PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Polk	strument Location_	Polk	County SD
Instrumen	nt Serial No. <u>008832</u>	46 Ward 828-8	Street 94-30	Columbus
The preve	rentive maintenance procedures for the Intoxinaths are:	neters, Model Intox I	EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister displaced at degrees, plus or minus .2 degree of		lcoholic bre	ath simulator thermometer shows
2.	Verify instrument displays time and	date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears, of	collect breath sample) ;	
7.	When "PLEASE BLOW" appears, of	ollect breath sample); ;	
8.	Print test record;	. •		*** *
9.	Verify Diagnostic Program; and		41 41#1	·
10.	Verify that the ethanol gas canister i simulator solution is being changed whichever occurs first.	s being changed beforevery four months of	ore expiration r after 125 A	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
procedure	that on the <u>JHM</u> day of <u>Novem</u> res were performed on the instrument indicate nent of Health and Human Services, and the in	d above, in accordan	ice with curi	forgoing preventive maintenance rent regulations of the N.C.
CAREATOR OF THE PROPERTY OF TH	CHANNEL TO STATE OF THE STATE O	of Certifying Office	ial	650 Certificate Number

POLK COUNTY POLK COUNTY SD 740

Serial Number: 008832 Test Date: 11/14/2013

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

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

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

Test	g/210L	Time
DIAG	Pass	3:27pm
AIR BLK	.00	3:28pm
ACCY CHK	.08	3:28pm
AIR BLK	.00	3:30pm
SUB TEST	.00	3:30pm
AIR BLK	.00	3:31pm
SUB TEST	.00	3:32pm
AIR BLK	.00	3:33pm

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

POLK COUNTY POLK COUNTY SD 740

Serial Number: 008832 Test Record Number: 913 Test Date: 11/14/2013 Test Time: 3:34pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	3:35pm 3:35pm 3:35pm 3:35pm 3:35pm
- A	1 400	J.JJp

Blank Tests

Test	Status	Time
AIR	Pass	3:36pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:36pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:36pm 3:36pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ru	therford	Instrument Location Ruther ford County 5D
Instrument Ser	rial No. <u>008914</u>	400 N. Washington Street, Rutherfordton 828-627-6247
The preventive four months ar		Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2	er displays pressure, or the alcoholic breath simulator thermometer shows degree centigrade;
2.	Verify instrument displays tin	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	opears, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; a	and
10.		anister is being changed before expiration date, or the alcoholic breath nanged every four months or after 125 Alcoholic Breath Simulator tests,
procedures we	re performed on the instrument i	the forgoing preventive maintenance ndicated above, in accordance with current regulations of the N.C. d the instrument is functioning properly.
O'ME STATE ON THE STATE OF OUR PART IS LIFE.	NO.	Lath 650

RUTHERFORD COUNTY RUTHERFORD COUNTY SD 800

> Serial Number: 008914 Test Date: 11/14/2013

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	2:32pm 2:33pm 2:33pm 2:34pm 2:35pm 2:36pm
SUB TEST	.00	2:38pm
AIR BLK	.00	2:39pm

Reported AC: .00 g/210L

gnature of Chemical Analyst

Court CVR

RUTHERFORD COUNTY RUTHERFORD COUNTY SD 800

Serial Number: 008914 Test Record Number: 1308
Test Date: 11/14/2013 Test Time: 2:40pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:41pm
FLO	Pass	2:41pm
FC	Pass	2:41pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:41pm
SRC	Pass	2:41pm
DET	Pass	2:41pm
BAR	Pass	2:41pm
BT	Pass	2:41pm

Blank Tests

Test	Status	Time
AIR	Pass	2:42pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:42pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:42pm

Pass

2:42pm

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

,	INTOXIMETERS, MODEL INTOX EV	
County Lev	noi/ Instrument Location Leno	iv 60. S.O
Instrument Se	rial No. 008639 130 Queen St., A	Kinston, N.C
The preventiv four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II tre:	o be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic be 34 degrees, plus or minus .2 degree centigrade;	reath 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 expiral simulator solution is being changed every four months or after 125 whichever occurs first.	
procedures w	on the day of November, 20/3 there performed on the instrument indicated above, in accordance with conf Health and Human Services, and the instrument is functioning proper	arrone regulations of the free.
STATE OF STA	S TORIU CAROLLINA	
ARRE 12, 176	Zu I	643
	Signature of Certifying Official	Certificate Number

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639 Test Date: 11/26/2013

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:17am 11:18am 11:19am
AIR BLK	.00	11:20am
SUB TEST	.00	11:21am
AIR BLK	.00	11:22am
SUB TEST	.00	11:23am
AIR BLK	.00	11:24am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639 Test Record Number: 2165

Test Date: 11/26/2013 Test Time: 11:25am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	11:26am 11:26am
DET	Pass	11:26am
BAR	Pass	11:26am
\mathtt{BT}	Pass.	11:26am

Blank Tests

Test	Status	Time
AIR	Pass	11:27am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

1	intoximeters, model intox echt i
County Le	Instrument Location Kinston P.D.
Instrument S	erial No. 008624 205 E. King St., Kinston, N.C.
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
procedures v	on the day of November, 20/3 the forgoing preventive maintenance vere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATE STATE OF THE	2007 2007 2007 2007 2007 2007 2007 2007
	Signature of Certifying Official Certificate Number

LENOIR COUNTY KINSTON PD 530

Serial Number: 008624 Test Date: 11/26/2013

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

LENOIR COUNTY KINSTON PD 530

Serial Number: 008624

Test Record Number: 1308

Test Date: 11/26/2013

Test Time: 10:38am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:39am
FLO	Pass	10:39am
FC	Pass	10:39am

Temperature Tests

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

Blank Tests

Test	Status	Time
ATR	Pagg	10·40am

Printer Tests

lest	Status	TTILLE
PRNT	Pass	10:40am
	CDC Firet	

CRC Tests

Test	Status	Time
COMP	Pass	10:40am
CAL	Pass	10:40am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Cho	Instrument Location Chousen Co. Public Safety Confer
Instrument Seria	Instrument Location Chouse Co. Public Safety Confer INO. 008895 305 W. Fragmason St. Elenton, W.C.
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the as day of November, 2013 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. fealth and Human Services, and the instrument is functioning properly.
THE STATE OF NAME OF THE PARTY	Signature of Certifying Official Certificate Number

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895 Test Date: 11/25/2013

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

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

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

Test	g/210L	Time
DIAG	Pass	11:29am
AIR BLK	.00	11:29am
ACCY CHK	.07	11:30am
AIR BLK	.00	11:31am
SUB TEŚT	.00	11:32am
AIR BLK	.00	11:33am
SUB TEST	.00	11:34am
AIR BLK	.00	11:35am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895 Test Record Number: 576 Test Date: 11/25/2013 Test Time: 11:40am EST

System Check: Passed

Baseline Tests

Test	Status	Time
4		
IR	Pass	11:41am
FLO	Pass	11:41am
FC	Pass	11:41am

Temperature Tests

Test	Status	Time
FC1	Pass	11:41am
SRC	Pass	11:41am
DET	Pass	11:41am
BAR	Pass	11:41am
BT	Pass	11: 41am

Blank Tests

Test	Status	Time
AIR	Pass	11:42am

Printer Tests

Test	Status	Time
PRNT	Pass	11:42am
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

11:42am

11:42am

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County P	H Instrument Location Pitt Co. Detention Gent
Instrument S	erial No. 008646 124 Detention Dr., Greenville, M
The preventifour months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
	Verify that the ethanol gas canister is being changed before 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
STATI TO DESTATI TO DE	Signature of Certifying Official Certificate Number

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646 Test Date: 11/22/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:36am 11:37am
ACCY CHK	.07	11:37am
AIR BLK	.00	11:38am
SUB TEST	.00	11:39am
AIR BLK	.00	11:40am
SUB TEST	.00	11:41am
ATR BLK	. 0.0	11:42am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646 Test Record Number: 2343
Test Date: 11/22/2013 Test Time: 11:43am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:44am
FLQ	Pass	11:44am
FC	Pass	11:44am

Temperature Tests

Test	Status	Time
FC1	Pass	11:44am
SRC	Pass	11:44am
DET	Pass	11:44am
BAR	Pass	11:44am
BT	Pass	11:44am

Blank Tests

Test	Status	Time
AIR	Pass	11:45am

Printer Tests

Test	Status	Time
PRNT	Pass	11:45am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:45am 11:45am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	Instrument Location Berke Co. S.O.
County DTV DT	Instrument Location Device 15
Instrument Serial No. 008897	104 Dunder St., Windson, M.C
The preventive maintenance procedures for t four months are:	ne Intoximeters, Model Intox EC/IR II to be followed at least once every
1. Verify the ethanol gas can 34 degrees, plus or minus	ster displays pressure, or the alcoholic breath simulator thermometer shows 2 degree centigrade;
2. Verify instrument displays	time and date;
3. Initiate breath test sequence	ə ;
4. Enter information as prom	oted;
5. Verify instrument accuracy	' ,
6. When "PLEASE BLOW"	appears, collect breath sample;
7. When "PLEASE BLOW"	appears, collect breath sample;
8. Print test record;	
9. Verify Diagnostic Progran	; and
	canister is being changed before expiration date, or the alcoholic breath changed every four months or after 125 Alcoholic Breath Simulator tests,
I certify that on theday ofday ofday of	the forgoing preventive maintenance t indicated above, in accordance with current regulations of the N.C. and the instrument is functioning properly.
OTHE STATE OF NO THE STATE OF	
A	Signature of Certifying Official Certificate Number

BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897 Test Date: 11/25/2013

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: GUARD, KELLY G

Permit Number: 12955E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:29pm 12:29pm
ACCY CHK	.08	12:30pm
AIR BLK	.00	12:31pm
SUB TEST	.00	12:32pm
AIR BLK	.00	12:33pm
SUB TEST	.00	12:34pm
AIR BLK	.00	12:35pm

Reported AC: $.00 \frac{g}{2}10$

Signature of Chemical Analyst

Court CVR

Jelly Analyst

BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897 Test Test Date: 11/25/2013 Test

Test Record Number: 822
Test Time: 12:37pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:38pm

Printer Tests

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

COMP	Pass	12:38pm
CAL	Pass	12:38pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	INTOXIMETERS, MODEL INTOX EC/	o. Detention (e.
Instrument S	erial No. 008668 124 Detention De	Greenville, N
The preventi-	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to bare:	pe 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;	ath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
e 6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 A whichever occurs first. on the	Icoholic Breath Simulator tests,
	vere performed on the instrument indicated above, in accordance with current of Health and Human Services, and the instrument is functioning properly.	ent regulations of the N.C.
CITE GIVEN	Vell W	643
	Signature of Certifying Official	Certificate Number

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668 Test Date: 11/22/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:03pm 12:03pm
ACCY CHK	.08	12:04pm
AIR BLK	.00	12:05pm
SUB TEST	.00	12:06pm
AIR BLK	.00	12:07pm
SUB TEST	.00	12:08pm
ATR BLK	. 0 0	12.09 pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668 Test Date: 11/22/2013

Test Record Number: 2260 Test Time: 12:10pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

SRC Pass 12:11pm DET Pass 12:11pm	Test	Status	Time
pr tass ra:rrbu	SRC DET BAR	Pass Pass Pass	12:11pm 12:11pm 12:11pm 12:11pm
	بك لمل	Ears	TC.TTD!

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 CAL Pass 12:12pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County/	Dender Instrument Location Dender County
Instrument S	Serial No. 008 948 Instrument Location Dender County Serial No. 008 948 Sheriff Dept. Annex
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.
procedures v	on the 22 day of November, 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.
STAIL STAIL CHEAT	

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

Signature of Certifying Official

Certificate Number

PENDER COUNTY SHERIFF DEPT ANNEX 700

Serial Number: 008948 Test Date: 11/22/2013

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: RHODES, KENNETH C Permit Number: 5329E Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	12:48pm 12:49pm 12:50pm 12:51pm
SUB TEST	.00	12:51pm
AIR BLK	.00	12:52pm
SUB TEST	.00	12:53pm
AIR BLK	.00	12:54pm

Reported AC: .09 g/210L

Signature of Chemical Analyst

Court CVR

M.C./Mode

PENDER COUNTY SHERIFF DEPT ANNEX 700

Serial Number: 008948 Tes Test Date: 11/22/2013 Te

Test Record Number: 632 Test Time: 12:55pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:56pm
SRC	Pass	12:56pm
DET	Pass	12:56pm
BAR	Pass	12:56pm
BT	Pass	12:56pm

Blank Tests

Test	Status	Time
AIR	Pass	12:56pm

Printer Tests

Status

Time

Test

PRNT	Pass	12:56pm
	CRC Tests	
Test	Status	Time

COMP	Pass	12:56pm
CAL	Pass	12:56pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County A	INTOXIMETERS, MODEL INTOX EC/IR II ew H9noger Instrument Location Wrights ville Beach
Instrument Se	0/17
	
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1. 	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on theday of
THE STATE OF THE S	Signature of Certifying Official Certificate Number
	Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008667 Test Date: 11/22/2013

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: RHODES, KENNETH C
Permit Number: 5329E
Effective:
09/01/2013-09/01/2015

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	11:40am 11:41am 11:41am 11:42am
SUB TEST	.00	11:43am
AIR BLK	.00	11:44am
SUB TEST	.00	11:45am
AIR BLK	.00	11:46am

Reported AC: .00 g/210L,

Signature of Chemical Analyst

Court CVR

M. C. Muselen Analyst

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008667 Test Record Number: 1264
Test Date: 11/22/2013 Test Time: 11:46am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:47am
FLO	Pass	11:47am
FC	Pass	11: 47am

Temperature Tests

Test	Status	Time
FC1	Pass	11:47am
SRC	Pass	11:47am
DET	Pass	11:47am
BAR	Pass	11:47am
\mathtt{BT}	Pass	11:47am

Blank Tests

Test	Status	Time
AIR	Pass	11:48am

Printer Tests

Test	Status	Time
PRNT	Pass	11:48am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:48am 11:48am

Preventive Maintenance Status: Pass

Ánalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County	Vew Hanover Instrument Location Carolina Reach
Instrument Ser	ial No. 008661 Police Depar
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	n the 22 day of 100000000000000000000000000000000000
THE STATE OF THE S	CAROLINIA MARINA

NEW HANOVER COUNTY CAROLINA BEACH PD 640

Serial Number: 008661 Test Date: 11/22/2013

Citation Number: M0000000-0 Subject's Name:

PREVETIVE, MAINTENANCE

Subject'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:
09/01/2013-09/01/2015

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:39am 10:40am 10:40am
AIR BLK	.00	10:41am
SUB TEST	.00	10:42am
AIR BLK	.00	10:43am
SUB TEST	.00	10:44am
AIR BLK	.00	10:45am

Reported AC: _.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NEW HANOVER COUNTY CAROLINA BEACH PD 640

Serial Number: 008661 Test Date: 11/22/2013 Test Record Number: 1680 Test Time: 10:47am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:48am 10:48am
FC	Pass	10:48am
T, C	rabb	10:40am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:48am

Printer Tests

Test	Status	Time
PRNT	Pass	10:48am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:49am 10:49am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	New Hanover	Instrument Location_	New	Handyer Co.
Instrument	Serial No. <u>(2086/7</u>		Shoriff	Depr
The prever	tive maintenance procedures for the Int s are:	oximeters, Model Intox I	EC/IR II to be fol	lowed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg		lcoholic breath si	mulator thermometer shows
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;		•	
4.	Enter information as prompted;	**		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears, collect breath sample;			
7.	When "PLEASE BLOW" appear	ars, collect breath sample) ;	
8.	Print test record;		. 2 .	
9.	Verify Diagnostic Program; and		i e	
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.			
procedures	at on theday ofday of	cated above, in accordan	ce with current re	ng preventive maintenance gulations of the N.C.
- CONT.			vii.	
GREAT ST	ATE O NO CARO			
* isse our	191 C.	ature of Certifying Officia	-1 -	601
	Sigņi	Rule of Certifying Officia	aı	Certificate Number

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008617 Test Date: 11/22/2013

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: RHODES, KENNETH C
Permit Number: 5329E
Effective:
09/01/2013-09/01/2015

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07 .00	9:24am 9:24am 9:25am 9:26am
SUB TEST	.00	9:26am
AIR BLK	.00	9:27am
SUB TEST	.00	9:29am
AIR BLK	.00	9:30am

Reported AC: .00, g/210L

Signature of Chemical Analyst

Court CVR

M.C. Marker
Analyst

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008617 Test Record Number: 2197 Test Date: 11/22/2013 Test Time: 9:31am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:31am
FLO	Pass	9:31am
FC	Pass	9:32am

Temperature Tests

Test	Status	Time
FC1	Pass	9:32am
SRC	Pass	9:32am
DET	Pass	9:32am
BAR	Pass	9:32am
BT	Pass	9:32am

Blank Tests

Test	Status	Time
AIR	Pass	9:32am

Printer Tests

Test	Status	Time
PRNT	Pass	9:32am

CRC Tests

Test	Status	Time
COMP	Pass	9:32am
CAL	Pass	9:32am

Preventive Maintenance Status: Pass

Lo C. Malyst

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CW Hanover Instrument Location New	Hanover Co.
Instrument Serie	al No. 008626 Instrument Location New Sherif	-f Pept
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath and degrees, plus or minus .2 degree centigrade;	simulator thermometer 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 da simulator solution is being changed every four months or after 125 Alcol whichever occurs first.	
procedures were	theday of	oing preventive maintenance regulations of the N.C.
STATE OF THE STATE		601
- mount	Signature of Certifying Official	Certificate Number

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008626 Test Date: 11/22/2013

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: RHODES, KENNETH C
Permit Number: 5329E
Effective:
09/01/2013-09/01/2015

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

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

Test	g/210L	Time
DIAG	Pass	9:22am
AIR BLK	.00	9:23am
ACCY CHK	.07	9:24am
AIR BLK	.00	9:25am
SUB TEST	.00	9:25am
AIR BLK	.00	9:26am
SUB TEST	.00	9:28am
AIR BLK	.00	9:29am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

M.C. filladece
Analyst

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008626

Test Record Number: 4770

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:31am 9:31am
FC	Pass	9:31am

Temperature Tests

Test	Status	Time
FC1	Pass	9:31am
SRC	Pass	9:31am
DET	Pass	9:31am
BAR	Pass	9:31am
BT	Pass	9:31am

Blank Tests

Test	Status	Time
ATR	Pass	9 • 3 2 a m

Printer Tests

Test	Status	Time
PRNT	Pass	9:32am

CRC Tests

Test	Status	Time
COMP	Pass	9:33am
CAL	Pass	9:33am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	West Hansver Instrument Location Wilming ton P.D.
Instrument	Serial No. <u>00 8628</u>
The preven	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every sare:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures	t on the day of
STATE CHEAT	THE ONLY THE SERVICE OF THE SERVICE

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

Signature of Certifying Official

Certificate Number

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628 Test Date: 11/22/2013

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: RHODES, KENNETH C

Permit Number: 5329E Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

--

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	8:17am 8:17am 8:18am
ACCY CHK	.00	8:19am
SUB TEST	.00	8:20am
AIR BLK	.00	8:20am
SUB TEST	.00	8:22am
AIR BLK	.00	8:23am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Ke Ce Moder

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628 Test Record Number: 2924
Test Date: 11/22/2013 Test Time: 8:23am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:24am
FLO	Pass	8:24am
FC	Pass	8:24am

Temperature Tests

Test	Status	Time
FC1	Pass	8:24am
SRC	Pass	8:24am
DET	Pass	8:24am
BAR	Pass	8:24am
BT	Pass	8:24am

Blank Tests

Test	Status	Time
AIR	Pass	8:25am

Printer Tests

Test	Status	Time
PRNT	Pass	8:25am
	CRC Tests	

Test	Status	Time
COMP	Pass	8:25am
CAL	Pass	8:25am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	al No. 008602 Instrument Location Stringwick Co.		
Instrument Seri	al No. 008602 SLriff Dept		
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		
STATE OF CHEAT OF CHE	Signature of Certifying Official Certificate Number		

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008602 Test Date: 11/21/2013

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: RHODES, KENNETH C
Permit Number: 5329E
Effective:
09/01/2013-09/01/2015

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

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

Test	g/210L	Time
DIAG	Pass	4:06pm
AIR BLK	.00	4:06pm
ACCY CHK	.08	4:07pm
AIR BLK	.00	4:08pm
SUB TEST	.00	4:09pm
AIR BLK	.00	4:10pm
SUB TEST	.00	4:12pm
AIR BLK	.00	4:12pm

Reported AC: .00 gp/210L

Signature of Chemical Analyst

Court CVR

M. C. Malle

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008602 Test Record Number: 2636

SRC

DET

BAR

CAL

BT

Test Date: 11/21/2013 Test Time: 4:13pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass Pass	4:13pm 4:13pm 4:14pm
Temp	erature Te	ests
Test	Status	Time
FC1	Pass	4:14pm

Blank Tests

Pass

Pass

Pass

Pass

4:14pm

4:14pm

4:14pm

4:14pm

4:14pm

Test	Status	Time
AIR	Pass	4:14pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:14pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4:14pm

Preventive Maintenance Status: Pass

Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 5	Canswick Instrument Location Brunswick Co.
Instrument Seria	INO. 008585 Instrument Location Brunswick Co.
The preventive refour 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.
	the day of
THE STATE OF N. V. TO	Signature of Certifying Official Certificate Number

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008585 Test Date: 11/21/2013

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: RHODES, KENNETH C
Permit Number: 5329E
Effective:
09/01/2013-09/01/2015

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	4:04pm 4:05pm 4:05pm 4:06pm 4:07pm 4:08pm
SUB TEST AIR BLK	.00	4:09pm 4:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

K. C. Jahoda Analyst

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008585 Test Record Number: 2535 Test Date: 11/21/2013 Test Time: 4:11pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:12pm
FLO	Pass	4:12pm
FC	Pass	4:12pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:12pm
SRC	Pass	4:12pm
DET	Pass	4:12pm
BAR	Pass	4:12pm
\mathtt{BT}	Pass	4:12pm

Blank Tests

Test	Status	Time
AIR	Pass	4:12pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:13pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:13pm 4:13pm

Preventive Maintenance Status: Pass

Ańalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	THE TOTAL PROPERTY OF THE PROP
County_	16 runs Wick Instrument Location OAK ISland
Instrumer	nt Serial No. OCB 648 Police Dept.
The prove	entive maintenance are address for the Interimeters. Model Inter EC/ID II to be followed at least once every
four mon	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 t procedure Departme	hat on the
A CREATER	Signature of Certifying Official Certificate Number

BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648 Test Date: 11/21/2013

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: RHODES, KENNETH C
Permit Number: 5329E
Effective:

09/01/2013-09/01/2015

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	3:09pm 3:09pm 3:10pm
AIR BLK	.00	3:11pm
SUB TEST	.00	3:12pm
AIR BLK	.00	3:13pm
SUB TEST	.00	3:14pm
AIR BLK	.00	3:15pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

K- (Malest

BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648 Test Record Number: 1161
Test Date: 11/21/2013 Test Time: 3:16pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:17pm 3:17pm
FC	Pass	3:17pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass	3:17pm 3:17pm 3:17pm 3:17pm 3:17pm

Blank Tests

Test	Status	Time
AIR	Pass	3:17pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:17pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:18pm 3:18pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Brunswick Instrument Location Sunset Beach
•	Srunswick Instrument Location <u>Bunset</u> Beach Police Dept.
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 show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures v	on theday ofdovernbe, 203 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.
STAY STAY IN S	E ON NO.

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

Signature of Certifying Official

BRUNSWICK COUNTY SUNSET BEACH PD 090

Serial Number: 008874 Test Date: 11/21/2013

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: RHODES, KENNETH C
Permit Number: 5329E
Effective:
09/01/2013-09/01/2015

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Fr. C. Modern

BRUNSWICK COUNTY SUNSET BEACH PD 090

Serial Number: 008874

Test Record Number: 307

Test Date: 11/21/2013

Test Time: 2:05pm 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
лтр	Dagg	2 • 0622

Printer Tests

Test	Scacus	111116
PRNT	Pass	2:07pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:07pm 2:07pm

Preventive Maintenance Status: Pass

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

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008875 Test Date: 11/21/2013

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: RHODES, KENNETH C

Permit Number: 5329E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC:

Signature of Chemical Analyst

Court CVR

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008875

Test Record Number: 1183

Test Date: 11/21/2013

Test Time: 12:44pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	12:44pm 12:44pm
DET	Pass	12:44pm
BAR	Pass	12:44pm
\mathtt{BT}	Pass	12:44pm

Blank Tests

Test	Status	Time
AIR	Pass	12:45pm

Printer Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Instrument Serial No. O The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 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. VENGE, 20 15 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

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008886 Test Date: 11/21/2013

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: RHODES, KENNETH C

Permit Number: 5329E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	12:36pm 12:37pm 12:37pm 12:38pm 12:39pm 12:40pm 12:41pm
AIR BLK	.00	12:42pm
		1.

Reported AC: .00/g/210L

Signature of Chemical Analyst

Court CVR

K. C. Millelle Analyst

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008886 Test Record Number: 901 Test Date: 11/21/2013 Test Time: 12:44pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	12:44pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	12:45pm

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

12:45pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD

~	INTOXIMETERS, MODEL INTOX EC/IR II
County /	ender Instrument Location Pender County
Instrument Se	5/ 100 2.00
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the day of day of 204 bar, 204 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.
TOTAL STATE OF THE	

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

Signature of Certifying Official

Certificate Number

PENDER PENDER CO SD 700

Serial Number: 008935 Test Date: 11/21/2013

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: RHODES, KENNETH C

Permit Number: 5329E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	10:57am 10:57am 10:58am 10:59am
SUB TEST	.00	11:00am
AIR BLK	.00	11:00am
SUB TEST	.00	11:02am
ATR BLK	.00	11:03am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

K. C. Shalu

PENDER PENDER CO SD 700

Serial Number: 008935 Test Record Number: 1530 Test Date: 11/21/2013 Test Time: 11:06am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:07am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

*to	INTOXIMETERS, MODEL INTOX EC/IR II
County_	Sender Instrument Location Dender County
Instrument Se	al No. 008946 Sheriff Dept.
The prevention	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 2/ day of <u>Jovenber</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.
CREATS THE	
CON	Signature of Certifying Official Certificate Number
	Signáture of Certifying Official Certificate Number

PENDER PENDER COUNTY SD 700

Serial Number: 008946 Test Date: 11/21/2013

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: RHODES, KENNETH C
Permit Number: 5329E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:56am 10:56am
ACCY CHK	.08	10:57am
AIR BLK	.00	10:58am
SUB TEST AIR BLK	.00 .00	10:58am 10:59am
SUB TEST	.00	10:59am
AIR BLK	.00	11:02am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

K. C. Malle

PENDER PENDER COUNTY SD 700

Serial Number: 008946

Test Record Number: 694

Test Date: 11/21/2013

Test Time: 11:04am EST

System Check: Passed

Baseline Tests

Status	Time
Pass	11:04am
	11:04am

Temperature Tests

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

Million Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Duplin Instrument Location Wallace P.D.
Instrument	Serial No. 008858
The preven	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify the procedures Departmen	at on the 2/ day of November, 20/8 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. tof Health and Human Services, and the instrument is functioning properly.
S S S S S S S S S S S S S S S S S S S	Signature of Certifying Official Certificate Number

DUPLIN COUNTY WALLACE PD 300

Serial Number: 008858 Test Date: 11/21/2013

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: RHODES, KENNETH C

Permit Number: 5329E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:12am 10:13am
ACCY CHK	.07	10:13am
AIR BLK SUB TEST	.00 .00	10:14am 10:15am
AIR BLK SUB TEST	.00 .00	10:16am 10:17am
ATR BLK	.00	10:18am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DUPLIN COUNTY WALLACE PD 300

Serial Number: 008858 Test Record Number: 611 Test Date: 11/21/2013 Test Time: 10:20am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:21am

Printer Tests

Test	Status	Time
PRNT	Pass	10:21am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:21am

Preventive Maintenance Status: Pass

K-C-Mulla Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

-	INTOXIMETERS, MODEL INTOX EC/IR II
County	Duplin Instrument Location Duplin Co.
Instrument S	Gerial No. <u>DOBBlo4</u> <u>Sheriff Dept</u>
The prevent	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 Departmen	at on the
A CREATE	ATE ON ORDER OF CONTINUE OF CO

DUPLIN COUNTY DUPLIN CO SD 300

Serial Number: 008864 Test Date: 11/21/2013

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: RHODES, KENNETH C Permit Number: 5329E

Effective:

09/01/2013-09/01/2015

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:18am 9:18am
ACCY CHK	.08	9:19am
AIR BLK	.00	9:20am
SUB TEST	.00	9:20am
AIR BLK	.00	9:21am
SUB TEST	.00	9:23am
AIR BLK	.00	9:24am

Reported AC:

Signature of Chemical Analyst

Court CVR

DUPLIN COUNTY DUPLIN CO SD 300

Serial Number: 008864 Test Record Number: 2049
Test Date: 11/21/2013 Test Time: 9:24am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:25am
FLO	Pass	9:25am
FC	Pass	9:25am

Temperature Tests

Test	Status	Time
FC1	Pass	9:25am
SRC	Pass	9:25am
DET	Pass	9:25am
BAR	Pass	9:25am
\mathtt{BT}	Pass	9:25am

Blank Tests

Test	Status	Time
AIR	Pass	9:26am

Printer Tests

Status Time

Pass 9:26am

Test

CAL

PRNT	Pass	9:26am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:26am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR I

and the same of th	INTOXIMETERS, MODEL INTOX EC	J/IK II	10
County	ampson Instrument Location San	npson	Co.
Instrument Se	rial No	: For	Dept.
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to	o be followed	at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic b 34 degrees, plus or minus .2 degree centigrade;	reath simulat	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 expirate simulator solution is being changed every four months or after 125 whichever occurs first.		
procedures w	on the 20 day of November, 20 13 the rere performed on the instrument indicated above, in accordance with cut of Health and Human Services, and the instrument is functioning proper	arrent regulati	eventive maintenance ions of the N.C.
			1
STATE OF STA	CAROUND CONTROLLED TO THE CONT		
ARRIES CLIAM VI	Signature of Certifying Official		crtificate Number

SAMPSON COUNTY SAMPSON CO SD 810

Serial Number: 008901 Test Date: 11/20/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTNENANCE

Subject'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:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	2:46pm 2:47pm 2:47pm 2:48pm
SUB TEST	.00	2:49pm
AIR BLK	.00	2:50pm
SUB TEST AIR BLK	.00 .00	2:51pm 2:52pm

Reported AC: .00, g/210L

Signature of Chemical Analyst

Court CVR

SAMPSON COUNTY SAMPSON CO SD 810

Serial Number: 008901 Test Record Number: 491 Test Date: 11/20/2013 Test Time: 2:53pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:53pm 2:53pm
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	2:54pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:54pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:55pm 2:55pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

at a	INTOANGETERS, MODEL INTOA EC/IR II
County	Sampson Instrument Location Sampson Co.
Instrument Ser	ial No. 008825 Shoriff Dept.
* .	
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o procedures we Department of	n the 20 day of November, 2013 the forgoing preventive maintenance are performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF THE STATE	Signature of Certifying Official Certificate Number

SAMPSON COUNTY SAMPSON CO SD 810

Serial Number: 008825 Test Date: 11/20/2013

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: RHODES, KENNETH C
Permit Number: 5329E
Effective:
09/01/2013-09/01/2015

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	2:20pm 2:21pm
ACCY CHK	.07	2:22pm
AIR BLK	.00	2:23pm
SUB TEST	.00	2:23pm
AIR BLK	.00	2:24pm
SUB TEST	.00	2:26pm
AIR BLK	.00	2:26pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

SAMPSON COUNTY SAMPSON CO SD 810

Serial Number: 008825

Test Record Number: 1744

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	2:30pm

Printer Tests

rest	Status	TIME
PRNT	Pass	2:30pm

CRC Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Sladen Instrument Location Bladen County
Instrument S	erial No. 008894 Sheliff Dept
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 day of dev, 20 the forgoing preventive maintenance vere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATI WAY 20, TO WAY 2	Signature of Certifying Official Certificate Number

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008894 Test Date: 11/20/2013

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: RHODES, KENNETH C
Permit Number: 5329E
Effective:
09/01/2013-09/01/2015

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	12:19pm 12:20pm 12:21pm 12:22pm 12:22pm
AIR BLK	.00	12:23pm
SUB TEST	.00	12:24pm
AIR BLK	.00	12:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

La Company Analyst

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008894 Test Record Number: 601 Test Date: 11/20/2013 Test Time: 12:26pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:27pm

Printer Tests

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

12:28pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTUATIVETE	rs, model in i	OX EC/IR II	
County	5/aden	Instrument Location_	Bladen	County
Instrument S	erial No. <u>0088/8</u>		Sheriff	Dept.
The prevention	ve maintenance procedures for the are:	Intoximeters, Model Intox	EC/IR II to be follow	/ed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d		alcoholic breath simul	lator thermometer show
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 sampl	e;	
7.	When "PLEASE BLOW" app	pears, collect breath sampl	e;	
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.			
procedures w	on the day of Health and Human Services, and		nce with current regul	preventive maintenance lations of the N.C.
STATION STATION OF STA	CAROLL C.	Marken		601
	Sig	nature of Certifying Offic	ial	Certificate Number

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008818 Test Record Number: 729 Test Date: 11/20/2013 Test Time: 12:28pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:29pm
FLO	Pass	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

Status

Time

Test

PRNT	Pass	12:29pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:30pm 12:30pm

Preventive Maintenance Status: Pass

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008818 Test Date: 11/20/2013

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: RHODES, KENNETH C

Permit Number: 5329E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test g/210L Time

DIAG	Pass	12:22pm
AIR BLK	.00	12:22pm
ACCY CHK	.08	12:23pm
AIR BLK	.00	12:24pm
SUB TEST	.00	12:24pm
AIR BLK	.00	12:25pm
SUB TEST	.00	12:27pm
AIR BLK	.00	12:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

K. Malyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location 773 Instrument Serial No. 00 865 1 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. 3. Initiate breath test sequence; Enter information as prompted; 4. Verify instrument accuracy; 5. When "PLEASE BLOW" appears, collect breath sample; 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. Department of Health and Human Services, and the instrument is functioning properly. Signature of Certifying Official Certificate Number

HALIFAX CONTY ROANOKE RAPIDS PD 410

Serial Number: 008651 Test Date: 11/20/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE N

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

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

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	3:46pm 3:47pm
ACCY CHK	.08	3:48pm
AIR BLK	.00	3:49pm
SUB TEST	.00	3:49pm
AIR BLK	.00	3:50pm
SUB TEST	.00	3:52pm
ATR BLK	0.0	3 · 5 3 mm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR/

Analyst

HALIFAX CONTY ROANOKE RAPIDS PD 410

Serial Number: 008651

Test Record Number: 990

Test Date: 11/20/2013

Test Time: 3:54pm EST

System Check: Passed

Baseline Tests

Test	Status	Time .
IR FLO	Pass Pass	3:54pm 3:54pm
FC	Pass	3:55pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:55pm
SRC	Pass	3:55pm
DET	Pass	3:55pm
BAR	Pass	3:55pm
BT	Pass	3:55pm

Blank Tests

rest	Status	Time	
AIR	Pass	3:55pm	

Printer Tests

rest	Status	Time
PRNT	Pass	3:55pm

CRC Tests

Test	Status	Time
COMP	Pass	3:56pm
CAL	Pass	3:56pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Instrument Serial No. 008812 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; 4. Enter information as prompted; Verify instrument accuracy; 5. When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record; Verify Diagnostic Program; and 9. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. , 20 / 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

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

DHHS 4080 (11/07)

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008812 Test Date: 11/22/2013

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: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:16am 11:17am 11:18am
AIR BLK	.00	11:19am
SUB TEST	.00	11:19am
AIR BLK	.00	11:20am
SUB TEST	.00	11:22am
AIR BLK	.00	11:23am

Reported AC: .00 g/210L

Signature of Chemical

Analyst

Court CVR

Ánalyst

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008812 Test Record Number: 1824
Test Date: 11/22/2013 Test Time: 11:25am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:25am
FLO	Pass	11:25am
FC	Pass	11:25am

Temperature Tests

Test	Status	Time
FC1	Pass	11:25am
SRC	Pass	11:25am
DET	Pass	11:25am
BAR	Pass	11:25am
BT	Pass	11:25am

Blank Tests

Test	Status	Time
AIR	Pass	11:26am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD

Λ	INTOXIMETERS, MODEL INTOX EC/IR II		
County /	lamance Instrument Location Alamance Cola		
Instrument Seria	al No. 608853 109 S. Maple St. Graham NC		
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
	the 22 day of November 1, 20/3 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.		
THE STATE OF THE CHAPTER OF THE CHAP	Signature of Certifying Official Certificate Number		

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008853 Test Date: 11/22/2013

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: FARLEY, CYNTHIA D
Permit Number: 24123E
Effective:

12/01/2012-12/01/2014

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	12:13pm 12:14pm 12:15pm 12:16pm
SUB TEST	.00	12:18pm
AIR BLK	.00	12:19pm
SUB TEST	.00	12:21pm
AIR BLK	.00	12:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008853

Test Record Number: 1281 Test Date: 11/22/2013 Test Time: 12:23pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:24pm
FLO	Pass	12:24pm
FC	Pass	12:24pm

Temperature Tests

Test Sta	atus Time
FC1 Pas SRC Pas DET Pas BAR Pas BT Pas	12:24pm ss 12:24pm 12:24pm 12:24pm

Blank Tests

Test	Status	Time
AIR	Pass	12:25pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:25pm
	CRC Tests	

Test	Status	Time
COMP	Pass	12:25pm
CAL	Pass	12:25pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	DH-WSTON	Instrument Loca	ation_SE	LANA	Police	DE-PT.
Instrument Se	rial No. <u>008595</u>	_SELM	A, NC		-	<u>.</u> _
The preventive four months a	re maintenance procedures for the Ir	ntoximeters, Model	Intox EC/IR	II to be folk	wed at least	once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, o gree centigrade;	r the alcoholi	c breath sim	ulator therm	ometer show
2.	Verify instrument displays time	and date;				
3.	Initiate breath test sequence;					
4.	Enter information as prompted;		٠		· · · · · · · · · · · · · · · · · · ·	t. Zef
5.	Verify instrument accuracy;				14	* 1
6.	When "PLEASE BLOW" appe	ears, collect breath s	ample;	watt in the		Seg.
7.	When "PLEASE BLOW" appe	ears, collect breath s	ample;			• .
8.	Print test record;					•
9.	Verify Diagnostic Program; and	i				
10.	Verify that the ethanol gas canissimulator solution is being chan whichever occurs first.	ster is being change aged every four mor	d before expi oths or after 1	ration date, 25 Alcoholi	or the alcoho c Breath Sim	olic breath nulator tests,
procedures we	on theday ofon theday ofloose performed on the instrument ind f Health and Human Services, and the	icated above, in acc	ordance with	current regi	g preventive i	naintenance e N.C.
THE STATE OF THE S	NORTH CAROLLING	Doprini	and the same of th	<u> </u>		
	Sign	ature of Certifying	Official		Certificate N	Number

JOHNSTON COUNTY SELMA PD 500

Serial Number: 008595 Test Date: 11/22/2013

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

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

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

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

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

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

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

Reported AC: .00 9/210L

Signature of Chemical Analyst

Court CVR

Analyst

JOHNSTON COUNTY SELMA PD 500

Serial Number: 008595 Test Date: 11/22/2013

Test Record Number: 692 Test Time: 11:02am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:03am

Printer Tests

rest	Status	Time
PRNT	Pass	11:03am

CRC Tests

Test	Status	Time
COMP	Pass	11:03am
CAL	Pass	11:03am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Ustanto	Instrument Location	CIAYTON	Police DE
Instrument Ser	ial No. <u>(XX) 8658</u>	CIANT	100 P).	C
The preventive four months are	maintenance procedures for the In	toximeters, Model Intox E	C/IR II to be follo	wed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 degrees.		coholic breath sim	ulator thermometer show
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			· .
4.	Enter information as prompted;	·		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appe	ars, collect breath sample;		
7.	When "PLEASE BLOW" appe	ars, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canisimulator solution is being charwhichever occurs first.	ster is being changed befor ged every four months or a	e expiration date, after 125 Alcoholi	or the alcoholic breath c Breath Simulator tests,
	the <u>32</u> day of <u>100</u> day of 100 day		e with current regu	preventive maintenance plations of the N.C.
THE STATE OF THE S	No etta Carollula Sign	athre of Certifying Official		652 Certificate Number

JOHNSTON COUNTY CLAYTON PD. 500

Serial Number: 008658 Test Date: 11/22/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	12:45pm 12:46pm 12:47pm 12:48pm
SUB TEST	.00	12:48pm
AIR BĿK	.00	12:49pm
SUB TEST	.00	12:50pm
AIR BLK	.00	12:51pm

Reported AC: .00 g/210b

Signature of Chemical Analyst

Court CVR

Analyst

JOHNSTON COUNTY CLAYTON PD. 500

Serial Number: 008658 Test Date: 11/22/2013

Test Record Number: 967 Test Time: 12:53pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:53pm 12:53pm 12:53pm 12:53pm 12:53pm
		~

Blank Tests

Test	Status	Time
AIR	Pass	12:54pm

Printer Tests

Test	Status	Time
PRN'T	Pass	12:54pm
	CDC Teata	

CRC Tests

Test	Status	Time
COMP	Pass	12:54pm
CAL	Pass	12:54pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	LEE	Instrument Location_	LEE	Co. JAIL
Instrument S	erial No. <u>00</u> 8645	SAN	FURD	Co. JAIL N.C.
The preventi four months	ve maintenance procedures for the In	toximeters, Model Intox	EC/IR II to be f	ollowed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 degrees.	displays pressure, or the a gree centigrade;	lcoholic breath	simulator thermometer show
2.	Verify instrument displays time	and date;		e An en est An en est
3.	Initiate breath test sequence;	••		
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appe	ears, collect breath sample	;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample	;	•
8.	Print test record;			
9.	Verify Diagnostic Program; and	i		
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.			
St. Jan				
I certify that procedures w Department of	on the 25 day of Novere performed on the instrument ind of Health and Human Services, and the	icated above, in accordance instrument is functioning	the forgone with current ng properly.	oing preventive maintenance regulations of the N.C.
CREAT CONTROL OF CONTR	CAROLLIN CAR	·	good Professional July	
AFER 12. TO		ature of Certifying Officia	al	652 Certificate Number

LEE COUNTY LEE CO. LEC. 520

Serial Number: 008645 Test Date: 11/25/2013

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	10:35am 10:35am 10:36am 10:37am 10:38am 10:39am 10:40am
AIR BLK	.00	10:41am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

n is used when performing Prevent

LEE COUNTY LEE CO. LEC. 520

Serial Number: 008645 Test Date: 11/25/2013

Test Record Number: 1302 Test Time: 10:42am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ATR	Pagg	10.43am

Printer Tests

Test	Status	Time
PRNT	Pass	10:43am
	CRC Tests	

Test	Status	Time

COMP	Pass	10:43am
CAL	Pass	10:43am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CHATHAM In	strument Location (TTS BORO	Tola L
Instrument	Serial No. <u>008591</u>	PITTSBORC	N.C	
The prever	ntive maintenance procedures for the Intoxim	neters, Model Intox EC/IR	R II to be followed	at least once every
1.	Verify the ethanol gas canister displa 34 degrees, plus or minus .2 degree c		lic breath simulate	or thermometer shows
2.	Verify instrument displays time and o	date;		4
3.	Initiate breath test sequence;		· · · · · ·	
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears, c	ollect breath sample;		
7.	When "PLEASE BLOW" appears, c	ollect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canister is simulator solution is being changed e whichever occurs first.			
procedures	at on the 25 day of NOVEA s were performed on the instrument indicated at of Health and Human Services, and the ins	l above, in accordance wi	th current regulation	ventive maintenance ons of the N.C.
GREAT SET	AIF OF VOICE AND VIOLENT AND V		69	

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

Signature of Certifying Official

Certificate Number

CHATHAM COUNTY PITTSBORO PD 180

Serial Number: 008591 Test Date: 11/25/2013

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

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

Lot Number: AG309105 Exp Date: 04/01/2015

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CHATHAM COUNTY PITTSBORO PD 180

Serial Number: 008591 Test Record Number: 1295

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:15pm
SRC	Pass	12:15pm
DET	Pass	12:15pm
BAR	Pass	12:15pm
\mathtt{BT}	Pass	12:15pm

Blank Tests

Test	Status	Time
AIR	Pass	12:16pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:16pm
	CRC Tests	

rest	Status	Time
COMP	Pass	12:16pm
CAL	Pass	12:16pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	NSON	Instrument Location AUSON	CO. SHERTS O
Instrument Se	rial No. <u>00859</u> 7	WADESBORD	N.C.
The preventive four months a	•	toximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	lisplays pressure, or the alcoholic breat ree centigrade;	h simulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ars, collect breath sample;	
7.	When "PLEASE BLOW" appe	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		ster is being changed before expiration ged every four months or after 125 Alc	
procedures w	ere performed on the instrument ind	EHPEY2 , 20 \3 the for icated above, in accordance with currence instrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
OF THE STATE OF THE STATE WAY 20, 127	No.	γ_{ij}	
OK KA	E CAROLLINE		
ARE 12 TE	MI	(DAUTER)	652
	Sign	ature of Certifying Official	Certificate Number

ANSON COUNTY ANSON COUNTY SO. 030

Serial Number: 008597 Test Date: 11/26/2013

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

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

Lot Number: AG309105 Exp Date: 04/01/2015

Test	g/210L	Time
DIAG	Pass	11:10am
AIR BLK	.00	11:11am
ACCY CHK	.07	11:12am
AIR BLK	.00	11:13am
SUB TEST	.00	11:13am
AIR BLK	. 0.0	11:14am
SUB TEST	.00	11:16am
AIR BLK	.00	11:17am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ANSON COUNTY ANSON COUNTY SO. 030

Serial Number: 008597 Test Record Number: 1086 Test Date: 11/26/2013 Test Time: 11:18am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:18am
FLO	Pass	11:18am
FC	Pass	11:18am

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	11:18am 11:18am
DET	Pass	11:18am
BAR	Pass	11:18am
BT '	Pass	11:18am

Blank Tests

Test	Status	Time
AIR	Pass	11:19am

Printer Tests

Test	Status	Time
PRNT	Pass	11:19am

CRC Tests

Test	Status	Time
COMP	Pass	11:19am
CAL	Pass	11:19am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Instrument Ser		LADESBORD N.C.
	e maintenance procedures for the In	
The preventive four months as		toximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	isplays pressure, or the alcoholic breath simulator thermometer shows ree centigrade;
2.	Verify instrument displays time	and date;
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appe	ars, collect breath sample;
7.	When "PLEASE BLOW" appe	ars, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.		ster is being changed before expiration date, or the alcoholic breath ged every four months or after 125 Alcoholic Breath Simulator tests,
procedures we	ere performed on the instrument ind	the forgoing preventive maintenance icated above, in accordance with current regulations of the N.C. ne instrument is functioning properly.
STATE	ONO PLANTAGE OF THE PARTY OF TH	in the second se
WANTED BEST		ature of Certifying Official Certificate Number

ANSON COUNTY ANSON COUNTY S.O. 030

Serial Number: 008739 Test Date: 11/26/2013

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 State: XX
Driver's License Number: NONE

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ANSON COUNTY ANSON COUNTY S.O. 030

Serial Number: 008739 Test Record Number: 189
Test Date: 11/26/2013 Test Time: 11:15am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:16am
SRC	Pass	11:16am
DET	Pass	11:16am
BAR	Pass	11:16am
\mathtt{BT}	Pass	11:16am

Blank Tests

Test	Status	Time
AIR	Pass	11:16am

Printer Tests

Test	Status	Time
PRNT	Pass	11:16am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:17am

Preventive Maintenance Status: Pass

Pass

11:17am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (A 5	WELL	Instrument Location $\leq H^c$	ISWELL OFFICE
Instrument Serial	No. <u>008593</u>	Instrument Location SHP CA	in BLANCH, NC
The preventive ma	aintenance procedures for the I	ntoximeters, Model Intox EC/IR II to be f	ollowed at least once every
	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath gree centigrade;	simulator thermometer shows
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appo	ears, collect breath sample;	
7.	When "PLEASE BLOW" appo	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	d	
1		ster is being changed before expiration danged every four months or after 125 Alcohole	
procedures were p	erformed on the instrument ind	the forgoicated above, in accordance with current the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
THE STATE OF NO.	II CAROLLI	1 1 -1	Juma Puma
- William	Kus A	ature of Certifying Official	Certificate Number

CASWELL COUNTY SHP YANCEYVILLE 160

Serial Number: 008593 Test Date: 11/05/2013

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 State: XX
Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	11:03pm 11:04pm 11:04pm 11:05pm 11:05pm
AIR BLK	.00	11:06pm
SUB TEST	.00	11:08pm
ATP BIK	0.0	11 · 09pm

Reported AC: .00 g

Signature of Chemical Analyst

Court CVR

Analys

CASWELL COUNTY SHP YANCEYVILLE 160

Serial Number: 008593 Test Record Number: 1010 Test Date: 11/05/2013 Test Time: 11:10pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:10pm 11:10pm
FC	Pass	11:10pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:11pm
SRC	Pass	11:11pm
DET	Pass	11:11pm
BAR	Pass	11:11pm
${f BT}$	Pass	11:11pm

Blank Tests

Test	Status	Time
AIR	Pass	11:11pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Λ	INTOANTETERS, MODEL INTOX EC/IR II
County fl	AMANCE Instrument Location ALAMANCE CO. JAIL
Instrument Se	erial No. 008913 109 S. MAPLE ST. GRAHAMI, NC
The preventiv	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
. 1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	on the
THE STATE OF THE S	

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913 Test Date: 11/22/2013

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

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

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

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

Analyst

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913 Test Record Number: 1791 Test Date: 11/22/2013 Test Time: 12:23pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:23pm
FLO	Pass	12:23pm
FC	Pass	12:23pm

Temperature Tests

Status	Time
Pass	12:24pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	12:24pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:24pm
	CRC Tests	
Test	Status	Time

COMP Pass 12:24pm CAL Pass 12:24pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County A	LAMANCE	Instrument Location <u>Surum</u>	JOTUN PD
Instrument Ser	rial No. <u>008907</u>	267 W. FRUNT ST.	BURLINGTON, NO
The preventive four months as		Intoximeters, Model Intox EC/IR II to be f	followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2	er displays pressure, or the alcoholic breath degree centigrade;	simulator thermometer shows
2.	Verify instrument displays ti	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.		anister is being changed before expiration da hanged every four months or after 125 Alco	
procedures we	ere performed on the instrument i	indicated above, in accordance with current d the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
THE STATE OF THE S	Du	Solution of Certifying Official	Certificate Number

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008907 Test Date: 11/22/2013

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008907

Test Record Number: 558

Test Date: 11/22/2013

Test Time: 11:25am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:25am
FLO	Pass	11:25am
FC	Pass	11:26am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:26am

Printer Tests

-		
Test	Status	Time
PRNT	Pass	11:26am
	CRC Tests	
Test	Status	Time

COMP Pass 11:27am CAL Pass 11:27am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	NARE	Instrument Location 1547 M	DBILG CONT
I	0067012	(12.	
instrument S	erial No. <u>OOS 6 / 2</u>	Sak & bridge	
The preventi four months		ximeters, Model Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degre	plays pressure, or the alcoholic breath see centigrade;	simulator thermometer shows
2.	Verify instrument displays time at	nd date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		2
6.	When "PLEASE BLOW" appear	s, collect breath sample;	
7.	When "PLEASE BLOW" appear	s, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		er is being changed before expiration da and every four months or after 125 Alcol	
procedures w	on the day of day of day of for the instrument indicates of Health and Human Services, and the	the forgotted above, in accordance with current instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
STATE STATE	S. C.		
3			
ARE R. T.		6.711sm	636
÷	Signati	ire of Certifying Official	Certificate Number

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008612 Test Record Number: 1430 Test Date: 11/22/2013 Test Time: 11:29pm EST

System Check: Passed

Baseline Tests

Test S		
FLO P	ass ass ass	11:30pm 11:30pm 11:30pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:30pm
SRC	Pass	11:30pm
DET	Pass	11:30pm
BAR	Pass	11:30pm
BT	Pass	11:30pm

Blank Tests

Test	Status	Time
AIR	Pass	11:30pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:30pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008612 Test Date: 11/22/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	11:20pm 11:21pm 11:22pm 11:23pm
SUB TEST	.00	11:24pm
AIR BLK	.00	11:25pm
SUB TEST AIR BLK	.00 .00	11:26pm 11:27pm
17T1/ 17T1/	.00	TT + Z / Dill

Reported AC: .00 g/210L-

Signature of Chemical Analyst

Court CVR

6.140 pm

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	WAKE Instrument Location BAT MOBILELLI	T M
Instrument Se	erial No. 008778 CAny	
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ev are:	ery
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 34 degrees, plus or minus .2 degree centigrade;	shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bressimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.	
procedures w	on theday of	nance
THE STATE OF THE S	Signature of Certifying Official Certificate Number	· ·

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008778 Test Record Number: 1071
Test Date: 11/22/2013 Test Time: 11:18pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:18pm
FLO	Pass	11:18pm
FC	Pass	11:18pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:18pm
SRC	Pass	11:18pm
DET	Pass	11:18pm
BAR	Pass	11:18pm
BT	Pass	11:18pm

Blank Tests

Test	Status	Time
AIR	Pass	11:19pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:19pm
	CRC Tests	

Test	Status	Time
COMP	Pass	11:19pm
CAL	Pass	11:19pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008778 Test Date: 11/22/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County U	Instrument Location Washington Co. S.C
Instrument Se	erial No. 008829 Adams St., Plymouth, N.C.
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9,	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o procedures we Department of	n the
STATE OF STA	NO. L. CAROLLE

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

Signature of Certifying Official

Certificate Number

WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829 Test Date: 11/18/2013

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:53am 11:54am
ACCY CHK	.07	11:55am
AIR BLK	.00	11:56am
SUB TEST	.00	11:56am
AIR BLK	.00	11:57am
SUB TEST	.00	11:59am
AIR BLK	.00	12:00pm

Reported AC: .00 g/210L

Signature of Chemical Apalyst

Court CVR

delly M

WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829 Test Record Number: 517 Test Date: 11/18/2013 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 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:01pm 12:01pm 12:01pm 12:01pm 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	Pass	12:02pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

12:02pm

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Lucasium?		ers, model intox i	
County \	irrell	Instrument Location /	rell Co. S.D.
Instrument Se	erial No. <u>008902</u>	Instrument Location Tyv. 402 Main St.	, Columbia, N.C.
The preventive four months a	e maintenance procedures for the re:	Intoximeters, 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 d	r displays pressure, or the alcoholic egree centigrade;	breath simulator thermometer show
2.	Verify instrument displays tim	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	1;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; ar	nd	
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	ister is being changed before expir inged every four months or after 12	ation date, or the alcoholic breath 5 Alcoholic Breath Simulator tests,
procedures we	to performed on the montanion me	dicated above, in accordance with the instrument is functioning proper	he forgoing preventive maintenance current regulations of the N.C. orly.
STATE OF THE STATE			
anii anii anii anii anii anii anii anii	Kell / Sign	nature of Certifying Official	Certificate Number
	O.D.	or county me Official	Certificate Number

TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902 Test Date: 11/18/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	10:41am 10:42am 10:42am 10:44am 10:45am
SUB TEST	.00	10:47am
AIR BLK	.00	10:48am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902

Test Record Number: 453

Test Date: 11/18/2013

Test Time: 10:49am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:49am
FLO	Pass	10:49am
FC	Pass	10:50am

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:50am 10:50am 10:50am 10:50am 10:50am

Blank Tests

Test	Status	Time

AIR Pass 10:50am

Printer Tests

Test	Status	Time

PRNT Pass 10:50am

CRC Tests

Test	Status	Time
COMP	Pass	10:50am
CAL	Pass	10:50am

Preventive Maintenance Status: Pass

Analyst



	INTOXIMETERS, MODEL INTOX EC/IR II
County W	Instrument Location Wilson Co. Do four hour
Instrument Se	erial No. 008652 100 E. Green St., Wilson, N.C.
	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 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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 November, 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.
TAND SEE CHANGE	Signature of Certifying Official Certificate Number

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

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008652 Test Date: 11/19/2013

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

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

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

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

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

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008652 Test Record Number: 2388
Test Date: 11/19/2013 Test Time: 11:16am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:17am

Printer Tests

Test	Status	'l'ime
PRNT	Pass	11:17am
	CRC Tests	

Test	Status	Time
COMP	Pass	11:17am
CAL	Pass	11:17am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (V)	Instrument Location Wilson Co. Detention
Instrument Ser	rial No. 008627 100 E. Green St., Wilson, 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 o procedures we Department of	n the
STATE OF THE STATE	Signature of Certifying Official Certificate Number

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008627 Test Date: 11/19/2013

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	11:21am 11:22am 11:23am 11:24am 11:25am
-		11:27am
AIR BLK	.00	11:28am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Kelly St

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008627 Test Record Number: 1608 Test Date: 11/19/2013 Test Time: 11:29am EST

System Check: Passed

Baseline Tests

Status	Time
Pass	11:29am 11:29am
	11:29am

Temperature Tests

Test	Status	Time
FC1	Pass	11:30am
SRC	Pass	11:30am
DET	Pass	11:30am
BAR	Pass	11:30am
BT	Pass	11:30am

Blank Tests

Test	Status	Time
AIR	Pass	11:30am

Printer Tests

Test	Status	Time
PRNT	Pass	11:30am

CRC Tests

rest	Status	Time
COMP	Pass	11:30am
CAL	Pass	11:30am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

<u> </u>	INTOXIMET	ERS, MODE	L INTOX E	C/IR II
County 17	•	Instrument I	ocation Ayol	en P.D.
Instrument Seria	1 No. <u>008666</u>	4144	West	Tue. Ayden, M
		/	· · · ·	<u> </u>
The preventive r four months are:	-	e Intoximeters, Mo	del Intox EC/IR II 1	to be followed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2			preath 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 brea	th sample;	
7.	When "PLEASE BLOW" a	ppears, collect brea	th sample;	
8.	Print test record;			
9.	Verify Diagnostic Program;	and		
10.				tion date, or the alcoholic breath Salcoholic Breath Simulator tests,
	the <u>JO</u> day of <u>NO</u> performed on the instrument lealth and Human Services, an	indicated above, in	accordance with co	
SOMETHING THE STATE OF THE STAT				
OF THE STATE OF A	(A)			
STATE OF THE STATE	# CAROLINA	•		
APRIL 12, 1776	Kell	11		643
)S	ignature of Certify	ing Official	Certificate Number

PITT AYDEN PD 730

Serial Number: 008666 Test Date: 11/20/2013

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: GUARD, KELLY G Permit Number: 12955E

mit Number: 12955E Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:31am 10:32am
ACCY CHK	.07	10:32am
AIR BLK	.00	10:33am
SUB TEST	.00	10:34am
AIR BLK	.00	10:35am
SUB TEST	.00	10:36am
ATR BLK	- 0.0	10:37am

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

PITT AYDEN PD 730

Serial Number: 008666

Test Record Number: 696

Test Date: 11/20/2013

Test Time: 10:43am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:45am

Printer Tests

Test	Status	Time
PRNT	Pass	10:45am
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	GASTON	Instrument Location BAT	MOBILE UNIT
Instrument Ser	rial No. <u>008647</u>	Instrument Location BAT	TONIA, NC
The preventive four months ar	e maintenance procedures for the lee:	Intoximeters, Model Intox EC/IR II to I	pe followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 degrees.	r displays pressure, or the alcoholic bree egree centigrade;	ath simulator thermometer shows
2.	Verify instrument displays tim	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	l;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
. 8.	Print test record;		
9.	Verify Diagnostic Program; an	n d	
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	ister is being changed before expiration nged every four months or after 125 A	n date, or the alcoholic breath Icoholic Breath Simulator tests,
I certify that on procedures wer Department of	e performed on the instrument inc	dicated above, in accordance with curre the instrument is functioning properly.	orgoing preventive maintenance and regulations of the N.C.
THE STATE OF THE S	Calin	- Ray Bonnes	648

GASTON COUNTY BAT MOBILE UNIT 3 350

Serial Number: 008647 Test Date: 11/16/2013

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GASTON COUNTY BAT MOBILE UNIT 3 350

Serial Number: 008647 Test Date: 11/16/2013

Test Record Number: 1831 Test Time: 12:15am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass	12:15am
Ł TTO	Pass	12:15am
fС	Pass	12:15am

Temperature Tests

Test	Status	Time
FC1	Pass	12:15am
SRC	Pass	12:15am
DET	Pass	12:15am
BAR	Pass	12:15am
\mathtt{BT}	Pass	12:15am

Blank Tests

Test	Status	Time
AIR	Pass	12:16am

Printer Tests

Test	Status	Time
PRNT	Pass	12:16am
•	CRC Tests	
Test	Status	Time
COMP	Pass	12:16am

Preventive Maintenance Status: Pass

Pass

12:16am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (ASTON Instrument Location BAT.	MOBILE UNIT.	
Instrument Se	erial No. 008616 GAS 70	NIA, NC	
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be are:	followed at least once every	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	n 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 a simulator solution is being changed every four months or after 125 Alc whichever occurs first.		
I certify that procedures w	on the	going preventive maintenance it regulations of the N.C.	
STATE STATE OF THE			
* FOR QUANT	Min reg	648	
	Signature of Certifying Official	Certificate Number	

GASTON COUNTY BAT MOBILE UNIT 3 350

Serial Number: 008616 Test Date: 11/16/2013

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: BARNES, ALVIN R

Permit Number: 15671E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	12:02am 12:03am 12:04am
AIR BLK	.00	12:05am
SUB TEST	.00	12:05am
AIR BLK	.00	12:06am
SUB TEST	.00	12:08am
AIR BLK	.00	12:09am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GASTON COUNTY BAT MOBILE UNIT 3 350

Serial Number: 008616 Test F Test Date: 11/16/2013 Test

Test Record Number: 1816
Test Time: 12:09am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:11am

Printer Tests

Test	Status	Time
PRNT	Pass	12:11am

CRC Tests

Test	Status	Time
COMP	Pass	12:11am
CAL	Pass	12:11am

Preventive Maintenance Status: Pass

Ahalvst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	GASTON Instrument Location BAT MOBILE UNIT		
Instrument Seria	INO. 008707 GASTONIA, NC		
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
I certify that on t procedures were Department of H	he day of Nov , 20 13 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. (ealth and Human Services, and the instrument is functioning properly.		
OTHE STATE OF A STATE	May Bands 648 Signature of Certifying Official Certificate Number		

GASTON COUNTY BAT MOBILE UNIT 3 350

Serial Number: 008707 Test Date: 11/16/2013

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: BARNES, ALVIN R
Permit Number: 15671E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	12:29am 12:30am 12:31am 12:32am
SUB TEST	.00	12:32am
AIR BLK	.00	12:33am
SUB TEST	.00	12:35am
AIR BLK	.00	12:36am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GASTON COUNTY BAT MOBILE UNIT 3 350

Serial Number: 008707

Test Record Number: 1908 Test Date: 11/16/2013 Test Time: 12:37am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time

AIR Pass 12:38am

Printer Tests

lest	Status	TTITE
PRNT	Pass	12:38am

CRC Tests

Test	Status	Time
COMP	Pass	12:38am
CAL	Pass	12:38am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	RANDOLPH	Instrument Location	BAT MOBILE UNIT
Instrumen	t Serial No	· .	BAT MOBILE UNIT
The prever	ntive maintenance procedures for the In	itoximeters, Model Intox	EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	displays pressure, or the gree centigrade;	alcoholic breath simulator thermometer show
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
б.	When "PLEASE BLOW" appea	ars, collect breath sample	e;
7.	When "PLEASE BLOW" appear	ars, collect breath sample	e;
8.	Print test record;	·	
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canissimulator solution is being chang whichever occurs first.	ter is being changed befo ged every four months or	ore expiration date, or the alcoholic breath r after 125 Alcoholic Breath Simulator tests,
I certify tha procedures Department	at on the	cated above, in accordan	the forgoing preventive maintenance ace with current regulations of the N.C. ing properly.
STA CUREAT CONTRACT C)	
A CONTRACTOR OF THE PARTY OF TH	Ulm K	9 15003	648
	Signat	ture of Certifying Officia	al Certificate Number

RANDOLPH COUNTY BAT MOBILE UNIT 3 750

Serial Number: 008647 Test Date: 11/16/2013

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	10:19pm 10:20pm 10:21pm 10:22pm
SUB TEST	.00	10:22pm
AIR BLK	.00	10:23pm
SUB TEST	.00	10:25pm
AIR BLK	.00	10:26pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

alun Rg Ba

RANDOLPH COUNTY BAT MOBILE UNIT 3 750

Serial Number: 008647

Test Record Number: 1836

Test Date: 11/16/2013

Test Time: 10:27pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:27pm
FLO	Pass	10:27pm
FC	Pass	10:27pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:27pm
SRC	Pass	10:27pm
DET	Pass	10:27pm
BAR	Pass	10:27pm
BT	Pass	10:27pm

Blank Tests

Test	Status	Time
AIR	Pass	10:28pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:28pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:28pm

Preventive Maintenance Status: Pass

Pass

10:28pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County(GUILFORD Instrument Location BAT MOBILE UNIT.
Instrument Se	erial No. 008647 GREENSBURO
The preventive four months a	/e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
certify that or procedures we Department of	n the
THE STATE OF	NORTH CAROLL
* LET QUAM VIDE	Oli Ray Berns 648
	Signature of Certifying Official Certificate Number

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008647 Test Date: 11/21/2013

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	8:45pm 8:46pm 8:47pm
AIR BLK	.00	8:48pm
SUB TEST	.00	8:48pm
AIR BLK	.00	8:49pm
SUB TEST	.00	8:51pm
AIR BLK	.00	8:52pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008647

Test Record Number: 1840

Test Date: 11/21/2013

Test Time: 8:52pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:53pm
FLO	Pass	8:53pm
FC	Pass	8:53pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:53pm
SRC	Pass	8:53pm
DET	Pass	8:53pm
BAR	Pass	8:53pm
BT	Pass	8:53pm

Blank Tests

Test	Status	Time
AIR	Pass	8:54pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:54pm
	CRC Tests	
Test	Status	Time

COMP Pass 8:54pm CAL Pass 8:54pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD

	A TOXIMETERS, MODEL INTOX EC/IR II		
County	SUILFORD Instrument Location BAT MUBILE UN	17	
Instrument Ser	FUILFORD Instrument Location BAT MUBILE UN GREENSBORO, L	<u>ر</u>	
The preventive four months are	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 should degree, plus or minus .2 degree centigrade;)WS	
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.	S,	
I certify that on procedures were Department of I	the	;e	
STATE OF STA	CAROL CONTRACTOR OF THE CONTRA		
SOF CRAM VIDEL A	Signature of Certifying Official Certificate Number	٠	

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: 11/21/2013

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	9:33pm 9:34pm 9:35pm 9:36pm 9:36pm
AIR BLK	.00	9:30pm 9:37pm
SUB TEST AIR BLK	.00	9:39pm
ATK DUV	.00	9:40pm

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: 1913

Test Date: 11/21/2013 Test Date: 11/21/2013

Test Time: 9:41pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:42pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:42pm
	CRC Tests	

Test	Status	Time
COMP	Pass	9:43pm
CAL	Pass	9:43pm

Preventive Maintenance Status: Pass

A/nalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

-	THE TERS, MODEL INTOX EC/IR II
County	GUILFURD Instrument Location BAT MOBILE UNIT
Instrument S	GUILFURD Instrument Location BAT MOBILE UNIT erial No. 008616 GREENSBURD, 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	on the
STATE OF STA	alu Rg Bana 648
	Signature of Certifying Official Certificate Number

GULIFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008616 Test Date: 11/21/2013

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: BARNES, ALVIN R Permit Number: 15671E

Effective:

09/01/2013-09/01/2015

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:25pm 9:26pm
ACCY CHK	.08	9:27pm
AIR BLK	.00	9:28pm
SUB TEST	.00	9:28pm
AIR BLK	.00	9:29pm
SUB TEST	.00	9:31pm
AIR BLK	.00	9:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GULIFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008616 T

Test Record Number: 1825

Test Date: 11/21/2013

Test Time: 9:34pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:35pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:35pm

CRC Tests

Test	Status	Time
COMP	Pass	9:35pm
CAL	Pass	9:35pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County M	ECKLENBURG Instrument Location BAT MOBILE UNIT
Instrument Se	ECKLENBURG Instrument Location BAT MOBILE UNIT CHARLOTTE, 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 or procedures wer Department of	n the
THE STATE OF THE PARTY OF THE P	
	Signature of Certifying Official Certificate Number

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616 Test Date: 11/22/2013

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	11:21pm 11:22pm 11:22pm 11:23pm 11:24pm
AIR BLK	.00	11:25pm
SUB TEST	.00	11:26pm
AIR BLK	.00	11:27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616 Test Date: 11/22/2013

Test Record Number: 1833 Test Time: 11:28pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:30rom

Printer Tests

Test	Status	Time
PRNT	Pass	11:30pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:30pm 11:30pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	MECKLENBURG Instrument Location BAT MOBILE UNIT
Instrument S	MECKLENBURG Instrument Location BAT MOBILE UNIT. Serial No. 008647 CHARLOTE, NC
The prevent	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
STATE OF STA	S CAROL CARO
TOTAL OLD VIEW VIEW VIEW VIEW VIEW VIEW VIEW VIEW	Signature of Certifying Official Certificate Number
	Signature of Certifying Official Certificate Number

MECKLENBURG COUNTY BAT MOBILE UNIT 3
590

Serial Number: 008647 Test Date: 11/22/2013

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

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

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

'l'est	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	10:30pm 10:31pm 10:32pm 10:33pm
SUB TEST	.00	10:34pm
AIR BLK	.00	10:35pm
SUB TEST	.00	10:36pm
AIR BLK	.00	10:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647 Test Date: 11/22/2013

Test Record Number: 1847 Test Time: 10:39pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:39pm
FLO	Pass	10:39pm
FC	Pass	10:39pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:39pm 10:39pm 10:39pm 10:39pm 10:39pm
דיד	rabb	TO.335III

Blank Tests

Test	Status	Time
AIR	Pass	10:40pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:40pm

CRC Tests

Test	Status	Time
COMP	Pass	10:40pm
CAL	Pass	10:40pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	MECKLENBURG Instrument Location BAT MOBILE UNIT
Instrument S	Gerial No. 008707 Instrument Location BAT MOBILE UNIT
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 theday of, 20, 20
THE PARTY OF THE P	
The state of the s	Signature of Certifying Official Certificate Number
_	Signature of Certifying Official Certificate Number

MECKLENBURG COUNTY BAT MOBILE UNIT 3
590

Serial Number: 008707 Test Date: 11/22/2013

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00 .00	11:24pm 11:25pm 11:25pm 11:26pm 11:27pm
AIR BLK	.00	11:28pm
SUB TEST	.00	11:29pm
AIR BLK	.00	11:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008707 Test Date: 11/22/2013

Test Record Number: 1919
Test Time: 11:32pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:33pm

Printer Tests

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

COMP Pass 11:33pm CAL Pass 11:33pm

Preventive Maintenance Status: Pass

Analyst U

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	WAKE Instrument Location BAT MBile Lin, TIT
Instrument S	Water Instrument Location Both Mabile Lin, THE Gerial No. DOSCOO ACLY Springs
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the day of longle lo
TAIL STATE OF THE	Signature of Certifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Record Number: 1304
Test Date: 11/15/2013 Test Time: 9:21pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:21pm
FLO	Pass	9:21pm
FC	Pass	9:21pm

Temperature Tests

Test	Status ,	Time
FC1	Pass	9:21pm
SRC	Pass	9:21pm
DET	Pass	9:21pm
BAR	Pass	9:21pm
BT	Pass	9:21pm

Blank Tests

Test	Status	Time
ATR	Pass	9:22pm

Printer Tests

Status

Time

Test

PRNT	Pass	9:22pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:22pm 9:22pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Date: 11/15/2013

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 State: XX Driver's License Number: NONE

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Wafe Instrument Location Est 110.	Bilelai, TES
Instrument Ser	rial No. 008788 Houry S	21 Sand 42 65-5
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be force:	ollowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath s 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	v
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
. 10.	Verify that the ethanol gas canister is being changed before expiration da simulator solution is being changed every four months or after 125 Alcoh whichever occurs first.	te, or the alcoholic breath nolic Breath Simulator tests,
I certify that or procedures we Department of	the 15 day of 10 version , 20/3 the forgone performed on the instrument indicated above, in accordance with current refrealth and Human Services, and the instrument is functioning properly.	ing preventive maintenance regulations of the N.C.
THE COUNTY OF	Signature of Cartifolian Official	636

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788

Test Record Number: 881

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	9:16pm
	Pass Pass Pass Pass

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
CAL	Pass	9:16pm

Preventive Maintenance Status: Pass

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Date: 11/15/2013

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

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

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

Test	g/210L	Time
DIAG	Pass	9:07pm
AIR BLK	.00	9:08pm
ACCY CHK	.07	9:09pm
AIR BLK	.00	9:09pm
SUB TEST	.00	9:11pm
AIR BLK	.00	9:12pm
SUB TEST	.00	9:13pm
AIR BLK	.00	9:14pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	HARNETT	Instrument Location HARNETT Co. DETENTION
Instrumen	t Serial No. <u>008729</u>	LILLINGTON N.C.
The preve		toximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	lisplays pressure, or the alcoholic breath simulator thermometer show tree centigrade;
2.	Verify instrument displays time	and date;
. 3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appe	ars, collect breath sample;
7.	When "PLEASE BLOW" appe	ars, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.		ster is being changed before expiration date, or the alcoholic breath ged every four months or after 125 Alcoholic Breath Simulator tests,
I certify the procedure Department	at on the \square day of \square over the at the instrument ind the of Health and Human Services, and the square of the original services.	the forgoing preventive maintenance icated above, in accordance with current regulations of the N.C. ne instrument is functioning properly.
S S S S S S S S S S S S S S S S S S S	Sigh	ature of Certifying Official Certificate Number

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729 Test Date: 11/18/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name:

QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG300202

Exp Date: 01/02/2015

Test	g/210L	Time

DIAG	Pass	10:38am
AIR BLK	.00	10:39am
ACCY CHK	.08	10:39am
AIR BLK	.00	10:41am
SUB TEST	.00	10:41am
AIR BLK	.00	10:42am
SUB TEST	.00	10:43am
AIR BLK	.00	10:44am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729 Test Record Number: 1737 Test Date: 11/18/2013 Test Time: 10:45am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:46am

Printer Tests

Test	Status	Time
PRNT	Pass	10:46am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:46am 10:46am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	HARNETT	Instrument Location HAR	EVETT CO. DETENTION
Instrume	nt Serial No. <u>008730</u>	LILLINGTON	NC.
The preve	entive maintenance procedures for the ths are:	Intoximeters, Model Intox EC/IR	II to be followed at least once every
, 1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d		ic breath simulator thermometer shows
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	nd	
10.			piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
procedure	hat on the 18 day of No es were performed on the instrument in ent of Health and Human Services, and	ndicated above, in accordance with	
GREAT SET	TATE OF A ORDER		
Cast of	UAH VIDE	(1) (Ourine	652
	Sig	ghature of Certifying Official	Certificate Number

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730 Test Date: 11/18/2013

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

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

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

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

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

rest	g\710⊓	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	10:40am 10:40am 10:41am 10:42am
SUB TEST	.00	10:42am
AIR BLK	.00	10:43am
SUB TEST	.00	10:45am
AIR BLK	.00	10:45am

Reported AC: .00 g/210L

Signature of (Chemical Analyst

Court CVR

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HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730 Test Date: 11/18/2013

Test Record Number: 1836
Test Time: 10:47am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:49am

Printer Tests

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

Pass

10:49am

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Wake Instrument Location BAT M	OBILE LEVIT
Instrument S	erial No	t-1-6
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be fol are:	lowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath si 34 degrees, plus or minus .2 degree centigrade;	mulator thermometer shows
2.	Verify instrument displays time and date;	•
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	٠.
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration data simulator solution is being changed every four months or after 125 Alcohowhichever occurs first.	e, or the alcoholic breath blic Breath Simulator tests,
I certify that procedures v Department	on the Stage day of New Langta, 20 13 the forgois were performed on the instrument indicated above, in accordance with current resoft Health and Human Services, and the instrument is functioning properly.	ing preventive maintenance egulations of the N.C.
STAL STAL STAL STAL STAL STAL STAL STAL	TE OF VO	
* SSE QUAM	Signature of Certifying Official	Certificate Number

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008577 Test Record Number: 930 Test Date: 11/08/2013 Test Time: 11:34pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:36pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:36pm
	CRC Tests	

Test	Status	Time
COMP	Pass	11:36pm
CAL	Pass	11:36pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008577 Test Date: 11/08/2013

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: NC
Driver's License Number: NONE

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

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

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

Test	g/210L	Time
DIAG	Pass	11:26pm
AIR BLK	.00	11:27pm
ACCY CHK	.07	11:28pm
AIR BLK	.00	11:29pm
SUB TEST	.00	11:30pm
AIR BLK	.00	11:31pm
SUB TEST	.00	11:32pm
AIR BLK	.00	11:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	WAKE	Instrument Location	ST MDBILE UNIT
Instrument S	erial No. <u>608560</u>	R	deiest
The preventi four months	-	toximeters, 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		holic breath simulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ears, collect breath sample;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	d	
10.			expiration date, or the alcoholic breath ter 125 Alcoholic Breath Simulator tests,
I certify that procedures v Department	on theday ofday ofday ofday ofday ofday ofday of Health and Human Services, and the first terms of the day of	JEMBA , 20/Z licated above, in accordance whe instrument is functioning	the forgoing preventive maintenance with current regulations of the N.C. properly.
COLE STATE OF THE	- tage	nature of Certifying Official	Certificate Number

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008760 Test Date: 11/09/2013

Test Record Number: 518
Test Time: 12:54am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:55am
SRC	Pass	12:55am
\mathtt{DET}	Pass	12:55am
BAR	Pass	12:55am
BT	Pass	12:55am

Blank Tests

Test	Status	Time
AIR	Pass	12:56am

Printer Tests

Status

Test

CAL

Time

12:56am

PRNT	Pass	12:56am
	CRC Tests	
Test	Status	Time
COMP	Pass	12:56am

Preventive Maintenance Status: Pass

Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008760 Test Date: 11/09/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG305202

Exp Date: 02/21/2015

Test	g/210L	Time
AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	12:43am 12:44am 12:45am 12:46am 12:47am
AIR BLK	.00	12:48am
SUB TEST	.00	12:50am
AIR BLK	.00	12:51am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

V e Xo'l

Anaiyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Wake	Instrument Location_	BAT ME	BILL LUIT
Instrument S	erial No. <u>0086/2</u>		RALGION	
The preventi four months	ve maintenance procedures for the Inare:	toximeters, Model Intox E	EC/IR II to be follow	ved at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg		coholic breath simu	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" appe	ars, collect breath sample	;	
7.	When "PLEASE BLOW" appe	ars, collect breath sample	;	
8.	Print test record;			
9.	Verify Diagnostic Program; and	L		
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.			
	on theday of		ce with current regu	preventive maintenance lations of the N.C.
CALL STAY	CAROLINIA CAROLI	J. (-11)	log X	f F
	Sign	artire of Certifying Offici	al	Certificate Number

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008612 Test Record Number: 1418
Test Date: 11/08/2013 Test Time: 11:29pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	11:30pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	11:31pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:31pm
	CRC Tests	
Test	Status	Time

COMP	Pass	11:31pm
CAL	Pass	11:31pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008612 Test Date: 11/08/2013

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: NC

Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	11:19pm
AIR BLK	.00	11:20pm
ACCY CHK	.07	11:20pm
AIR BLK	.00	11:21pm
SUB TEST	.00	11:22pm
AIR BLK	.00	11:23pm
SUB TEST	.00	11:25pm
ATR BLK	. 00	11 · 26pm

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 WOS	BILL LIN, THI
Instrument Seria	al No. DOSC 23 RALEISH	
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be foll:	owed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath sir 34 degrees, plus or minus .2 degree centigrade;	nulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date simulator solution is being changed every four months or after 125 Alcoho whichever occurs first.	
I certify that on procedures wer Department of i	theday ofday_of	ng preventive maintenance gulations of the N.C.
STATE OF STA	CAROLIN CAROLI	
TOTAL COLON VOEN	Signature of Certifying Official	Certificate Number

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008623 Test Record Number: 2791 Test Date: 11/09/2013 Test Time: 12:51am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:52am
FLO	Pass	12:52am
FC	Pass	12:52am

Temperature Tests

Test	Status	Time
FC1	Pass	12:52am
SRC	Pass	12:52am
DET	Pass	12:52am
BAR	Pass	12:52am
BT	Pass	12:52am

Blank Tests

Test	Status	Time
AIR	Pass	12:52am

Printer Tests

Test	Status	Time
PRNT	Pass	12:52am

CRC Tests

Test	Status	Time
COMP	Pass	12:53am
CAL	Pass	12:53am

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008623

Test Date: 11/09/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG305202

Exp Date: 02/21/2015

Test	g/210L	Time
DIAG		12:42am
AIR BLK	.00	12:43am
ACCY CHK	.07	12:43am
AIR BLK	.00	12:44am
SUB TEST	.00	12:45am
AIR BLK	.00	12:46am
SUB TEST	.00	12:48am
AIR BLK	.00	12:49am

Reported AC: _ .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Paul Handel Instrument Location BAT Ma	Palite Charte
Instrument S	erial No. <u>208(23</u>	M-11-11-11
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be for are:	illowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath s 34 degrees, plus or minus .2 degree centigrade;	imulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration da simulator solution is being changed every four months or after 125 Alcoh whichever occurs first.	
	on theday of, 20 the forgovere performed on the instrument indicated above, in accordance with current rolf Health and Human Services, and the instrument is functioning properly.	ing preventive maintenance egulations of the N.C.
THE STATI		Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008623 Test Date: 11/01/2013

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: AG305202 Exp Date: 02/21/2015

Test	g/210L	Time
DIAG	Pass	9:27pm
AIR BLK	.00	9:28pm
ACCY CHK	.07	9:29pm
AIR BLK	.00	9:30pm
SUB TEST	.00	9:30pm
AIR BLK	.00	9:31pm
SUB TEST	.00	9:33pm
AIR BLK	.00	9:34pm

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: 2788
Test Date: 11/01/2013 Test Time: 9:40pm EDT

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
CAL	Pass	9:42pm

Preventive Maintenance Status: Pass

Analyst

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

Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008623 Test Date: 11/01/2013

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: AG305202 Exp Date: 02/21/2015

Test	g/210L	Time
DIAG	Pass	9:27pm
AIR BLK	.00	9:28pm
ACCY CHK	.07	9:29pm
AIR BLK	.00	9:30pm
SUB TEST	.00	9:30pm
AIR BLK	.00	9:31pm
SUB TEST	.00	9:33pm
AIR BLK	.00	9:34pm

Reported AC: /.0

.00~ g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Rev. 12/2007

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008623 Test Record Number: 2788 Test Date: 11/01/2013 Test Time: 9:40pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:41pm
FLO	Pass	9:41pm
FC	Pagg	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
CAL	Pass	9:42pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County N	lew Havovel Instrument Location BAT Who bile Uni	47
Instrument Ser	erial No	
The preventive four months ar	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least oncorre:	e every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermomes 34 degrees, plus or minus .2 degree centigrade;	eter shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	•
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simul whichever occurs first.	breath ator tests,
I certify that of procedures we Department of	on theday of	aintenance N.C.
TATE OF THE STATE	Stenature of Certifying Official Certificate No.	umher

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008760 Test Date: 11/01/2013

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

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

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

Analyst's Name: KEESLER, GRAYHAM C
Permit Number: 7682E
Effective:
02/01/2012-02/01/2014

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

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

Test	g/210L	Time
DIAG	Pass	9:24pm
AIR BLK	.00	9:26pm
ACCY CHK	.07	9:26pm
AIR BLK	.00	9:27pm
SUB TEST	.00	9:29pm
AIR BLK	.00	9:30pm
SUB TEST	.00	9:31pm
AIR BLK	.00	9:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

his form is used when performing Preventive Maintenance proce

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008760

Test Record Number: 514

Test Date: 11/01/2013 Test Time: 9:39pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:40pm

Printer Tests

PRNT	Pass	9:41pm
Test	Status	Time

CRC Tests

Test	Status	Time
COMP	Pass	9:41pm
CAL	Pass	9:41pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Cou	inty_ <i>N</i>	ew Havover Instrument Location BAT Mobile Unit
Inst	rument Seri	ial No. <u>208760</u>
	preventive 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;
53	5.	Verify instrument accuracy;
- 3 	6.	When "PLEASE BLOW" appears, collect breath sample;
t.	7.	When "PLEASE BLOW" appears, collect breath sample;
	8.	Print test record;
	9.	Verify Diagnostic Program; and
	10.	Verify that the ethanol gas canister is being changed before 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		theday ofdwell, 20 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 GREAT SE	O'THE STATE OF THE	

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

Signature of Certifying Official

Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

> Serial Number: 008760 Test Date: 11/01/2013

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: AG305202 Exp Date: 02/21/2015

Test	g/210L	Time
DIAG	Pass	9:24pm
AIR BLK	.00	9:26pm
ACCY CHK	.07	9:26pm
AIR BLK	.00	9:27pm
SUB TEST	.00	9:29pm
AIR BLK	.00	9:30pm
SUB TEST	.00	9:31pm
AIR BLK	.00	9:32pm

of Chemical Analyst

Court CVR

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008760

Test Record Number: 514

Test Date: 11/01/2013

Test Time: 9:39pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:40pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:41pm

CRC Tests

Test	Status	Time
COMP	Pass	9:41pm
CAL	Pass	9:41pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Instrument Serial No. 008630 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. 3. Initiate breath test sequence; Enter information as prompted; 4. 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 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

NASH COUNTY NASH COUNTY JAIL 630

Serial Number: 008630 Test Date: 11/14/2013

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: YY

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

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

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

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

Test	g/210L	Time
DIAG	Pass	4:14pm
AIR BLK	.00	4:15pm
ACCY CHK	.08	4:16pm
AIR BLK	.00	4:17pm
SUB TEST	.00	4:18pm
AIR BLK	.00	4:18pm
SUB TEST	.00	4:20pm
AIR BLK	.00	4:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVK

Analyst

NASH COUNTY NASH COUNTY JAIL 630

Serial Number: 008630 Test Date: 11/14/2013

Test Record Number: 2836 Test Time: 4:22pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:22pm
FLO	Pass	4:23pm
FC	Pass	4:23pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:23pm
SRC	Pass	4:23pm
DET	Pass	4:23pm
BAR	Pass	4:23pm
BT	Pass	4:23pm

Blank Tests

Test	Status	Time
AIR	Pass	4:23pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:23pm
	CRC Tests	
Test	Status	T'i me

.resc	Status	T THE
COMP	Pass	4:24pm
CAL	Pass	4:24pm

Preventive Maintenance Status: Pass

Analyst

	PREVENTIVE MAINTENANCE RECORD
N/a	INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Rockey Wounds
Instrument Ser	4 Conversion + P/62
The preventive four months ar	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
. 3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that of procedures we Department of	n the 13 day of 10 very 20 3 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. if Health and Human Services, and the instrument is functioning properly.
STATE CREAT SE VAN 20. 177.	The same of the sa
	Signature of Certifying Official Certificate Number

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741 Test Date: 11/13/2013

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	4:33pm 4:34pm
ACCY CHK	.08	4:35pm
AIR BLK	.00	4:36pm
SUB TEST AIR BLK	.00 .00	4:36pm 4:37pm
SUB TEST	.00	4:39pm
AIR BLK	.00	4:40pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741 Test Record Number: 1347
Test Date: 11/13/2013 Test Time: 4:41pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:41pm
FLO	Pass	4:41pm
FC	Pass	4:41pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:42pm
SRC	Pass	4:42pm
DET	Pass	4:42pm
BAR	Pass	4:42pm
\mathtt{BT}	Pass	4:42pm

Blank Tests

Test	Status	Time
ATR	Pass	4:42pm

Printer Tests

Status

Time

4:42pm 4:42pm

Test

COMP

ÇAL

PRNT	Pass	4:42pm
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

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: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. 3. Initiate breath test sequence; 4. Enter information as prompted; 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. cm 160, 20 15 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. Certificate Number Signature of Certifying Official

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740 Test Date: 11/13/2013

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	3:59pm 4:00pm 4:00pm
AIR BLK	,00	4:01pm
SUB TEST	.00	4:02pm
AIR BLK	.00	4:03pm
SUB TEST	.00	4:04pm
AIR BLK	.00	4:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR/

Analyst

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740 Test Date: 11/13/2013

Test Record Number: 468
Test Time: 4:07pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	4:07pm 4:07pm
FC	Pass	4:07pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:07pm
SRC	Pass	4:07pm
DET	Pass	4:07pm
BAR	Pass	4:07pm
\mathtt{BT}	Pass	4:07pm

Blank Tests

Test	Status	Time
AIR	Pass	4:08pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:08pm

CRC Tests

Test	Status	Time
COMP	Pass	4:08pm
CAL	Pass	4:08pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County 1	Javven Instrument Location Warven Co, Jal
Instrument Ser	rial No. 008793 128 Pafters Lane
	Warrenton NC
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
-	
	on the
THE ROLL OF THE PARTY OF THE PA	Dale Funce 655
•	Signature of Certifying Official Certificate Number

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793 Test Date: 11/01/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTATIVE, MAINTENANCE

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

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

Analyst's Name: FARLEY, CYNTHIA D
Permit Number: 24123E
Effective:

12/01/2012-12/01/2014

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

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

Test	g/210L	Time
DIAG	Pass	3:06pm
AIR BLK	.00	3:07pm
ACCY CHK	.08	3:07pm
AIR BLK	.00	3:08pm
SUB TEST	.00	3:08pm
AIR BLK	.00	3:09pm
SUB TEST	.00	3:11pm
AIR BLK	.00	3:12pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793 Test Record Number: 684

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:13pm
FLO	Pass	3:13pm
FC	Pass	3:14pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:14pm
SRC	Pass	3:14pm
DET	Pass	3:14pm
BAR	Pass	3:14pm
\mathtt{BT}	Pass	3:14pm

Blank Tests

Test	Status	Time
AIR	Pass	3:14pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:14pm

CRC Tests

Test	Status	Time
COMP	Pass	3:14pm
CAL	Pass	3:14pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location beautiff (2. (DV, HOM(e 008918 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. 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. plemba, 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.

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

Signature of Certifying Official

BEAUFORT COUNTY BEAUFORT COUNTY COUR 060

Serial Number: 008918 Test Date: 11/13/2013

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

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

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

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

Reported AC, .00 g/210L

Signature of Chemical Analyst

Court CVR

Limb A. Clu
Analyst

BEAUFORT COUNTY BEAUFORT COUNTY COUR 060

Serial Number: 008918

Test Record Number: 296

Test Date: 11/13/2013

Test Time: 10:39am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:39am
FLO	Pass	10:39am
FC	Pass	10:39am

Temperature Tests

Test	Status	Time
FC1	Pass	10:40am
SRC	Pass	10:40am
DET	Pass	10:40am
BAR	Pass	10:40am
BT	Pass	10:40am

Blank Tests

Test	Status	Time
AIR	Pass	10:40am

Printer Tests

Test	Status	Time
PRNT	Pass	10:40am
	CPC Tests	

CRC Tests

Test	Status	Time
COMP	Pass	10:40am
CAL	Pass	10:40am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County D	INTOXIMETERS, MODEL INTOX EC/IR II Paul 1 to Instrument Location Beaufirst (o. Our Hours
Instrument S	erial No. 008909 102 E. 2nd St. Washington, N.C
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 November, 20/3 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE CORE AT THE C	Telly 11 643
	Signature of Certifying Official Certificate Number

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909 Test Date: 11/06/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:52am
AIR BLK	.00	9:53am
ACCY CHK	.08	9:54am
AIR BLK	.00	9:55am
SUB TEST	.00	9:56am
AIR BLK	.00	9:56am
SUB TEST	.00	9:58am
AIR BLK	.00	9:59am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909 Test Record Number: 1772 Test Date: 11/06/2013 Test Time: 10:00am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass	10:01am 10:01am
ETO.	Pass Pass	10:01am
rC	Pass	IU:UIam

Temperature Tests

Test	Status	Time
FC1	Pass	10:01am
SRC	Pass	10:01am
DET	Pass	10:01am
BAR	Pass	10:01am
\mathtt{BT}	Pass	10:01am

Blank Tests

Test	Status	Time
AIR	Pass	10:02am

Printer Tests

Test	Status	Time
PRNT	Pass	10:02am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:02am 10:02am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Be	instrument Location Branfort Co. Courthous
Instrument S	erial No. 008586 102 E. 2 nd St. Washington, N.C.
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures	on the
TATS BY OCKET OF THE OCKET OCK	Toll M 643
	Signature of Certifying Official Certificate Number

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008586 Test Date: 11/06/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008586 Test Date: 11/06/2013

Test Record Number: 1022
Test Time: 9:46am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	9:46am
SRC	Pass	9:46am
DET	Pass	9:46am
BAR	Pass	9:46am
BT	Pass	9:46am

Blank Tests

Test	Status	Time
AIR	Pass	9:47am

Printer Tests

Test	Status	Time
PRNT	Pass	9:47am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:47am

Preventive Maintenance Status: Pass

Pass

9:47am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Ũ	MIOXIMETI		
County \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1900 XOUNG	Instrument Location <u>V\ アル</u> ル	, exh Lira V.V.
Instrument Se	erial No. 108950	302 E. Colonial	Ne., Elizabeth Cic
The preventive four months a		Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 o	er displays pressure, or the alcoholic but degree centigrade;	reath simulator thermometer shows
2.	Verify instrument displays tir	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;	·	
9.	Verify Diagnostic Program;	and	
10.	Verify that the ethanol gas ca simulator solution is being cl whichever occurs first.	anister is being changed before expirat hanged every four months or after 125	ion date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify that procedures v Department	were performed on the instrument	the instrument is functioning proper	e forgoing preventive maintenance irrent regulations of the N.C.
STATE STATE OF THE	E OS A COLONIA	ignature of Certifying Official	Certificate Number

PASQUOTANK COUNTY ELIZABETH CITY PD 690

Serial Number: 008950 Test Date: 11/05/2013

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: KEESLER, LINDA A Permit Number: 11646E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG309105 Exp Date: 04/01/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	12:53pm 12:54pm 12:54pm 12:55pm 12:56pm
AIR BLK	.00	12:57pm
SUB TEST	.00	12:59pm
AIR BLK	.00	1:00pm

Reported AC: ,00 g/2:

Signature of Chemical Analyst

Court CVR

Finil A. Keese

PASQUOTANK COUNTY ELIZABETH CITY PD 690

Serial Number: 008950 Test Record Number: 923
Test Date: 11/05/2013 Test Time: 1:01pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:01pm 1:01pm
FC	Pass	1:01pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:01pm
SRC	Pass	1:01pm
\mathtt{DET}	Pass	1:01pm
BAR	Pass	1:01pm
BT	Pass	1:01pm

Blank Tests

Test	Status	Time
AIR	Pass	1:02pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:02pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	1:02pm 1:02pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County PAS	Mystank Instrument Location Clizabeth City P.D.
Instrument So	erial No. 008941 302 E. Colonial Ave., Elizabeth City
The prevention four months	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. on the
Department	of Health and Human Services, and the instrument is functioning properly.
STATI STATI	
	Signature of Certifying Official Certificate Number

PASQUOTANK COUNTY ELIZABETH CITY PD 690

Serial Number: 008941 Test Date: 11/05/2013

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: KEESLER, LINDA A
Permit Number: 11646E
Effective:

08/01/2013-08/01/2015

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

Agency: DHHS

Test Type: Breath Test

Lot Number: AG309105 Exp Date: 04/01/2015

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Find 1. Less Analyst

PASQUOTANK COUNTY ELIZABETH CITY PD 690

Serial Number: 008941 Test Record Number: 936
Test Date: 11/05/2013 Test Time: 11:58am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:59am 11:59am
FC	Pass	11:59am

Temperature Tests

Test	Status	Time
FC1	Pass	11:59am
SRC	Pass	11:59am
DET	Pass	11:59am
BAR	Pass	11:59am
BT	Pass	11:59am

Blank Tests

Test	Status	Time
AIR	Pass	12:00pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:00pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:00pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ROBESON	Instrument Location 51.	Paris Poli	ce Def
Instrument	Serial No. <u>008814</u>	ST. PAULS	N.C.	
The prever	ntive maintenance procedures for the lins are:	ntoximeters, Model Intox EC/IR	II to be followed at lea	st once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholi gree centigrade;	c breath simulator ther	mometer 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	ıd		
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	ister is being changed before exp inged every four months or after	iration date, or the alco 125 Alcoholic Breath S	pholic breath Simulator tests,
I certify the procedure Department	nat on thelday ofOo s were performed on the instrument inc nt of Health and Human Services, and	dicated above, in accordance with the instrument is functioning pro	h current regulations of	ve maintenance f the N.C.
COLLAY CREAT	CAROLL IN THE CA	1 Corner	650	.
	Sig	nature of Certifying Official		te Number

ROBESON COUNTY ST. PAULS PD. 770

Serial Number: 008814 Test Date: 11/01/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

Test Type: Breath Test

Lot Number: AG309105 Exp Date: 04/01/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:57am 10:58am 10:59am
AIR BLK	.00	11:00am
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

ROBESON COUNTY ST. PAULS PD. 770

Serial Number: 008814 Test Record Number: 444 Test Date: 11/01/2013 Test Time: 11:04am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:06am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

CountyR	OBESON	Instrument Location	RED	SPRINGS	P.D.
Instrument Seria	INO. 008857	LED SON			
The preventive r	naintenance procedures for the	Intoximeters, Model Into	x EC/IR II to	be followed at lea	ast once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	r displays pressure, or the legree centigrade;	alcoholic b	reath simulator the	rmometer 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 sam	ple;		
7.	When "PLEASE BLOW" ap	pears, collect breath sam	ple;	12 to	
8.	Print test record;		A. A. A.	. 4	•
9.	Verify Diagnostic Program;	and			
10.	Verify that the ethanol gas ca simulator solution is being cl whichever occurs first.	nnister is being changed b nanged every four months	efore expirat or after 125	ion date, or the ald Alcoholic Breath	coholic breath Simulator tests,
I certify that on procedures wer Department of	the day of	ndicated above, in accord the instrument is function	the dance with cuoning proper	e forgoing prevent irrent regulations only.	ive maintenance of the N.C.
THE CITY OF THE STATE OF THE ST	CAROLINA S S	ignature of Certifying Of	ficial	65 Certific	cate Number

ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008857 Test Date: 11/01/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	12:50pm 12:51pm 12:51pm 12:52pm 12:53pm
AIR BLK	.00	12:54pm
SUB TEST	.00	12:55pm
AIR BLK	.00	12:56pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008857

Test Record Number: 369

Test Date: 11/01/2013

Test Time: 12:58pm 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 Pass 12:59pm

Printer Tests

Test	Status	Time

PRNT Pass 12:59pm

CRC Tests

Test Status Time

COMP Pass 12:59pm CAL Pass 12:59pm

Preventive Maintenance Status: Pass

\Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	RUBERSON	ETERS, MOD Instrument	Location	mgrove t	She Dep
county	Serial No. 00883		MBRUKE		
<u>, </u>					· · · · · · · · · · · · · · · · · · ·
The prevent	tive maintenance procedures f s are:	or the Intoximeters, M	lodel Intox EC/IR	II to be followed at	least once every
1.	Verify the ethanol gas of 34 degrees, plus or min			ic breath simulator	hermometer show
2.	Verify instrument displ	ays time and date;			
3.	Initiate breath test sequ	ence;			
4.	Enter information as pr	ompted;			
5.	Verify instrument accur	racy;			
6.	When "PLEASE BLOV	W" appears, collect be	eath sample,		
7.	When "PLEASE BLOV	W" appears, collect be	eath sample;		
8.	Print test record;				<i>X</i>
9.	Verify Diagnostic Prog	ram; and			
10.	Verify that the ethanol simulator solution is be whichever occurs first.	eing changed every for	changed before exp ur months or after	piration date, or the 125 Alcoholic Brea	alcoholic breath th Simulator tests,
I certify the	at on theday of_ were performed on the instru	NOVEMBER	, 20 <u>\3</u>	the forgoing preve	ntive maintenance
Departmen	t of Health and Human Service	es, and the instrument	is functioning pro	perly.	3 01 1110 14.0.
_	₩				
GREAT GE	ATE OF ALOPA STATE OF				: :
A COR OFF	2, UP AA VOORA Y	UNOe	ar)	65	3.
•	 	Signature of Cert	ifying Official	Certi	ficate Number

ROBESON COUNTY PEMBROKE POLICE DEPT 770

Serial Number: 008837 Test Date: 11/01/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name:

QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

08/01/2013-08/01/2015

Officer's Name:

QUARANTELLO, NICHOLAS J

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG206103

Exp Date: 03/01/2014

Test	g/210L	Time
1000	9/21011	121110

DIAG	Pass	1:46pm
AIR BLK	.00	1:46pm
ACCY CHK	.08	1:47pm
AIR BLK	.00	1:48pm
SUB TEST	.00	1:49pm
AIR BLK	.00	1:50pm
SUB TEST	.00	1:51pm
AIR BLK	.00	1:52pm

Reported AC: .00 g/210t

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY PEMBROKE POLICE DEPT 770

Serial Number: 008837 Test Date: 11/01/2013

Test Record Number: 499

Test Time: 1:53pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:54pm

Printer Tests

rest	Status	Time
PRNT	Pass	1:54pm
	CRC Tests	
Test	Status	Time

Pass Preventive Maintenance

Pass

1:54pm

1:54pm

COMP

CAL

Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County M	Dowe 11	Instrument Location McDow	vell Co. Jail
Instrument Seria	al No. <u>008892</u>	Instrument Location Mr Dow	NC
The preventive r		ntoximeters, Model Intox EC/IR II to be fo	llowed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath si gree centigrade;	imulator thermometer shows
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		•
4.	Enter information as prompted;	;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and	d	
10.		ister is being changed before expiration dat nged every four months or after 125 Alcoho	
procedures were	performed on the instrument ind	the forgoing the forgoing properly.	ing preventive maintenance gulations of the N.C.
ONE STATE OF THE S	SAN CAROLINA CE I CE	nature of Certifying Official	Certificate Number

MCDOWELL COUNTY JAIL 580

Serial Number: 008892 Test Date: 11/15/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BURNETTE, ANTHONY J
Permit Number: 11304E
Effective:

06/01/2013-06/01/2015

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 ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	12:00pm 12:01pm 12:02pm 12:03pm 12:04pm 12:04pm
SUB TEST	.00	12:07pm
AIR BLK	.00	12:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MCDOWELL COUNTY JAIL 580

Serial Number: 008892 Test Test Date: 11/15/2013 Test

Test Record Number: 359
Test Time: 12:09pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:10pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County M	CDowell Instrument Location McDowell Co. Jail	
Instrument Se	instrument Location McDowell Co. Jail Perial No. 008888 Marion, NC	
The preventiv	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;	
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.	
	on the	
STATE ORBATION OF THE STATE OF	Signature of Certifying Official Certificate Number	

MCDOWELL COUNTY JAIL 580

Serial Number: 008888 Test Date: 11/15/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2013-06/01/2015

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	11:59am 12:00pm 12:01pm 12:02pm
SUB TEST	.00	12:03pm
AIR BLK SUB TEST	.00 .00	12:04pm 12:05pm
AIR BLK	.00	12:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MCDOWELL COUNTY JAIL 580

Serial Number: 008888 Test Record Number: 999
Test Date: 11/15/2013 Test Time: 12:08pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	12:09pm 12:09pm 12:09pm 12:09pm
\mathtt{BT}	Pass	12:09pm

Blank Tests

Test	Status	Time
AIR	Pass	12:09pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:09pm
	CRC Tests	
Test	Status	Time

COMP	Pass	12:10pm
CAL	Pass	12:10pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD

نفعت	INTOXIMETERS, MODEL INTOX, EC/IR II	
County	Tokes Instrument Location King Police	
Instrument Se	rial No. 0086/0 Department	
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever:	/ery
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 34 degrees, plus or minus .2 degree centigrade;	shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bresimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.	
I certify that of procedures we Department of	on the <u>Joven ber</u> , 20 13 the forgoing preventive mainterere 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.	1ance
THE STATE OF THE S		r

STOKES COUNTY KING PD 840

Serial Number: 008610 Test Date: 11/26/2013

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Tect

Tesc	9/2101	TIME
DIAG	Pass	2:06pm
AIR BLK	.00	2:06pm
ACCY CHK	.07	2:07pm
AIR BLK	.00	2:08pm
SUB TEST	.00	2:08pm
AIR BLK	.00	2:09pm
SUB TEST	.00	2:11pm
AIR BLK	.00	2:12pm

 $\alpha/210I$.

Time

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

STOKES COUNTY KING PD 840

Serial Number: 008610 Test Record Number: 1378
Test Date: 11/26/2013 Test Time: 2:14pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time:
		2 2 2 3 4 3 4 3 4 4 5 4 5 4 5 4 5 4 5 4 5 6 5 6 6 6 6 6

AIR Pass 2:16pm

Printer Tests

Test	Status		rime
			4/1/1/4
		:	A. Translation

PRNT Pass 2:16pm

CRC Tests

Test Status Time

COMP Pass 2:16pm CAL Pass 2:16pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	, INTOXIMETERS, MODEL INTOX EC/II	RII
County 5	tokes Instrument Location 5 tokes (ounty Jail
Instrument Se	erial No. 108596 Danbuk	y, N. C.
The preventive four months a	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be are:	followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	n simulator thermometer show
2.	Verify instrument displays time and date;	•
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration of simulator solution is being changed every four months or after 125 Alcowhichever occurs first.	
	on the 25 day of November, 20 8 the forgote performed on the instrument indicated above, in accordance with current of Health and Human Services, and the instrument is functioning properly.	going preventive maintenance t regulations of the N.C.
THE STATE OF THE CORPY OF THE C	Signature of Certifying Official	Certificate Number

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596 Test Date: 11/25/2013

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

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

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

Analyst's Name: BENFIELD II, KENNETH R

Permit Number: 22067E

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

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	rime
DIAG AIR BLK ACCY CHK	Pass .00 .07	1:34pm 1:34pm 1:35pm
AIR BLK	.00	1:36pm
SUB TEST	.00	1:37pm
AIR BLK	.00	1:38pm
SUB TEST	.00	1:40pm
AIR BLK	.00	1:41pm

Reported AC: .00 /g/210L

gignature of Chemical Analyst

Court CVR

Juni Analyst

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596 Test Record Number: 631 Test Date: 11/25/2013 Test Time: 1:43pm EST

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	1:44pm

Printer Tests

1686	Status	TIME
PRNT	Pass	1:44pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:45pm 1:45pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Instrument Serial No. 108659 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the forgoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

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

Signature of Certifying Official

Certificate Number

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659 Test Date: 11/19/2013

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

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

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

rest	g/210L	Time
DIAG	Pass	10:39am
AIR BLK	.00	10:39am
ACCY CHK	.07	10:40am
AIR BLK	.00	10:41am
SUB TEST	.00	10:41am
AIR BLK	.00	10:42am
SUB TEST	.00	10:43am
AIR BLK	.00	10:44am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659 Test Record Number: 2382 Test Date: 11/19/2013 Test Time: 10:46am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:47am

Printer Tests

Test	Status	Time
PRNT	Pass	10:47am
	CRC Tests	
Test	Status	Time

COMP	Pass	10:47am
CAL	Pass	10:47am

Preventive Maintenance Status: Pass

Analvst∕

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Instrument Serial No. 008660 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: ĺ. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record: 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the forgoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008660 Test Date: 11/19/2013

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: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: 700 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

FORSYTH COUNTY FORSYTH CO DETENTION. 330

Serial Number: 008660 Test Date: 11/19/2013

Test Record Number: 3530 Test Time: 10:26am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	10:26am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	10:27am

Printer Tests

Test	Status	Time
PRŅT	Pass	10:27am

CRC Tests

Test	Status	Time
COMP	Pass	10:27am
CAL	Pass	10:27am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX Instrument Location Instrument Serial No. <u>118583</u> The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests. whichever occurs first. I certify that on the the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583 Test Date: 11/19/2013

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: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:49am
AIR BLK	.00	9:50am
ACCY CHK	.08	9:51am
AIR BLK	.00	9:52am
SUB TEST	.00	9:52am
AIR BLK	.00	9:53am
SUB TEST	.00	9:55am
AIR BLĶ	.00	9:56am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583

Test Record Number: 4697

Test Date: 11/19/2013

Test Time: 9:58am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	9:58am
SRC	Pass	9:58am
DET	Pass	9:58am
BAR	Pass	9:58am
\mathtt{BT}	Pass	9:58am

Blank Tests

Test	Status	Time
λΤD	Dagg	0 - 50 - 5

Printer Tests

rest	Status	Time
PRNT	Pass	9:59am

CRC Tests

Test	Status	Time
COMP	Pass	9:59am
CAL	Pass	9:59am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 7	INTOXIMETERS, MODEL INTOX EC/IR II RSV Instrument Location herces Ville Police
Instrument Se	erial No. 008650 Department
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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 S day of November, 20 3 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE CORE STATE OF THE STA	Signature of Certifying Official Certificate Number

FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650 Test Date: 11/18/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	10:41am 10:42am
ACCY CHK	.08	10:42am
AIR BLK	.00	10:43am
SUB TEST	.00	10:44am
AIR BLK	.00	10:45am
SUB TEST	.00	10:46am
AIR BLK	.00	10:47am

Reported AC:

.№0 g/210I

grature of Chemical Analyst

Court CVR

FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650

Test Record Number: 999

Test Date: 11/18/2013

Test Time: 10:48am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:50am

Printer Tests

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

1000	beacus	TIME
COMP	Pass	10:50am
CAL	Pass	10:50am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

\/	INTOXIMETERS, MODEL INTOX EC/IR II
County A	elkin Instrument Location Yadkinville Police
Instrument Ser	ial No. 008925 Department
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	n the
THE STATE OF THE S	

YADKIN COUNTY YADKINVILLE PD 980

Serial Number: 008925 Test Date: 11/15/2013

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: AG204603 Exp Date: 02/15/2014

rest	d/510h lime
DIAG	Pass 4:26pm
AIR BLK	.00 4:27pm
ACCY CHK	.08 4:28pm
AIR BLK	.00 4:28pm
SUB TEST	.00 4:29pm
AIR BLK	.00 4:30pm
SUB TEST	.00 4:31pm
AIR BLK	.00 4:32pm

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

Apalyst

國民國的經濟學的國際國際的國際人名 经合作的国际工程的证据 正性 "是一

\$在2006年8日中的新生生2日1日以前

Rev. 12/2007

YADKIN COUNTY YADKINVILLE PD 980

Serial Number: 008925 Test Record Number: 427 Test Date: 11/15/2013 Test Time: 4:34pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:35pm
FLO	Pass	4:35pm
FC	Pass	4:35pm

Temperature Tests

Test	Status	Time
Adams.		5-4-
FC1	Pass	4:35pm
SRC	Pass	4:35pm
DET	Pass	4:35pm
BAR	Pass	4:35pm
BT	Pass	4:35pm
3.5 B 200 A 1285 17 1		and the second s

Blank Tests

Test	Status	Time
San Carta Van		

ATR Pass 4:36pm

Printer Tests

		1.00
466年,在1915年(1916年)		
218 1825 CARROLL ST		and the second second
	_	2.00
PRNT	Pass	4 · 36 mm

CRC Tests

Test Status Time

COMP Pass 4:36pm CAL Pass 4:36pm

Preventive Maintenance Status: Pass

Analyst

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

· market	INTOXIMETERS, MODEL INTOX EC/IR	
County	Javie Instrument Location Davie	Courty Jail
Instrument Se	rial No. 008905 Mocks v	ille, N.C.
		•
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be fre:	ollowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration desimulator solution is being changed every four months or after 125 Alco whichever occurs first.	
	on the day of lower bere, 20/3 the forgere performed on the instrument indicated above, in accordance with current f Health and Human Services, and the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
STATE STATE OF THE	Signature of Certifying Official	Certificate Number

DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905 Test Date: 11/15/2013

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

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

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

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

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

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

Tesc	g/210L	TIME
DIAG	Pass	2:58pm
AIR BLK	.00	2:58pm
ACCY CHK	.08	2:59pm
AIR BLK	.00	3:00pm
SUB TEST	.00	3:01pm
AIR BLK	.00	3:01pm
SUB TEST	.00	3:03pm
AIR BLK	.00	3:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905

Test Record Number: 1265

Test Date: 11/15/2013

Test Time: 3:05pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:05pm
FLO	Pass	3:05pm
FC	Pass	3:05pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:06pm
SRC	Pass	3:06pm
DET	Pass	3:06pm
BAR	Pass	3:06pm
BT	Pass	3:06pm

Blank Tests

Test	Status	Time
AIR	Pass	3:06pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:06pm

CRC Tests

Test	Status	Time
COMP	Pass	3:06pm
CAL	Pass	3:06pm

Preventive Maintenance Status: Pass

Analyst

	PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II)
County \	IKES Instrument Location Wilkes (nunty (nurthous
Instrument Seria	11No. 00 8843 Wilkesboro, N.C.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted,
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the day of, 20 / 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.
TARRE CALLED TO THE STATE OF TH	Signature of Certifying Official Certificate Number

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

WILKES COUNTY WILKES CO COURTHOUSE 960

Serial Number: 008843 Test Date: 11/01/2013

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: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:02pm
AIR BLK	.00	1:03pm
ACCY CHK	.07	1:03pm
AIR BLK	.00	1:04pm
SUB TEST	.00	1:05pm
AIR BLK	.00	1:06pm
SUB TEST	.00	1:07pm
AIR BLK	.00	1:08pm

~ / 21 OT

Reported AC: 00 g

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

WILKES COUNTY WILKES CO COURTHOUSE 960

Serial Number: 008843

Test Record Number: 1448

Test Date: 11/01/2013

Test Time: 1:10pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:11pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:11pm

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

· market	INTOXIMETERS, MODEL INTOX ECOR II
County	DURRY Instrument Location E/Kin FOCICE
Instrument Seria	al No. 008926 Department
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	theday of
O'ME STATE OF THE	Signature of Certificial Certificate Number

SURRY COUNTY ELKIN PD 850

Serial Number: 008926 Test Date: 11/01/2013

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: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:27am 11:28am
ACCY CHK	.07	11:28am 11:29am
SUB TEST	.00	11:30am
AIR BLK	.00	11:31am
SUB TEST	.00	11:32am
ATR RIK	0.0	11 · 33am

Reported AC: . 00 g/210L

Signature of Chemical Analyst

Court CVR

SURRY COUNTY ELKIN PD 850

Serial Number: 008926 Test Date: 11/01/2013

Test Record Number: 584

Test Time: 11:35am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	11:36am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	11:36am

Printer Tests

Status

Time

11:36am

Test

CAL

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

Preventive Maintenance Status: Pass

Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	OWA N	Instrument Location h, na.	Grove
Instrument Se	rial No. <u>00 8862</u>	Police Dap	† .
The preventive four months a		simeters, Model Intox EC/IR II to be foll	lowed at least once every
1.	Verify the ethanol gas canister disparts 34 degrees, plus or minus .2 degrees.	plays pressure, or the alcoholic breath sine centigrade;	mulator thermometer show
2.	Verify instrument displays time an	nd date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears	s, collect breath sample;	
7.	When "PLEASE BLOW" appears	s, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	simulator solution is being change whichever occurs first.	r is being changed before expiration date od every four months or after 125 Alcoho	olic Breath Simulator tests,
I certify that procedures w	on the <u> D</u> day of <u> Do U</u> rere performed on the instrument indica of Health and Human Services, and the	the forgoi ated above, in accordance with current reinstrument is functioning properly.	ng preventive maintenance gulations of the N.C.
OF THE STATE OF TH	CAROUM CAROLINA	Lein Dear	642
	Signati	ure/of Certifying Official	Certificate Number

ROWAN COUNTY CHINA GROVE PD 790

Serial Number: 008862 Test Date: 11/12/2013

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: DEAN, L K
Permit Number: 11598E
Effective:
06/01/2013-06/01/2015

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

Test Type: Breath Test

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

rest	9/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	2:49pm 2:49pm 2:50pm
AIR BLK SUB TEST	.00	2:51pm 2:52pm
AIR BLK	.00	2:53pm
SUB TEST AIR BLK	. 00 00	2:54pm 2:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROWAN COUNTY CHINA GROVE PD 790

Serial Number: 008862

Test Record Number: 392

System Check: Passed

Baseline Tests

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	2:56pm 2:56pm
DET	Pass	2:56pm
BAR BT	Pass Pass	2:56pm 2:56pm
D1	1 455	2.500

Blank Tests

Test	Status	Time
AIR	Pass	2:57pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:57pm

CRC Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

American de la constitución de l	INTOXIMETERS, MODEL INTOX EC/	IR II
County /	Ivid 50 N Instrument Location That	nAs/11/e
Instrument Ser	ial No. 008872 Police Depa	12 tment
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be:	pe followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic bread degrees, plus or minus .2 degree centigrade;	ath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	•
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 A whichever occurs first.	n date, or the alcoholic breath alcoholic Breath Simulator tests,
I certify that of procedures we Department of	on the	ent regulations of the N.C.
CAN STATE OF THE S	Though the case of	
* ESTE QUAM VID	Signature of Certifying Official	Certificate Number

DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008872 Test Date: 11/05/2013

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: DEAN, L K

Permit Number: 11598E

Effective:

06/01/2013-06/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time

DIAG	Pass	12:35pm
AIR BLK	.00	12:36pm
ACCY CHK	.07	12:37pm
AIR BLK	.00	12:38pm
SUB TEST	.00	12:38pm
AIR BLK	.00	12:39pm
SUB TEST	.00	12:41pm
AIR BLK	.00	12:42pm

Reported AC: .00 g/210L

Chemical Analyst

Court CVR

DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008872 Test Record Number: 1063 Test Date: 11/05/2013 Test Time: 12:42pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:42pm 12:42pm
FC	Pass	12:42pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:43pm

Printer Tests

Test

Status

Time

100		
PRNT	Pass	12:43pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:43pm

Preventive Maintenance Status: Pass

S. Kein Dean Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County DA	VIDSON Instrument Location Leving TON
Instrument Serial	INO. 008883 Police Department
The preventive m four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 t procedures were Department of H	the <u>5</u> day of <u>November</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.
OTHE STATE OF N	Signature of Certifying Official Certificate Number

DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883 Test Date: 11/05/2013

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: DEAN, L K
Permit Number: 11598E
Effective:
06/01/2013-06/01/2015

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

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

Test	g/210L	Time
DIAG	Pass	2:22pm
AIR BLK ACCY CHK	.00 .08	2:23pm 2:23pm
AIR BLK	.00	2:25pm
SUB TEST	.00	2:25pm
AIR BLK	.00	2:26pm
SUB TEST	.00	2:28pm
AIR BLK	.00	2:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

J. Second Analyst

DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883

Test Record Number: 1209

Test Date: 11/05/2013

Test Time: 2:29pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:30pm 2:30pm
FC	Pass	2:30pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:30pm
SRC	Pass	2:30pm
DET	Pass	2:30pm
BAR	Pass	2:30pm
\mathtt{BT}	Pass	2:30pm

Blank Tests

Test	Status	Time
AIR	Pass	2:31pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:31pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:31pm

Pass

2:31pm

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 6		Instrument Location Green	
Instrument Se	rial No. <u>008638</u>		
The preventive four months a	e maintenance procedures for the Intox re:	cimeters, Model Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister disp 34 degrees, plus or minus .2 degree	plays pressure, or the alcoholic breath e e centigrade;	simulator thermometer shows
2.	Verify instrument displays time an	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.		r is being changed before expiration da d every four months or after 125 Alcol	
	on theday of		oing preventive maintenance regulations of the N.C.
THE STATE OF THE S	Signatu	Produced Control	Certificate Number

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008638 Test Date: 11/07/2013

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: X

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

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

Effective:

06/01/2013-06/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	11:15am
AIR BLK	.00	11:16am
ACCY CHK	.07	11:16am
AIR BLK	.00	11:17am
SUB TEST	.00	11:18am
AIR BLK	.00	11:19am
SUB TEST	.00	11:21am
AIR BLK	.00	11:22am

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

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008638 Test Record Number: 1305 Test Date: 11/07/2013 Test Time: 11:22am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:23am
SRC	Pass	11:23am
DET	Pass	11:23am
BAR	Pass	11:23am
BT	Pass	11:23am

Blank Tests

Test	Status	Time
AIR	Pass	11:24am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 5	Tuilford Instrument Location Green:	sbord JA.	
Instrument Se	erial No. <u>008794</u>		
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to bare:	e followed at least or	nce every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic brea 34 degrees, plus or minus .2 degree centigrade;	ath simulator thermor	neter 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 A whichever occurs first.		
	on theday of	orgoing preventive ment regulations of the	aintenance N.C.
TANK OREAT	Signature of Certifying Official	Certificate N) nimber

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794 Test Date: 11/07/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

06/01/2013-06/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG309105 Exp Date: 04/01/2015

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794 Test Record Number: 3035 Test Date: 11/07/2013 Test Time: 12.12 mm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:13pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:13pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:14pm 12:14pm

Preventive Maintenance Status: Pass

12:14pm

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	FUIL FORL	Instrument Location 6/20/56	oro JA,
Instrument Ser	ial No. <u>008790</u>		
·			<u> </u>
The preventive four months ar		oximeters, Model Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr	splays pressure, or the alcoholic breath ee centigrade;	simulator thermometer shows
2.	Verify instrument displays time a	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	rs, collect breath sample;	
7.	When "PLEASE BLOW" appear	rs, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		er is being changed before expiration detected every four months or after 125 Alco	
I certify that of procedures we Department of	re performed on the instrument indic	the forg cated above, in accordance with current e instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
THE STATE OF THE S	J. J.	fure of Certifying Official	Certificate Number

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790 Test Date: 11/07/2013

Citation Number: M0000000-0 Subject's Name:

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

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

Analyst's Name: DEAN, L K
Permit Number: 11598E
Effective:
06/01/2013-06/01/2015

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790 Test Record Number: 3938 Test Date: 11/07/2013 Test Time: 11:51am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:51am
FLO	Pass	11:51am
FC	Pass	11:51am

Temperature Tests

Test	Status	Time
FC1 SRC	Pass	11:51am 11:51am
DET	Pass Pass	11:51am
BAR	Pass	11:51am
BT	Pass	11:51am

Blank Tests

Test	Status	Time
AIR	Pass	11:52am

Printer Tests

Test	Status	Time
PRNT	Pass	11:52am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:52am 11:52am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IN	
County 1	Widson Instrument Location DAVIdse	NCO JAIL
Instrument Seria	No. 008845 Lexingre	W, W.C.
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 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration of simulator solution is being changed every four months or after 125 Alcowhichever occurs first.	late, or the alcoholic breath bholic Breath Simulator tests,
I certify that on a procedures were Department of H	the 5 day of November, 2013 the forgoerformed on the instrument indicated above, in accordance with current lealth and Human Services, and the instrument is functioning properly.	going preventive maintenance t regulations of the N.C.
O THE STATE OF A STATE	OR THE CAROLINA CAROL	
SOF QUAM VIDER	Signature of Certifying Official	Certificate Number

DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845 Test Date: 11/05/2013

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: DEAN, L K
Permit Number: 11598E
Effective:

06/01/2013-06/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:58pm
AIR BLK	.00	2:59pm
ACCY CHK	.08	3:00pm
AIR BLK	.00	3:01pm
SUB TEST	.00	3:02pm
AIR BLK	.00	3:03pm
SUB TEST	.00	3:05pm
AIR BLK	.00	3:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

J. Kuin Dean
Analyst

DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845 Test Date: 11/05/2013 Test Record Number: 1541

Test Time: 3:06pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:07pm
FLO	Pass	3:07pm
FC	Pass	3:07pm

Temperature Tests

Test	Status	Time
FC1 SRC DET	Pass Pass Pass	3:07pm 3:07pm 3:07pm
BAR	Pass	3:07pm
\mathtt{BT}	Pass	3:07pm

Blank Tests

Test	Status	Time
AIR	Pass	3:07pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:08pm
	CRC Tests	

Test	Status	Time
COMP	Pass	3:08pm
CAL	Pass	3:08pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Pender	Instrument Location	Bart	mobile U	10:44
Instrumen	nt Serial No. <u>50 8734</u>	·			
The preve	entive maintenance procedures for the	Intoximeters, Model Intox	EC/IR II to	be followed at le	ast once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d		alcoholic bre	ath simulator the	ermometer show
2.	Verify instrument displays tin	ne and date;			
3.	Initiate breath test sequence;				
4.	Enter information as prompte	d;			
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" ap	pears, collect breath sample	э ;		
7.	When "PLEASE BLOW" ap	pears, collect breath sample	э;		
8.	Print test record;				
9.	Verify Diagnostic Program; a	nd			•
10.	Verify that the ethanol gas can simulator solution is being ch whichever occurs first.				
	nat on the <u>30</u> day of <u>nation</u> has were performed on the instrument in the of Health and Human Services, and		ice with curr	ent regulations o	ive maintenance of the N.C.
GREAT CHEST	TATE OF TO SEE THE SEE	ghature of Certifying Offici	ial	Certifics	ate Number

PENDER COUNTY BAT MOBILE UNIT 4 700

Serial Number: 008734 Test Date: 11/30/2013

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

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

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

Analyst's Name: KEESLER, GRAYHAM C
Permit Number: 7682E
Effective:
02/01/2012-02/01/2014

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

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

Test	g/210L	Time
DIAG	Pass	8:44pm
AIR BLK	.00	8:45pm
ACCY CHK	.08	8:46pm
AIR BLK	.00	8:46pm
SUB TEST	.00	8:47pm
AIR BLK	.00	8:48pm
SUB TEST	.00	8:50pm
ATR BLK	. 00	8:51pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Intox EC/IR-II: LONG TYPE Maintenance secial design and Health and Hemmer 4 200

serial Number: 008734 Test Record Number: 770 Test Date: 11/30/2013sAugurest Time: 8:52pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	8:52pm
SRC	Pass	8:52pm
DET	Pass	8:52pm
BAR	Pass	8:52pm
$_{ m BT}$	Pass	8:52pm

Blank Tests

Test	Status	Time
AIR	Pass	8:53pm

Printer Tests

Status

Time

Test

PRNT	Pass	8:53pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	8:53pm 8:53pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Pender Instrument Location Bat Mobile Unit 4
Instrument	Serial No. 008871
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 Department	at on the
OF THE ST	ATE OF NORTH
THE STATE OF THE S	
-415	Signature of Certifying Official Certificate Number

PENDER COUNTY BAT MOBILE UNIT 4 700

Serial Number: 008871 Test Date: 11/30/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIĄG	Pass	8:44pm
AIR BLK	.00	8:46pm
ACCY CHK	.07	8:46pm
AIR BLK	.00	8:47pm
SUB TEST	.00	8:48pm
AIR BLK	.00	8:49pm
SUB TEST	.00	8:50pm
AIR BLK	.00	8:51pm

Reported AC: .90 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PENDER COUNTY BAT MOBILE UNIT 4 700

Serial Number: 008871

Test Record Number: 723

Test Date: 11/30/2013

Test Time: 8:52pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8;53pm
FLO	Pass	8:53pm
FC	Pass	8:53pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:53pm
SRC	Pass	8:53pm
DET	Pass	8:53pm
BAR	Pass	8:53pm
BT	Pass	8:53pm

Blank Tests

Test	Status	Time
AIR	Pass	8:53pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:53pm

CRC Tests

Test	Status	Time
COMP	Pass	8:54pm
CAL	Pass	8:54pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Be	Instrument Location BAT Mobile Unit 4		
Instrument Seria	INO. 608717		
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.		
procedures were	the 29 day of		
THE STATE OF THE S	Signature of Certifying Official Certificate Number		

BEAUFORT COUNTY BAT MOBILE UNIT 4 060

Serial Number: 008717 Test Date: 11/29/2013

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

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

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

Analyst's Name: KEESLER, GRAYHAM C
Permit Number: 7682E
Effective:
02/01/2012-02/01/2014

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

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

~/21AT

Test	9/2101	TIME
DIAG	Pass	9:49pm
AIR BLK	.00	9:50pm
ACCY CHK	.08	9:51pm
AIR BLK	.00	9:52pm
SUB TEST	.00	9:52pm
AIR BLK	.00	9:53pm
SUB TEST	.00	9:55pm
ATR BLK	. 00	9:56pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BEAUFORT COUNTY BAT MOBILE UNIT 4 060

Serial Number: 008717 Test Record Number: 400 Test Date: 11/29/2013 Test Time: 10:02pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:02pm
FLO	Pass	10:02pm
F'C	Pass.	10:02pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:02pm
SRC	Pass	10:02pm
DET	Pass	10:02pm
BAR	Pass	10:02pm
BT	Pass	10:02pm

Blank Tests

Test	Status	Time
AIR	Pass	10:03pm

Printer Tests

Test	Status	Time
PRN'T	Pass	10:03pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:03pm

10:03pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Beaufort	Instrument Location BAT Mobile Unit 4
Instrume	ent Serial No. 00887)	<u></u>
The prev		Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canisto 34 degrees, plus or minus .2	er displays pressure, or the alcoholic breath simulator thermometer show degree centigrade;
2.	Verify instrument displays ti	me and date;
3.	Initiate breath test sequence;	
4.	Enter information as prompte	;d ;
5.	Verify instrument accuracy;	
6.	. When "PLEASE BLOW" ap	opears, collect breath sample;
7.	. When "PLEASE BLOW" ap	ppears, collect breath sample;
8.	Print test record;	
9.	. Verify Diagnostic Program;	and
10.	Verify that the ethanol gas can simulator solution is being club, whichever occurs first.	anister is being changed before expiration date, or the alcoholic breath hanged every four months or after 125 Alcoholic Breath Simulator tests,
procedu		the forgoing preventive maintenance indicated above, in accordance with current regulations of the N.C. d the instrument is functioning properly.
S CREAT SEA	STATE OF THE STATE	ignature of Certifying Official Certificate Number

BEAUFORT COUNTY BAT MOBILE UNIT 4 060

Serial Number: 008871 Test Date: 11/29/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Driver's License Number: NONE

Analyst's Name: KEESLER, 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	9:39pm
AIR BLK	.00	9:40pm
ACCY CHK	.07	9:41pm
AIR BLK	.00	9:41pm
SUB TEST	.00	9:42pm
AIR BLK	.00	9:43pm
SUB TEST	.00	9:45pm
AIR BLK	. 00	9:46pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BEAUFORT COUNTY BAT MOBILE UNIT 4 060

Serial Number: 008871 Test Record Number: 720 Test Date: 11/29/2013 Test Time: 9:49pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ΆΤR	Pass	9:50pm

Printer Tests

Tesc	blacus	TIME
PRNT	Pass	9:51pm

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Beautort Instrument Location BAT Mobile Unit 4
Instrumer	t Serial No <u> </u>
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every his are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedur	that on theday of, 20
GREAT CANANA STATE OF THE	Signature of Certifying Official Certificate Number

BEAUFORT COUNTY BAT MOBILE UNIT 4 060

Serial Number: 008734 Test Date: 11/29/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, GRAYHAM C
Permit Number: 7682E
Effective:
02/01/2012-02/01/2014

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

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

Test	g/210L	Time
DIAG	Pass	9:39pm
AIR BLK	.00	9:40pm
ACCY CHK	.08	9:41pm
AIR BLK	.00	9:41pm
SUB TEST	.00	9:42pm
AIR BLK	.00	9:43pm
SUB TEST	.00	9:45pm
ATR BLK	0.0	9:46pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BEAUFORT COUNTY BAT MOBILE UNIT 4 060

Serial Number: 008734 Test Record Number: 768
Test Date: 11/29/2013 Test Time: 9:50pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:51pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:51pm

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County <u>Col</u>	unibus Co.	Instrument Location 347	Mapile Unit 4
Instrument Se	rial No. 0088 1/		
The preventiv	•	toximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	lisplays pressure, or the alcoholic broree centigrade;	eath simulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;	•	
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ars, collect breath sample;	
7.	When "PLEASE BLOW" appe	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	I	
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ster is being changed before expirations ged every four months or after 125	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify that of procedures we Department of	ere performed on the instrument ind	wender, 20/3 the icated above, in accordance with cur he instrument is functioning properly	rrent regulations of the N.C.
STATE OLDER VIEW OF THE STATE OF THE STATE OLDER VIEW OF THE STATE OLDER VIEW		ature of Certifying Official	Certificate Number

COLUMBUS COUNTY BAT MOBILE UNIT 4 230

Serial Number: 008871 Test Date: 11/22/2013

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: 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	10:07am 10:08am
ACCY CHK	.07	10:08am
AIR BLK	.00	10:09am
SUB TEST	.00	10:10am
AIR BLK	.00	10:11am
SUB TEST	.00	10:12am
ATR BLK	. 0.0	10:13am

Reported AC: 1.00 g/210L

signature of Chemical Analyst

Court CVR

COLUMBUS COUNTY BAT MOBILE UNIT 4 230

Serial Number: 008871 Test Record Number: 711
Test Date: 11/22/2013 Test Time: 10:14am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:15am
FLO	Pass	10:15am
FC	Pass	10:15am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:16am

Printer Tests

Test	Status	Time
PRNT	Pass	10:16am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:16am

Preventive Maintenance Status: Pass

Pass

10:16am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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

COLUMBUS COUNTY BAT MOBILE UNIT 4 230

Serial Number: 008734 Test Date: 11/22/2013

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: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

10:14am

Reported AC: .90 g/210L

.00

AIR BLK

Signature of Chemical Analyst

Court CVR

Analyst

COLUMBUS COUNTY BAT MOBILE UNIT 4 230

Serial Number: 008734

Test Record Number: 759

Test Date: 11/22/2013

Test Time: 10:14am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:15am 10:15am
FC	Pass	10:15am

Temperature Tests

Status	Time
Pass	10:15am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	10:16am

Printer Tests

Test	Status	Time
PRNT	Pass	10:16am
	CRC Tests	

Test	Status	Time
COMP	Pass	10:16am
CAL	Pass	10:16am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTO	
County (ANN (. Instrument Location L	SAT Nobile Chart 4
Instrument Se	rial No. <u>0088</u> 7/	
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox Edure:	C/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alc 34 degrees, plus or minus .2 degree centigrade;	oholic breath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or a whichever occurs first.	
procedures w	on the 23 day of November, 20 /2 day of Holes and the instrument indicated above, in accordance of Health and Human Services, and the instrument is functioning	
THE STATE OF THE S	Signature of Certifying Official	Certificate Number

CRAVEN COUNTY BAT MOBILE UNIT 4 240

Serial Number: 008871 Test Date: 11/23/2013

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	9:12pm
AIR BLK	.00	9:13pm
ACCY CHK	.07	9:13pm
AIR BLK	.00	9:14pm
SUB TEST	.00	9:15pm
AIR BLK	.00	9:16pm
SUB TEST	.00	9:17pm
ATR BLK	- 0.0	9:1.80m

Reported AC:

⊾1210م م√210م

Signature of Chemical Analyst

Court CVR

Analyst

CRAVEN COUNTY BAT MOBILE UNIT 4 240

Serial Number: 008871 Test Date: 11/23/2013 Test Record Number: 716
Test Time: 9:19pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:20pm 9:20pm
FC	Pass	9:20pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:20pm
SRC	Pass	9:20pm
DET	Pass	9:20pm
BAR	Pass	9:20pm
BT	Pass	9:20pm

Blank Tests

Test	Status	Time
AIR	Pass	9:20pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:20pm

CRC Tests

Test	Status	TTIIG
COMP	Pass	9:21pm
CAL	Pass	9:21pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C	Aven Co. Instrument Location 13Ai Vi	Nobile Unitel
Instrument Ser	rial No. 00 8734	,
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic broad degrees, plus or minus .2 degree centigrade;	eath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expirate simulator solution is being changed every four months or after 125 whichever occurs first.	
	n the	rent regulations of the N.C.
STATE OF THE STATE	CAROLL	,
STE QUAM VIDE		659
	Signature of Certifying Official	Certificaté Number

CRAVEN COUNTY BAT MOBILE UNIT 4 240

Serial Number: 008734 Test Date: 11/23/2013

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: AG322601 Exp Date: 08/14/2015

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CRAVEN COUNTY BAT MOBILE UNIT 4 240

Serial Number: 008734 Test Record Number: 764
Test Date: 11/23/2013 Test Time: 9:20pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:20pm
FLO	Pass	9:20pm
FC	Pass	9:20pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:20pm
SRC	Pass	9:20pm
DET	Pass	9:20pm
BAR	Pass	9:20pm
BT	Pass	9:20pm

Blank Tests

Test	Status	Time
AIR	Pass	9:21pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:21pm

CRC Tests

Test	Status	Time
COMP	Pass	9:21pm
CAL	Pass	9:21pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C	Instrument Location BAT	Mobile Chrity
Instrument So	erial No. <u>()66/1/7</u>	
The preventing four months	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to are:	be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic bre 34 degrees, plus or minus .2 degree centigrade;	eath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 A whichever occurs first.	
	on the	rent regulations of the N.C.
OF STATE STATE OF THE STATE OF	Signature of Certifying Official	Certificate Number

ONSLOW COUNTY BAT MOBILE UNIT 4 660

Serial Number: 008717 Test Date: 11/19/2013

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: KEESLER, GRAYHAM C
Permit Number: 7682E
Effective:
02/01/2012-02/01/2014

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	9:27pm 9:28pm 9:29pm
AIR BLK	.00	9:30pm
SUB TEST	.00	9:30pm
AIR BLK	.00	9:31pm
SUB TEST	.00	9:33pm
AIR BLK	.00	9:34pm

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: 397
Test Date: 11/19/2013 Test Time: 9:34pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:36pm

Printer Tests

Test

Status

Time

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Vew Harrover Instrument Location BAT Mabile Chrit
Instrument S	erial No. <u>008623</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 show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v	on the
THE STAIN OF THE STAIN SO. TO S	Signature of Cértifying Official Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008623 Test Date: 11/16/2013

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	3:45pm
AIR BLK	.00	3:46pm
ACCY CHK	.07	3:47pm
AIR BLK	.00	3:47pm
SUB TEST	.00	3:48pm
AIR BLK	.00	3:49pm
SUB TEST	.00	3:51pm
AIR BLK	.00	3:52pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Analyst

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008623 Test Record Number: 2808

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:03pm
FLO	Pass	4:03pm
FC	Pass	$4:03\mathrm{pm}$

Temperature Tests

Test	Status	Time
FC1	Pass	4:03pm
SRC	Pass	4:03pm
DET	Pass	4:03pm
BAR	Pass	4:03pm
BT	Pass	4:03pm

Blank Tests

Test	Status	Time
AIR	Pass	4:04pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:04pm

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	New HANJOVER Instrument Location BAT Mbbile Chrit
Instrume	nt Serial No. <u>00 8 小8</u>
The prev	rentive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every on the are:
1	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6	When "PLEASE BLOW" appears, collect breath sample;
7	When "PLEASE BLOW" appears, collect breath sample;
8	Print test record;
9	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedu	that on the day of November , 20 1 the forgoing preventive maintenance res were performed on the instrument indicated above, in accordance with current regulations of the N.C. tent of Health and Human Services, and the instrument is functioning properly.
CREAT S.	Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008778 Test Date: 11/16/2013

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: AG321904 Exp Date: 08/07/2015

- /0101

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m - - -

Test	g/210L	Time
DIAG	Pass	3:12pm
AIR BLK	.00	3:13pm
ACCY CHK	.08	3:14pm
AIR BLK	.00	3:15pm
SUB TEST	.00	3:16pm
AIR BLK	.00	3:17pm
SUB TEST	.00	3:18pm
AIR BLK	.00	3:19pm

Reported AC .00 g/210L
Signature of Chemical Analyst

3

Court CVR

147

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008778 Test Record Number: 1066
Test Date: 11/16/2013 Test Time: 3:23pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:23pm
FLO	Pass	3:23pm
FC	Pass	3:23pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:24pm
SRC	Pass	3:24pm
DET	Pass	3:24pm
BAR	Pass	3:24pm
BT	Pass	3:24pm

Blank Tests

Test	Status	Time	
AIR	Pass	3:24pm	

Printer Tests

Test	Status	Time
PRNT	Pass	3:24pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:24pm

Preventive Maintenance Status: Pass

Pass

ÇAL

3:24pm

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

Department of Health and Human Services Rev. 12/2007

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County/	ec Hanover Instrument Location BAT	Mobile Chit?
Instrument Se	rial No. <u>00 86 12</u>	
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to b	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;	ath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	·
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 A whichever occurs first.	n date, or the alcoholic breath lcoholic Breath Simulator tests,
procedures w	on the	ent regulations of the N.C.
THE STATE OF THE S	Signature of Certifying Official	Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 7
640

Serial Number: 008612 Test Date: 11/16/2013

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: AG303502 Exp Date: 02/04/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	3:10pm 3:11pm 3:12pm
AIR BLK	.00	3:13pm
SUB TEST	.00	3:13pm
AIR BLK	.00	3:14pm
SUB TEST	.00	3:16pm
AIR BLK	.00	3:17pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008612 Test Record Number: 1427 Test Date: 11/16/2013 Test Time: 3:20pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	3:21pm
SRC	Pass	3:21pm
DET	Pass	3:21pm
BAR	Pass	3:21pm
BT	Pass	3:21pm

Blank Tests

Test	Status	Time
AIR	Pass	3:22pm

Printer Tests

Status Time

3:22pm

Test

CAL

1000	Doadab	1 10
PRNT	Pass	3:22pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:22pm

Preventive Maintenance Status: Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County/	Yew Handren Instrument Location BAT Walie Chrity
Instrument S	Serial No. 008537
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 the procedures Departmen	at on the <u>// day of // dember</u> , 20/3 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. tof Health and Human Services, and the instrument is functioning properly.
SEA	Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 7
640

Serial Number: 008577 Test Date: 11/16/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	3:08pm 3:10pm 3:10pm 3:11pm
SUB TEST	.00	3:13pm
AIR BLK	.00	3:14pm
SUB TEST	.00	3:15pm
AIR BLK	.00	3:16pm

Reported AC:

Q0 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

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008577 Test Record Number: 938
Test Date: 11/16/2013 Test Time: 3:21pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:21pm 3:21pm
FC	Pass	3:22pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:22pm
SRC	Pass	3:22pm
DET	Pass	3:22pm
BAR	Pass	3:22pm
BT	Pass	3:22pm

Blank Tests

Test	Status	Time
AIR	Pass	3:22pm

Printer Tests

Test	Status	rime
PRNT	Pass	3:22pm
	CRC Tests	
Test	Status	Time

1000	beacas	110
COMP	Pass	3:23pm
CAL	Pass	3:23pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	EN HANOVER Instrument Location BAT	Mobile Unity
Instrument Se	erial No. 00 8504	
The preventive four months a	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be are:	followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breat 34 degrees, plus or minus .2 degree centigrade;	h 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 Ale whichever occurs first.	date, or the alcoholic breath coholic Breath Simulator tests,
procedures v	on the day of Nember, 20/3 the forevere 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.
CREAT SET	E ON OR THE CANON	
AFRI E. T		654
	Signature of Certifying Official	Certificaté Number

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008704 Test Date: 11/16/2013

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

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

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

Analyst's Name: KEESLER, GRAYHAM C
Permit Number: 7682E
Effective:
02/01/2012-02/01/2014

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	3:41pm 3:42pm
ACCY CHK	.08	3:43pm
AIR BLK	.00	3:44pm
SUB TEST	.00	3:45pm
AIR BLK	.00	3:46pm
SUB TEST	.00	3:49pm
AIR BLK	.00	mc00:6

Reported AC: .90 \$/210L

ignature of Chemical Analyst

Court CVR

Analyst

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

Department of Health and Human Services Rev. 12/2007

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008704 Test Record Number: 191 Test Date: 11/16/2013 Test Time: 3:56pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:56pm
FLO	Pass	3:56pm
FC	Pass	3:57pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:57pm
SRC	Pass	3:57pm
DET	Pass	3:57pm
BAR	Pass	3:57pm
BT	Pass	3:57pm

Blank Tests

Test	Status	Time
AIR	Pass	3:57pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:57pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	3:58pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Mew HANDVER Instrument Location BAT Who bile Unity
Instrumer	Meas HANDVER Instrument Location BAT Who bile Unit 19 t Serial No. 008/168
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	that on the day of November , 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.
SE CREAT CONTRACTOR OF SECULAR	Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008760 Test Date: 11/16/2013

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

rest	9/2101	TTIIIE
DIAG	Pass	3:43pm
AIR BLK	.00	3:44pm
ACCY CHK	.07	3:44pm
AIR BLK	.00	3:45pm
SUB TEST	.00	3:46pm
AIR BLK	.00	3:47pm
SUB TEST	.00	3:48pm
AIR BLK	.00	3:49pm

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: 526
Test Date: 11/16/2013 Test Time: 3:56pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	3:57pm
SRC	Pass	3:57pm
DET	Pass	3:57pm
BAR	Pass	3:57pm
BT	Pass	3:57pm

Blank Tests

rest	Status	Time
AIR	Pass	3:58pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:58pm
	CRC Tests	
Test	Status	Time

Test	Status	Time
COMP	Pass	3:58pm
CAL	Pass	3:58pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County <u>R</u>	MSWick Co Instrument Location EAR	Mabile Chity
Instrument Serie	No. 008/04	
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR I	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;	breath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expi simulator solution is being changed every four months or after 1 whichever occurs first.	ration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
I certify that on procedures were Department of	the <u>15</u> day of <u>November</u> , 20 <u>13</u> e performed on the instrument indicated above, in accordance with Health and Human Services, and the instrument is functioning prop	current regulations of the N.C.
STATE OF STA	WOLLE CARD	* * * * * * * * * * * * * * * * * * *
THE COMM VICTORY	Signature of Certifying Official	Certificate Number

BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008704 Test Date: 11/15/2013

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: AG309101 Exp Date: 04/01/2015

Test	g/210L	Time
DIAG AIR BLK	Pass	10:11pm 10:12pm
ACCY CHK	.00	10:12pm
AIR BLK	.00	10:13pm
SUB TEST	.00	10:14pm
AIR BLK	.00	10:15pm
SUB TEST	.00	10:16pm
ATR BLK	. 0.0	10:17pm

Reported AC: .00 g/270L

Signature of Chemical Analyst

Court CVR

BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008704 Test Record Number: 188
Test Date: 11/15/2013 Test Time: 10:18pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:18pm
SRC	Pass	10:18pm
DET	Pass	10:18pm
BAR	Pass	10:18pm
BT	Pass	10:18pm

Blank Tests

Test	Status	Time
AIR	Pass	10:19pm

Printer Tests

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

Pass

10:19pm

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County BA	CONSENIER CO Instrument Location BAT V	Mobile Unity
Instrument Ser	ial No. <u>008488</u>	
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be	e followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic bread 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.	
procedures we	n the <u>// day of November</u> , 20/5 the force performed on the instrument indicated above, in accordance with curre Health and Human Services, and the instrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
STATE OF CHANGE OF THE STATE OF	Signature of Certifying Official	Certificate Number

BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008778 Test Date: 11/15/2013

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: AG321904 Exp Date: 08/07/2015

Test	g/210L	Time
DIAG AIR BLK	Pass	9:56pm 9:57pm
ACCY CHK	.08	9:57pm
AIR BLK	.00	9:58pm
SUB TEST	.00	9:59pm
AIR BLK	.00	10:00pm
SUB TEST	.00	10:01pm
AIR BLK	.00	10:02pm

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

BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008778 Test Record Number: 1061 Test Date: 11/15/2013 Test Time: 10:03pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:03pm
FLO	Pass	10:03pm
FC	Pass	10:04pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:04pm
SRC	Pass	10:04pm
\mathtt{DET}	Pass	10:04pm
BAR	Pass	10:04pm
BT	Pass	10:04pm

Blank Tests

Test	Status	Time
AIR	Pass	10:04pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:04pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:05pm 10:05pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	RUNSWICK CS Instrument Location BAT 11	Abile Chit
Instrument Se	rial No	
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to bure:	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 show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Al whichever occurs first.	
I certify that procedures w Department of	on the	orgoing preventive maintenance on tregulations of the N.C.
51 SIAI P		
THE SECOND SECON	CARO	
ESSE QUAM V		669
	Signature of Certifying Official	Certificaté Number

BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008623

Test Date: 11/15/2013

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	10:13pm
AIR BLK	.00	10:14pm
ACCY CHK	07	10:15pm
AIR BLK	.00	10:16pm
SUB TEST	.00	10:16pm
AIR BLK	.00	10:17pm
SUB TEST	.00	10:19pm
ATR BLK	0.0	10:20 pm

Reported AG:

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Signature of Chemical Analyst

Court CVR

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BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008623 Test Record Number: 2802 Test Date: 11/15/2013 Test Time: 10:20pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:21pm
SRC	Pass	10:21pm
DET	Pass	10:21pm
BAR	Pass	10:21pm
\mathtt{BT}	Pass	10:21pm

Blank Tests

Test	Status	Time
AIR	Pass	10:22pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:22pm

CRC Tests

Test	Status	Time
COMP	Pass	10:22pm
CAL	Pass	10:22pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Bu	NS Wick Co Instrument Location BAT.	Mabile My 77
Instrument Ser	ial No. <u>85 74</u>	· .
The <u>preventive</u> four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to e:	be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic bre 34 degrees, plus or minus .2 degree centigrade;	eath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 A whichever occurs first.	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
procedures we	n the	rent regulations of the N.C.
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OF THE STATE OF TH		
THE SECOND SECON		
APPL 12. UPL		654
	Signature of Certifying Official	Certificate Number

BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008577 Test Date: 11/15/2013

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	9:53pm 9:54pm
ACCY CHK	.07	9:55pm
AIR BLK	.00	9:56pm
SUB TEST	.00	9:57pm
AIR BLK	.00	9:58pm
SUB TEST	.00	9:59pm
AIR BLK	7.00	10:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008577 Test Record Number: 935 Test Date: 11/15/2013 Test Time: 10:06pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:08pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:08pm
	CRC Tests	

Test	Status	Time
COMP	Pass	10:08pm
CAL	Pass	10:08pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

2002 00 00	INTOXIMETE	1110, 1110	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,
County DURHAM		Instrument Location SHP C-M				
Instrument Se	erial No. <u>00</u> 8873	101	<u></u> 5.	MIAMI	BLUD	DURHAMN
The preventive four months a	ve maintenance procedures for the	Intoximeters	s, Mod	el Intox EC/II	R II to be follo	wed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d			, or the alcoho	olic breath sim	ulator thermometer shows
2.	Verify instrument displays tin	ne and date;				
3.	Initiate breath test sequence;					
4.	Enter information as prompte	d;				
5.	Verify instrument accuracy;					
6.	When "PLEASE BLOW" ap	pears, collec	t breat	th sample;		
7.	When "PLEASE BLOW" ap	pears, collec	t breat	th sample;		
8.	Print test record;					
9.	Verify Diagnostic Program; a	nd				
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nister is beir anged every	ng chai four r	nged before ex nonths or afte	xpiration date, r 125 Alcoholi	or the alcoholic breath c Breath Simulator tests,
procedures w	on theday ofday ofday ofday ofday ofday ofday of Health and Human Services, and	ndicated abo	ve, in	accordance w	ith current regi	g preventive maintenance ulations of the N.C.
STATION OF THE CREAT STATE OF TH	_ \u2012	gnature of C	<u>M</u> Certifyi	ong Official		637 Certificate Number

DURHAM SHP C7 310

Serial Number: 008873 Test Date: 11/27/2013

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: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:11pm
AIR BLK	.00	3:12pm
ACCY CHK	.07	3:12pm
AIR BLK	.00	3:13pm
SUB TEST	.00	3:15pm
AIR BLK	.00	3:16pm
SUB TEST	.00	3:18pm
ATR BLK	. 00	3:1.90m

Reported AC: 1.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DURHAM SHP C7 310

Serial Number: 008873 Test Record Number: 960 Test Date: 11/27/2013 Test Time: 3:20pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	3:20pm
SRC	Pass	3:20pm
DET	Pass	3:20pm
BAR	Pass	3:20pm
BT	Pass	3:20pm

Blank Tests

Test	Status	Time
AIR	Pass	3:21pm

Printer Tests

Test

Status

Time

PRNT	Pass	3:21pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:21pm 3:21pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

the contract	INTOXIMETE	INS, MODEL INTOX EC/I	.K 11
County Da	RHAM	Instrument Location SHP	C-7
Instrument Se	rial No. <u>U08924</u>	101 S. MIAMI BL	VD DURHAM, N
The preventiv		Intoximeters, Model Intox EC/IR II to be	e followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic breat egree centigrade;	th simulator thermometer shows
2.	Verify instrument displays tim	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	i ;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;	4	/
9.	Verify Diagnostic Program; as	nd	
10.		nister is being changed before expiration anged every four months or after 125 Ale	
I certify that of procedures we Department of	on the day of ere performed on the instrument in f Health and Human Services, and	vender , 20/3 the fordicated above, in accordance with current the instrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
STATE STATE OF STATE	Luw	Small Continued in the continued of the continued in the	Certificate Number

DURHAM SHP C7 310

Serial Number: 008924 Test Date: 11/27/2013

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	2:37pm 2:37pm 2:38pm
ACCY CHK	.08	2:39pm
SUB TEST AIR BLK	.00	2:41pm 2:42pm
SUB TEST AIR BLK	.00 .00	2:44pm 2:45pm

1.00 g/210L Reported AC:

Signature of Chemical Analyst

Court CVR

Bus D.

DURHAM SHP C7 310

Serial Number: 008924 Test Record Number: 267
Test Date: 11/27/2013 Test Time: 2:47pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:47pm
FLO	Pass	2:47pm
FC	Pass	2:47pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	2:48pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:48pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:48pm 2:48pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	, , , , , , , , , , , , , , , , , , ,
County 1-4	insylvania Instrument Location Transylvania Co. Jail
Instrument Ser	insylvania Instrument Location Transylvania Co. Jail ial No. 008609 Brevard, 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.
procedures wer	the 25 day of November, 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.
THE STATE ON THE STATE OF THE S	

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

> Serial Number: 008609 Test Date: 11/25/2013

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: CUTLER, DANIEL R
Permit Number: 8457E
Effective:
10/01/2013-10/01/2015

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

Serial Number: 008609 Test Record Number: 537 Test Date: 11/25/2013 Test Time: 11:00am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:00am
FLO	Pass	11:00am
FC	Pass	11:01am

Temperature Tests

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Blank Tests

Test	Status	Time
AIR	Pass	11:01am

Printer Tests

Test	Status	Time
PRNT	Pass	11:01am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:02am 11:02am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Cou	inty <u>Tra</u>	nsy/vania Instrument Location Transylvania Ca, Jail
Inst	rument Ser	rial No. 608820 Brevard, NC
The		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.
pro	cedures we	on the
AAA GREAT G	OF THE STATE OF TH	

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

> Serial Number: 008820 Test Date: 11/25/2013

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: CUTLER, DANIEL R
Permit Number: 8457E
Effective:
10/01/2013-10/01/2015

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:52am 10:53am
ACCY CHK AIR BLK	.07	10:54am 10:54am
SUB TEST	.00	10:56am
AIR BLK	.00	10:57am
SUB TEST	.00	10:58am
AIR BLK	.00	10:59am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

Serial Number: 008820 Test Record Number: 713 Test Date: 11/25/2013 Test Time: 11:00am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:00am
FLO	Pass	11:00am
FC	Pass	11:00am

Temperature Tests

Test	Status	Time
FC1	Pass	11:00am
SRC	Pass	11:00am
DET	Pass	11:00am
BAR	Pass	11:00am
${ t BT}$	Pass	11:00am

Blank Tests

Test	Status	Time
AIR	Pass	11:01am

Printer Tests

Test	Status	Time
PRNT	Pass	11:01am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:01am

11:01am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

County Su	Instrument Location Cherokee P.D.
Instrument Seria	Instrument Location Cherokee P.D. al No. 008782 Cherokee, 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 show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that on procedures were Department of I	theday of
O'ME STATE OF THE	Signature of Certificial Certificate Number

SWAIN COUNTY CHEROKEE INDIAN PD 860

Serial Number: 008782 Test Date: 11/15/2013

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

Analyst's Name: CUTLER, DANIEL R
Permit Number: 8457E
Effective:
10/01/2013-10/01/2015

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	9:38am 9:39am 9:39am 9:40am
SUB TEST	.00	9:41am
AIR BLK	.00	9:42am
SUB TEST AIR BLK	.00 .00	9:43am 9:44am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

SWAIN COUNTY CHEROKEE INDIAN PD 860

Serial Number: 008782 Test Date: 11/15/2013 Test Record Number: 738
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

IESC	status	TIME
PRNT	Pass	9:46am

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C/a	Instrument Location Clay Co. Jail
Instrument Seri	ial No. 00 8608 Hayesville, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	theday of
THE STATE OF THE S	Cail R. Cuth 635
	Signature of Certifying Official Certificate Number

CLAY COUNTY CLAY COUNTY JAIL 210

Serial Number: 008608 Test Date: 11/05/2013

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

Analyst's Name: CUTLER, DANIEL R
Permit Number: 8457E
Effective:
10/01/2013-10/01/2015

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:39am 11:39am
ACCY CHK	.08	11:40am
AIR BLK	.00	11:41am
SUB TEST	.00	11:41am
AIR BLK	.00	11:42am
SUB TEST	.00	11:44am
AIR BLK	.00	11:45am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Enil Raff

CLAY COUNTY CLAY COUNTY JAIL 210

Serial Number: 008608 Test Record Number: 983 Test Date: 11/05/2013 Test Time: 11:46am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:46am
FLO	Pass	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	scacus	TTILE
COMP	Pass	11:47am
CAL	Pass	11:47am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	WAKE Instrument Location BAT WOBILE CONT
Instrumen	t Serial No. DO 8704 Ralcitet
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 shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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 day of who because the forgoing preventive maintenance s were performed on the instrument indicated above, in accordance with current regulations of the N.C. nt of Health and Human Services, and the instrument is functioning properly.
GREAT SE	TATE ON NO ON THE CARD
SE O	Signature of Certifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008704

Test Record Number: 183

Test Date: 11/08/2013

Test Time: 11:44pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:45pm
FLÖ	Pass	11:45pm
FC	Pass	11:45pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:45pm 11:45pm 11:45pm 11:45pm 11:45pm

Blank Tests

Test	Status	Time
AIR	Pass	11:46pm

Printer Tests

*		
Test	Status	Time
PRNT	Pass	11:46pm
	CRC Tests	
Test	Status	Time

COMP	Pass	11:46pm
CAL	Pass	11:46pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008704 Test Date: 11/08/2013

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:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	11:29pm 11:30pm 11:30pm 11:31pm 11:32pm 11:33pm 11:35pm
AIR BLK	.00	11:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Alexander Instrument Location Alexander County SD
Instrument	serial No. 008813 91 Commercial Park Ave., Taylosville 828-632-4658
The prevent	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9,	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	t on theday of, 20, 20
GREAT	

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

Certificate Number

ALEXANDER COUNTY ALEXANDER COUNTY SD 010

Serial Number: 008813 Test Record Number: 1204
Test Date: 11/06/2013 Test Time: 9:38am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Blank Tests

Test	Status	Time
AIR	Pass	9:40am

Printer Tests

rest	Status	TIME
PRNT	Pass	9:40am
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

ALEXANDER COUNTY ALEXANDER COUNTY SD 010

Serial Number: 008813 Test Date: 11/06/2013

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:44am 9:45am
ACCY CHK	.07	9:45am 9:46am
SUB TEST	.00	9:47am
AIR BLK	.00	9:48am
SUB TEST AIR BLK	.00 .00	9:49am
WIK DIV	.00	9:50am

Reported AC: <00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

0	INTOXIMETERS, MODEL INTOX EC/IR II
County CO	Warrus Instrument Location Cabarrus County SD
Instrument Ser	ial No. 008625 30 Corban Ave Concord
	704-920-3000
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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.
	theday of
O'THE STATE OF THE	Signature of Certifying Official Certificate Number

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008625 Test Record Number: 3402 Test Date: 11/07/2013 Test Time: 10:30am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:31am
FLO	Pass	10:31am
FC	Pass	10:31am

Temperature Tests

Test	Status	Time
FC1	Pass	10:31am
SRC	Pass	10:31am
DET	Pass	10:31am
BAR	Pass	10:31am
\mathtt{BT}	Pass	10:31am

Blank Tests

Test	Status	Time
AIR	Pass	10:32am

Printer Tests

Test	Status	Time
PRNT	Pass	10:32am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:32am 10:32am

Preventive Maintenance Status: Pass

Analyst

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008625 Test Date: 11/07/2013

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: HAYS, MARK D

Permit Number: 15924E

Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Report/pd AC: \00 g/210L

Signature of Chemical Analyst

Court CVR

M. M.

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

0	INTOXIMETERS, MODEL INTOX EC/IR II
County (abarrus (abarrus Comtys)
Instrument Ser	ial No. 008792 30 Corban Ave, Cancord
	704-920-3000
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.
procedures wer	the
THE STATE OF THE S	

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008792 Test Record Number: 1200 Test Date: 11/07/2013 Test Time: 10:29am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:30am
SRC	Pass	10:30am
DET	Pass	10:30am
BAR	Pass	10:30am
\mathtt{BT}	Pass	10:30am

Blank Tests

Test	Status	Time
AIR	Pass	10:30am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008792 Test Date: 11/07/2013

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:34am 10:35am 10:36am
AIR BLK	.00	10:37am
SUB TEST	.00	10:38am
AIR BLK	.00	10:38am
SUB TEST	.00	10:40am
ATR BLK	. 00	10:41am

Reported AC: ..00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD

_{ge} x t _h	INTOXIMETERS, MODEL INTOX EC/IR II
County (aston Instrument Location Graston County SD
Instrument Ser	ial No. 008684 425 N. Marietta St., Gastaria 704-869-6800
	704-869-6900
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence,
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer	the 13th day of Ovenber, 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 STA	Signature of Certifying Official Certificate Number

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

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008684 Test Record Number: 2494
Test Date: 11/13/2013 Test Time: 11:45am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:46am
FLO	Pass	11:46am
FC	Pass	11:46am

Temperature Tests

Status	Time
Pass	11:46am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	11:46am

Printer Tests

,Test	Status	Time
PRNT	Pass	11:47am
	CRC Tests	
Test	Status	Time
'COMP	Pass Pass	11:47am 11:47am

Preventive Maintenance Status: Pass

Analyst

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008684 Test Date: 11/13/2013

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL		
County	Instrument Loca	ation Stanly County SD	
Instrument Ser	ial No. 008910 126 5.3	6-3234	
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, o 34 degrees, plus or minus .2 degree centigrade;	r the alcoholic breath simulator thermometer show	
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	5. Verify instrument accuracy;		
6.	6. When "PLEASE BLOW" appears, collect breath sample;		
7.	7. When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being change simulator solution is being changed every four mor whichever occurs first.	d before expiration date, or the alcoholic breath ths or after 125 Alcoholic Breath Simulator tests,	
I certify that on procedures wer Department of	the	the forgoing preventive maintenance ordance with current regulations of the N.C. ctioning properly.	
THE CHEAT STATE OF THE CONTROL OF TH	Signature of Certifying	2 Certificate Number	

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008910 Test Date: 11/14/2013

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: HAYS, MARK D

Permit Number: 15924E

Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	2:39pm 2:40pm 2:41pm
AIR BLK SUB TEST	.00	2:42pm 2:42pm
AIR BLK SUB TEST	.00	2:43pm 2:45pm
AIR BLK	.00	2:45pm

Reported AC: \ .00 g/210L

Signature of Chemical Analyst

Court CVR

Δ/1

Analyst

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008910

Test Record Number: 439 Test Date: 11/14/2013 Test Time: 2:47pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:48pm 2:48pm
FC	Pass	2:48pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	2:48pm 2:48pm 2:48pm 2:48pm 2:48pm

Blank Tests

Test	Status	Time
AIR	Pass	2:49pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:49pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:49pm

Preventive Maintenance Status: Pass

Pass 2:49pm

CAL



	INTOXIMET	ERS, MODEL INTOX	EC/IR II
County	gaston	Instrument Location <u>Ga</u>	ston County SD
Instrument Ser	rial No. <u>008706</u>	425 N.Ma	rietta St. Gastania
		704-864-6	800
The preventive four months as	e maintenance procedures for the re:	Intoximeters, Model Intox EC/IR	II to be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2	er displays pressure, or the alcoholi degree centigrade;	c breath simulator thermometer show
2.	Verify instrument displays ti	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, 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.	nister is being changed before expi anged every four months or after 1	ration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
	re performed on the instrument in	ndicated above, in accordance with the instrument is functioning prop	
O' HE STATE ON THE STATE OF THE	A CMZ	gnature of Certifying Official	656 Certificate Number

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008706 Test Record Number: 3058

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:09pm
FLO	Pass	1:09pm
FC	Pass	1:09pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:09pm
SRC	Pass	1:09pm
DET	Pass	1:09pm
BAR	Pass	1:09pm
BT	Pass	1:09pm

Blank Tests

Test	Status	Time
AIR	Pass	1:10pm

Printer Tests

'l'est	Status	Time
PRNT	Pass	1:10pm

CRC Tests

Test	Status	Time
COMP	Pass	1:10pm
CAL	Pass	1:10pm

Preventive Maintenance Status: Pass

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008706 Test Date: 11/26/2013

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

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

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

Test	g/210L	Time
DIAG	Pass	1:13pm
AIR BLK ACCY CHK	.00	1:13pm 1:14pm
AIR BLK	.00	1:15pm
SUB TEST	.00	1:15pm
AIR BLK	.00	1:1.6pm
SUB TEST	.00	1:18pm
AIR BLK	.00	1:18pm

Reported, AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	1	nstrument Location + 1	Ca Ca
Instrument S	hadel 1	£ .	Swan Duwley,
The preventi four months	tive maintenance procedures for the Intoxir	neters, Model Intox EC/IR II to be	e followed at least once every
1.	Verify the ethanol gas canister displaced and degrees, plus or minus .2 degree of		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 simulator solution is being changed whichever occurs first. at on the	every four months or after 125 Ale	coholic Breath Simulator tests,
	t of Health and Human Services, and the in		it logulations of the IV.C.
TARES THE CREAT OF	STE O' NO THE CAROLINE		
	Signature	of Certifying Official	Certificate Number

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801 Test Date: 11/25/2013

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:02pm 12:03pm
ACCY CHK	.08	12:04pm
AIR BLK	.00	12:05pm
SUB TEST	.00	12:06pm
AIR BLK	.00	12:07pm
SUB TEST	.00	12:08pm
AIR BLK	.00	12:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Finile A. Ceuse
Analyst

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801 Test Date: 11/25/2013 Test Record Number: 302 Test Time: 12:14pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:15pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:15pm
	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	INTOXIMETERS, MODEL INTOX EC	
Instrument S	erial No. DD 8928 <u>bellaven</u>	N.C.
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to are:	be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic bre 34 degrees, plus or minus .2 degree centigrade;	eath simulator thermometer 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 expirated simulator solution is being changed every four months or after 125 A whichever occurs first.	
procedures v	on the day of <u>Number</u> , 20 13 the vere performed on the instrument indicated above, in accordance with cur of Health and Human Services, and the instrument is functioning properly	rent regulations of the N.C.
TATE OF THE STATE	E ON NO STATE CAROLINA	
* ESE QUAM	MARKET NO LEARNE P	64 mg
	Signature of Certifying Official	Certificate Number

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928 Test Date: 11/25/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928 Test Record Number: 209
Test Date: 11/25/2013 Test Time: 11:02am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test		Status	Time
AIR	+ .	Pass	11:03am

Printer Tests

Test	Status	Time
PRNT	Pass	11:03am
÷	CRC Tests	•
Test	Status	Time

COMP	Pass	11:03am
CAL	Pass	11:03am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Q1	eeneInstr	ment Location Greene Co. S.D.	· · · .
Instrument Se	ial No. <u>004670</u> <u>301</u>	N. Greene ST., Snow H	il, No
The preventive four months as		ers, Model Intox EC/IR II to be followed at least of	nce every
1.	Verify the ethanol gas canister displays 34 degrees, plus or minus .2 degree cent	pressure, or the alcoholic breath simulator thermo igrade;	meter 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, colle	ect breath sample;	
7.	When "PLEASE BLOW" appears, colle	ect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		ing changed before expiration date, or the alcoholy four months or after 125 Alcoholic Breath Simi	
	n the 27th day of 10ve re performed on the instrument indicated at Health and Human Services, and the instru	the forgoing preventive nove, in accordance with current regulations of the ment is functioning properly.	naintenance N.C.
THE STATE OF THE S	A CAROLIN CARO		
ABEL 12, 173	Janua & 1	lee 64	many .
	Signature of	Certifying Official Certificate N	lumber

GREENE COUNTY GREENE CO SO 390

Serial Number: 008670 Test Date: 11/27/2013

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: KEESLER, LINDA A

Permit Number: 11646E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:26am
AIR BLK	.00	10:27am
ACCY CHK	.08	10:28am
AIR BLK	.00	10:29am
SUB TEST	.00	10:29am
AIR BLK	.00	10:30am
SUB TEST	.00	10:32am
ATR RIK	0.0	10:33am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Ind & Keese
Analyst

GREENE COUNTY GREENE CO SO 390

Serial Number: 008670 Test Record Number: 1390 Test Date: 11/27/2013 Test Time: 10:34am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:34am
SRC	Pass	10:34am
DET	Pass	10:34am
BAR	Pass	10:34am
BT	Pass	10:34am

Blank Tests

Test	Status	Time
AIR	Pass	10:35am

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

10:35am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II County Currituck Instrument Location Instrument Serial No. 008949 1123 Deega Trai 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

CURRITUCK COUNTY SO-COROLLA 260

Serial Number: 008949 Test Date: 11/21/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	1:33pm 1:34pm
ACCY CHK AIR BLK	.08 .00	1:35pm 1:35pm
SUB TEST	.00	1:36pm
AIR BLK	.00	1:37pm
SUB TEST	.00	1:38pm
AIR BLK	.00	1:40pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CURRITUCK COUNTY SO-COROLLA 260

Serial Number: 008949 Test Record Number: 312 Test Date: 11/21/2013 Test Time: 1:40pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:41pm
FLO	Pass	1:41pm
FC	Pass	1:41pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:41pm
SRC	Pass	1:41pm
DET	Pass	1:41pm
BAR	Pass	1:41pm
\mathtt{BT}	Pass	1:41pm

Blank Tests

Test	Status	Time
AIR	Pass	1:42pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:42pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:42pm 1:42pm

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: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows l. 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 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the forgoing preventive maintenance I certify that on the C procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

Serial Number: 008947 Test Date: 11/21/2013

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:47am 11:48am 11:48am
AIR BLK	.00	11:49am
SUB TEST	.00	11:52am
AIR BLK	.00	11:53am
SUB TEST	.00	11:56am
AIR BLK	.00	11:57am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Finds & Reed
Analyst

CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

Serial Number: 008947 Test Record Number: 1390 Test Date: 11/21/2013 Test Time: 12:02pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:03pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

INTOAIMETERS, MODEL INTOX EC/IR II			
County Yaz	Instrument Location Vancey Co. Ja. /		
Instrument Se	rial No. 008653 Instrument Location Vancey Co. Ja. /		
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 or procedures we Department of	n the		
STATE OF STA			

YANCEY COUNTY YANCEY COUNTY JAIL 990

Serial Number: 008653 Test Date: 11/21/2013

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

06/01/2013-06/01/2015

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

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

Test	g/210L	Time
DIAG	Pass	1:33pm
AIR BLK	.00	1:34pm
ACCY CHK	.07	1:35pm
AIR BLK	.00	1:36pm
SUB TEST	.00	1:37pm
AIR BLK	.00	1:38pm
SUB TEST	.00	1:39pm
AIR BLK	.00	1:40pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

YANCEY COUNTY YANCEY COUNTY JAIL 990

Serial Number: 008653 Test Record Number: 950 Test Date: 11/21/2013 Test Time: 1:40pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:41pm 1:41pm 1:41pm
		1:

Temperature Tests

Test	Status	Time
FC1	Pass	1:41pm
SRC	Pass	1:41pm
DET	Pass	1:41pm
BAR	Pass	1:41pm
BT	Pass	1:41pm

Blank Tests

rest	Status	Time
AIR	Pass	1:41pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:41pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:42pm 1:42pm

Preventive Maintenance Status: Pass

Analyst