/2011-09/01/2013

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	11:23am 11:25am 11:25am 11:26am
SUB TEST	.00	11:27am
AIR BLK	.00	11:28am
SUB TEST	.00	11:29am
AIR BLK	.00	11:30am

Reported AC: ,.00 g/210L

Signature of Chemical Analyst

Court CVR

Karly E Half
Analyst

### ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008931

Test Record Number: 1839

Test Date: 03/26/2013

Test Time: 11:30am EDT

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

Test	Status	Time
FC1	Pass	11:31am
SRC	Pass	11:31am
DET	Pass	11:31am
BAR	Pass	11:31am
BT	Pass	11:31am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:32am

#### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

11:32am

CAL

Kary E-Half
Analyst

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

County OA	US Low Instrument Location OA	15 Low County
Instrument Ser	ial No. <u>008932</u> <u>SHERIFF'S O</u>	FFICE
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/I	R II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcohold 34 degrees, plus or minus .2 degree centigrade;	olic 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 ex- simulator solution is being changed every four months or after whichever occurs first.	xpiration date, or the alcoholic breath r 125 Alcoholic Breath Simulator tests,
procedures wer	the Jay of March, 20 13 re performed on the instrument indicated above, in accordance with Health and Human Services, and the instrument is functioning pr	ith current regulations of the N.C.
STATE OF STA	NO CARDO	
ALE ONW ADER	Signature of Certifying Official	3.54 Certificate Number

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008932 Test Date: 03/26/2013

Citation Number: M0000000-0 Subject's Name:

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

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

Analyst's Name: HALL, RANDY E
Permit Number: 03462E
Effective:
09/01/2011-09/01/2013

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

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

Test	g/210L	Time
DIAG	Pass	11:25am
AIR BLK	.00	11:25am
ACCY CHK	.07	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

Rang E Half
Analyst

# ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008932 Test Record Number: 1799
Test Date: 03/26/2013 Test Time: 11:32am EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:32am 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
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
COMP CAL	Pass Pass	11:33am 11:33am

Preventive Maintenance Status: Pass

Analyst

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

County_	ONSLOW Instrument Location MCAS NEW RIVER AMO
Instrume	ent Serial No. 008922
The prev	ventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every nths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7	When "PLEASE BLOW" appears, collect breath sample;
8	Print test record;
9	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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 procedu Departn	that on the
GREAT OF STATE OF STA	STATE or No. 10 State of Certifying Official Certificate Number

#### ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: 008922 Test Date: 03/26/2013

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: HALL, RANDY E
Permit Number: 03462E
Effective:
09/01/2011-09/01/2013

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Karl E-Hall
Analyst

# ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: 008922

Test Record Number: 228 

System Check: Passed

# Baseline Tests

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

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:12pm

#### Printer Tests

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

12:12pm

Preventive Maintenance Status: Pass

Pass

CAL

Karly E-Half Analyst

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

County Jo	MNSTON Instrument Location Clayton Police Dept.
Instrument Seri	al No. CO7658 Clayton, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample,
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer	the <u>22 wcl</u> day of <u>Novy</u> , 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	Warm OTT moll sx 651
	Signature of Certifying Official Certificate Number

JOHNSTON COUNTY CLAYTON PD. 500

Serial Number: 008658 Test Date: 03/22/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

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

Permit Number: 21535E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Anaiys

## JOHNSTON COUNTY CLAYTON PD. 500

Serial Number: 008658

Test Record Number: 874

Test Date: 03/22/2013

Test Time: 10:04am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:04am
FLO	Pass	10:04am
FC	Pass	10:04am

## Temperature Tests

Test	Status	Time
FC1	Pass	10:04am
SRC	Pass	10:04am
DET	Pass	10:04am
BAR	Pass	10:04am
BT	Pass	10:04am
BT	Pass	10:04am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:05am

### Printer Tests

Test

Pass	10:05am
CRC Tests	
Status	Time
	CRC Tests

Status

Time

COMP Pass 10:05am CAL Pass 10:05am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County Rox	woolph Instrument Location Liberty Police Dept
Instrument Ser	rial No. <u>008830</u> Liberty, 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.
procedures w	on the 26 day of March, 2013 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	A CONTROL OF THE CONT

#### RANDOLPH LIBERTY POLICE DEPT 750

Serial Number: 008830 Test Date: 03/26/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: 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 AIR BLK	Pass	9:47am 9:48am
ACCY CHK	.07	9:48am
AIR BLK	.00	9:49am
SUB TEST	.00	9:50am
AIR BLK	.00	9:51am
SUB TEST	.00	9:52am
AIR BLK	.00	9:53am

Reported AC: .00 g/210L

Signature of

Court CVR

## RANDOLPH LIBERTY POLICE DEPT 750

Serial Number: 008830

Test Record Number: 392

Test Date: 03/26/2013

Test Time: 9:54am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:54am
FLO	Pass	9:54am
FC	Pass	9:55am

## Temperature Tests

Test	Status	Time
FC1	Pass	9:55am
SRC	Pass	9:55am
DET	Pass	9:55am
BAR	Pass	9:55am
BT	Pass	9:55am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:55am

### Printer Tests

Test.	Status	Time
PRNT	Pass	9:55am

## CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County Ray	ndalph Instrument Location Randle man Police Dept
Instrument Ser	rial No. 008737 Randleman, NC
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the 26 day of Moyo, , 2013 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
STATE CHANGE TO THE STATE OF TH	Signature of Certifying Official  Certificate Number

### RANDOLPH COUNTY RANDLEMAN PD 750

Serial Number: 008737 Test Date: 03/26/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Analyst

## RANDOLPH COUNTY RANDLEMAN PD 750

Serial Number: 008737

Test Record Number: 607

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:34am 11:34am
FC	Pass	11:34am

## Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	11:35am

#### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

CAL

11:35am

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

V.,	INTOXIMETERS, MODEL INTOX EC/IR II
County K	OWAN Instrument Location SAlisbury Holice
Instrument Ser	
The preventive four months as	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.
procedures we	n the
STATE CHARLES AND STATE OF THE	Signature of Certifying Official Certificate Number

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868 Test Date: 03/21/2013

Citation Number: M0000000-0 Subject's Name:

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

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

Analyst's Name: 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: AG305202 Exp Date: 02/21/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	2:42pm 2:43pm 2:44pm
AIR BLK	.00	2:45pm
SUB TEST	.00	2:46pm
AIR BLK	.00	2:47pm
SUB TEST	.00	2:48pm
AIR BLK	.00	2:49pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

- L. Keunneon Analyst

### ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868 Test Date: 03/21/2013 Test Record Number: 1843

Test Time: 2:51pm EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	2:51pm
SRC	Pass	2:51pm
DET	Pass	2:51pm
BAR	Pass	2:51pm
BT	Pass	2:51pm

#### Blank Tests

'l'est	Status	Time
AIR	Pass	2:52pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:52pm

#### CRC Tests

52pm 52pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

_	INTOXIMETERS, MODEL INTOX EC/IR II
County_K	OWAN Instrument Location Salisbury Police
Instrument Se	erial No. 008835 Department
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
: 6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
. <b>8.</b>	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the 2 day of MAPCH, 20 13 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
TOTALE STATE OF THE STATE OF TH	Signature of Certifying Official Certificate Number

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008835 Test Date: 03/21/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG305202 Exp Date: 02/21/2015

Test	g/210L	Time
DIAG AIR BLK	Pass	2:45pm 2:46pm
ACCY CHK	.08	2:47pm
AIR BLK	.00	2:48pm
SUB TEST	.00	2:49pm
AIR BLK	.00	2:50pm
SUB TEST	.00	2:52pm
AIR BLK	.00	2:52pm

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

## ROWAN COUNTY SALISBURY PD 790

Serial Number: 008835

Test Record Number: 1164 

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:54pm
FLO	Pass	2:54pm
FC	Pass	2:54pm

## Temperature Tests

Test	Status	Time
FC1	Pass	2:54pm
SRC	Pass	2:54pm
DET	Pass	2:54pm
BAR	Pass	2:54pm
BT	Pass	2:54pm
		_

## Blank Tests

Test	Status	Time	
AIR	Pass	2:55pm	

#### Printer Tests

rest	Status	TIME
PRNT	Pass	2:55pm

## CRC Tests

Test	Status	Time
COMP	Pass	2:55pm
CAL	Pass	2:55pm

Preventive Maintenance Status: Pass

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

County	FRANKUN	_ Instru	ment Lo	ocation	FR	ANKL	USTUR	P.D.
Instrument	Serial No	77	W	MAS	<u>on</u>	ST.	FRANKI	אטרעור
The preven	ntive maintenance procedures for the	Intoximete	rs, Mod	el Intox E	C/IR II	to be foll	owed at least or	nce every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d			, or the alc	oholic	breath sin	nulator thermor	neter shows
2.	Verify instrument displays tin	ne and date	;	·				•
3.	Initiate breath test sequence;	•		. •				
4.	Enter information as prompted	d;	•					•
5.	Verify instrument accuracy;							
6.	When "PLEASE BLOW" app	pears, colle	ct breat	h sample;			÷	
<b>7.</b>	When "PLEASE BLOW" app	pears, colle	ct breat	h sample;				
8.	Print test record;							
9.	Verify Diagnostic Program; a	nd						
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.							
	at on theday ofday of	idicated ab			e with o	urrent reg	g preventive m gulations of the	aintenance N.C.
GREAT SE		NO.	Au (Certifyir	og Official	)		652 Certificate N	umher

## FRANKLIN COUNTY FRANKLINTON PD 340

Serial Number: 008815 Test Date: 03/11/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name:

QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG206603

Exp Date: 03/06/2014

Test

DIAG	Pass	11:07am
AIR BLK	.00	11:08am
ACCY CHK	.08	11:08am
AIR BLK	.00	11:09am

g/210L

Time

**SUB TEST .00** 11:10am AIR BLK .00 11:11am

SUB TEST .00 11:12am

AIR BLK .00 11:13am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## FRANKLIN COUNTY FRANKLINTON PD 340

Serial Number: 008815

Test Record Number: 728

Test Date: 03/11/2013

Test Time: 11:14am EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:16am

#### Printer Tests

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

rest	Status	Time
COMP	Pass	11:16am
CAL	Pass	11:16am

Preventive Maintenance Status: Pass

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

County_	FRANK		Instrument L			J Co. JAIL
Instrume	nt Serial No.	008942	285 T	KEMP	RD.	LOUISBURG,
The preve	entive mainter	nance procedures for the	Intoximeters, Mod	el Intox EC/IR	II to be fo	llowed at least once every
1.		fy the ethanol gas caniste egrees, plus or minus .2 o		, or the alcohol	ic breath si	imulator thermometer shows
2.	Verif	fy instrument displays tir	ne and date;			
3.	Initia	te breath test sequence;				
4.	Enter	r information as prompte	d;			
5.	Veri	fy instrument accuracy;				
6.	Whe	n "PLEASE BLOW" ap	pears, collect breat	h sample;		
7.	When	n "PLEASE BLOW" ap	pears, collect breat	h sample;		
8.	Print	test record;				
9.	Verif	y Diagnostic Program; a	nd			
10.	simul					e, or the alcoholic breath olic Breath Simulator tests,
procedure		day of U med on the instrument in and Human Services, and	ndicated above, in a	accordance with	current re	ng preventive maintenance gulations of the N.C.
CREAT SET	TATE OF MORE	<u> </u>	inature of Certifyin	ng Official	_	Certificate Number

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008942 Test Date: 03/11/2013

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

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

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

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

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

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

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

## FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008942 Test Test Date: 03/11/2013 Test

Test Record Number: 560 Test Time: 12:14pm EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	12:15pm
SRC	Pass	12:15pm
DET	Pass	12:15pm
BAR	Pass	12:15pm
$\mathtt{BT}$	Pass	12:15pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:15pm

Test	Status	Time
TCDC	Deacus	1 11110

Printer Tests

PRNT Pass 12:15pm

#### CRC Tests

Test	Status	Time
COMP	Pass	12:16pm
CAL	Pass	12:16pm

Preventive Maintenance Status: Pass

Analyst

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

	INTOAIMET	eks, model in i o	A EC/IK II	
County	PRANFLIN	Instrument Location	FRANKLIN	CO. JML
Instrument Se	rial No. <u>OO</u> 8933	285T KEMP	PD. LO	usbuels, N
The preventive four months a	e maintenance procedures for the re:	Intoximeters, Model Intox EC	/IR II to be followe	d at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 o	or displays pressure, or the alco	holic breath simula	tor thermometer shows
2.	Verify instrument displays tir	ne and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompte	d;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" ap	pears, collect breath sample;		
7.	When "PLEASE BLOW" ap	pears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; a	nd		
10.	simulator solution is being ch whichever occurs first.	nister is being changed before anged every four months or af	ter 125 Alcoholic B	reath Simulator tests,
	on the day of		with current regulat	eventive maintenance ions of the N.C.
THE STATE OF THE S		gnature of Certifying Official	) (	oso

#### FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008933 Test Date: 03/11/2013

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

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

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: .008933

Test Record Number: 547

Test Date: 03/11/2013

Test Time: 12:16pm EDT

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
AIR	Pass	12:18pm

## Printer Tests

Test	Status	Time

PRNT Pass 12:18pm

#### CRC Tests

Test	Status	Time
COMP	Pass Pass	12:18pm 12:18pm

Preventive Maintenance Status: Pass

Analyst

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

County	ORANGE Instrument Location CHAPER HILL P.D.
Instrument	Serial No. 008856 836 MARTIN LUTHER KING TR. BIUD
	CHAPEL HILL, N.C.
The preven	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
. 1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify the procedures Departmen	t on the day of MARCH, 2013 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE CONE AT THE CO	Signature of Certifying Official Certificate Number

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856 Test Date: 03/21/2013

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	11:41am 11:42am 11:42am 11:43am 11:44am
AIR BLK	.00	11:45am
SUB TEST	.00	11:47am
AIR BLK	.00	11:48am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856

Test Record Number: 1113

Test Date: 03/21/2013

Test Time: 11:49am EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:50am

#### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

11:50am

CAL

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

County	ORAN	(F	_ Inst	rument Location_	CHAPE	Hill	<u> </u>
Instrumen	t Serial No.	008839	88	MARTIN LE	THER KI		<u>RIUN</u> >.D.
The prevent		nance procedures for the	Intoxime	ters, Model Intox I	EC/IR II to be f	followed at le	ast once every
1.		fy the ethanol gas caniste egrees, plus or minus .2 d			lcoholic breath	simulator the	rmometer shows
2.	Veri	fy instrument displays tin	ne and da	ıte;			
3.	Initi	ate breath test sequence;			. • *		
4.	Ente	r information as prompte	d;				
5.	Veri	fy instrument accuracy;					
6.	Whe	n "PLEASE BLOW" ap	pears, co	llect breath sample	· •		
7.	Whe	n "PLEASE BLOW" ap	pears, co	llect breath sample	,		
8.	Prin	t test record;					
9.	Veri	fy Diagnostic Program; a	nd	•			
10.	simı	fy that the ethanol gas ca llator solution is being ch thever occurs first.					
procedures		day of Marmed on the instrument in and Human Services, and	ndicated a	above, in accordance	ce with current	oing preventi regulations o	ive maintenance of the N.C.
TO SEE THE CHEAT	CAROLL	Sig	gnature o	f Certifying Officia	al	Certifica	ate Number

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008839 Test Date: 03/21/2013

Citation Number: M0000000-0 Subject's Name:

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

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

Analyst's Name:
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: AG203903 Exp Date: 02/08/2014

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008839 Test Red Test Date: 03/21/2013 Test Test

Test Record Number: 1006
Test Time: 12:03pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	12:03pm
FLO	Pass	12:03pm
FC	Pass	12:04pm

## Temperature Tests

Test	Status	Time
FC1 SRC DET	Pass Pass Pass	12:04pm 12:04pm 12:04pm
BAR	Pass	12:04pm
BT	Pass	12:04pm

## Blank Tests

Test	Status	Time
AIR	Pass	12:04pm

## Printer Tests

Test	Status	Time
חמתי	Dagg	12.04pm

## CRC Tests

	CRC lests	
Test	Status	Time
COMP CAL	Pass Pass	12:05pm 12:05pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX ECITATI
County OF	LANGE Instrument Location + 1/1/5 Ropew (H P.D.
Instrument Serial	100. 008799 127 N. CHURTON ST. HILLSBURDU
The preventive 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
10.	Verify that the ethanol gas canister is being changed before 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 a procedures were Department of H	the day of MARCH, 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.
OTHE STATE OF A CONTROL OF A CO	Signature of Certifying Official Certificate Number

#### ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799 Test Date: 03/21/2013

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:49pm 12:50pm
ACCY CHK	.07	12:51pm
AIR BLK	.00	12:52pm
SUB TEST	.00	12:52pm
AIR BLK	.00	12:53pm
SUB TEST	.00	12:55pm
AIR BLK	.00	12:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799

Test Record Number: 1335

Test Date: 03/21/2013

Test Time: 12:57pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:58pm
FLO	Pass	12:58pm
FC	Pass	12:58pm

## Temperature Tests

Test	Status	Time
FC1	Pass	12:58pm
SRC	Pass	12:58pm
DET	Pass	12:58pm
BAR	Pass	12:58pm
BT	Pass	12:58pm

#### Blank Tests

Test	Status	Time	

AIR 12:58pm Pass

## Printer Tests

Test	Status	Time
+		± ± 111 €

PRNT Pass 12:58pm

#### CRC Tests

Test	St <b>atu</b> s	Time

COMP 12:59pm Pass CAL Pass 12:59pm

Preventive Maintenance Status: Pass

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

County_	BRUNSWICK Instrument Location BRUNSWICK County  at Serial No. 008961 Sheriff Office
Instrumer	nt Serial No. <u>OO8901</u> Sheriff Office
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
. 3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	hat on the
COREAT SE	STATE OF THE STATE

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

Signature of Certifying Official

Certificate Number

BRUNSWICK COUNTY BRUNSWICK COUNTY SD 090

Serial Number: 008901 Test Date: 03/15/2013

Citation Number: M0000000-0 Subject's Name:

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

Subject's Date Of Birth: 11/11/191
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	3:15pm 3:15pm
ACCY CHK	.07	3:16pm
AIR BLK	.00	3:17pm
SUB TEST	.00	3:18pm
AIR BLK	.00	3:19pm
SUB TEST	.00	3:20pm
AIR BLK	.00	3:21pm

-- / 0.1 0.T

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## BRUNSWICK COUNTY BRUNSWICK COUNTY SD 090

Serial Number: 008901 Test Record Number: 454
Test Date: 03/15/2013 Test Time: 3:22pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	3:22pm
FLO	Pass	3:22pm
FC	Pass	3:22pm

## Temperature Tests

Status	Time
Pass	3:22pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time	
AIR	Pass	3:23pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:23pm
	CRC Tests	

Test	Status	Time
COMP	Pass	3:23pm
CAL	Pass	3:23pm

Preventive Maintenance Status: Pass

R.C. Madee

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Columbus County

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



Signature of Certifying Official

Certificate Number

#### COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008886 Test Date: 03/12/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:30pm
AIR BLK	.00	1:31pm
ACCY CHK	.08	1:31pm
AIR BLK	.00	1:32pm
SUB TEST	.00	1:34pm
AIR BLK	.00	1:35pm
SUB TEST	.00	1:37pm
ATR BLK	. 00	1:38pm

Reported AC:

Signature of Chemical Analyst

Court CVR

#### COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008886 Test Record Number: 699
Test Date: 03/12/2013 Test Time: 1:43pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:44pm
FLO	Pass	1:44pm
FC	Pass	1:44pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:44pm
SRC	Pass	1:44pm
DET	Pass	1:44pm
BAR	Pass	1:44pm
BT	Pass	1:44pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:45pm

#### Printer Tests

To a t	C+ - +	mima
	CRC Tests	
PRNT	Pass	1:45pm
Test	Status	Time

Test	Status	Time
COMP	Pass	1:45pm
CAL	Pass	1:45pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II rial No. 008875 Instrument Location Columbus Country
Sheriff Office Instrument Serial No. 008875 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. 12 day of March, 20 13 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

601

Certificate Number

#### COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008875 Test Date: 03/12/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

g/210L	Time
Pass .00 .07 .00 .00	12:58pm 12:59pm 12:59pm 1:00pm 1:01pm 1:02pm
.00	1:03pm
.00	1:04pm
	Pass .00 .07 .00 .00

Signature of Chemical Analyst

Court CVR

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008875

Test Record Number: 1110

Test Date: 03/12/2013

Test Time: 1:05pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	1:06pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:06pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

Ahalyst

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

County Z	Bladen	Instrument Location Bladen	County
Instrument Se	erial No. <u>008894</u>	Sher!ff	
The preventive four months a		ntoximeters, Model Intox EC/IR II to be fol	llowed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath si gree centigrade;	mulator thermometer shows
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		•
4.	Enter information as prompted	, ,	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample;	
7.	When "PLEASE BLOW" app	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	d	
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	ister is being changed before expiration dat nged every four months or after 125 Alcoho	e, or the alcoholic breath olic Breath Simulator tests,
procedures w	ere performed on the instrument inc	the forgother the instrument is functioning properly.	ing preventive maintenance egulations of the N.C.
CHEATS BIT OF THE CONTROL OF THE CON	Sign CAROUND	Tho de	Cortificate Number

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008894 Test Date: 03/12/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008894 Test Record Test Date: 03/12/2013 Test Time:

Test Record Number: 568
Test Time: 12:00pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:01pm
FLO	Pass	12:01pm
FC	Pass	12:01pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:01pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:02pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:02pm 12:02pm

Preventive Maintenance Status: Pass

Analyst

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

County B	laden	Instrument Location Blacker	County
Instrument Seri	al No. <u>008818</u>	Sheriff	Dept
The preventive four months are	= '	toximeters, Model Intox EC/IR II to be follow	wed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	displays pressure, or the alcoholic breath simugree centigrade;	ilator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ears, collect breath sample;	•
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	d	
10.		ster is being changed before expiration date, on after 125 Alcoholic	
procedures wer	e performed on the instrument ind	the forgoing the instrument is functioning properly.	preventive maintenance plations of the N.C.
TARE QUANTING	Activity Co.	Modern de la companya del companya del companya de la companya del companya de la companya de la companya del companya de la companya dela companya de la companya dela companya de la companya de la companya dela companya de la companya dela companya de la companya de la companya dela compan	601

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008818 Test Date: 03/12/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	11:38am 11:39am 11:40am 11:41am
SUB TEST	.00	11:41am
AIR BLK	.00	11:42am
SUB TEST	.00	11:43am
AIR BLK	.00	11:44am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

K. C. Maller Analyst

#### BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008818 Test Record Number: 611 Test Date: 03/12/2013 Test Time: 11:46am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:46am 11:46am
FC	Pass	11:46am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:46am
SRC	Pass	11:46am
DET	Pass	11:46am
BAR	Pass	11:46am
BT	Pass	11:46am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:47am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:47am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:47am 11:47am

Preventive Maintenance Status: Pass

Analyst

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

Instrument Serial No. 008626 Instrument Location New Handrer  Shoriff Off	CZ
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever four months are:	гу
<ol> <li>Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer s</li> <li>34 degrees, plus or minus .2 degree centigrade;</li> </ol>	hows
2. Verify instrument displays time and date;	
3. Initiate breath test sequence;	
4. Enter information as prompted;	
5. Verify instrument accuracy;	
6. When "PLEASE BLOW" appears, collect breath sample;	
7. When "PLEASE BLOW" appears, collect breath sample;	
8. Print test record;	
9. Verify Diagnostic Program; and	
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic brea simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator t whichever occurs first.	th ests,
I certify that on the day of carch, 20/3 the forgoing preventive mainten 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.	ance
The STATE of No. 1775 AND THE STATE OF THE S	
Signature of Certifying Official Certificate Number	

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008626 Test Date: 03/06/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/2101	Time
DIAG AIR BLK	Pass	9:09am 9:09am
ACCY CHK	.07	9:09am
AIR BLK	.00	9:11am
SUB TEST	.00	9:12am
AIR BLK	.00	9:13am
SUB TEST	.00	9:15am
ATR BLK	.00	9:16am

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

Kol. Myst Analyst

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008626

Test Record Number: 4245

Test Time: 9:21am EST Test Date: 03/06/2013

System Check: Passed

Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	9:22am 9:22am 9:22am 9:22am 9:22am
ÐΙ	I USD	J

#### Blank Tests

Test	Status	Time
AIR	Pass	9:23am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:23am
· ·	CRC Tests	
Test	Status	Time
COMP	Pass	9:23am

Preventive Maintenance Status: Pass

Pass

CAL

9:23am

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

County	Instrument Location New Sherift	Hanover
Instrument Se	erial No. 008617 Sher. F.	foffice
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followare:	ved at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simu 34 degrees, plus or minus .2 degree centigrade;	lator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, of simulator solution is being changed every four months or after 125 Alcoholic whichever occurs first.	or the alcoholic breath Breath Simulator tests,
procedures w	on the day of _Merrc, 20/3 the forgoing were performed on the instrument indicated above, in accordance with current regular of Health and Human Services, and the instrument is functioning properly.	preventive maintenance lations of the N.C.
THE STATE OF THE S	16. C. Marsh	Certificate Number

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008617 Test Date: 03/06/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:10am 9:10am
ACCY CHK	.00	9:10am 9:11am
AIR BLK	.00	9:12am
SUB TEST	.00	9:13am
AIR BLK	.00	9:14am
SUB TEST	.00	9:15am
AIR BLK	.00	9:16am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Serial Number: 008617 Test Date: 03/06/2013 Test Record Number: 2073

Test Time: 9:17am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:18am 9:18am
FC	Pass	9:18am

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:18am
SRC	Pass	9:18am
DET	Pass	9:18am
BAR	Pass	9:18am
$\mathtt{BT}$	Pass	9:18am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:19am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:19am
	CRC Tests	
ma a t	Ctatus	Timo

Test	Status	Time
COMP	Pass	9:19am
CAL	Pass	9:19am

Preventive Maintenance Status: Pass

Analyst

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

County No	ew Hanover Instrument Location Wilmington
	ial No. 008628 Police Dept.
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 o procedures we Department of	on the day of
THE STATE OF THE S	Signature of Certificial Certificate Number

#### NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628 Test Date: 03/06/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	7:55am
AIR BLK	.00	7:56am
ACCY CHK	.07	7:56am
AIR BLK	.00	7:57am
SUB TEST	.00	7:58am
AIR BLK	.00	7:59am
SUB TEST	.00	8:00am
AIR BLK	.00	8:01am

Reported AC: 1.00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

#### NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628
Test Date: 03/06/2013

Test Record Number: 2708
Test Time: 8:11am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:12am
FLO	Pass	8:12am
FC	Pass	8:12am

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:12am
SRC	Pass	8:12am
DET	Pass	8:12am
BAR	Pass	8:12am
BT	Pass	8:12am

#### Blank Tests

Test	Status	Time
AIR	Pass	8:13am

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:13an
	CRC Tests	

Test	Status	Time
COMP	Pass	8:13am
CAL	Pass	8:13am

Preventive Maintenance Status: Pass

M. C. Mode Analyst

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

County_	New Hanover Instrument Location Wrightsville Beach
Instrumer	New Hanover Instrument Location Wrightsville Beach nt Serial No. 008667 Police Dept.
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify the procedure Department	nat on the
GREAT STATES	ATE or 100 175 100 100 100 100 100 100 100 100 100 10
AND THE OU	K.C. Made 601
	Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008667 Test Date: 03/05/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008667 Test Date: 03/05/2013

Test Record Number: 1149
Test Time: 11:04am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
TR	Pass	11:05am
OIT	Pass	11:05am
FC	Pass	11:05am

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:06am

#### Printer Tests

Test

CAL

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

Status

Time

11:06am

Preventive Maintenance Status: Pass

Pass .

Analyst

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

	lew Hanover Instrument Location Carolina Beach P.T.
Instrument S	erial No. <u>CO8661</u>
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
THE STATE OF THE S	TO THE CANON TO TH
The QUANT	Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY CAROLINA BEACH PD 640

Serial Number: 008661 Test Date: 03/05/2013

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:56am 9:56am
ACCY CHK	.08	9:57am
AIR BLK	.00	9:58am
SUB TEST	.00	9:58am
AIR BLK	.00	9:59am
SUB TEST	.00	10:01am
ATR BIK	. 0.0	10:02am

Reported AC: .00/g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### NEW HANOVER COUNTY CAROLINA BEACH PD 640

Serial Number: 008661

Test Record Number: 1530

Test Date: 03/05/2013

Test Time: 10:03am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Status	Time
Pass	10:03am
	Pass Pass Pass Pass

#### Blank Tests

rest	Status	Time
AIR	Pass	10:04am

#### Printer Tests

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

Preventive Maintenance Status: Pass

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

County Z	BRUNSWICK	Instrument Location	OAKISLAND	PL
Instrument Ser	rial No			
		:		
The preventive four months ar	e maintenance procedures for the In	ntoximeters, Model Intox E	C/IR II to be followed at least onc	e every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alc gree centigrade;	oholic breath simulator thermome	eter shows
2.	Verify instrument displays time	e and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appe	ears, collect breath sample;		
7.	When "PLEASE BLOW" appe	ears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and	1		
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ster is being changed before aged every four months or a	expiration date, or the alcoholic fter 125 Alcoholic Breath Simula	breath tor tests,
I certify that on procedures wer Department of	theday of/ the performed on the instrument inditional Health and Human Services, and the	icated above, in accordance	the forgoing preventive main with current regulations of the N properly.	ntenance .C.
STATE OF STA	Noema Carolina Caroli	Mhoda		/
	' Signa	ture of Certifying Official	Certificate Num	ber

BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648 Test Date: 03/05/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	8:25am 8:26am
ACCY CHK	.07	8:27am
AIR BLK	.00	8:28am
SUB TEST	.00	8:28am
AIR BLK	.00	8:29am
SUB TEST	.00	8:31am
AIR BLK	.00	8:32am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

#### BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648 Test Record Number: 1077

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR.	Pass	8:33am
FLO	Pass	8:33am
FC	Pass	8:33am

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:33am
SRC	Pass	8:33am
DET	Pass	8:33am
BAR	Pass	8:33am
$\mathtt{BT}$	Pass	8:33am

#### Blank Tests

Test	Status	Time
AIR	Pass	8:33am

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:33am
	CRC Tests	

Status	Time
Pass	8:34am
Pass	8:34am
	Pass

Preventive Maintenance Status: Pass

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

	TOAIMETERS, MODEL INTOX EC/IR II
County	RUMSWICK Instrument Location BRUMSWICK COUNTY
Instrument Ser	ial No. 008602 Instrument Location BRUNSWICK County  Sheriff office
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on to procedures were Department of H	theday of, 2015 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.
TO THE STATE OF AN ANY 20, 1775	Service of the servic
***************************************	Signature of Certifying Official Certificate Number

#### BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008602 Test Date: 03/04/2013

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	10:11am 10:12am 10:13am 10:14am 10:14am
SUB TEST	.00	10:13am
AIR BLK	.00	10:17am
		/ all

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008602 Test Record Number: 2274
Test Date: 03/04/2013 Test Time: 10:19am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:20am

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

Instrument Serial No. DOB 5 85  The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever four months are:  1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer s 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first.  1 certify that on the	County	BRUNSWICK	Instrument Location_	BRUNSWICK Coun,
1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer s 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first.  I certify that on the	Instrumen	nt Serial No. <u>008585</u>		Shriff office
2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first.	The preve	ntive maintenance procedures for the I hs are:	ntoximeters, Model Intox F	EC/IR II to be followed at least once every
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first.  1 certify that on the	1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alegree centigrade;	lcoholic breath simulator thermometer show
<ol> <li>Enter information as prompted;</li> <li>Verify instrument accuracy;</li> <li>When "PLEASE BLOW" appears, collect breath sample;</li> <li>When "PLEASE BLOW" appears, collect breath sample;</li> <li>Print test record;</li> <li>Verify Diagnostic Program; and</li> <li>Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first.</li> <li>I certify that on the</li></ol>	2.	Verify instrument displays time	e and date;	
5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first.  1 certify that on the	3.	Initiate breath test sequence;		
<ol> <li>When "PLEASE BLOW" appears, collect breath sample;</li> <li>When "PLEASE BLOW" appears, collect breath sample;</li> <li>Print test record;</li> <li>Verify Diagnostic Program; and</li> <li>Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first.</li> <li>I certify that on the</li></ol>	4.	Enter information as prompted	•	
7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first.  I certify that on the	5.	Verify instrument accuracy;		
8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first.  I certify that on the	6.	When "PLEASE BLOW" app	ears, collect breath sample;	5
9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first.  I certify that on the	7.	When "PLEASE BLOW" appe	ears, collect breath sample;	•
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first.  I certify that on the	· 8.	Print test record;		
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first.  I certify that on the day of day of, 20	9.	Verify Diagnostic Program; an	d	- 1
I certify that on the	10.	simulator solution is being char	ister is being changed befor nged every four months or	re expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
STATE OF NO.	I certify the procedures Departmen	at on the day of	arc 4, 20 / licated above, in accordanc the instrument is functionin	the forgoing preventive maintenance with current regulations of the N.C. ng properly.
Signature of Certifying Official Certificate Number	ST.	ATE ON NO BEAUTY OF THE PARTY O	Machania	

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

Certificate Number

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008585 Test Date: 03/04/2013

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: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:11am
AIR BLK	.00	10:11am
ACCY CHK	.08	10:12am
AIR BLK	.00	10:13am
SUB TEST	.00	10:14am
AIR BLK	.00	10:15am
SUB TEST	.00	10:16am
ATR BLK	. 00	10:17am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

M. C./Moll

#### BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008585 Test Record Number: 2333
Test Date: 03/04/2013 Test Time: 10:18am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:19am
SRC	Pass	10:19am
DET	Pass	10:19am
BAR	Pass	10:19am
$\mathtt{BT}$	Pass	10:19am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:19am

#### Printer Tests

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

Pass

10:19am

Preventive Maintenance Status: Pass

CAL

Analyst

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

County BRU	MSWick B Instrument Location BAT Wable UNITY
Instrument Seri	al No. 068717
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of H	the
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.

Certificate Number

## BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008717 Test Date: 03/15/2013

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

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

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

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

Reported AC: ,.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008717 Test Record Number: 326
Test Date: 03/15/2013 Test Time: 10:37pm EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

Status	Time
Pass	10:38pm
	Pass Pass Pass Pass

## Blank Tests

Test	Status	Time
AIR	Pass	10:38pm

## Printer Tests

Test	Status	Time
PRNT	Pass	10:38pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:38pm 10:38pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	and Harrover Instrument Location BAV Makile Us. 44
Instrument S	Serial No. DOS 1/2
The preventi	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the day of day of 2013 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
OF QUANTY	Signature of Certifying Official  Certificate Number

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

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008717 Test Date: 03/16/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

rest	g/210L	Time
DIAG	Pass	9:24pm
AIR BLK	.00	9:25pm
ACCY CHK	.07	9:26pm
AIR BLK	.00	9:26pm
SUB TEST	.00	9:27pm
AIR BLK	.00	9:28pm
SUB TEST	.00	9:29pm
AIR BLK	.00	9:30pm

Reported AC: , .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008717 Test Record Number: 332 Test Date: 03/16/2013 Test Time: 9:46pm EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

Status	Time
Pass	9:46pm
	Pass Pass Pass Pass

## Blank Tests

Test	Status	Time
AIR	Pass	9:47pm

## Printer Tests

Test	Status	Time
PRNT	Pass	9:47pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:47pm

9:47pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

County //	and Harrover Instrument Location BAT Mobile Ulant 7
Instrument S	Instrument Location BAT Mobile Use 17  Serial No. DOS 134
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 w	on the day of da
THE STATE OF THE S	

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

Signature of Certifying Official

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008734 Test Date: 03/16/2013

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

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

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

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

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

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

To at

Test	g/210L	Time
DIAG	Pass	9:21pm
AIR BLK	.00	9:22pm
ACCY CHK	.07	9:22pm
AIR BLK	.00	9:23pm
SUB TEST	.00	9:24pm
AIR BLK	.00	9:25pm
SUB TEST	.00	9:26pm
AIR BLK	.00	9:27pm

~/210T

mi-ma

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008734

Test Record Number: 629

Test Date: 03/16/2013

Test Time: 9:30pm EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	9:31pm

## Printer Tests

Test	Status	Time
PRNT	Pass	9:31pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County 5	Purson ick G Instrument Location BAT Mobile Chity
Instrument S	erial No. <u>CCS 734</u>
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that opposed ures we Department of	on the
THE STATE OF THE S	

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

Certificate Number

## BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008734 Test Date: 03/15/2013

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: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test g/2101 Time

1050	9/2100	TIME
DIAG	Pass	10:15pm
AIR BLK	.00	10:16pm
ACCY CHK	.07	10:17pm
AIR BLK	.00	10: <b>1</b> 8pm
SUB TEST	.00	10:19pm
AIR BLK	.00	10:20pm
SUB TEST	.00	10:21pm
AIR BLK	.00	10:22pm

Reported AG: 400

ر00.⁄α/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

## BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008734

Test Record Number: 625

Test Date: 03/15/2013 Test Time: 10:29pm EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	10:31pm

## Printer Tests

Test	Status	Time
PRNT	Pass	10:31pm
	CRC Tests	
Test	Status	Time

COMP	Pass	10:31pm
CAL	Pass	10:31pm

Preventive Maintenance Status: Pass

Analyst

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

The	preventi 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;
u.	5.	Verify instrument accuracy;
2	6.	When "PLEASE BLOW" appears, collect breath sample;
	7.	When "PLEASE BLOW" appears, collect breath sample;
	8.	Print test record;
	9.	Verify Diagnostic Program; and
	10.	Verify that the ethanol gas canister is being changed before 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 cer	tify that o	on the

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

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008871 Test Date: 03/16/2013

Citation Number: M000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911

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

Analyst's Name: KEESLER, GRAYHAM C
Permit Number: 7682E

Effective: 02/01/2012-02/01/2014

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

Test Type: Breath Test

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

- /0107

rest	g/210L	Time
DIAG AIR BLK	Pass	9:18pm 9:19pm
ACCY CHK	.07	9:20pm
AIR BLK	.00	9:21pm
SUB TEST	.00	9:21pm
AIR BLK	.00	9:22pm
SUB TEST	.00	9:24pm
AIR BLK	.00	9:25pm

Reported AC: .00 g/210L

Lighature of Chemical Analyst

Court CVR

Analyst

## NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008871 Test Record Number: 623 Test Date: 03/16/2013 Test Time: 9:35pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	9:35pm
FLO	Pass	9:35pm
FC	Pass	9:36pm

## Temperature Tests

Status	Time
Pass	9:36pm
	Pass Pass Pass Pass

## Blank Tests

Test	Status	Time
AIR	Pass	9:36pm

## Printer Tests

Test	Status	Time
PRNT	Pass	9:36pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:37pm

Preventive Maintenance Status: Pass

Pass

CAL

9:37pm

Analyst

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

	INTOXIMETERS, MODEL INTOX EC/IR II
County	and Harroylea Instrument Location Bas Walshe Chy. 1)
Instrument S	erial No
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the day of day of 2023 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.
APIL OF THE STATE	Signature of Certifying Official  Certificate Number

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

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

> Serial Number: 008871 Test Date: 03/16/2013

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

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

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

Analyst's Name: KEESLER, GRAYHAM C Permit Number: 7682E Effective:

02/01/2012-02/01/2014

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

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

Test	g/210L	Time
DIAG	Pass	9:18pm
AIR BLK	.00	9:19pm
ACCY CHK	.07	9:20pm
AIR BLK	.00	9:21pm
SUB TEST	.00	9:21pm
AIR BLK	.00	9:22pm
SUB TEST	.00	9:24pm
AIR BLK	.00	9:25pm

.00 g/210L

Signature of Chemical Analyst

Court CVR

## NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008871 Test Record Number: 623 Test Date: 03/16/2013 Test Time: 9:35pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	9:35pm
FLO	Pass	9:35pm
FC	Pass	9:36pm

## Temperature Tests

Test	Status	Time
FC1	Pass	9:36pm
SRC	Pass	9:36pm
DET	Pass	9:36pm
BAR	Pass	9:36pm
BT	Pass	9:36pm

## Blank Tests

Test	Status	Time	
AIR	Pass	9:36pm	

## Printer Tests

Test	Status	Time
PRNT	Pass	9:36pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:37pm 9:37pm

Preventive Maintenance Status: Pass

Analyst

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

County 3	RUASSISTER CO Instrument Location BAT Whole Ular + 7
Instrument S	erial No. COSS /
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
TO THE STATE OF TH	
- Carrier	Signature of Certifying Official Certificate Number

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

## BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008871 Test Date: 03/15/2013

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

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

Test Type: Breath Test

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

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

Signature of Chemical Analyst

Court CVR

Analyst

## BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008871 Test Record Number: 619
Test Date: 03/15/2013 Test Time: 10:16pm EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	10:18pm

## Printer Tests

Test	Status	Time
PRNT	Pass	10:18pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:18pm 10:18pm

Preventive Maintenance Status: Pass

Analyst

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

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	on the day of day of , 20/3 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C.

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

Signature of Certifying Official

## BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008778 Test Date: 03/15/2013

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: KEESLER,
Permit Number:
Effective:
02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:06pm
ACCY CHK	.08	10:07pm
AIR BLK	.00	10:08pm
SUB TEST	.00	10:10pm
AIR BLK	.00	10:11pm
SUB TEST	.00	10:12pm
ATR BLK	. 00	10:13pm

Reported AC: ,.00 g/210Lp

Signature of Chemical Analyst

Court CVR

Analyst

## BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008778 Test Record Number: 1003 Test Date: 03/15/2013 Test Time: 10:31pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	10:31pm
FLO	Pass	10:31pm
FC	Pass	10:31pm

## Temperature Tests

Test	Status	Time
FC1	Pass	10:32pm
SRC	Pass	10:32pm
DET	Pass	10:32pm
BAR	Pass	10:32pm
BT	Pass	10:32pm

## Blank Tests

Test	Status	Time
AIR	Pass	10:32pm

## Printer Tests

Test	Status	Time
PRNT	Pass	10:32pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:32pm 10:32pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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

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

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008778 Test Date: 03/16/2013

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

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

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

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

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

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

- /OIOT

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	9:20pm 9:21pm 9:22pm
AIR BLK	.00	9:23pm
SUB TEST	.00	9:24pm
AIR BLK	.00	9:25pm
SUB TEST	.00	9:26pm
AIR BLK	.00	9:27pm

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

Court CVR

Analyst

## NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008778 Tes

Test Record Number: 1009

System Check: Passed

## Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	9:33pm
SRC	Pass	9:33pm
DET	Pass	9:33pm
BAR	Pass	9:33pm
$\mathtt{BT}$	Pass	9:33pm

## Blank Tests

Test	Status	Time
AIR	Pass	9:34pm

## Printer Tests

Test	Status	Time
PRNT	Pass	9:34pm

## CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

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

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

Signature of Certifying Official

## BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008760 Test Date: 03/15/2013

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: KEESLER, GRAYHAM C
Permit Number: 7682E
Effective:

02/01/2012-02/01/2014

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:12pm 10:13pm
ACCY CHK	.07	10:13pm
AIR BLK	.00	10:14pm
SUB TEST	.00	10:15pm
AIR BLK	.00	10:16pm
SUB TEST	.00	10:18pm
AIR BLK	.00	10:19pm

Reported AC: , .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008760 Test Record Number: 397 Test Time: 10:20pm EDT Test Date: 03/15/2013

System Check: Passed

Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	10:21pm
SRC	Pass	10:21pm
$\mathtt{DET}$	Pass	10:21pm
BAR	Pass	10:21pm
BT	Pass	10:21pm

## Blank Tests

Test	Status	Time
AIR	Pass	10:21pm

## Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County /	Serial No. 008760 Instrument Location BAT Me b. le	Chr. 7 M
	ive 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 simulate 34 degrees, plus or minus .2 degree centigrade;	or thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the simulator solution is being changed every four months or after 125 Alcoholic Br whichever occurs first.	
	on the day of da	ventive maintenance ons of the N.C.
STATE	E OCTOR DE LA CONTRACTION DE L	

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

Signature of Certifying Official

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008760 Test Date: 03/16/2013

Citation Number: M0000000-0 Subject's Name:

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	9:23pm
AIR BLK	.00	9:24pm
ACCY CHK	.07	9:25pm
AIR BLK	.00	9:26pm
SUB TEST	.00	9:26pm
AIR BLK	.00	9:27pm
SUB TEST	.00	9:30pm
AIR BLK	.00	9:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008760 Test Record Number: 401 Test Date: 03/16/2013 Test Time: 9:48pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	9:49pm
FLO	Pass	9:49pm
FC	Pass	9:49pm

## Temperature Tests

Status	Time
Pass	9:49pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	9:51pm

## Printer Tests

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

TESC	Status	TTME
COMP	Pass	9:51pm
CAL	Pass	9:51pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County //	Lew Hayover Instrument Location ISAT Mabrile Chart
Instrument S	erial No. <u>008623</u>
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the day of, 20 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	1682E
	Signature of Certifying Official Certificate Number

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

NEW HANOVER COUNTY BAT MOBILE UNIT 7
640

Serial Number: 008623 Test Date: 03/16/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:27pm
AIR BLK	.00	9:28pm
ACCY CHK	.07	9:28pm
AIR BLK	.00	9:29pm
SUB TEST	.00	9:30pm
AIR BLK	.00	9:31pm
SUB TEST	.00	9:35pm
AIR BLK	.00	9:36pm

Reported AC: > 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640
Serial Number: 008623 Test Record Number: 2659
Test Date: 03/16/2013 Test Time: 9:37pm EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	9:38pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:38pm

## CRC Tests

Test	Status	Time
COMP	Pass	9:38pm
CAL	Pass	9:38 pm

Preventive Maintenance Status: Pass

Analyst

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

County Be	Instrument Location BAT Mbbile. Chity
Instrument Se	rial No. <u>00 \$623</u>
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
procedures w	on the
THE STATE OF THE S	16825
	Signature of Certifying Official Certificate Number

BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008623 Test Date: 03/15/2013

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: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:25pm
AIR BLK	.00	10:26pm
ACCY CHK	.08	10:26pm
AIR BLK	.00	10:27pm
SUB TEST	.00	10:28pm
AIR BLK	.00	10:29pm
SUB TEST	.00	10:30pm
AIR BLK	.00	10:31pm

Reported AC: مر g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008623 Test Record Number: 2654 Test Date: 03/15/2013 Test Time: 10:43pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:44pm
SRC	Pass	10:44pm
DET	Pass	10:44pm
BAR	Pass	10:44pm
$\mathtt{BT}$	Pass	10:44pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:44pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:44pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County C	RAVEN Co Instrument Location BAT Mabile Mit 4
Instrument S	erial No. <u>208734</u>
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
THE STATE OF THE PROPERTY OF T	Signature of Certifying Official  Certificate Number

CRAVEN COUNTY BAT MOBILE UNIT 4 240

Serial Number: 008734 Test Date: 03/01/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	1:35pm 1:36pm 1:37pm 1:38pm 1:39pm 1:40pm
SUB TEST	.00	1:42pm
AIR BLK	.00	1:43pm

nature 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

#### CRAVEN COUNTY BAT MOBILE UNIT 4 240

Serial Number: 008734 Test Record Number: 617

Test Date: 03/01/2013 Test Time: 1:46pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	1:48pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:48pm
	CRC Tests	
Test	Status	Time

COMP Pass 1:48pm CALPass 1:48pm

Preventive Maintenance Status: Pass

Analyst

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

CRAVEN COUNTY BAT MOBILE UNIT 4 240

Serial Number: 008871 Test Date: 03/01/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	1:34pm 1:35pm
ACCY CHK	.00	1:35pm
AIR BLK	.00	1:37pm
SUB TEST	.00	1:37pm
AIR BLK	.00	1:38pm
SUB TEST	.00	1:40pm
AIR BLK	.00	1:41pm

Reported AC: .00 g/21

Signature of Chemical Analyst

Court CVR

#### CRAVEN COUNTY BAT MOBILE UNIT 4 240

Serial Number: 008871 Test Record Number: 607 Test Date: 03/01/2013 Test Time: 1:42pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:43pm
SRC	Pass	1:43pm
DET	Pass	1:43pm
BAR	Pass	1:43pm
$\mathtt{BT}$	Pass	1:43pm

#### Blank Tests

Test	Status	'l'ıme
AIR	Pass	1:43pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:43pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

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

Signature of Certifying Official

#### CRAVEN COUNTY BAT MOBILE UNIT 4 240

Serial Number: 008871 Test Date: 03/12/2013

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	7:59pm 8:00pm 8:00pm 8:01pm
SUB TEST	.00	8:02pm
AIR BLK	.00	8:03pm
SUB TEST	.00	8:04pm
AIR BLK	.00	8:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CRAVEN COUNTY BAT MOBILE UNIT 4 240

Serial Number: 008871 Test Date: 03/12/2013 Test Record Number: 616
Test Time: 8:06pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:07pm
FLO	Pass	8:07pm
FC	Pass	8:07pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:07pm
SRC	Pass	8:07pm
DET	Pass	8:07pm
BAR	Pass	8:07pm
BT	Pass	8:07pm

#### Blank Tests

Test	Status	Time

AIR Pass 8:07pm

#### Printer Tests

Test	Status	Time
ייווקס	Pagg	8 • 0.8pm

#### CRC Tests

Test	Status	Time
COMP	Pass	mq80:8
CAL	Pass	mq80:8

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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

CRAVEN COUNTY BAT MOBILE UNIT 4 240

Serial Number: 008734 Test Date: 03/12/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	8:04pm
AIR BLK	.00	8:05pm
ACCY CHK	.07	8:05pm
AIR BLK	.00	8:06pm
SUB TEST	.00	8:07pm
AIR BLK	.00	8:08pm
SUB TEST	.00	8:09pm
ATR BLK	.00	8:10pm

Reported AC: 1.00 g/210L

signature of Chemical Analyst

Court CVR

Analyst

#### CRAVEN COUNTY BAT MOBILE UNIT 4 240

Serial Number: 008734

Test Record Number: 623

Test Date: 03/12/2013

Test Time: 8:12pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:13pm
FLO	Pass	8:13pm
FC	Pass	8:13pm

#### Temperature Tests

Status	Time
Pass	8:13pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time	
AIR	Pass	8:13pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:13pm

#### CRC Tests

Test	Status	Time
COMP	Pass	8:14pm
CAL	Pass	8:14pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C	PAVEN Co Instrument Location Bat Mobile Uhrit 4
Instrument Se	
The preventive four months a	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 show
	34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
STATE OF THE CREAT	

#### CRAVEN COUNTY BAT MOBILE UNIT 4 240

Serial Number: 008717 Test Date: 03/12/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

g/210L	Time
Pass .00 .07	8:01pm 8:02pm 8:03pm
.00	8:03pm
.00	8:04pm
.00	8:05pm
.00	8:07pm
.00	mq80:8
	Pass .00 .07 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CRAVEN COUNTY BAT MOBILE UNIT 4 240

Serial Number: 008717 Test Record Number: 324
Test Date: 03/12/2013 Test Time: 8:09pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	8:09pm 8:09pm
FC	Pass	mqe0:8

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:09pm
SRC	Pass	8:09pm
DET	Pass	8:09pm
BAR	Pass	8:09pm
$\mathtt{BT}$	Pass	8:09pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	8:10pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:10pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	8:10pm 8:10pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location BAT Mabile Whit 4
Instrument Se	rial No. 208871 Tacksonville P.D.
The preventiv	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 of procedures we Department of	on the
THE STATE OF THE S	TO THE CARD IN THE

ONSLOW COUNTY BAT MOBILE UNIT 4 660

Serial Number: 008871 Test Date: 03/08/2013

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, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG203902

Exp Date: 02/08/2014

Test	g/210L	Time
DIAG	Pass	9:28pm
AIR BLK	.00	9:29pm
ACCY CHK	.07	9:29pm
AIR BLK	.00	9:30pm
SUB TEST	.00	9:31pm
AIR BLK	.00	9:32pm
SUB TEST	.00	9:33pm
ATR BLK	. 0.0	9:34pm

of Chemical Analyst

Court CVR

Analyst

#### ONSLOW COUNTY BAT MOBILE UNIT 4 660

Serial Number: 008871

Test Record Number: 612

Test Date: 03/08/2013

Test Time: 9:35pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:36pm
SRC	Pass	9:36pm
DET	Pass	9:36pm
BAR	Pass	9:36pm
BT	Pass	9:36pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:37pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:37pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	2015/oca Co Instrument Location BAT Makile Unit 4
Instrument S	Serial No. 068434 Tacksey Ville P.D.
The preventi	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 March, 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.
STATI ST	Signature of Certifying Official  Certificate Number

#### ONSLOW COUNTY BAT MOBILE UNIT 4 660

Serial Number: 008734 Test Date: 03/08/2013

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, GRAYHAM C Permit Number: 7682E

Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:29pm
AIR BLK	.00	9:30pm
ACCY CHK	.07	9:31pm
AIR BLK	.00	9:32pm
SUB TEST	.00	9:32pm
AIR BLK	.00	9:34pm
SUB TEST	.00	9:36pm
AIR BLK	.00	9:37pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ONSLOW COUNTY BAT MOBILE UNIT 4 660

Serial Number: 008734 Test Record Number: 621 Test Date: 03/08/2013 Test Time: 9:38pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	9:40pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:40pm
	CDC Tosts	

#### CRC Tests

 ess 9:40pm ess 9:40pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County DA	Slow Co. Instrument Location BAT Mobile Unit 4
Instrument Seria	al No. DO8717 Tacksonville P.D.
The preventive i	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the day of <u>March</u> , 20 <u>13</u> 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 STATE O	Signature of Certifying Official  Certificate Number

#### ONSLOW COUNTY BAT MOBILE UNIT 4 660

Serial Number: 008717 Test Date: 03/08/2013

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, GRAYHAM C
Permit Number: 7682E
Effective:
02/01/2012-02/01/2014

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

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

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

Reported, AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ONSLOW COUNTY BAT MOBILE UNIT 4 660

Serial Number: 008717 Test Record Number: 322 Test Date: 03/08/2013 Test Time: 9:41pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	9:42pm

#### Printer Tests

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

9:42pm

9:42pm

Preventive Maintenance Status: Pass

Pass

Pass

COMP

ÇAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location, The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; Enter information as prompted; 4. 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record; 9. Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. , 20/5 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

#### ONSLOW COUNTY BAT MOBILE UNIT 4 660

Serial Number: 008717 Test Date: 03/08/2013

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, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: ..00 g/2101

Signature of Chemical Analyst

Court CVR

#### ONSLOW COUNTY BAT MOBILE UNIT 4 660

Serial Number: 008717 Test Record Number: 322 Test Date: 03/08/2013 Test Time: 9:41pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	9:42pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

9:42pm

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

	INTOAIMETERS, MODEL INTOX EC/IR II
County Bo.	Instrument Location Bethie (o. S.O.
Instrument Ser	ial No. DO 8897 104 Dundee St., Windson, L
The preventive four months are	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	n the 12 <sup>th</sup> day of March, 20 13 the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
CREATE OWN NOTES OF THE STATE O	Tell St. 643
Ž. į	Signature of Certifying Official Certificate Number

BERTIE COUNTY BERTIE CO SO 070

1 11 45

Serial Number: 008897 Test Date: 03/12/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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	11:11am 11:12am 11:13am
AIR BLK	.00	11:14am
SUB TEST	.00	11:15am
AIR BLK	.00	11:16am
SUB TEST	.00	11:17am
ATR BLK	. 00	11:18am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

**A**nalyst

#### BERTIE COUNTY BERTIE CO SO 070

Test Record Number: 751
Test Time: 11:21am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:21am
FLO	Pass	11:21am
FC	Pass	11:21am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:21am
SRC	Pass	11:21am
DET	Pass	11:21am
BAR	Pass	11:21am
BT	Pass	11:21am

#### Blank Tests

Test	Status	Time
ΔTR	Pass	11.22am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:22am
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

11:22am 11:22am

COMP

CAL

Analyst

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

County	WALE	Instrument Location_	1347 MI	Bile Linit the
Instrument So	erial No. <u>008600</u>		4pex_	
The preventive four months a	ve maintenance procedures for the In	ntoximeters, Model Intox	EC/IR II to be fol	lowed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the a gree centigrade;	lcoholic breath si	mulator thermometer shows
2.	Verify instrument displays time	e and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;	·		
6.	When "PLEASE BLOW" appe	ears, collect breath sample	;	•
7.	When "PLEASE BLOW" appe	ears, collect breath sample	5	
8.	Print test record;			
9.	Verify Diagnostic Program; and	1		
10.	Verify that the ethanol gas canisimulator solution is being charwhichever occurs first.	ster is being changed befo ged every four months or	re expiration date after 125 Alcoho	, or the alcoholic breath lic Breath Simulator tests,
I certify that of procedures we Department of	on theday ofday of	icated above, in accordance	ce with current re	ng preventive maintenance gulations of the N.C.
OTHE STATE OF THE	CAROLINA (CONT.)	C //10	39 X	656
	Sign	ature of Certifying Officia		Cartificate Number

#### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Record Number: 1170 Test Date: 03/08/2013 Test Time: 11:14pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:15pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:15pm
	CRC Tests	
Test	Status	Time
COMP	Pass	11:15pm

11:15pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Date: 03/08/2013

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: YY

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:05pm 11:06pm 11:07pm
AIR BLK SUB TEST	.00	11:07pm 11:08pm 11:09pm
AIR BLK	.00	11:10pm
SUB TEST AIR BLK	<b>.00</b> .00	11:12pm 11:13pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

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

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

#### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698

Test Record Number: 929

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:23pm
SRC	Pass	11:23pm
DET	Pass	11:23pm
BAR	Pass	11:23pm
BT	Pass	11:23pm

#### Blank Tests

Test	Status	Time

AIR 11:24pm Pass

#### Printer Tests

Test	Status	Time

PRNT 11:24pm Pass

#### CRC Tests

Test	Status	Time
COMP	Pass	11:24pm

CAL 11:24pm Pass

Preventive Maintenance Status: Pass

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Date: 03/08/2013

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: 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	Pass .00 .07	11:12pm 11:13pm 11:13pm 11:14pm
SUB TEST	.00	11:15pm
AIR BLK	.00	11:16pm
SUB TEST	.00	11:18pm
AIR BLK	.00	11:19pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County L	Instrument Location Fat Mable (WIT
Instrument Seria	1No. 605788 APEX
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 a procedures were Department of H	theday of
TOT THE STATE OF AN AND AND	Signature of Cartificing Official Cartificate Number

#### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788

Test Record Number: 786

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:21pm

### Printer Tests

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

11:21pm PRNT Pass

#### CRC Tests

Test	Status	Time
COMP	Pass	11:21pm
CAL	Pass	11:21pm

Preventive Maintenance Status: Pass

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Date: 03/08/2013

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

$\mathcal{O}$	INTOXIMETERS, MODEL INTOX EC/IR II
County	ERSON Instrument Location PERSON CO. LEC
Instrument Ser	rial No. 008693 120 COURT ST. PUYBORD, M
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	n the
THE STATE OF THE PARTY OF THE P	Signature of Certifying Official Certificate Number

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693 Test Date: 03/04/2013

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:
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: AG303502 Exp Date: 02/04/2015

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693 Test Record Number: 902 Test Date: 03/04/2013 Test Time: 12:15pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:16pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County_	}		PERSON CO. LEC
Instrument S	Serial No. <u>008880</u>	120 COURT	ST. PUXBORD, N.
The prevent four months		Intoximeters, Model Intox E	CC/IR II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		coholic breath simulator thermometer show
2.	Verify instrument displays tim	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	1;	
5.	Verify instrument accuracy;		
<b>6.</b>	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; ar	nd	
10.			re expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
procedures	t on the day of	dicated above, in accordanc	the forgoing preventive maintenance with current regulations of the N.C. ag properly.
THE STATE OF THE S	W	DeAct Dature of Certifying Officia	l Certificate Number

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880 Test Date: 03/04/2013

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880 Test Record Number: 522 Test Date: 03/04/2013 Test Time: 12:14pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:16pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County 5	exhuille	Instrun	nent Loca	ation_	OYFORD	P.B.	
Instrument Seri	al No. <u>008933</u>	<u>204</u>	Œ.	H	*CIANAHAN	ST	OYFORD
The preventive four months are	maintenance procedures for the	Intoximeters	s, Model	Intox	EC/IR II to be follow	ved at least of	once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2			r the a	alcoholic breath simu	lator thermo	meter shows
2.	Verify instrument displays ti	me and date;					
3.	Initiate breath test sequence;						
4.	Enter information as prompt	ed;					
5.	Verify instrument accuracy;						
6.	When "PLEASE BLOW" ap	ppears, collec	t breath	sampl	<b>e</b> ;		
7.	When "PLEASE BLOW" ap	ppears, collec	t breath	sampl	e;		
8.	Print test record;						
9.	Verify Diagnostic Program;	and					
10.	Verify that the ethanol gas consimulator solution is being considered whichever occurs first.	anister is beir hanged every	ng change four mo	ed bef nths o	ore expiration date, or after 125 Alcoholic	r the alcoho Breath Sim	lic breath ulator tests,
procedures wer	theday of te performed on the instrument Health and Human Services, an	indicated abo	ve, in ac	cordai	nce with current regu	preventive r lations of the	naintenance e N.C.
TAN 20 TO STATE OF THE OWN TO STATE OF THE OWN TO STATE OF THE OWN TO STATE OWN TO	NOS THE CAROLINA S	Market (	ertifying	Δ/IA-1 Offic	ial	652 Certificate N	Number

GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008923 Test Date: 03/05/2013

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	1:10pm 1:11pm 1:12pm 1:13pm
SUB TEST	.00	1:13pm
AIR BLK	.00	1:14pm
SUB TEST	.00	1:15pm
AIR BLK	.00	1:16pm

Reported AC: .00 g/210L

Signature Of Chemical Analyst

Court CVR

#### GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008923 Test Record Number: 899
Test Date: 03/05/2013 Test Time: 1:17pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:17pm
FLO	Pass	1:17pm
FC	Pass	1:17pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	1:17pm 1:17pm 1:17pm 1:17pm 1:17pm

#### Blank Tests

Test	Status	Time
e"		
AIR	Pass	1:18pm

### Printer Tests

Test	Status	Time
PRNT	Pass	1:18pm

#### CRC Tests

Test	Status	Time
COMP	Pass	1:18pm
CAL	Pass	1:18pm

Preventive Maintenance Status: Pass

Analyst

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

	INTOXIMETERS, MODEL INTOX EC/IR II
County Cu	Instrument Location AMBERIAND Co. DETENTION FA
Instrument Seria	al No. 008632 Fayetteville NC
The preventive i	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the <u>Olo</u> day of <u>NARCH</u> , 20 /3 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF ANY TO THE ST	Signature of Certifying Official Certificate Number

### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632 Test Date: 03/06/2013

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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#### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632 Test Date: 03/06/2013 Test Record Number: 2341

Test Time: 9:38am EST

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	9:39am

#### Printer Tests

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

COMP	Pass	9:39am
CAL	Pass	9:39am

Preventive Maintenance Status: Pass

Analyst

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

County	COMBERCAND Instrument Location Compeziano Co TRETENTION FACILI
Instrument	Serial No. 008672 Fayetterille NC
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.
procedures	at on the <u>Ob</u> day of <u>MARCH</u> , 20 13 the forgoing preventive maintenance is were performed on the instrument indicated above, in accordance with current regulations of the N.C. into f Health and Human Services, and the instrument is functioning properly.
SO THE CAREAT CA	ATE OF NOTES AND THE CONTROL OF THE
	Signature of Certifying Official Certificate Number

#### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008672 Test Date: 03/06/2013

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

Driver's License 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: AG206103 Exp Date: 03/01/2014

Test	g/210L	Time
DIAG	Pass	9:36am
AIR BLK	.00	9:36am
ACCY CHK	.07	9:37am
AIR BLK	.00	9:38am
SUB TEST	.00	9:39am
AIR BLK	.00	9:40am
SUB TEST	.00	9:41am
AIR BLK	.00	9:42am

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

#### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008672

Test Record Number: 3408

Test Date: 03/06/2013

Test Time: 9:49am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
		* · •
IR	Pass	9:50am
FLO	Pass	9:50am
FC	Pass	9:50am

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	9:51am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:51am
	CRC Tests	

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

Preventive Maintenance Status: Pass

— Sanalyst Russell

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

County Carry	herland Instrument Location Cumberland Co. Deterdio
Instrument Seria	INO. 008614 Fayetteville, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the day of work, 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.
CORPATE OF THE TOTAL OF THE TOT	Signature of Certifying Official Certificate Number

#### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008614 Test Date: 03/06/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: 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: AG303502 Exp Date: 02/04/2015

Test	g/210L	Time
DIAG	Pass	9:38am
AIR BLK	.00	9:38am
ACCY CHK	.08	9:39am
AIR BLK	.00	9:40am
SUB TEST	.00	9:41am
AIR BLK	.00	9:42am
SUB TEST	.00	9:43am
AIR BLK	.00	9:44am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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#### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008614

Test Record Number: 2197

Test Date: 03/06/2013

Test Time: 9:45am EST

System Check: Passed

#### Baseline **Tests**

Test	Status	Time
IR FLO	Pass Pass	9:45am 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

	<b>C</b> la - <b>b</b>	m-i
	CRC Tests	
PRNT	Pass	9:46am
Test	Status	Time

Test	Status	Time
COMP	Pass Pass	9:46am 9:46am
CAL	rass	J. Hoans

Preventive Maintenance Status: Pass

Analyst

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

County <u>Cu vvi</u>	horland Instrument Location Cumberland Co. Defendice
Instrument Seria	No. 008633 Fayetteuille, NC
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	he
STATE OF N	Signature of Certifying Official Certificate Number

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008633 Test Date: 03/06/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Driver's License Number: NONE

Analyst's Name: 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: AG303502 Exp Date: 02/04/2015

Test	g/210L	Time
DIAG	Pass	9:34am
AIR BLK	.00	9:35am
ACCY CHK	.07	9:35am
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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008633

Test Record Number: 2395

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Status	Time
Pass	9:43am
	Pass Pass Pass Pass

#### 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	9:44am
CAL	Pass	9:44am

Preventive Maintenance Status: Pass

Analyst

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

County Ha	Instrument Location Dann tolice Dept.
Instrument Ser	rial No. 008644 Duwn, NC
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9,	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	on the 5 day of March, 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.
STATE OF THE STATE OF THE COLUMN TO THE COLU	Signature of Certifying Official Certificate Number

#### HARNETT COUNTY DUNN POLICE DEPT, 420

Serial Number: 008644 Test Date: 03/05/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

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

Permit Number: 21535E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	1:23pm 1:23pm 1:24pm
AIR BLK SUB TEST	.00	1:25pm 1:26pm
AIR BLK SUB TEST	.00	1:27pm 1:29pm
AIR BLK	.00	1:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### HARNETT COUNTY DUNN POLICE DEPT. 420

Serial Number: 008644

Test Record Number: 953

Test Date: 03/05/2013 Test Time: 1:31pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:32pm
SRC	Pass	1:32pm
DET	Pass	1:32pm
BAR	Pass	1:32pm
$\mathtt{BT}$	Pass	1:32pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:32pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:32pm
	CRC Tests	
		_

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

Preventive Maintenance Status: Pass

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

	INTOXIMETERS, MODEL INTOX EC/IX II
County 62	Instrument Location But Mobile Lair #5
Instrument Seria	al No. COSboo Hour Springs
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
OF THE STATE OF THE TOTAL OF THE STATE OF TH	Signature of Certifying Official Certificate Number

#### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600

Test Record Number: 1166

Test Date: 03/01/2013

Test Time: 10:54pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:54pm 10:54pm
FC	Pass	10:54pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET	Pass Pass Pass	10:54pm 10:54pm 10:54pm
BAR	Pass	10:54pm
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	Pass	10:55pm
CAL	Pass	10:55pm

Preventive Maintenance Status: Pass

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Date: 03/01/2013

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G
Permit Number: 9372E
Effective:
10/01/2011-10/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG203102 Exp Date: 01/31/2014

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	10:45pm 10:46pm 10:46pm 10:47pm
SUB TEST	.00	10:48pm
AIR BLK	.00	10:49pm
SUB TEST	.00	10:52pm
AIR BLK	.00	10:52pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Wake Instrument Location Rate	MOBILE UNIT
Instrument :	ent Serial No. COF788 HELL	y Springs
The prevent four months	ventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to booths are:	e followed at least once every
1.	. Verify the ethanol gas canister displays pressure, or the alcoholic brea 34 degrees, plus or minus .2 degree centigrade;	th simulator thermometer shows
2.	. Verify instrument displays time and date;	
3.	. Initiate breath test sequence;	
4.	. Enter information as prompted;	
5.	. Verify instrument accuracy;	
6.	. When "PLEASE BLOW" appears, collect breath sample;	
7.	. When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	. Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Al whichever occurs first.	
	that on the day of, 20 / 3 the formes were performed on the instrument indicated above, in accordance with current of Health and Human Services, and the instrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
ATZ 200 PER VICE OF THE PROPERTY OF THE PROPER	STATE ON TO THE CONTROL OF THE CONTR	636

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

#### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Date: 03/01/2013

Test Record Number: 782 Test Time: 10:56pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:57pm
FLO	Pass	10:57pm
FC	Pass	10:57pm

#### Temperature Tests

Test	Status	Time
<b>5</b> 01	D	10 55
FC1	Pass	10:57pm
SRC	Pass	10:57pm
DET	Pass	10:57pm
BAR	Pass	10:57pm
BT	Pass	10:57pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:57pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:58pm
	CRC Tests	

Test	Status	Time
COMP	Pass	10:58pm
CAL	Pass	10:58pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Date: 03/01/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G
Permit Number: 9372E
Effective:
10/01/2011-10/01/2013

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG123502 Exp Date: 08/23/2013

rest	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	10:48pm 10:49pm 10:50pm 10:50pm
SUB TEST	.00	10:50pm
AIR BLK	.00	10:52pm
SUB TEST	.00	10:54pm
AIR BLK	.00	10:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Analyst

PREVENTIVE MAINTENANCE RECORD

INTOXIMETERS, MODEL INTOX EC/IR II

County Hoke Co., Instrument Location BAT Whobile Chit4

Instrument Serial No. 208834

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;
- 7. When "PLEASE BLOW" appears, collect breath sample;
- 8. Print test record;
- 9. Verify Diagnostic Program; and
- 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

STATE OF CHAN YOUTH

Signature of Certifying Official

Certificate Number

HOKE COUNTY BAT MOBILE UNIT 4 460

Serial Number: 008734 Test Date: 03/23/2013

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 State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG920302 Exp Date: 09/06/2013

Test	g/210L	Time
DIAG AIR BLK	Pass	9:44pm 9:45pm
ACCY CHK	.07	9:45pm
AIR BLK SUB TEST	.00 .00	9:46pm <b>9:47pm</b>
AIR BLK	.00	9:48pm
SUB TEST	.00	9:49pm
AIR BLK	.00	9:50pm

Reported AC, 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## HOKE COUNTY BAT MOBILE UNIT 4 460

Serial Number: 008734 Test Record Number: 635 Test Date: 03/23/2013 Test Time: 9:52pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:53pm 9:53pm
FC	Pass	9:53pm

## Temperature Tests

Test	Status	Time
FC1	Pass	9:53pm
SRC	Pass	9:53pm
DET	Pass	9:53pm
BAR	Pass	9:53pm
BT	Pass	9:53pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:54pm

## Printer Tests

lesc	status	111116
PRNT	Pass	9:54pm

## CRC Tests

Test	Status	Time
COMP	Pass	9:54pm
CAL	Pass	9:54pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	INTOXIMETERS, MODEL INTOX EC/IR II  Acke Co. Instrument Location BAT While Child
Instrument S	erial No. <u>008834</u>
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sho 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
procedures v	on the day of March, 20/3 the forgoing preventive maintenance of the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATE STATE OF THE CORPAL PROPERTY OF THE CORPATY OF THE C	1682 E
	Signature of Certifying Official Certificate Number

HOKE COUNTY BAT MOBILE UNIT 4 460

Serial Number: 008734 Test Date: 03/23/2013

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C
Permit Number: 7682E
Effective:
02/01/2012-02/01/2014

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG920302 Exp Date: 09/06/2013

Test	g/210L	Time
DIAG AIR BLK	Pass	9:44pm 9:45pm
ACCY CHK	.07	9:45pm
AIR BLK	.00	9:46pm
SUB TEST	.00	9:47pm
AIR BLK	.00	9:48pm
SUB TEST	.00	9:49pm
AIR BLK	.00	9:50pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### HOKE COUNTY BAT MOBILE UNIT 4 460

Serial Number: 008734

Test Record Number: 635

Test Date: 03/23/2013

Test Time: 9:52pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	9:53pm
FLO	Pass	9:53pm
FC	Pass	9:53pm

## Temperature Tests

Test	Status	Time
FC1	Pass	9:53pm
SRC	Pass	9:53pm
$\mathbf{DET}$	Pass	9:53pm
BAR	Pass	9:53pm
BT	Pass	9:53pm

## Blank Tests

Test	Status	Time
AIR	Pass	9:54pm

#### Printer Tests

	rest	Status	Time
PRNT Pass 9:54pm	PRNT	Pass	9:54pm

## CRC Tests

Test	Status	Time
COMP	Pass	9:54pm
CAL	Pass	9:54pm

Preventive Maintenance Status: Pass

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	toke Co Instrument Location BAT Mobile Unity
Instrument Se	1_// /
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the <u>23<sup>th</sup></u> day of <u>MARch</u> , 20 <u>17</u> 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.
THE STATE OF THE S	Signature of Certifying Official  Certificate Number

HOKE COUNTY BAT MOBILE UNIT 4 460

Serial Number: 008871 Test Date: 03/23/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG203902 Exp Date: 02/08/2014

Test	g/210L	Time
DIAG	Pass	9:46pm
AIR BLK	.00	9:47pm
ACCY CHK	.07	9:48pm
AIR BLK	.00	9:49pm
SUB TEST	.00	9:49pm
AIR BLK	.00	9:50pm
SUB TEST	.00	9:52pm
AIR BLK	.00	9:53pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### HOKE COUNTY BAT MOBILE UNIT 4 460

Serial Number: 008871

Test Record Number: 629

Test Date: 03/23/2013

Test Time: 9:54pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	9:54pm
FLO	Pass	9:54pm
FC	Pass	9:54pm

## Temperature Tests

Test	Status	Time
FC1	Pass	9:55pm
SRC	Pass	9:55pm
DET	Pass	9:55pm
BAR	Pass	9:55pm
BT	Pass	9:55pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:55pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:55pm

### CRC Tests

Test	Status	Time
COMP	Pass	9:55pm
CAL	Pass	9:55pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	toke Co Instrument Location BAT Mobile Chity	
Instrument So	erial No. <u>0086</u> 1/	
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 sho 34 degrees, plus or minus .2 degree centigrade;	W!
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.	s,
	on the	Э
STATE OF THE STATE	Signature of Certifying Official Certificate Number	-

HOKE COUNTY BAT MOBILE UNIT 4 460

Serial Number: 008871 Test Date: 03/23/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG203902

Exp Date: 02/08/2014

Test	g/210L	Time
DIAG	Pass	9:46pm
AIR BLK	.00	9:47pm
ACCY CHK	.07	9:48pm
AIR BLK	.00	9:49pm
SUB TEST	.00	9:49pm
AIR BLK	.00	9:50pm
SUB TEST	.00	9:52pm
ATR BLK	.00	9:53pm

Signature of Chemical Analyst

Court CVR

**Analyst** 

## HOKE COUNTY BAT MOBILE UNIT 4 460

Serial Number: 008871

Test Record Number: 629

Test Date: 03/23/2013

Test Time: 9:54pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:54pm 9:54pm
FC	Pass	9:54pm

## Temperature Tests

Test	Status	Time
FC1	Pass	9:55pm
SRC	Pass	9:55pm
DET	Pass	9:55pm
BAR	Pass.	9:55pm
BT	Pass	9:55pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:55pm

## Printer Tests

Test	Status	Time
PRNT	Pass	9:55mm

### CRC Tests

Test	Status	Time
COMP	Pass	9:55pm
CAL	Pass	9:55pm

Preventive Maintenance Status: Pass

Analyst