PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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

NEW HANOVER COUNTY BAT MOBILE UNT 7 640

Serial Number: 008734 Test Date: 10/31/2013

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	7:03pm 7:04pm 7:05pm 7:06pm <b>7:07pm</b> 7:08pm
SUB TEST	.00	7:09pm
AIR BLK	.00	7:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Ánalyst

## NEW HANOVER COUNTY BAT MOBILE UNT 7 640

Serial Number: 008734 Test Date: 10/31/2013

Test Record Number: 751 Test Time: 7:11pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	7:12pm
FLO	Pass	7:12pm
FC	Pass	7:12pm

## Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	7:12pm 7:12pm 7:12pm 7:12pm 7:12pm

#### Blank Tests

Test	Status	Time
AIR	Pass	7:12pm

#### Printer Tests

Toat	G = +	
	CRC Tests	
PRNT	Pass	7:12pm
ICSL	Status	Time

rest	Status	Time
COMP	Pass	7:13pm
CAL	Pass	7:13pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	How HANDYOL Instrument Location BAT Mabile Unit!
Instrume	nt Serial No
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5,	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures Departmen	at on the
STATE CREATE CRE	TE OF NO.
- Carrier	Signature of Certifying Official Certificate Number
	Signature of Certifying Official Certificate Number

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

Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNT 7

Serial Number: 008734 Test Date: 10/31/2013

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, 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

rest	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00 .00	7:03pm 7:04pm 7:05pm 7:06pm <b>7:07pm</b> 7:08pm <b>7:09pm</b>
AIR BLK	.00	7:10pm

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

## NEW HANOVER COUNTY BAT MOBILE UNT 7 640

Serial Number: 008734 Test Record Number: 751 Test Date: 10/31/2013 Test Time: 7:11pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	7:12pm
FLO	Pass	7:12pm
FC	Pass	7:12pm

### Temperature Tests

Test	Status	Time
FC1	Pass	7:12pm
SRC	Pass	7:12pm
DET	Pass	7:12pm
BAR	Pass	7:12pm
BT	Pass	7:12pm

#### Blank Tests

Test	Status	Time
AIR	Pass	7:12pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:12pm
	CRC Tests	
Test	Status	Time

Pass

Pass

7:13pm

7:13pm

Preventive Maintenance Status: Pass

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Serial No. 008760
Instrument S	Gerial No
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	on the 3/ day of 2/5/6/2, 20/13 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
STATE OF STA	Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008760 Test Date: 10/31/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: KEESLER, 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	7:54pm
ACCY CHK	.00	7:55pm 7:55pm
AIR BLK	.00	7:56pm
SUB TEST	.00	7:57pm
AIR BLK	.00	7:58pm
SUB TEST	.00	mq00:8
AIR BLK	.00	8:01pm

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

## NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008760 Test Date: 10/31/2013

Test Record Number: 510 Test Time: 8:05pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass Pass	8:06pm mq30:8

## Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	8:06pm 8:06pm 8:06pm 8:06pm 8:06pm
	- 455	0:000111

#### Blank Tests

Test	Status	Time
AIR	Pass	8:07pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:07pm
٠	CRC Tests	

Test	Status	Time
COMP	Pass	8:07pm
CAL	Pass	8:07pm

Preventive Maintenance Status: Pass

Analyst

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

County	low Handled Instrument Location BAT	Mobile Chit
Instrument S	erial No. <u>00 8 1 ( )</u>	
The preventifour months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to bare:	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 show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	•
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Alc whichever occurs first.	date, or the alcoholic breath coholic Breath Simulator tests,
ar occurred with	on the	rgoing preventive maintenance at regulations of the N.C.
THE STATE OF THE S	Signature of Certifying Official	_654
	Signature of Certifying Official	Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008760 Test Date: 10/31/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: KEESLER, 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 SUB TEST	Pass .00 .07 .00	7:54pm 7:55pm 7:55pm 7:56pm <b>7:57pm</b>
AIR BLK	.00	7:58pm
SUB TEST	.00	8:00pm
AIR BLK	.00	8:01pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008760

Test Record Number: 510 Test Date: 10/31/2013 Test Time: 8:05pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:06pm
FLO	Pass	8:06pm
FC	Pass	8:06pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	8:06pm 8:06pm 8:06pm 8:06pm 8:06pm

#### Blank Tests

Test	Status	Time
AIR	Pass	8:07pm

#### Printer Tests

Tesc	Status	Time
PRNT	Pass	8:07pm

#### CRC Tests

Test	Status	Time
COMP	Pass	8:07pm
CAL	Pass	8:07pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Per HAMPYER Instrument Location BAT Mabile Unit!
Instrument S	erial No. 08104 Instrument Location BAT Mapile Unit 1
The preventive four months a	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures we Department of	n the, 20, 20, the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	
	Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

> Serial Number: 008704 Test Date: 10/31/2013

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

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

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

Analyst's Name: KEESLER, 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	7:51pm 7:52pm
ACCY CHK	.08	7:53pm
AIR BLK SUB TEST	.00 .00	7:53pm <b>7:54pm</b>
AIR BLK	.00	7:54pm
SUB TEST	.00	7:57pm
AIR BLK	.00	7:58pm

Signature of Chemical Analyst

Court CVR

Analyst

## NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008704 Test Date: 10/31/2013

Test Record Number: 177
Test Time: 8:05pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:06pm
FLO	Pass	8:06pm
FC	Pass	8:06pm

### Temperature Tests

Test	Status	Time
FC1	Pass	8:06pm
SRC	Pass	8:06pm
DET	Pass	8:06pm
BAR	Pass	8:06pm
BT	Pass	8:06pm

#### Blank Tests

Test	Status	Time
AIR	Pass	8:07pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:07pm
	CRC Tests	
Test	Status	Time
COMP	Pass	8:07pm

Preventive Maintenance Status: Pass

Pass

8:07pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	low Hayover Instrument Location BAT Mobile Unit
Instrument S	erial No. 008704
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that opposed ures we Department o	on the
THE STATE OF THE S	

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008704 Test Date: 10/31/2013

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

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

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

Analyst's Name: KEESLER, 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 ACCY CHK	Pass .00 .08	7:51pm 7:52pm 7:53pm
AIR BLK	.00	7:53pm
SUB TEST	.00	7:54pm
AIR BLK	.00	7:55pm
SUB TEST	.00	7:57pm
AIR BLK	.00	7:58pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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#### NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008704 Test Date: 10/31/2013

Test Record Number: 177

Test Time: 8:05pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:06pm
FLO	Pass	8:06pm
FC	Pass	8:06pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:06pm
SRC	Pass	8:06pm
DET	Pass	8:06pm
BAR	Pass	8:06pm
BT	Pass	8:06pm

#### Blank Tests

Test	Status	Time
AIR	Pass	8:07pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:07pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	8:07pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Ow HANOVEL Instrument Location 1345 Whole Chyt
Instrument Ser	ial No008623
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 on procedures wer Department of	the 3/ day of 2/20/2, 20/3 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	

NEW HANOVER COUNTY BAT MOBILE UNIT 7
640

Serial Number: 008623 Test Date: 10/31/2013 Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, 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	7:56pm
AIR BLK	.00	7:57pm
ACCY CHK	.07	7:58pm
AIR BLK	.00	7:59pm
SUB TEST	.00	8:00pm
AIR BLK	.00	8:01pm
SUB TEST	.00	8:02pm
AIR BLK	.00	8:03pm

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: 2783

System Check: Passed

### Baseline Tests

Test IR FLO FC	Status Pass Pass	Time 8:07pm 8:07pm
FC	Pass	8:07pm

## Temperature Tests

Status Pass Pass Pass Pass	Time 8:07pm 8:07pm 8:07pm 8:07pm
Pass	8:07pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	8:08pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:08pm

#### CRC Tests

Test	Status	Time
COMP	Pass	8:08pm
CAL	Pass	8:08pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_/	Local HANOIS Instrument Location 13AT W	Poble (h, th
Instrument Se	erial No. (V) 8623	
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be fo are:	llowed 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 dat simulator solution is being changed every four months or after 125 Alcohowhichever occurs first.	e, or the alcoholic breath olic Breath Simulator tests,
I certify that o procedures we Department of	on the 2/ day of 2/20/2, 20/3 the forgoinere performed on the instrument indicated above, in accordance with current restricted and Human Services, and the instrument is functioning properly.	ing preventive maintenance egulations of the N.C.
STATE OF STA	- Comment of the second	659
	Signature of Certifying Official	Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 7
640

Serial Number: 008623 Test Date: 10/31/2013 Citation Number: M0003300-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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	7.56pm
AIR BLK	.00	7:57pm
ACCY CHK	.07	7:58pm
AIR BLK	.00	7:59pm
SUB TEST	.00	mq00:8
AIR BLK	.00	8:01pm
SUB TEST	.00	8:02pm
AIR BLK	.00	mcrE0:8

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Signature of Chemical Analyst

Court CVR

Analyst

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640
Serial Number: 008623 Test Record Number: 2783
Test Date: 10/31/2013 Test Time: 8:06pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:07pm
FLO	Pass	8:07pm
FC	Pass	8:07pm

#### Temperature Tests

Test	Status	Time
	Deacas	TIME
FC1	Pass	8:07pm
SRC	Pass	8:07pm
DET	Pass	8:07pm
BAR	Pass	8:07pm
$\mathtt{BT}$	Pass	8:07pm

#### Blank Tests

Test	Status	Time
AIR	Pass	mq80:8

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:08pm

#### CRC Tests

Test	Status	Time
COMP	Pass	mq80:8
CAL	Pass	8:08pm

Preventive Maintenance Status: Pass

Analyst

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

County	New HANOVER Instrument Location BAT Whole Chief!
Instrumen	at Serial No. OOSIN
The preve	entive 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 show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	nat on the, day of, 20, 20, 20
COREATE COREATE STATES	

NEW HANOVER BAT MOBILE UNIT 7 640

Serial Number: 008577 Test Date: 10/31/2013

Citation Number: M0000000-0 Subject's Name:

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

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

Analyst's Name: KEESLER, 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	6:56pm
AIR BLK	.00	6:57pm
ACCY CHK	.07	6:57pm
AIR BLK	.00	6:58pm
SUB TEST	.00	6:59pm
AIR BLK	.00	7:00pm
SUB TEST	.00	7:02pm
AIR BLK	.00	7:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### NEW HANOVER BAT MOBILE UNIT 7 640

Serial Number: 008577

Test Record Number: 924

Test Date: 10/31/2013

Test Time: 7:04pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	7:04pm
FLO	Pass	7:04pm
FC	Pass	7:04pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	7:05pm 7:05pm 7:05pm 7:05pm
BT	Pass	7:05pm

#### Blank Tests

Test	Status	Time
AIR	Pass	7:05pm

## 7:05pm

Test	Status	Time
PRNT	Pass	7:05pm

Printer Tests

#### CRC Tests

Test	Status	Time
COMP	Pass	7:05pm
CAL	Pass	7:05pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County \( \rangle	lew Harover Instrument Location BAT Mobile Unity
Instrument S	Jew Harover Instrument Location BAT Mobile Unit?  Jerial No. 008577
	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 show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department of	on the 3/ day of 2 bere, 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.
TATE STATI	

NEW HANOVER BAT MOBILE UNIT 7 640

Serial Number: 008577 Test Date: 10/31/2013

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

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

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

Analyst's Name: KEESLER, 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

g/210L	Time
Pass .00	6:56pm 6:57pm
.07	6:57pm
.00	6:58pm
.00	6:59pm
.00	7:00pm
.00	7:02pm
.00	7:03pm
	Pass .00 .07 .00 .00 .00 .00 .00

Reported AC: .00 q/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 BAT MOBILE UNIT 7 640

Serial Number: 008577

Test Record Number: 924

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass	7:04pm
r tiO	Pass	7:04pm
FC	Pass	7:04pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	7:05pm
SRC	Pass	7:05pm
DET	Pass	7:05pm
BAR	Pass	7:05pm
BT	Pass	7:05pm

#### Blank Tests

Test	Status	Time

AIR Pass 7:05pm

#### Printer Tests

Status	Time
	Status

PRNT Pass 7:05pm

#### CRC Tests

Test	Status	Time

COMP Pass 7:05pm CAL Pass 7:05pm

Preventive Maintenance

Status: Pass

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

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County X	lew Handren Instrument Location BAT Mobile Unit 1
Instrument S	Gerial No. <u>00 8C /2</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.
proceaures w	on the 3/day of 2/3/20/2, 20/3/3 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATE STATE OF THE	Signature of Certifying Official  Certificate Number

NEW HANOVER BAT MOBILE UNIT 7 640

Serial Number: 008612 Test Date: 10/31/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, 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	Pass	6:59pm 7:00pm
ACCY CHK	.07	7:01pm
AIR BLK	.00	7:02pm
SUB TEST	.00	7:02pm
AIR BLK	.00	7:03pm
SUB TEST	.00	7:05pm
AIR BLK	.00	7:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures

#### NEW HANOVER BAT MOBILE UNIT 7 640

Serial Number: 008612 Test Record Number: 1410 Test Date: 10/31/2013

Test Time: 7:06pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass	7:07pm
LTO	Pass	7:07pm
FC	Pass	7:07pm

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	7:07pm 7:07pm
DET	Pass	7:07pm
BAR	Pass	7:07pm
$\mathtt{B}\mathbf{T}$	Pass	7:07pm

#### Blank Tests

Test	Status	Time
AIR	Pass	7:08pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:08pm
	CRC Tests	

Test	Status	Time

COMP	Pass	7:08pm
CAL	Pass	7:08pm

Preventive Maintenance Status: Pass

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

County	Hew HAMENER Instrument Location BAT Mobile Unit 7
Instrumer	Hew Harlovek Instrument Location BAT Mobile Unit 7  at Serial No. 008612
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	at on the 31 day of October, 2013 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. at of Health and Human Services, and the instrument is functioning properly.
CORPATOR OF STATE OF	

NEW HANOVER BAT MOBILE UNIT 7 640

Serial Number: 008612 Test Date: 10/31/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, 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 AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00 .00	6:59pm 7:00pm 7:01pm 7:02pm 7:02pm 7:03pm 7:05pm 7:06pm

Reparted AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

Department of Health and Human Services Rev. 12/2007

#### NEW HANOVER BAT MOBILE UNIT 7 640

Serial Number: 008612

Test Record Number: 1410 

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	7:07pm
FLO	Pass	7:07pm
FC	Pass	7:07pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	7:07pm 7:07pm 7:07pm 7:07pm
BT	Pass	7:07pm

#### Blank Tests

Test	Status	Time
AIR	Pass	7:08pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:08pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	7:08pm 7:08pm

Preventive Maintenance Status: Pass

Analyst

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

_	INTOAIMETERS, MODEL INTOX EC/IR II
County (A)	nder Instrument Location Canden Co. 5.0
Instrument Ser	ial No. 008940 113 Huy 343, Canden, N.C.
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
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 me	n the
OF THE STATE OF TH	Signature of Certifying Official  Certificate Number

CAMDEN COUNTY CAMDEN CO SO 140

Serial Number: 008940 Test Date: 10/28/2013

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

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

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

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

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 .00 .07	11:51am 11:51am 11:52am
ACCY CHK AIR BLK	.00	11:53am
SUB TEST AIR BLK	.00 .00	11:53am 11:54am
SUB TEST	.00	11:56am
ATR BLK	.00	11:57am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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### CAMDEN COUNTY CAMDEN CO SO 140

Serial Number: 008940

Test Record Number: 652

Test Date: 10/28/2013

Test Time: 11:58am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
		J. 1
IR	Pass	11:58am
FLO	Pass	11:58am
FC	Pass	11:58am

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:59am

#### Printer Tests

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

Pass

11:59am

Preventive Maintenance Status: Pass

CAL

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

County Da	Instrument Location Kill Devil Hills P.D.
Instrument Seria	al No. 008844 102 Town Hall Dr., Kill Dr. / Hills
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 were	the of day of day of 20 / 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.
OTHE STATE OF THE	Signature of Certifying Official Certificate Number

DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844 Test Date: 10/29/2013

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 State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:39am 11:40am 11:40am
AIR BLK SUB TEST	.00	11:41am 11:42am
AIR BLK SUB TEST	.00	11:43am 11:44am
AIR BLK	.00	11:45am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

Pod Newson

#### DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844 Test Date: 10/29/2013

Test Record Number: 1299
Test Time: 11:46am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:46am 11:46am
FC	Pass	11:46am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:47am
SRC	Pass	11:47am
DET	Pass	11:47am
BAR	Pass	11:47am
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

rest	Status	TIME
COMP	Pass	11:49am
CAL	Pass	11:49am

Preventive Maintenance Status: Pass

Analyst

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

County Da	rl .	Instrume	ent Location Dave (D	. Detention (
Instrument Seria	INO. <u>008783</u>	1044	Driffwood Dr	Manteu N.
The preventive r four months are:	naintenance procedures for the I	ntoximeters,	Model Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de			simulator thermometer shows
2.	Verify instrument displays tim	e and date;	ŕ	•
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;	•	3	
9.	Verify Diagnostic Program; an	d	' .	•
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.			
	the And day of Orly performed on the instrument indicates and Human Services, and		e, in accordance with current	oing preventive maintenance regulations of the N.C.
STATE OF THE STATE	Sim Call	nature of Ca	tifying Official	Certificate Number

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Date: 10/29/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

08/01/2013-08/01/2015

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	12:50pm 12:51pm
ACCY CHK	.07	12:52pm
AIR BLK	.00	12:53pm
SUB TEST	.00	12:53pm
AIR BLK	.00	12:54pm
SUB TEST	.00	12:55pm
ATR RIK	0.0	12.56pm

Reported AC: 00 a/2101

Signature of Chemical Analyst

Court CVR

## DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Date: 10/29/2013

Test Record Number: 416 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 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:58pm 12:58pm 12:58pm 12:58pm 12:58pm
		-2.30pm

#### 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

Preventive Maintenance Status: Pass

Pass

CAL

12:59pm

12:59pm

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

County Do	Instrument Location Dave Co. Dutention G
Instrument Seri	al No. DO 8804 1044 Driftwood Dr. Manteo, N.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the 29 day of Ochulo , 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.
STATE OF THE STATE	

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804 Test Date: 10/29/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

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

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG205402

Exp Date: 02/23/2014

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00 .00	12:38pm 12:39pm 12:39pm 12:40pm 12:41pm
AIR BLK	.00	12:42pm
SUB TEST	.00	12:43pm
AIR BLK	.00	12:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804

Test Record Number: 1260 Test Time: 12:45pm EDT

Test Date: 10/29/2013

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:46pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:46pm
	CRC Tests	

Test	Status	Time
COMP	Pass	12:47pm
CAL	Pass	12:47pm

Preventive Maintenance Status: Pass

Analyst

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

	INTOAINETERS, MODEL INTOX EC/IN II
County 10	Instrument Location Perquinans (o. 5.0.
Instrument Se	Instrument Location Perquinans 6.5.0.  Perial No. DO8921 110 N. Church St., Hertford, N.
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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



Signature of Certifying Official

Certificate Number

#### PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921 Test Date: 10/28/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	1:06pm
AIR BLK	.00	1:06pm
ACCY CHK	.08	1:07pm
AIR BLK	.00	1:08pm
SUB TEST	.00	1:09pm
AIR BLK	.00	1:10pm
SUB TEST	.00	1:11pm
AIR BLK	.00	1:12pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures

#### PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921 Test Record Number: 460 Test Date: 10/28/2013

Test Time: 1:13pm EDT

System Check: Passed

### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	1:14pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:15pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

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

#### WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008649 Test Date: 10/29/2013

Citation Number: M0000000-0 Subject's Name:

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

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

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

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 SUB TEST	Pass .00 .07 .00	2:37pm 2:38pm 2:38pm 2:39pm 2:40pm
AIR BLK	.00	2:41pm
SUB TEST	.00	2:42pm
AIR BLK	.00	2:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Jines Keese
Analyst

#### WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008649

Test Record Number: 2458

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:45pm
FLO	Pass	2:45pm
FC	Pass	2:45pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:45pm
SRC	Pass	2:45pm
DET	Pass	2:45pm
BAR	Pass	2:45pm
BT	Pass	2:45pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:46pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:46pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:46pm 2:46pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD

. /	INTOXIME	TERS, MODEL INTOX	K EC/IR II
County /	inc	Instrument Location W F	yne Co. Dutention Co
Instrument Seri	ial No. 00 6671	207 E. Chust	nut St., Goldsboro
The preventive four months are		the Intoximeters, Model Intox EC/I	R II to be followed at least once every
1.	Verify the ethanol gas can 34 degrees, plus or minus		olic breath simulator thermometer shows
2.	Verify instrument displays	s time and date;	
3.	Initiate breath test sequence	ce;	
4.	Enter information as prom	pted;	
5.	Verify instrument accurac	y;	
6.	When "PLEASE BLOW"	appears, collect breath sample;	
7.	When "PLEASE BLOW"	appears, collect breath sample;	
8.	Print test record;	<b>#</b>	
9.	Verify Diagnostic Program	n; and	
10.			xpiration date, or the alcoholic breath or 125 Alcoholic Breath Simulator tests,
procedures wer	re performed on the instrumer	nt indicated above, in accordance wand the instrument is functioning p	the forgoing preventive maintenance ith current regulations of the N.C. roperly.
STATE ON STA	Non-Maria Cara Cara Cara Cara Cara Cara Cara	Signature of Certifying Official	Certificate Number

#### WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008671 Test Date: 10/29/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, LINDA A
Permit Number: 11646E
Effective:
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	2:35pm 2:36pm 2:37pm
AIR BLK SUB TEST	.00	2:38pm 2:39pm
AIR BLK SUB TEST	.00	2:40pm 2:41pm
AIR BLK	.00	2:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Find A. Colon Analyst

#### WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008671

Test Record Number: 2852

Test Date: 10/29/2013

Test Time: 2:43pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass	2:43pm
FC FLO	Pass Pass	2:43pm 2:44pm
	1 400	2.112

#### Temperature Tests

m
m
m
m
m
[

#### Blank Tests

Test	Status	Time
AIR	Pass	2:44pm

#### Printer Tests

rest	Status	TIME
PRNT	Pass	2:44pm
	CRC Tests	

Test	Status	Time
COMP	Pass	2:45pm
CAL	Pass	2:45pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	MOORE Instrument Location ROBBINS Holice	E DEPT
Instrument Ser	Serial No. 008728 ROBBINS, N.C.	
The preventive four months ar	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at lare:	east once every
. 1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator the 34 degrees, plus or minus .2 degree centigrade;	ermometer 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;	er i
8.	Print test record;	
9,	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the al simulator solution is being changed every four months or after 125 Alcoholic Breath whichever occurs first.	
	on the 28 day of 2003 etc., 2013 the forgoing prevent were performed on the instrument indicated above, in accordance with current regulations of Health and Human Services, and the instrument is functioning properly.	tive maintenance of the N.C.
STATE OF STA	Signature of Certifying Official Certific	ate Number

MOORE COUNTY ROBBINS PD 620

Serial Number: 008728 Test Date: 10/28/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name:

QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG204603

Exp Date: 02/15/2014

ICSU	9/21011	TTIIIC

DIAG	Pass	10:17am
AIR BLK	.00	10:18am
ACCY CHK	.08	10:18am
AIR BLK	.00	10:19am
SUB TEST	.00	10:20am
AIR BLK	.00	10:21am
SUB TEST	.00	10:22am
AIR BLK	.00	10:23am

.00 g/210L

Reported AC:

Signature of Chemical Analyst

Court CVR

Analyst

#### MOORE COUNTY ROBBINS PD 620

Serial Number: 008728

Test Record Number: 234

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:26am

#### Printer Tests

Status

Time

10:26am

Test

CAL

PRNT	Pass	10:26am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:26am

Pass

Preventive Maintenance Status: Pass

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

County	CHATHAM Instrument Location SIJER CITY P.D
Instrumen	Serial No. 00881) SIER CITY, N.C
The preve	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify the procedure Departme	t on the Soday of Coron 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.
SELECTION OF SELEC	Will Danie 652
	Signature of Certifying Official Certificate Number

CHATHAM COUNTY SILER CITY PD. 180

Serial Number: 008811 Test Date: 10/30/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name:

QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG205402

Exp Date: 02/23/2014

Test o	J/210L	Time
--------	--------	------

DIAG	Pass	12:42pm
AIR BLK	.00	12:42pm
ACCY CHK	.07	12:43pm
AIR BLK	.00	12:44pm
SUB TEST	.00	12:45pm
AIR BLK	.00	12:45pm
SUB TEST	.00	12:47pm
AIR BLK	.00	12:48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## CHATHAM COUNTY SILER CITY PD. 180

Serial Number: 008811

Test Record Number: 1033

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:50pm 12:50pm
FC	Pass	12:51pm

### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:51pm 12:51pm 12:51pm 12:51pm 12:51pm

#### Blank Tests

Test	Status	Time
ATR	Pass	12:51pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:51pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:52pm 12:52pm

Preventive Maintenance Status: Pass

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

County Liv	Instrument Location Lincoln County Courthous
Instrument Seria	al No. 008823 #1 Courthouse Square, Lincolnton 704-732-9028
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 and day of October, 2013 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

#### LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008823 Test Date: 10/02/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG206102 Exp Date: 03/14/2014

Test	g/210L	Time
DIAG AIR BLK	Pass	1:30pm 1:31pm
ACCY CHK	.08	1:32pm
AIR BLK	.00	1:33pm
SUB TEST	.00	1:33pm
AIR BLK	.00	1:34pm
SUB TEST	.00	1:36pm
ATR BLK	.00	1:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008823

Test Record Number: 1048

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:38pm
FLO	Pass	1:38pm
FC	Pass	1:38pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:39pm
SRC	Pass	1:39pm
DET	Pass	1:39pm
BAR	Pass	1:39pm
BT	Pass	1:39pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:39pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:39pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:39pm

Preventive Maintenance Status: Pass

Pass

1:39pm

CAL

**Analyst** 

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

County Cle	veland Instrument Location Cleveland County SD
Instrument Serial	No. 008893 100 Justice Place, Shelby 704-484-4888
The preventive m	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
<b>7.</b>	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the 3rd day of October, 2013 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OF THE STATE OF TH	Signature of Certifying Official Certificate Number

CLEVELAND COUNTY CLEVELAND COUNTY SD 220

Serial Number: 008893 Test Date: 10/03/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

'l'est	g/210L	Time
DIAG	Pass	2:12pm
AIR BLK	.00	2:13pm
ACCY CHK	.08	2:14pm
AIR BLK	.00	2:15pm
SUB TEST	.00	2:15pm
AIR BLK	.00	2:16pm
SUB TEST	.00	2:18pm
AIR BLK	.00	2:19pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### CLEVELAND COUNTY CLEVELAND COUNTY SD 220

Serial Number: 008893

Test Record Number: 1188

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:20pm
SRC	Pass	2:20pm
DET	Pass	2:20pm
BAR	Pass	2:20pm
BT	Pass	2:20pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:21pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:21pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:21pm 2:21pm

Preventive Maintenance Status: Pass

Analyst

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

County_C	leveland Instrument Location Cleveland County SD-Anne
Instrument S	Gerial No. <u>OO8887</u> 407 McBrayer Street, Shelby 704-484-4888
The preventi	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures v	on the 3rd day of October , 20/3 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATE OF STA	Signature of Certifying Official  Certificate Number

CLEVELAND COUNTY CLEVELAND SD-ANNEX
220

Serial Number: 008887 Test Date: 10/03/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: 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: AG206102

Exp Date: 03/01/2014

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	2:49pm 2:50pm 2:50pm 2:51pm
SUB TEST	.00	2:52pm
AIR BLK SUB TEST	.00 .00	2:53pm 2:54pm
AIR BLK	.00	2:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CLEVELAND COUNTY CLEVELAND SD-ANNEX 220

Serial Number: 008887

Test Record Number: 1516

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:56pm
SRC	Pass	2:56pm
DET	Pass	2:56pm
BAR	Pass	2:56pm
BT	Pass	2:56pm

#### 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 Pass	2:57pm

Preventive Maintenance Status: Pass

Analyst

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

County (	Instrument Location Waxhaw PD	
Instrument S	erial No. <u>008598</u> <u>703 W. South Main Street, Wa</u>	axhau
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;	goton.
2.	Verify instrument displays time and date;	A gi
3.	Initiate breath test sequence;	. ~
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	*,
6.	When "PLEASE BLOW" appears, collect breath sample;	
. 7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before 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 74 day of Octobec , 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.	
TO THE STATION OF THE		

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

Signature of Certifying Official

UNION COUNTY WAXHAW PD 890

Serial Number: 008598 Test Date: 10/07/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	09:57am
AIR BLK	.00	09:58am
ACCY CHK	.07	09:58am
AIR BLK	.00	09:59am
SUB TEST	.00	10:00am
AIR BLK	.00	10:01am
SUB TEST	.00	10:02am
AIR BLK	. 00	10:03am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### UNION COUNTY WAXHAW PD 890

Serial Number: 008598 Test Record Number: 460 Test Date: 10/07/2013 Test Time: 10:04am

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:05am
FLO	Pass	10:05am
FC	Pass	10:05am

#### Temperature Tests

Status	Time
Pass	10:05am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	10:05am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:05am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:06am 10:06am

Preventive Maintenance Status: Pass

Analyst

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

	INTOXIMETERS, MODEL INTOX ECHAT
County_M	ecklenburg Instrument Location Matthews PD
Instrument Ser	ial No. 008699 1201 Crews Road Matthews 704-847-4069
The preventive four months as	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
<b>7.</b>	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on theday of
STALE OF THE STALE	TE CO NORTH

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

Signature of Certifying Official

MECKLENBURG COUNTY MATTHEWS PD 590

Serial Number: 008699 Test Date: 10/07/2013

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:53am 10:54am 10:55am
AIR BLK	.00	10:56am
SUB TEST	.00	10:56am
AIR BLK	.00	10:57am
SUB TEST	.00	10:59am
AIR BLK	.00	10:59am

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

#### MECKLENBURG COUNTY MATTHEWS PD 590

Test Record Number: 2038 Serial Number: 008699 Test Date: 10/07/2013 Test Time: 11:01am EDT

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 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:02am 11:02am 11:02am 11:02am 11:02am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:02am

#### Printer Tests

Status

Time

Test

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

Preventive Maintenance Status: Pass

Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOXIEC/IR II

	INTOXINETERS, WODEL INTOXICOR IT
County U	nion Instrument Location Union County 5D
Instrument Ser	
	704- 283-3770
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 shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
<b>7.</b>	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or	the <u>24144</u> day of <u>October</u> , 20 <u>13</u> the forgoing preventive maintenance
	re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OF THE STATE OF TH	NORTH THE PARTY OF
N. C. R. P.	
APRIL 12, 1778  * ESSE QUAM VIDE	Manh E. Hatt 5 650
	Signature of Certifying Official Certificate Number

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008866 Test Date: 10/24/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### UNION COUNTY UNION COUNTY SD 890

Serial Number: 008866

Test Record Number: 1577

Test Date: 10/24/2013

Test Time: 3:35pm EDT

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	Pass Pass Pass Pass	3:35pm 3:35pm 3:35pm 3:35pm
BT	Pass	3:35pm

#### Blank Tests

Test	Status	Time
ATR	Pagg	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 St	anly Instrument Location Stanly County SD
Instrument Seria	11 No. 008824 126 5. 3d Street, Albemarle 704 - 986 - 3734
The preventive r four months are:	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the <u>3546</u> day of <u>Octobes</u> , 20 <u>13</u> the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF STA	
FOR QUAN VOTES	Signature of Certifying Official Certificate Number

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008824 Test Date: 10/25/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2013-10/01/2015

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	Pass	4:34pm
AIR BLK	.00	4:36pm
ACCY CHK	.08	4:36pm
AIR BLK	.00	4:37pm
SUB TEST	.00	4:38pm
AIR BLK	.00	4:39pm
SUB TEST	.00	4:40pm
ATP RIK	0.0	4:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008824

Test Record Number: 894 

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	4:43pm 4:43pm
FC	Pass	4:43pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:43pm
SRC	Pass	4:43pm
DET	Pass	4:43pm
BAR	Pass	4:43pm
BT	Pass	4:43pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:44pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:44pm
	CRC Tests	
Test	Status	Time

Test	Status	Time
COMP	Pass	4:44pm
CAL	Pass	4:44pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II ial No. 008694 Sol E. 4th St. Charlotte The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record: 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the day of October, 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

MECKLENBURG COUNTY SHERIFFS DEPARTMENT 590

Serial Number: 008694 Test Date: 10/29/2013

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

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

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

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

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

Lot Number: AG309101

Exp Date: 04/01/2015

rest	9/2101	TIME
DIAG AIR BLK	Pass	11:59am 12:00pm
ACCY CHK AIR BLK	.08	12:00pm 12:01pm
SUB TEST	.00	12:02pm
AIR BLK	.00	12:03pm
SUB TEST	.00	12:04pm
AIR BLK	.00	12:05pm

Reported AC; .00 g/210L

Signature of Chemidal Analyst

Court CVR

Analyst

#### MECKLENBURG COUNTY SHERIFFS DEPARTMENT 590

Serial Number: 008694

Test Record Number: 583 Test Date: 10/29/2013 Test Time: 11:55am EDT

#### Baseline Tests

System Check: Passed

Test	Status	Time
IR FLO	Pass Pass	11:56am 11:56am
FC	Pass	11:56am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:56am
SRC	Pass	11:56am
DET	Pass	11:56am
BAR	Pass	11:56am
$\mathtt{BT}$	Pass	11:56am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:57am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:57am

#### CRC Tests

Test	Status	Time
COMP	Pass	11:57am
CAL	Pass	11:57am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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

#### IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008685 Test Record Number: 2000 Test Date: 10/01/2013 Test Time: 11:08am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:08am
FLO	Pass	11:08am
FC	Pass	11:08am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:08am
SRC	Pass	11:08am
DET	Pass	11:08am
BAR	Pass	11:08am
BT	Pass	11:08am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:09am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:09am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:09am 11:09am

Preventive Maintenance Status: Pass

Analyst

IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008685 Test Date: 10/01/2013

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: 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 AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00 .00	11:12am 11:12am 11:13am 11:14am 11:14am 11:15am 11:17am 11:18am

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	Tredel Instrument Location I redel County S.O.
Instrument Se	orial No. 008809 221 E. Water St., Statisville 704878-3131
The preventive four months a	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on the day of Octor, 2013 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATE OF THE STATE	Signature of Certifying Official Certificate Number

#### IREDELL COUNTY IREDELL COUNTY SD 480

Serial Number: 008809 Test Record Number: 2408 Test Date: 10/01/2013 Test Time: 12:45pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:46pm
SRC	Pass	12:46pm
DET	Pass	12:46pm
BAR	Pass	12:46pm
$\mathtt{BT}$	Pass	12:46pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:46pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

IREDELL COUNTY IREDELL COUNTY SD 480

Serial Number: 008809 Test Date: 10/01/2013

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	12:49pm 12:50pm 12:50pm
AIR BLK	.00	12:51pm
SUB TEST	.00	12:52pm
AIR BLK	.00	12:54pm
SUB TEST	.00	12:54pm
AIR BLK	.00	12:56pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

$\mathcal{M}$	ecklenburg Instrument Location Mecklenburg County SD
·	erial No. 008696 Instrument Location Mecklen Burg County SD erial No. Charlotte
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 should degree, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6,	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.
procedures we	on the 3rd day of October, 20/3 the forgoing preventive maintenant pere 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 OREAL STATE OF THE	
OF QUANTIES	Signature of Certifying Official Certificate Number

#### MECKLENBURG COUNTY SD 590

Serial Number: 008690 Test Record Number: 3912 Test Date: 10/03/2013 Test Time: 10:21am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:23am

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst/

MECKLENBURG COUNTY SD 590

Serial Number: 008690 Test Date: 10/03/2013

Citation Number: M0000000-0 Subject's Name:

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

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

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

Analyst's Name: 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: AG308702 Exp Date: 03/28/2015

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Anaiys

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

	INTOXIMETERS, MODEL INTOX EC/IR II
County_	Meckler bug Instrument Location Pineville PD
Instrumer	at Serial No. 008703 427 Main St. Pineville
	704-889-2231
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every this are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedur	that on the day of October, 2013 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. ent of Health and Human Services, and the instrument is functioning properly.
THE COREAT SEA	Signature of Certifying Official Certificate Number
	Signature of Certifying Official Certificate Number

#### MECKLENBURG COUNTY PINEVILLE PD 590

Serial Number: 008703

Test Record Number: 5109 

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:45pm
FLO	Pass	3:45pm
FC	Pass	3:45pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:45pm
SRC	Pass	3:45pm
DET	Pass	3:45pm
BAR	Pass	3:45pm
BT	Pass	3:45pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:46pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:46pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:46pm 3:46pm

Preventive Maintenance Status: Pass

#### MECKLENBURG COUNTY PINEVILLE PD 590

Serial Number: 008703 Test Date: 10/16/2013

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: HAYS, MARK D

Permit Number: 15924E Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test .	g/210L	Time
DIAG	Pass	3:54pm
AIR BLK ACCY CHK	.00	3:55pm 3:55pm
AIR BLK	.00	3:55pm
SUB TEST	.00	3:57pm
AIR BLK	.00	3:58pm
SUB TEST	.00	3:59pm
AIR BLK	.00	4:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Instrument Serial No. 0086 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; Enter information as prompted; 4. Verify instrument accuracy; 5. When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. Print test record; 8. Verify Diagnostic Program; and 9. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the forgoing preventive maintenance 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

#### WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008651 Test Date: 10/24/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: 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 ACCY CHK AIR BLK	Pass .00 .08	12:47pm 12:49pm 12:49pm 12:50pm
SUB TEST	.00	12:51pm
AIR BLK SUB TEST	.00 .00	12:52pm 12:53pm
AIR BLK	.00	12:54pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008651 Test Date: 10/24/2013 Test Record Number: 987
Test Time: 12:55pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:56pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County WI		Instrument Location NOR LO	NA PD
Instrument Se	rial No. <u>(X) 2945</u>	101 MAIN ST. No	IRLINA, NC
The preventiv	re maintenance procedures for the	e Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	ter displays pressure, or the alcoholic b degree centigrade;	reath simulator thermometer shows
2.	Verify instrument displays t	ime and date;	
3.	Initiate breath test sequence	•	
4.	Enter information as promp	ted;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" a	appears, collect breath sample;	
7.	When "PLEASE BLOW" a	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program	; and	
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is being changed before expira changed every four months or after 12:	tion date, or the alcoholic breath 5 Alcoholic Breath Simulator tests,
megaaduras v	vere performed on the instrument	t indicated above, in accordance with cand the instrument is functioning prope	differit regulations of the 14.0.
STATE OF THE STATE		M D Signature of Certifying Official	

WARREN COUNTY NORLINA POLICE DEPT 920

Serial Number: 008945 Test Date: 10/24/2013

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	2:29pm 2:30pm
ACCY CHK	.00	2:30pm
AIR BLK	.00	2:32pm
SUB TEST	.00	2:32pm
AIR BLK	.00	2:33pm
SUB TEST	.00	2:35pm
AIR BLK	.00	2:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

Down D. B.

#### WARREN COUNTY NORLINA POLICE DEPT 920

Serial Number: 008945 Test Date: 10/24/2013

Test Record Number: 265
Test Time: 2:36pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	2:38pm

#### Printer Tests

Test

PRNT	Pass	2:38pm
	CRC Tests	
Test	Status	Time

Status

Time

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

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 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; 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.

Signature of Certifying Official

Certificate Number

#### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859 Test Date: 10/25/2013

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859 Test Record Number: 1560 Test Date: 10/25/2013 Test Time: 11:15am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:15am
SRC	Pass	11:15am
DET	Pass	11:15am
BAR	Pass	11:15am
BT	Pass	11:15am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:16am

#### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

11:16am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Instrument Serial No. 00 889 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; Enter information as prompted; 4. Verify instrument accuracy; 5. When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record; 9. Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the forgoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly. Signature of Certifying Official Certificate Number

#### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891 Test Date: 10/25/2013

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: 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 ACCY CHK	Pass .00 .08	11:36am 11:37am 11:38am
AIR BLK	.00	11:39am
SUB TEST	.00	11:39am
AIR BLK	.00	11:40am
SUB TEST	.00	11:42am
AIR BLK	.00	11:43am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891 Test Record Number: 2411 Test Date: 10/25/2013 Test Time: 11:45am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:45am
FLO	Pass	11:45am
FC	Pass	11:45am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:45am
SRC	Pass	11:45am
DET	Pass	11:45am
BAR	Pass	11:45am
BT	Pass	11:45am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:46am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:46am
	CRC Tests	
Test	Status	Time

COMP	Pass	11:46am
CAL	Pass	11:46am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Instrument Serial No. 008878 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. 8. Print test record; Verify Diagnostic Program; and 9. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the forgoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly. Signature of Certifying Official Certificate Number

#### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878 Test Date: 10/25/2013

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: 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	Pass	12:06pm
AIR BLK ACCY CHK	.00 .07	12:07pm 12:07pm
AIR BLK	.00	12:09pm
SUB TEST	.00	12:09pm
AIR BLK	.00	12:10pm
SUB TEST	.00	12:12pm
AIR BLK	.00	12:12pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878 Test Record Number: 2610 Test Date: 10/25/2013 Test Time: 12:14pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:15pm

#### Printer Tests

Test

CAL

PRNT	Pass	12:15pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:16pm

Status

Time

12:16pm

Preventive Maintenance Status: Pass

Pass

Analyst

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

County W	1Kh	Instrument Location KNICHT	DALE P.S.
Instrument Seria	al No. 008838	979 STEEPLE S	QUARE CT.
		KNIGH	TDALE, NC
The preventive r		intoximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breadegree centigrade;	th simulator thermometer shows
2.	Verify instrument displays tim	e 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; a	nd	
10.		nister is being changed before expiration anged every four months or after 125 Al	
procedures were	e performed on the instrument in	the foldicated above, in accordance with curre the instrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
OF STATE OF	Z.	anature of Certifying Official	637 Certificate Number

WAKE COUNTY KNIGHTDALE PS 910

Serial Number: 008838 Test Date: 10/22/2013

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: AG322601 Exp Date: 08/14/2015

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WAKE COUNTY KNIGHTDALE PS 910

Serial Number: 008838

Test Record Number: 960

Test Date: 10/22/2013

Test Time: 11:25am EDT

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

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

	INTOAIMETE	rs, Model intox ech	. 11
County W		Instrument Location CARY	PD
Instrument Ser	rial No. 008537	120 WILKINSON AVE	E. CARY NC
The preventive four months as	•	Intoximeters, Model Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic breath egree centigrade;	simulator thermometer shows
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	nd	
10.		nister is being changed before expiration da anged every four months or after 125 Alco	
procedures we	ere performed on the instrument ir	the forgoidicated above, in accordance with current I the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
THE STATE OF THE S	The Transfer of the Transfer o	Amuss gnature of Certifying Official	637 Certificate Number

WAKE COUNTY CARY PD 910

Serial Number: 008587 Test Date: 10/21/2013

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: 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: AG303502 Exp Date: 02/04/2015

Test	g/210L	Time
DIAG	Pass	1:57pm
AIR BLK	.00	1:58pm

ACCY CHK .07 1:59pm AIR BLK .00 2:00pm SUB TEST .00 2:02pm AIR BLK .00 2:03pm SUB TEST .00 2:04pm

AIR BLK .00 2:05pm

Reported AC:

Court CVR

#### WAKE COUNTY CARY PD 910

Serial Number: 008587

Test Record Number: 2472

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
ΔTR	Dagg	2 • 0.8 mm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

2:08pm

CAL

Analyst

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

T	INTOXIMETERS, MODEL INTOX EC/IR II
	RANKLIN Instrument Location FRANKLIN Co. JAIL
Instrument S	erial No. UO8933 Z85 TKEMPRS LOUISBURG, NC
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures v	on theday of
TIMES STATE OF THE CORE AT THE	But James 637 Signature of Certifying Official Certificate Number

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008933 Test Date: 10/02/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	12:40pm 12:41pm 12:42pm 12:43pm
SUB TEST	.00	12:43pm
AIR BLK SUB TEST	.00 <b>.00</b>	12:44pm 12:46pm
AIR BLK	.00	12:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008933 Test Record Number: 582 Test Date: 10/02/2013 Test Time: 12:48pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:48pm
FLO	Pass	12:48pm
FC	Pass	12:48pm

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	12:48pm 12:48pm
DET	Pass	12:48pm
BAR	Pass	12:48pm
BT	Pass	12:48pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:49pm

Status

#### Printer Tests

Test

1000	Deacab	2 2.110
PRNT	Pass	12:49pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:49pm 12:49pm

Time

Preventive Maintenance Status: Pass

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

	INTOXIMETERS, MODEL INTOX EC/IR II
County FRA	ANKLIN Instrument Location FRANKLIN CO. JAIL
Instrument Serie	al No. 008942 285 TKEMP RD LOUISBURG, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the <u>OZ</u> day of <u>OCTUBER</u> , 20 / <u>S</u> the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Cartificing Official Cartificate Number

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008942 Test Date: 10/02/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: 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: AG205402 Exp Date: 02/23/2014

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	12:41pm 12:42pm 12:43pm 12:44pm 12:44pm 12:45pm
SUB TEST	.00	12:47pm
AIR BLK	.00	12:48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008942

Test Record Number: 625

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:49pm 12:49pm
FC	Pass	12: <b>49</b> pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:49pm
SRC	Pass	12:49pm
DET	Pass	12:49pm
BAR	Pass	12:49pm
BT	Pass	12:49pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:50pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:50pm
-	CRC Tests	

Test	Status	Time
COMP	Pass	12:50pm
CAL	Pass	12:50pm

Preventive Maintenance Status: Pass

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

County FR	ANKUN Instrument Location FRANKLINTON PD
Instrument Seria	INO. DOSSIS #7 W. MASON ST. FRANKLINTON,
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 <u>2</u> day of <u>OctoBER</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.
STATE OF THE STATE	Resol Anath

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

Signature of Certifying Official

Certificate Number

FRANKLIN COUNTY FRANKLINTON PD 340

Serial Number: 008815 Test Date: 10/02/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

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

Test	g/210L	Time
DIAG AIR BLK	Pass	1:38pm 1:39pm
ACCY CHK	.08	1:40pm
AIR BLK	.00	1:40pm
SUB TEST	.00	1:41pm
AIR BLK	.00	1:42pm
SUB TEST	.00	1:44pm
ATR BLK	. 00	1:44pm

Reported AC: .00,g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### FRANKLIN COUNTY FRANKLINTON PD 340

Serial Number: 008815 Test Date: 10/02/2013 Test Record Number: 795
Test Time: 1:47pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:48pm
SRC	Pass	1:48pm
DET	Pass	1:48pm
BAR	Pass	1:48pm
BT	Pass	1:48pm

#### Blank Tests

Test	Status	Time
ATR	Pass	1 · 48pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:48pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

Ånalvst

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

County 6	RANVILLE Instrument Location DX/FURD PD		
	erial No. 008923 ZOY E. MCCLANAHAN ST. OXFO		
7.1001 dillioni 50			
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.		
procedures w	on the <u>OZ</u> day of <u>OCTOBER</u> , 20 / <u>3</u> the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.		
THE STATE OF THE S	Rus D. Arust 637		

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

Signature of Certifying Official

Certificate Number

GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008923 Test Date: 10/02/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG317801 Exp Date: 06/27/2015

Test	g/210L	Time
DIAG AIR BLK	Pass .00	3:10pm 3:11pm
ACCY CHK	.08	3:11pm
AIR BLK	.00	3:12pm
SUB TEST	.00	3:13pm
AIR BLK	.00	3:14pm
SUB TEST	.00	3:15pm
AIR BLK	.00	3:16pm

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

#### GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008923 Test Date: 10/02/2013

Test Record Number: 1008
Test Time: 3:17pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time,
IR FLO	Pass Pass	3:18pm 3:18pm
FC	Pass	3:18pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:18pm
SRC	Pass	3:18pm
DET	Pass	3:18pm
BAR	Pass	3:18pm
BT	Pass	3:18pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:19pm

#### Printer Tests

resc	Status	TTITE
PRNT	Pass	3:19pm
	CDC Control	

#### CRC Tests

Test	Status	Time
COMP	Pass	3:19pm
CAL	Pass	3:19pm

Preventive Maintenance Status: Pass

Analyst

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

County 6	Instrument Location CREEDMOOR PD
Instrument Se	rial No. 008641 111 MASONIC ST. CREEDMOOR, NO
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
<b>7.</b>	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the <u>OZ</u> day of <u>OCTOBER</u> , 20 / 3 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
AL STATE OF THE COLEY TO STATE OF THE COLEY	and the fill the terms of the t
	Signature of Certifying Official Certificate Number

#### GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641 Test Date: 10/02/2013

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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

~ / O 1 O T

Test	g/210L	Time
DIAG	Pass	4:11pm
AIR BLK	.00	4:12pm
ACCY CHK	.07	4:12pm
AIR BLK	.00	4:13pm
SUB TEST	.00	4:14pm
AIR BLK	.00	4:15pm
SUB TEST	.00	4:16pm
ATR BLK	0.0	$4 \cdot 17 \text{pm}$

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641 Test Record Number: 759 Test Date: 10/02/2013

Test Time: 4:19pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:19pm
FLO	Pass	4:19pm
FC	Pass	4:19pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:19pm
SRC	Pass	4:19pm
DET	Pass	4:19pm
BAR	Pass	4:19pm
BT	Pass	4:19pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:20pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:20pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4:20pm

Preventive Maintenance Status: Pass

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

County	Wake Instrument Location BAT MDB. ( & Lai. T
Instrument S	erial No. 008600 CANY
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 October 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.
STATION OF THE STATE OF THE STA	Signature of Certifying Official Certificate Number

#### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Date: 10/25/2013 Test Record Number: 1291 Test Time: 11:25pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:26pm
FLO	Pass	11:26pm
FC	Pass ,	11:26pm

#### Temperature Tests

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

#### Blank Tests

Test	Status Time	Time
AIR	Pass	11:26pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:26pm
	CRC Tests	
Test	Status	Time
COMP	Pass	11:26pm

Preventive Maintenance Status: Pass

Pass

CAL

11:26pm

11:26pm

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Date: 10/25/2013

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: 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 AIR BLK ACCY CHK	Pass .00 .08	11:14pm 11:15pm 11:16pm
AIR BLK	.00	11:17pm
SUB TEST AIR BLK	.00 .00	11:17pm 11:18pm
SUB TEST	.00	11:21pm
AIR BIN	UIUI	1 1 * 2 2 5 1111

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

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

County	Waker Instrument Location BAT MOBILE LEAST #5		
Instrument	Serial No		
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.		
procedures	at on the		
A STATE OF THE GREAT SECTION O	Signature of Certifying Official Certificate Number		

#### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Date: 10/25/2013 Test Record Number: 869
Test Time: 11:26pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:26pm
FLO	Pass	11:26pm
FC	Pass	11:27pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:27pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:27pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Date: 10/25/2013

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: 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
ानुः - दुवैः		
DIAG	Pass	11:17pm
AIR BLK	.00	11:18pm
ACCY CHK	.07	11:18pm
AIR BLK	.00	11:19pm
SUB TEST	.00	11:20pm
AIR BLK	.00	11:20pm
SUB TEST	.00	11:22pm
AIR BLK	.00	11:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	(ase Instrument L	D and Little
Instrument Se	orial No. 008710 Pine	HURST N.C.
The preventive four months a	re maintenance procedures for the Intoximeters, Modure:	lel Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure 34 degrees, plus or minus .2 degree centigrade;	e, or the alcoholic breath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect brea	th sample;
7.	When "PLEASE BLOW" appears, collect brea	th sample;
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.		nged before expiration date, or the alcoholic breath months or after 125 Alcoholic Breath Simulator tests,
procedures w	on the day of	accordance with current regulations of the N.C.
THE GULAN Y	Signature of Certify	ing Official Certificate Number

MOORE COUNTY PINEHURST PD. 620

Serial Number: 008710 Test Date: 10/21/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:37am 11:38am
ACCY CHK	.07	11:38am
AIR BLK SUB TEST	.00 . <b>00</b>	11:39am 11:40am
AIR BLK	.00	11:40am
SUB TEST AIR BLK	.00 .00	11:42am 11:43am

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

#### MOORE COUNTY PINEHURST PD. 620

Serial Number: 008710 Test Record Number: 1006
Test Date: 10/21/2013 Test Time: 11:43am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:44am
${ t FLO}$	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	Pass	11:45am

Preventive Maintenance Status: Pass

Pass

11:45am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	MODRE Instru	ment Location Southern Pines P.D.
Instrument		meson Dives, N.C.
The prevent		s, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays p 34 degrees, plus or minus .2 degree centi	ressure, or the alcoholic breath simulator thermometer shows grade;
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collection	ct breath sample;
7.	When "PLEASE BLOW" appears, colle	ct breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is bei simulator solution is being changed every whichever occurs first.	ng changed before expiration date, or the alcoholic breath y four months or after 125 Alcoholic Breath Simulator tests,
I certify th procedures Departmen	at on theday ofscale s were performed on the instrument indicated about of Health and Human Services, and the instrum	, 20 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
GREAT	ATE OF NO PERSONAL PROPERTY OF THE PROPERTY OF	ъ
* 500 QU		Certifying Official Certificate Number

MOORE COUNTY SOUTHERN PINES PD. 620

Serial Number: 008720 Test Date: 10/21/2013

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	10:41am 10:42am 10:43am 10:44am <b>10:44a</b> m
AIR BLK	.00	10:45am
SUB TEST	.00	10:47am
AIR BLK	.00	10:47am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### MOORE COUNTY SOUTHERN PINES PD. 620

Serial Number: 008720 Test Record Number: 697 Test Date: 10/21/2013 Test Time: 10:48am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:50am

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County R	PAIODUR	Instrument Location	PANDOLPH	CO. JAIL
Instrument S	erial No. <u>00886<i>0</i></u>	<u> </u>	olo, N.C.	
The preventi	ve maintenance procedures for the are:	Intoximeters, Model Intox	EC/IR II to be followed	l at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2		lcoholic breath simulat	or thermometer show
2.	Verify instrument displays ti	me and date;		
3.	Initiate breath test sequence;		e de	
4.	Enter information as prompte	ed;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" ap	ppears, collect breath sample	; ;	
7.	When "PLEASE BLOW" ap	ppears, collect breath sample		: - 
8.	Print test record;			
9	Verify Diagnostic Program;	and	Paragonal Communication of the	
10.	Verify that the ethanol gas ca simulator solution is being cl whichever occurs first.			
procedures v	on the day of vere performed on the instrument in of Health and Human Services, an		ce with current regulati	eventive maintenance ions of the N.C.
TAIL STATE OF THE	E ON O CAROLINA CAROL		· marine	<sup>2</sup> want o
William Co.	- WS	ignature of Certifying Offici		rtificate Number
	•	- / 1		

RANDOLPH COUNTY RANDOLPH COUNTY JAIL 750

Serial Number: 008860 Test Date: 10/23/2013

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:
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: AG204603 Exp Date: 02/15/2014

Test	g/210L	Time
DIAG AIR BLK	Pass	10:16am 10:17am
ACCY CHK	.08	10:17am
AIR BLK	.00	10:18am
SUB TEST	.00	10:19am
AIR BLK	.00	10:20am
SUB TEST	.00	10:22am
AIR BLK	.00	10:23am

Reported, AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### RANDOLPH COUNTY RANDOLPH COUNTY JAIL 750

Serial Number: 008860

Test Record Number: 1910

Test Date: 10/23/2013

Test Time: 10:25am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:25am
FLO	Pass	10:25am
FC	Pass	10:26am

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
A T R	Pagg	10.26am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:26am
	CRC Tests	
Test	Status	Time

CAL Pass 10:27am Preventive Maintenance

Status: Pass

Pass

10:27am

COMP

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

County_	RANDOIPH	Instrument Location	RANDOIPH	6. JAIL
Instrume	nt Serial No. <u>008899</u>	ASHBORD	, N.C.	
The prev	entive maintenance procedures for the	Intoximeters, Model Intox E	CC/IR II to be followed	at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2		coholic breath simulate	or thermometer show
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	opears, collect breath sample;		
7.	When "PLEASE BLOW" a	opears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program;	and	West of the Control o	
10.	Verify that the ethanol gas c simulator solution is being c whichever occurs first.	anister is being changed befo hanged every four months or	re expiration date, or the after 125 Alcoholic Br	ne alcoholic breath eath Simulator tests,
procedui	that on the <u>2</u> day of <u>0</u> res were performed on the instrument ent of Health and Human Services, an	indicated above, in accordance	ce with current regulati	ventive maintenance ons of the N.C.
CREAT SE		Control of Certifying Official		rtificate Number
	X			

RANDOLPH COUNTY RANDOLPH CO. JAIL 750

Serial Number: 008899 Test Date: 10/23/2013

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:
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: AG203902 Exp Date: 02/08/2014

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### RANDOLPH COUNTY RANDOLPH CO. JAIL 750

Serial Number: 008899 Test Record Number: 1635

Test Date: 10/23/2013 Test Time: 10:18am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:19am
SRC	Pass	10:19am
DET	Pass	10:19am
BAR	Pass	10:19am
$\mathtt{BT}$	Pass	10:19am

#### Blank Tests

Test	Status	Time

AIR Pass 10:19am

#### Printer Tests

Test	Status	Time

10:19am PRNT Pass

#### CRC Tests

Test	Status	Time
COMP	Pass Pass	10:19am

Preventive Maintenance Status: Pass

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

County	HOKE	Instrument Location Hove co. Dereshow and
Instrumer	nt Serial No. <u></u>	RAEPOLD, NC
The preve		toximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	lisplays pressure, or the alcoholic breath simulator thermometer shows 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.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ster is being changed before expiration date, or the alcoholic breath aged every four months or after 125 Alcoholic Breath Simulator tests,
procedur	that on the day of day of day of tes were performed on the instrument indicent of Health and Human Services, and the	icated above, in accordance with current regulations of the N.C.
ONEW SET	CALIFORNIA COLUMN VIDENTE COLUMN VID	ature of Certifying Official Certificate Number

#### HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855 Test Date: 10/24/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name:
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: AG205402 Exp Date: 02/23/2014

Test	g/210L	Time
DIAG	Pass	10:22am
AIR BLK ACCY CHK	.00 .08	10:23am 10:24am
AIR BLK	.00	10:25am
SUB TEST	.00	10:25am
AIR BLK	. 0,0	10:26am
SUB TEST	.00	10:28am
AIR BLK	.00	10:29am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855 Test Record Number: 899
Test Date: 10/24/2013 Test Time: 10:29am EDT

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
$\mathrm{BT}^{-}$	Pass	10:30am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:30am

#### Printer Tests

Time
10:31am
s
Time
10:31am 10:31am

Preventive Maintenance Status: Pass

Analyst

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

County	-10KE	Instrument Lo	cation HOKE	CO. DET	- Notice
Instrument Se	erial No. <u>008852</u>	PAEF	ord, h	٧.८.	
The prevention	ve maintenance procedures for the I are:	ntoximeters, Mode	el Intox EC/IR II t	o be followed at le	east once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 degrees.		or the alcoholic b	reath simulator the	ermometer shows
2.	Verify instrument displays tim	e and date;			
3.	Initiate breath test sequence;			·	
4.	Enter information as prompted	l <b>;</b> .			
5.	Verify instrument accuracy;		and the second s		
6.	When "PLEASE BLOW" app	ears, collect breat	h sample;		
7.	When "PLEASE BLOW" app	pears, collect breat	h sample;		e 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.	nister is being chan anged every four n	nged before expiration this or after 125	tion date, or the al Alcoholic Breath	coholic breath Simulator tests,
I certify that procedures v Department	on the day of were performed on the instrument in of Health and Human Services, and	dicated above, in a	accordance with co	arrent regulations	tive maintenance of the N.C.
STATE STATE	E C 1 C A C A C A C A C A C A C A C A C A				
A COST CLAM		grature of Certifyin	ng Official	<u>(652</u> Certific	cate Number
		<u>`````````````````````````````````````</u>	J		

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

DHHS 4080 (11/07)

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852 Test Date: 10/24/2013

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

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

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

Analyst's Name:
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: AG309101 Exp Date: 04/01/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	10:15am 10:16am 10:17am 10:17am
SUB TEST	.00	10:18am
AIR BLK	.00	10:19am
SUB TEST	.00	10:21am
AIR BLK	.00	10:22am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852

Test Record Number: 539

Test Date: 10/24/2013

Test Time: 10:23am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
		4
ATR	Pass	10·24am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:24am
•	CRC Tests	
Test	Status	Time
COMP	Pass	10:24am

Preventive Maintenance Status: Pass

Pass

10:24am

CAL

Analyst

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

County	NOTENH	Instrument Location 504157	on Co. JAIL
Instrument Seri	al No. <u>008810</u>	SMITHFIELD	N.C.
The preventive four months are		toximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	lisplays pressure, or the alcoholic breat tree 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.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ster is being changed before expiration aged every four months or after 125 Ala	date, or the alcoholic breath coholic Breath Simulator tests,
procedures we	re performed on the instrument ind	20 the for icated above, in accordance with current he instrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
THE STATE OF THE S	A CORPUTATION OF THE PROPERTY		
	Sign	ature of Certifying Official	Certificate Number

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008810 Test Date: 10/25/2013

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: AG315701 Exp Date: 06/06/2015

Test	g/210L	Time
DIAG AIR BLK	Pass	9:55am 9:56am
ACCY CHK	.08	9:56am 9:58am
SUB TEST	.00	9:58am
AIR BLK	.00	9:59am
SUB TEST	.00	10:01am
AIR BLK	.00	10:02am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008810 Tes

Test Record Number: 1403

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:04am
FLO	Pass	10:04am
FC	Pass	10:04am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:04am
SRC	Pass	10:04am
DET	Pass	10:04am
BAR	Pass	10:04am
BT	Pass	10:04am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:05am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:05am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:05am

Preventive Maintenance Status: Pass

Pass

10:05am

CAL

Analyst

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

County	ZOHRION	Instrument Location	20 HINZION	Co. JA11
Instrument	Serial No. 008846	SHITHE	herd, hic	
The prever four month	tive maintenance procedures for the Ir s are:	ntoximeters, Model Intox E	.C/IR II to be followed	ed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		coholic breath simul	ator thermometer show
2.	Verify instrument displays time	e and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" app	ears, collect breath sample	• 1	
7.	When "PLEASE BLOW" app	ears, collect breath sample		
8.	Print test record;			
9.	Verify Diagnostic Program; an	d		
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	ister is being changed befo nged every four months or	re expiration date, or after 125 Alcoholic	the alcoholic breath Breath Simulator tests,
procedures	at on the day of were performed on the instrument ind at of Health and Human Services, and	licated above, in accordance	ce with current regula	preventive maintenance ations of the N.C.
A OF THE ST	ATE OF NO PA			
CREAT	CARO			
* 1281 QU	AN VIDER A	Demire		652
	Sig	nature of Certifying Offici	ai (	Certificate Number

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008846 Test Date: 10/25/2013

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: AG315701 Exp Date: 06/06/2015

Test	g/210L	Time
DIAG	Pass	9:48am
AIR BLK	.00	9:49am
ACCY CHK	.08	9:49am
AIR BLK	.00	9:50am
SUB TEST	.00	9:51am
AIR BLK	.00	9:52am
SUB TEST	.00	9:54am
AIR BLK	.00	9:55am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008846 Test Record Number: 3161 Test Date: 10/25/2013 Test Time: 9:56am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	9:57am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:57am

#### CRC Tests

Test	Status	Time
COMP	Pass	9:57am
CAL	Pass	9:57am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	INTOXIMETERS, MODEL INTOX EC/II	
Instrument Seria	al No. 00 8828	
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 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 Alc whichever occurs first.	
	the <u>Jay of Corbee</u> , 20 <u>13</u> the force performed on the instrument indicated above, in accordance with current Health and Human Services, and the instrument is functioning properly.	going preventive maintenance t regulations of the N.C.
OREAT STATE OF STATE	CAROLE CA	
A TASE QUAN YOUN	Signature/of Certifying Official	Certificate Number

GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008828 Test Date: 10/02/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: 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: AG205402 Exp Date: 02/23/2014

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	2:29pm 2:29pm 2:30pm 2:31pm
SUB TEST AIR BLK	.00	2:32pm 2:33pm
SUB TEST	.00	2:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

#### GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008828 Test Record Number: 1438 Test Date: 10/02/2013 Test Time: 2:36pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	2:37pm 2:37pm
DET	Pass	2:37pm
BAR	Pass	2:37pm
BT	Pass	2:37pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:37pm

#### Printer Tests

rest	Status	TIME
PRNT	Pass	2:38pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:38pm 2:38pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Greensboro Instrument Serial No. 008725 100 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. Print test record; 8. 9. Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. , 20 / 5 the forgoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

#### GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725 Test Date: 10/01/2013

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: 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: AG205401 Exp Date: 02/23/2014

rest	9/2101	TIME
DIAG	Pass	1:50pm
AIR BLK	.00	1:51pm
ACCY CHK	.07	1:52pm
AIR BLK	.00	1:53pm
SUB TEST	.00	1:53pm
AIR BLK	.00	1:54pm
SUB TEST	.00	1:55pm
AIR BLK	.00	1:56pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

J. Hun Den Analyst

#### GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725

Test Record Number: 2988

Test Date: 10/01/2013

Test Time: 1:57pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:57pm
FLO	Pass	1:57pm
FC	Pass	1:57pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:57pm
SRC	Pass	1:57pm
DET	Pass	1:57pm
BAR	Pass	1:57pm
BT	Pass	1:57pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:58pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:58pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:58pm

Preventive Maintenance Status: Pass

Pass

1:58pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location HIGH POINT JA! Instrument Serial No. 008655 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. 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

GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008655 Test Date: 10/02/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	2:39pm 2:39pm
ACCY CHK	.07	2:40pm
AIR BLK	.00	2:41pm
SUB TEST	.00	2:41pm
AIR BLK	.00	2:42pm
SUB TEST	.00	2:44pm
AIR BLK	.00	2:45pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008655

Test Record Number: 2032

Test Date: 10/02/2013

Test Time: 2:45pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:46pm
SRC	Pass	2:46pm
DET	Pass	2:46pm
BAR	Pass	2:46pm
$\mathtt{BT}$	Pass	2:46pm

#### Blank Tests

Test	Status	Time
3.70	•••	
AIR	Pass	2:46pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:46pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

· · ·	INTOXIMETERS, MODEL INTOX EC/II	1 3 . /
County_	YOWAU Instrument Location 5A 113	bury tolice
Instrument S	Gerial No. <u>008868</u> <u>Departu</u>	rent
The preventi four months	ive 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 show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	*.
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Alc whichever occurs first.	date, or the alcoholic breath coholic Breath Simulator tests,
I certify that procedures very Department	ton the	going preventive maintenance of the N.C.
OF THE STAT	Fox No.	
Table Grant	J. Sein Venus	M 642
	Signature of Certifying Official	Certificate Number

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868 Test Date: 10/03/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

06/01/2013-06/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG305202

Exp Date: 02/21/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	11:53am 11:54am 11:54am 11:55am 11:56am
3 TD DII	0.0	

AIR BLK .00 11:57am SUB TEST .00 11:58am

AIR BLK .00 11:59am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868

Test Record Number: 1930

Test Date: 10/03/2013

Test Time: 12:00pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:00pm
SRC	Pass	12:00pm
DET	Pass	12:00pm
BAR	Pass	12:00pm
$\mathtt{BT}$	Pass	12:00pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:01pm

#### Printer Tests

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

Pass

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	instrument Location 5	Alisbury Police
Instrument S	erial No. <u>008835</u> Dep	ARTMENT
The preventifour months	ve maintenance procedures for the Intoximeters, Model Intox EC/IF are:	R II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcohol 34 degrees, plus or minus .2 degree centigrade;	olic 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 ex- simulator solution is being changed every four months or afte whichever occurs first.	xpiration date, or the alcoholic breath r 125 Alcoholic Breath Simulator tests,
I certify that procedures v Department	on the 3 day of October, 20/3 were performed on the instrument indicated above, in accordance w of Health and Human Services, and the instrument is functioning process.	ith current regulations of the N.C.
STATE OF CHART OF THE STATE OF		M 642 Certificate Number
	Signature of Certifying Official	Certificate Number

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008835 Test Date: 10/03/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

06/01/2013-06/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:15pm 12:15pm
ACCY CHK	.08	12:16pm
AIR BLK	.00	12:17pm
SUB TEST	.00	12:18pm
AIR BLK	.00	12:19pm
SUB TEST	.00	12:20pm
AIR BLK	.00	12:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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#### ROWAN COUNTY SALISBURY PD 790

Serial Number: 008835

Test Record Number: 1265

Test Date: 10/03/2013

Test Time: 12:22pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:22pm
FLO	Pass	12:22pm
FC	Pass	12:22pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:22pm
SRC	Pass	12:22pm
DET	Pass	12:22pm
BAR	Pass	12:22pm
$\mathtt{BT}$	Pass	12:22pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:23pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:23pm
	CRC Tests	
Test	Status	Time

COMP	Pass	12:23pm
CAL	Pass	12:23pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County M	ake Instrument Location Wake Co Detention
Instrument Ser	rial No.008686 3301 Hammond Rd Rale D
	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	on the 18th day of 0000, 2003 the forgoing preventive maintenance reperformed 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.
THE STATE OF THE S	Tarlan 6
	Signature of Certifying Official Certificate Number
	and the second of the second o

#### WAKE COUNTY DETENTION CENTER 910

Serial Number: 008686 Test Date: 10/18/2013

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

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

Subject's Sex: Female
Driver's License State: NC
Driver's License Number: Unknown

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

Officer's Name: FARLEY, CYNTHIA D
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	12:16pm 12:17pm 12:17pm
AIR BLK	.00	12:18pm
SUB TEST	.00	12:19pm
AIR BLK	.00	12:20pm
SUB TEST	.00	12:22pm
AIR BLK	.00	12:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WAKE COUNTY DETENTION CENTER 910

Serial Number: 008686 Test Record Number: 4949
Test Date: 10/18/2013 Test Time: 12:24pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
		the state of
IR	Pass	12:25pm
FLO	Pass	12:25pm
FC	Pass	12:25pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:26pm

#### Printer Tests

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

COMP	Pass	12:26pm
CAL	Pass	12:26pm

Preventive Maintenance Status: Pass

Analýst

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

County Man	Instrum	nent Location Markin	(a. 5.0.
Instrument Seri	al No. 008912 305	E. Main St., 1	Willianston, NC.
The preventive four months are	maintenance procedures for the Intoximeters:	s, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister displays pr 34 degrees, plus or minus .2 degree centig	essure, or the alcoholic breath grade;	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	t breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being simulator solution is being changed every whichever occurs first.		
	the 15 day of October performed on the instrument indicated about and Human Services, and the instrum	ve, in accordance with current	going preventive maintenance regulations of the N.C.
TO SE QUAM VIDEN	OR CANONICAL TO A LANGE OF THE		/1/2
	Signature of C	ertifying Official	Certificate Number

#### MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Date: 10/15/2013

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

08/01/2013-08/01/2015

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	Pass	10:05am 10:05am
ACCY CHK	.07	10:06am
AIR BLK	.00	10:07am
SUB TEST	.00	10:08am
AIR BLK	.00	10:08am
SUB TEST	.00	10:10am
AIR BLK	.00	10:11am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

## MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912

Test Record Number: 721 

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:13am
SRC	Pass	10:13am
DET	Pass	10:13am
BAR	Pass	10:13am
BT	Pass	10:13am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:13am

### Printer Tests

Test	Status	Time
PRNT	Pass	10:13am
	CRC Tests	

Test	Status	Time
COMP	Pass	10:13am
CAL	Pass	10:13am

Preventive Maintenance Status: Pass

Analyst

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

County ?	INTOXIMETERS, MODEL INTOX EC/IR II  H  Instrument Location P. H & Detention Center
Instrument S	erial No. 008668 124 Detention Dr. Greenville, NC
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
· 2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6,	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures v	on the day of da
INTERNATION SEE ALL SE	Secretary of the secret
	Signature of Certifying Official Certificate Number

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668 Test Date: 10/04/2013

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

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

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

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

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	Pass	2:35pm
AIR BLK	.00	2:36pm
ACCY CHK	.07	2:36pm
AIR BLK	.00	2:38pm
SUB TEST	.00	2:38pm
AIR BLK	.00	2:39pm
SUB TEST	.00	2:40pm
AIR BLK	.00	2:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668

Test Record Number: 2242

Test Date: 10/04/2013

Test Time: 2:43pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:44pm
SRC	Pass	2:44pm
DET	Pass	2:44pm
BAR	Pass	2:44pm
BT	Pass	2:44pm

#### Blank Tests

Test	Status	Time
7 TD	Dagg	2 . 44mm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:44pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

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

County P	Instrument Location P: H (o. Detention (ent
Instrument Seri	al No. DO 86460 174 Detention Dr. Groenville N
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
•	the
THE STATE OF THE S	
The state of the s	Signature of Certifying Official Certificate Number

#### PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646 Test Date: 10/04/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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	Pass	2:21pm
AIR BLK	.00	2:22pm
ACCY CHK	.07	2:23pm
AIR BLK	.00	2:24pm
SUB TEST	.00	2:25pm
AIR BLK	.00	2:26pm
SUB TEST	.00	2:27pm
AIR BLK	.00	2:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646

Test Record Number: 2289

Test Date: 10/04/2013

Test Time: 2:29pm EDT

System Check: Passed

#### Baseline Tests

#### Temperature Tests

Status	Time
Pass	2:30pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	2:30pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:30pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:30pm 2:30pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

2	INTOXIMETERS, MODEL INTOX EC/IR II
County 1	Instrument Location Pitt (5. Detention (ente
Instrument Se	rial No. 008662 124 Defention Dr., Greenville, 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.
	on the
THE STATES IN THE STATE OF THE STATES IN THE	Signature of Certifying Official Certificate Number

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008662 Test Date: 10/04/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

08/01/2013-08/01/2015

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	2:49pm
AIR BLK	.00	2:50pm
ACCY CHK	.07	2:50pm
AIR BLK	.00	2:51pm
SUB TEST	.00	2:51pm
AIR BLK	.00	2:52pm
SUB TEST	.00	2:54pm
AIR BLK	.00	2:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## PITT COUNTY PITT CO DETENTION 730

Serial Number: 008662 Test Date: 10/04/2013 Test Record Number: 776
Test Time: 2:56pm EDT

. Andrew . . . Care

## Baseline Tests

System Check: Passed

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:56pm
SRC	Pass	2:56pm
DET	Pass	2:56pm
BAR	Pass	2:56pm
BT	Pass	2:56pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:57pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:57pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:57pm 2:57pm

Preventive Maintenance Status: Pass

Analyst

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

County He	rtford	Instrument Location Murfre	al Mar
Instrument S	Serial No. <u>DO 890 Co</u>	115 E. Broad St	, Mulfreesboro
The prevention four months	•	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 gree 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" 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	ster is being changed before expiration d ged every four months or after 125 Alco	
	vere performed on the instrument indi	the forgoated above, in accordance with current ne instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
THE STATE OF THE S	E OF NORTH CAROLINA		
* FOR QUANT	Zelly	ature of Certifying Official	Certificate Number
	Sign	aute of Centrying Official	Cerificate Number

## HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906 Test Date: 10/03/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

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

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

g/210L Test Time DIAG Pass 11:36am AIR BLK .00 11:37am ACCY CHK .08 11:37am AIR BLK .00 11:39am SUB TEST .00 11:39am AIR BLK .00 11:40am SUB TEST .00 11:42am AIR BLK .00

11:43am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906 Test Record Number: 433

Test Date: 10/03/2013

Test Time: 11:44am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:44am 11:44am
FC	Pass	11:45am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:45am
SRC	Pass	11:45am
DET	Pass	11:45am
BAR	Pass	11:45am
$\mathtt{BT}$	Pass	11:45am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:45am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:45am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:46am

Preventive Maintenance Status: Pass

Pass

11:46am

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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

#### LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: 008867 Test Date: 10/11/2013

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RUSSELL, LARRY H
Permit Number: 6108E

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

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:08am
AIR BLK	.00	9:09am
ACCY CHK	.07	9:09am
AIR BLK	.00	9:10am
SUB TEST	.00	9:11am
AIR BLK	.00	9:12am
SUB TEST	.00	9:13am
ATR BLK	. 0.0	9:14am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: 008867 Test Date: 10/11/2013 Test Record Number: 721
Test Time: 9:15am EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:15am 9:15am
FC	Pass	9:16am

#### Temperature Tests

Status	Time
Pass	9:16am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
ATR	Pass	9:16am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:16am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:17am 9:17am

Preventive Maintenance Status: Pass

'Analyst

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

· · · · ·	INTOXIMET	ers, Model in 102	CEC/IR II
County /	ANDOCPH	_ Instrument Location_ <i>\( \frac{\range{\eta_1}}{\text{I}}\)</i>	NOLEMAN POLICE DEPT.
Instrument Se	rial No. <u>008737</u>	101 HILLARY ST.	RESS)
		(New ADD	RESS)
The preventiv			R II to be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 o		olic breath simulator thermometer show
2.	Verify instrument displays til	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; a	and	
10.			expiration date, or the alcoholic breather 125 Alcoholic Breath Simulator tests,
I certify that of procedures we Department of	on the <u>//</u> day of <u>//</u> ere performed on the instrument if Health and Human Services, and	ndicated above, in accordance v	the forgoing preventive maintenance with current regulations of the N.C. properly.
THE STATE OF THE S	CAROUN	gnature of Certifying Official	Certificate Number
	iSi	Squarary or Corntying Official	Continuate Hantings

#### RANDOLPH COUNTY RANDLEMAN PD 750

Serial Number: 008737 Test Date: 10/16/2013

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## RANDOLPH COUNTY RANDLEMAN PD 750

Serial Number: 008737

Test Record Number: 666

Test Date: 10/16/2013

Test Time: 12:02pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:02pm
SRC	Pass	12:02pm
$\mathrm{DE}\mathbf{T}$	Pass	12:02pm
BAR	Pass	12:02pm
$\mathtt{BT}$	Pass	12:02pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:03pm

#### Printer Tests

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

12:03pm

Preventive Maintenance Status: Pass

CAL

Pass

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

	intoxijarteks, model into	A EC/IR II
County $\sqrt{a}$	wthanpth Instrument Location 1/3	vthampton (o,),
Instrument S	erial No. 008607 105 WC	) efferson St.
	- Clacks	W NC
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC are:	/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alco 34 degrees, plus or minus .2 degree centigrade;	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" appears, collect breath sample;	and the second s
7.	When "PLEASE BLOW" 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 at whichever occurs first.	
	on theday of, 20 /	
THE STATE OF THE S	Jalen Tan Can	655
•	Signature of Certifying Official	Certificate Number

# NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008607 Test Date: 10/03/2013

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

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

Subject's Sex: Female
Driver's License State: NC
Driver's License Number: Unknown

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

Officer's Name: FARLEY, CYNTHIA D

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

2:38pm 2:39pm
2:39pm
2:40pm
2:41pm
2:42pm
2:43pm
2:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008607

Test Record Number: 714

Test Date: 10/03/2013

Test Time: 2:47pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:47pm
FLO	Pass	2:47pm
FC	Pass	2:47pm

#### Temperature Tests

Status	Time
Pass	2:47pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	2:48pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:48pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:48pm

Preventive Maintenance Status: Pass

Pass

2:48pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 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 10. Verify that the ethanol gas canister is being changed before 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

HALIFAX CO ROANOKE RAPIDS PD 410

Serial Number: 008635 Test Date: 10/03/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Female
Driver's License State: NC

Driver's License Number: Unknown

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

12/01/2012-12/01/2014

Officer's Name: FARLEY, CYNTHIA D

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	1:17pm 1:18pm 1:19pm
AIR BLK	.00	1:20pm
SUB TEST	.00	1:20pm
AIR BLK	.00	1:21pm
SUB TEST	.00	1:23pm
AIR BLK	.00	1:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### HALIFAX CO ROANOKE RAPIDS PD 410

Serial Number: 008635 Test Date: 10/03/2013

Test Record Number: 1226 Test Time: 1:27pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:27pm 1:27pm
FC	Pass	1:27pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:28pm
SRC	Pass	1:28pm
DET	Pass	1:28pm
BAR	Pass	1:28pm
BT	Pass	1:28pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:28pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:28pm
	CRC Tests	
Test	Status	Time

COMP	Pass	1:28pm
CAL	Pass	1:28pm

Preventive Maintenance Status: Pass

Analyst

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

County	WAKE	Instrument Location_	BUT WIDELL	6 has you #5
Instrument Se	erial No. <u>0086</u> 00	et e	2 FBGGO	
The preventive four months a	ve maintenance procedures for the In	ntoximeters, Model Intox E	C/IR II to be followed	at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the al- gree centigrade;	coholic breath simulate	or thermometer shows
2.	Verify instrument displays time	e and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" 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 cani simulator solution is being char whichever occurs first.	ster is being changed befor aged every four months or	e expiration date, or that after 125 Alcoholic Bro	e alcoholic breath eath Simulator tests,
I certify that of procedures we Department o	on the	, 20 / icated above, in accordance he instrument is functionin	the forgoing pree with current regulations properly.	ventive maintenance ons of the N.C.
THE STATE OF THE S	Sion	ature of Certifying Official	<u> </u>	636 tificate Number

#### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600

Test Record Number: 1288

Test Date: 10/04/2013

Test Time: 9:26pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:26pm
FLO	Pass	9:26pm
FC	Pass	9:26pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:26pm
SRC	Pass	9:26pm
DET	Pass	9:26pm
BAR	Pass	9:26pm
BT	Pass	9:26pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:27pm

#### Printer Tests

rest	Status	TIME
PRNT	Pass	9:27pm

#### CRC Tests

<b>-</b>	Test	Status	Time
CAL Pass 9:27pm	COMP	Pass	9:27pm
	CAL	Pass	9:27pm

Preventive Maintenance Status: Pass

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Date: 10/04/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: 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

rest	g/2тог	Time
DIAG AIR BLK	Pass	9:17pm 9:18pm
ACCY CHK	.07	9:18pm
AIR BLK	.00	9:19pm
SUB TEST	.00	9:20pm
AIR BLK SUB TEST	.00	9:21pm
		9:23pm
AIR BLK	.00	9:23pm

Reperted AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County La	1.4 Lee Instrument Location BAT MOBILE LWIT TO
Instrument Serial	No. 008788 ZEBULON
The preventive m four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on the procedures were properties to the Department of He	ne day of OCTOBER, , 20/3 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Sinformation of the second sec

#### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Date: 10/04/2013

Test Record Number: 866
Test Time: 9:35pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Status	Time
Pass	9:35pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	9:36pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:36pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Date: 10/04/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: 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	9:27pm
AIR BLK	.00	9:28pm
ACCY CHK		9:29pm
AIR BLK	.00	9:29pm
SUB TEST	.00	9:31pm
AIR BLK	.00	9:32pm
SUB TEST	.00	9:33pm
AIR BLK	.00	9:34pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

		ERS, MODEL INTOX EC/I	K II
County HA	LIFAY		LE RAPIDS PD
Instrument Seria	al No. 208656	1040 ROANOICE AVE	- ROANOICE RAPID
The preventive i		Intoximeters, Model Intox EC/IR II to be	e followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 c	or displays pressure, or the alcoholic breadlegree centigrade;	th simulator thermometer shows
2.	Verify instrument displays tir	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	new West Co
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;	•	
9.	Verify Diagnostic Program; a	and	
10.		nister is being changed before expiration anged every four months or after 125 Ale	
procedures were	e performed on the instrument in	the fondicated above, in accordance with current the instrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
THE STATE OF THE S	ON LANGUAGE CONTRACTOR OF THE PARTY OF THE P	gnature of Certifying Official	Certificate Number

HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656 Test Date: 10/03/2013

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

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

Analyst's Name: 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: AG203902 Exp Date: 02/08/2014

Test	g/210L	Time
DIAG	Pass	1:12pm
AIR BLK	.00	1:13pm
ACCY CHK	.07	1:14pm
AIR BLK	.00	1:14pm
SUB TEST	.00	1:15pm
AIR BLK	.00	1:16pm
SUB TEST	.00	1:19pm
AIR BLK	.00	1:20pm

Reported AC: .00/g/210L

Signature of Chemical Analyst

Court CVR

HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656 Test Date: 10/03/2013

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

Analyst's Name: 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: AG203902 Exp Date: 02/08/2014

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	1:12pm 1:13pm 1:14pm
AIR BLK	.00	1:14pm
SUB TEST	.00	1:15pm
AIR BLK	.00 ~	1:16pm
SUB TEST	.00	1:19pm
AIR BLK	.00	1:20pm

Reported AC: 100 g/210L

Signature of Chemical Analyst

Court CVR

Analys

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

County Non	THAMPTON	Instrument Location NORT	HAMPTON	COUNTY SI	<u>HERLIFI</u>
Instrument Seria	1No. 008688	Instrument Location NORTH	N 57.	JACKSON	<u>v, N</u> c
The preventive n four months are:		ntoximeters, Model Intox EC/IR I	I to be follow	red at least once e	very
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic gree centigrade;	breath simul	lator thermometer	shows
2.	Verify instrument displays time	e and date;			
3.	Initiate breath test sequence;				
4.	Enter information as prompted	,			
5,	Verify instrument accuracy;				
<b>6.</b>	When "PLEASE BLOW" app	ears, collect breath sample;			and the second second
7.	When "PLEASE BLOW" app	ears, collect breath sample;			
8.	Print test record;			*.	
9.	Verify Diagnostic Program; an	d	-		
10.	Verify that the ethanol gas can simulator solution is being charwhichever occurs first.	ister is being changed before expir nged every four months or after 12	ration date, or 25 Alcoholic	the alcoholic bre Breath Simulator	ath tests,
	performed on the instrument ind	icated above, in accordance with the instrument is functioning prop	current regula	preventive mainte ations of the N.C.	nance
THE STATE OF NO.	CAROLINA TO LINE	0 1 -4		/	
- anamara	Sigr	nature of Certifying Official		Certificate Numbe	r

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008688 Test Date: 10/03/2013

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

Subject'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	2:37pm 2:38pm
ACCY CHK AIR BLK	.08	2:38pm 2:39pm
SUB TEST	.00	2:40pm
AIR BLK	.00	2:41pm
SUB TEST	.00	2:42pm
AIR BLK	.00	2:43pm

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

Bus D Smoth

# NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008688 Test Date: 10/03/2013 Test Record Number: 661 Test Time: 2:45pm EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:45pm 2:45pm
FC	Pass	2:45pm

## Temperature Tests

Status	Time
Pass	2:46pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	2:46pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:46pm

#### CRC Tests

Test	Status	Time
COMP	Pass	2:46pm
CAL	Pass	2:46pm

Preventive Maintenance Status: Pass

Analyst

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

County Con	repland	Instrument Location_	PARS TT	P.M.O.
Instrument Seri	al No. <u>008903</u>			
The preventive four months are	maintenance procedures for the In	toximeters, Model Intox	EC/IR II to be followed	ed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg		alcoholic breath simula	ator thermometer show
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;	e Territoria		
4.	Enter information as prompted;			en e
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appe	ars, collect breath samp	le;	
7.	When "PLEASE BLOW" appe	ars, collect breath samp	le;	
8.	Print test record;			an Can 関 Cana
9.	Verify Diagnostic Program; and	- 발표수 1		
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.			
I certify that or procedures wer Department of	the day of day of the performed on the instrument indicates the Health and Human Services, and the	icated above, in accorda	ince with current regula	preventive maintenance ations of the N.C.
O'NE STATE OF THE	Acortic CAROUND Significant Control of the Control	ature of Certifying Offic		Certificate Number

CUMBERLAND COUNTY FORT BRAGG LEC. 250

Serial Number: 008903 Test Date: 10/02/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name:

QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	12:19pm 12:19pm 12:20pm
AIR BLK	.00	12:21pm
SUB TEST	.00	12:22pm
AIR BLK	.00	12:22pm
SUB TEST	.00	12:24pm
ATR BLK	. 0.0	12 · 25pm

Reported AC:  $.00 - \frac{g}{210L}$ 

Signature

Court CVR

## CUMBERLAND COUNTY FORT BRAGG LEC. 250

Serial Number: 008903 Test Date: 10/02/2013

Test Record Number: 1207 Test Time: 12:27pm EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	12:28pm
FLO	Pass	12:28pm
FC	Pass	12:28pm

# Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	12:28pm 12:28pm
DET	Pass	12:28pm
BAR	Pass	12:28pm
BT	Pass	12:28pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:29pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:29pm
	CRC Tests	
Test	Status	Time

Test	Status	Time
COMP	Pass	12:29pm
CAL	Pass	12:29pm

Preventive Maintenance Status: Pass

Analyst

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

County C	Instrument Location FT. BRAGE
Instrument Seri	al No. 008908 P.M.D.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the <u>02</u> day of <u>0CTOBER</u> , 20 <u>13</u> the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF ME ST	Signature of Certifying Official Certificate Number

CUMBERLAND COUNTY FORT BRAGG, LEC. 250

Serial Number: 008908 Test Date: 10/02/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTS

Agency: DHHS

Test Type: Breath Test

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

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

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

CUMBERLAND COUNTY FORT BRAGG, LEC. 250

Serial Number: 008908 Test Date: 10/02/2013

Test Record Number: 1516
Test Time: 12:11pm EDT

System Check: Passed

## Baseline Tests

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

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:12pm

#### Printer Tests

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

		···· -
COMP	Pass	12:12pm
CAL	Pass	12:12pm

Preventive Maintenance Status: Pass

/Analyst

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

	INTOXIMETERS, MODEL INTOX EC/IR II
County/	KOBESON Instrument Location Robeson & SALL
Instrument S	erial No. 008805 LungerTON, NC
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department of	on the
STATIS SINGLE STATIS SINGLE SI	Signature of Certifying Official Certificate Number

ROBESON COUNTY LUMBERTON, LEC 770

Serial Number: 008805 Test Date: 10/01/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	1:53pm 1:54pm 1:54pm
AIR BLK	.00	1:55pm
SUB TEST	.00	1:56pm
AIR BLK	.00	1:57pm
SUB TEST	.00	1:59pm
AIR BLK	.00	2:00pm

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

# ROBESON COUNTY LUMBERTON, LEC 770

Serial Number: 008805

Test Record Number: 2699

Test Date: 10/01/2013

Test Time: 2:03pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:03pm
FLO	Pass	2:03pm
FC	Pass	2:04pm

# Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	2:04pm

## Printer Tests

Test	Status	Time
PRNT	Pass	2:04pm
	CRC Tests	•
Test	Status	Time

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

Preventive Maintenance Status: Pass

/Analyst

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

	INTOXIMET	ERS, MODEL INTOX E	
County	KOBESON	Instrument Location Kobe	con Co MIC
Instrument	Serial No. 008836	LUMBERTON	NC
The preven		Intoximeters, Model Intox EC/IR II t	o 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 b degree centigrade;	reath simulator thermometer show
2.	Verify instrument displays tit	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.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nister is being changed before expirat nanged every four months or after 125	ion date, or the alcoholic breath Alcoholic Breath Simulator tests,
	were performed on the instrument in	ndicated above, in accordance with cu	rrent regulations of the N.C.
STA	of the same	Red Russell	371
	218	gnature of Certifying Official	Certificate Number

ROBESON COUNTY LUMBERTON, LEC. 770

Serial Number: 008836 Test Date: 10/01/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:46pm
AIR BLK	.00	1:47pm
ACCY CHK	.07	1:48pm
AIR BLK	.00	1:48pm
SUB TEST	.00	1:49pm
AIR BLK	.00	1:50pm
SUB TEST	.00	1:52pm
AIR BLK	.00	1:53pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ROBESON COUNTY LUMBERTON, LEC. 770

Serial Number: 008836 Test Record Number: 2671
Test Date: 10/01/2013 Test Time: 1:54pm EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	1:54pm
FLO	Pass	1:54pm
FC	Pass	1:54pm

# Temperature Tests

Test	Status	Time
FC1	Pass	1:54pm
SRC	Pass	1:54pm
DET	Pass	1:54pm
BAR	Pass	1:54pm
BT	Pass	1:54pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:55pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:55pm
	CRC Tests	
Test	Status	Time

COMP Pass 1:55pm CAL Pass 1:55pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD

INTOXIMETERS, MODEL INTOX EC/IR II **Instrument Location** Chur 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; 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. ,  $20 \underline{/3}$  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.

DHHS 4080 (11/07)

ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799 Test Date: 10/01/2013

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

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

Officer's Name: FARLEY, CYNTHIA D
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG322401 Exp Date: 08/14/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00 .00	4:54pm 4:55pm 4:56pm 4:56pm 4:57pm 4:58pm
SUB TEST	.00	5:00pm
AIR BLK	.00	5:01pm
		0.0 <u>-</u> E

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799

Test Record Number: 1501

Test Date: 10/01/2013

Test Time: 5:02pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	5:0 <b>2</b> pm
FLO	Pass	5:02pm
FC	Pass	5:02pm

# Temperature Tests

Status	Time
Pass	5:02pm
	Pass Pass Pass Pass

## Blank Tests

Test	St <b>atu</b> s	Time
AIR	Pass	5:03pn

# Printer Tests

Test	Status	Time
PRNT	Pass	5: <b>03p</b> m

# CRC Tests

Test	Status	Time
COMP	Pass	5:03pm
CAL	Pass	5:03pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location County 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; 6. When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the forgoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

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

Signature of Certifying Official

Certificate Number

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008839 Test Date: 10/01/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Female
Driver's License State: NC
Driver's License Number: Unknown

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

Officer's Name: FARLEY, CYNTHIA D

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	2:16pm 2:17pm 2:17pm 2:19pm
SUB TEST	.00	2:19pm
AIR BLK SUB TEST	.00 .00	2:20pm 2:22pm
AIR BLK	.00	2:22pm 2:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008839 Test Test Date: 10/01/2013 Test

Test Record Number: 1141
Test Time: 2:27pm EDT

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

Status	Time
Pass	2:28pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	2:29pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:29pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:29pm

Preventive Maintenance Status: Pass

Pass

CAL

2:29pm

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; 6. 7. When "PLEASE BLOW" appears, collect breath sample; 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

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856 Test Date: 10/01/2013

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

Subject's Date of Birth: 11/11/1911
Subject's Sex: Female
Driver's License State: NC

Driver's License State: NC
Driver's License Number: Unknown

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

Officer's Name: FARLEY, CYNTHIA D

Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	1:45pm 1:46pm
ACCY CHK AIR BLK	.08 .00	1:47pm 1:48pm
SUB TEST	.00	1:49pm
AIR BLK SUB TEST	.00 .00	1:50pm 1:51pm
AIR BLK	.00	1:52pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856

Test Record Number: 1263

Test Date: 10/01/2013

Test Time: 1:55pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:55pm 1:55pm
FC	Pass	1:56pm

# Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	1:56pm 1:56pm 1:56pm 1:56pm 1:56pm

## Blank Tests

Test	Status	Time
AIR	Pass	1:56pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:56pm

#### CRC Tests

Test	Status	Time
COMP	Pass	1:57pm
CAL	Pass	1:57pm

Preventive Maintenance Status: Pass

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

	•	MS, MODEL INTOX EC	
County W/	KE	Instrument Location WARE	FOREST PD
Instrument Ser	rial No. <u>008700</u>	401 DWEN ST. L	JAKE FOREST, NC
The preventive four months ar		ntoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breegree centigrade;	eath simulator thermometer show
2.	Verify instrument displays tim	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	ļ.,	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample;	
7.	When "PLEASE BLOW" app	ears, collect breath sample;	
8.	Print test record;	·	
9.	Verify Diagnostic Program; an	nd	
10.		ister is being changed before expiration is steries and the second secon	
		TOBER , 20 / 3 the dicated above, in accordance with curthe instrument is functioning properly	
TO THE STATE OF THE PARTY OF TH	4 3/	anature of Certifying Official	Certificate Number

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700 Test Date: 10/01/2013

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: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:34pm 12:35pm
ACCY CHK	.08	12:35pm
AIR BLK	.00	12:37pm
SUB TEST	.00	12:37pm
AIR BLK	.00	12:38pm
SUB TEST	.00	12:39pm
ATR BLK	. 0.0	12.400m

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700 Test Record Number: 612

Test Date: 10/01/2013 Test Time: 12:42pm EDT

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	Pass	12:42pm
SRC	Pass	12:42pm
DET	Pass	12:42pm
BAR	Pass	12:42pm
BT	Pass	12:42pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:43pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:43pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:43pm 12:43pm

Preventive Maintenance Status: Pass

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

County C	JUILFORD	Instrument Location	BAT MOBILE UNIT	
Instrument Seria	ni No. <u>OOSC/C</u>		BAT MOBILE UNIT GREENSMORD, NO	
The preventive r four months are:	maintenance procedures for the	Intoximeters, Model Intox l	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 a degree centigrade;	lcoholic breath simulator thermometer shows	
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" appears, collect breath sample;			
7.	When "PLEASE BLOW" ap	pears, collect breath sample	<b>;</b>	
8.	Print test record;			
9.	Verify Diagnostic Program; a	ınd		
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nister is being changed befo anged every four months or	re expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,	
I certify that on t procedures were Department of H	the <u>5</u> day of <u>6</u> performed on the instrument in tealth and Human Services, and	ndicated above, in accordance	the forgoing preventive maintenance with current regulations of the N.C. ag properly.	
SIATE ON STATE OF THE STATE OF	ON HE CAROLL			
A THE OF THE STATE		gnature of Certifying Officia	Certificate Number	

#### GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008616 Test Date: 10/05/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:03pm 9:04pm
ACCY CHK	.08	9:04pm
AIR BLK	.00	9:05pm
SUB TEST AIR BLK	.00 .00	<b>9:06pm</b> 9:07pm
SUB TEST	.00	9:08pm
AIR BLK	.00	9:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008616 Test Record Number: 1781
Test Date: 10/05/2013 Test Time: 9:10pm EDT

System Check: Passed

## Baseline Tests

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

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	9:11pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:11pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:11pm

Preventive Maintenance Status: Pass

Pass

CAL

9:11pm

Analyst

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

County	Instrument Location BAT MOBILE UNIT
Instrument Seri	ial No. 008647 Instrument Location BAT MOBILE UNIT 3
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
THE GLAN VIDE	Signature of Certifying Official Certificate Number

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

# GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008647 Test Date: 10/05/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass	9:22pm 9:23pm
AIR BLK	.07 .00	9:24pm 9:25pm
SUB TEST	.00	9:26pm
AIR BLK SUB TEST	.00 .00	9:27pm 9:29pm
AIR BLK	.00	9:29pm

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: 1805

Test Date: 10/05/2013

Test Time: 9:31pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO	Pass	9:31pm 9:31pm
	Pass	_
FC	Pass	9:31pm

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	9:32pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:32pm
	CRC Tests	
Test	Status	Time

9:32pm

9:32pm

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Analyst

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

GUILFORD	Instrument Location_	BAT MOBILE UNIT 3
t Serial No. 008707		BAT MOBILE UNIT 3 GREENSBORD, NC
ntive maintenance procedures for the	Intoximeters, Model Intox	EC/IR II to be followed at least once every
		alcoholic breath simulator thermometer shows
Verify instrument displays ti	me and date;	
Initiate breath test sequence;		
Enter information as prompte	ed;	
Verify instrument accuracy;		
When "PLEASE BLOW" appears, collect breath sample;		
When "PLEASE BLOW" ap	pears, collect breath sample	e;
Print test record;		
Verify Diagnostic Program;	and	
s were performed on the instrument i	ndicated above, in accordar	ace with current regulations of the N.C.
ATE OF NORTH	Ry Bengana of Cartificing Office	Samuel Certificate Number
	ntive maintenance procedures for the his are:  Verify the ethanol gas caniste 34 degrees, plus or minus .2 degrees, plus o	ntive maintenance procedures for the Intoximeters, Model Intox hs are:  Verify the ethanol gas canister displays pressure, or the a 34 degrees, plus or minus .2 degree centigrade;  Verify instrument displays time and date;  Initiate breath test sequence;  Enter information as prompted;  Verify instrument accuracy;  When "PLEASE BLOW" appears, collect breath sample When "PLEASE BLOW" appears, collect breath sample Print test record;  Verify Diagnostic Program; and  Verify that the ethanol gas canister is being changed bef simulator solution is being changed every four months owhichever occurs first.  The sample of OCTOBER, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20

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: 10/05/2013

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: 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: AG305202 Exp Date: 02/21/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	8:57pm 8:58pm 8:59pm 9:00pm 9:00pm
AIR BLK	.00	9:01pm
SUB TEST	.00	9:03pm
AIR BLK	.00	9:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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#### GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008707

Test Record Number: 1871

Test Date: 10/05/2013

Test Time: 9:05pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:05pm 9:05pm
FC	rass Pass	9:05pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:05pm
SRC	Pass	9:05pm
DET	Pass	9:05pm
BAR	Pass	9:05pm
BT	Pass	9:05pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:06pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:06pm

#### CRC Tests

Test	Status	Time
COMP	Pass	9:06pm
CAL	Pass	9:06pm

Preventive Maintenance Status: Pass

Analyst

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

County /	1ECKLENBURG	Instrument Location_BA	IT MOBILE UNIT 3
	erial No. <u>008647</u>	C	HARLOTTE, NC
The preventi four months	ve maintenance procedures for the I are:	ntoximeters, Model Intox EC/IR	II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcohol egree centigrade;	ic breath simulator thermometer shows
2.	Verify instrument displays tim	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	•	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample;	
7.	When "PLEASE BLOW" app	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	d	
10.	Verify that the ethanol gas can simulator solution is being charwhichever occurs first.	ister is being changed before exp nged every four months or after l	iration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
I certify that oprocedures we Department of	on the	licated above, in accordance with	the forgoing preventive maintenance current regulations of the N.C. perly.
COREATE WILLIAM CONTROL OF THE CORE OF THE CO		7 1	
A STANK AN	Mundo	2/Bus	<u>८५७</u>
	Sign	nature of Certifying Official	Certificate Number

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

MECKLENBURG COUNTY BAT MOBILE UNIT 3
590

Serial Number: 008647 Test Date: 10/10/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG203903 Exp Date: 02/08/2014

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:29pm 10:30pm 10:31pm
AIR BLK	.00	10:32pm
SUB TEST	-00	10:32pm
AIR BLK	.00	10:33pm
SUB TEST	.00	10:35pm
AIR BLK	.00	10:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647 Test Date: 10/10/2013 Test Record Number: 1808
Test Time: 10:37pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:38pm
SRC	Pass	10:38pm
DET	Pass	10:38pm
BAR	Pass	10:38pm
$\mathtt{BT}$	Pass	10:38pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:38pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:38pm

#### CRC Tests

Test	Status	Time
COMP	Pass	10:38pm
CAL	Pass	10:38pm

Preventive Maintenance Status: Pass

Analyst

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

County	TECKLENBURG Instrument Location BAT MOBILE UNIT
Instrument Se	HECKLENBURG Instrument Location BAT MOBILE UNIT  erial No. 008616 CHARLOTTE, NC
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the 10 day of 0070362, 2013 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
STATE OF THE STATE	Signature of Certifying Official Certificate Number

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

Certificate Number

MECKLENBURG COUNTY BAT MOBILE UNIT 3
590

Serial Number: 008616 Test Date: 10/10/2013

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	10:25pm 10:26pm 10:26pm 10:27pm 10:28pm 10:29pm
SUB TEST	.00	10:30pm
AIR BLK	.00	10:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616 Test Record Number: 1784 Test Date: 10/10/2013 Test Time: 10:32pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:33pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:33pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:33pm

10:33pm

Preventive Maintenance Status: Pass

Pass

CAL

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 ME	CKLENBURG	Instrument Location BAT MOBILE UNIT 3
Instrument Ser	ial No. 008707	Instrument Location BAT MOBILE UNIT 3  CHARLOTTE, NC
The preventive four months ar		ximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degre	splays pressure, or the alcoholic breath simulator thermometer shows see centigrade;
2.	Verify instrument displays time a	nd date;
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	,
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appear	s, collect breath sample;
7.	When "PLEASE BLOW" appear	s, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.		er is being changed before expiration date, or the alcoholic breath and every four months or after 125 Alcoholic Breath Simulator tests,
	the 10 day of 0c. re performed on the instrument indica Health and Human Services, and the	TOBER, 20 13 the forgoing preventive maintenance ated above, in accordance with current regulations of the N.C. instrument is functioning properly.
OF TATE OF THE STATE OF THE STA	Munky,	Bu-> 648

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

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008707 Test Date: 10/10/2013

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

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

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

Analyst's Name: 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: AG305202 Exp Date: 02/21/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	10:23pm 10:24pm 10:25pm 10:26pm 10:26pm 10:27pm
SUB TEST	.00	10:29pm
AIR BLK	.00	10:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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#### MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008707

Test Record Number: 1878

Test Date: 10/10/2013

Test Time: 10:31pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Status	Time
Pass	10:32pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	10:32pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:32pm

#### CRC Tests

Test	Status	Time
COMP	Pass	10:33pm
CAL	Pass	10:33pm

Preventive Maintenance Status: Pass

Analyst

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

County	CABARRUS Instrument Location BAT MOBILE UNIT  Serial No. 008707 CONCORO, NC
Instrument	Serial No. 008707 CONCORO, NC
The prever	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4,	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures	at on the
SE S	Signature of Certifying Official  Certificate Number

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

#### CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008707 Test Date: 10/12/2013

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: 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: AG305202 Exp Date: 02/21/2015

Test	g/210L	Time
DIAG AIR BLK	Pass .00	3:49pm 3:50pm
ACCY CHK	.07	3:50pm
AIR BLK	.00	3:51pm
SUB TEST	.00	3:52pm
AIR BLK	.00	3:53pm
SUB TEST	.00	3:54pm
AIR BLK	.00	3:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008707

Test Record Number: 1888

Test Date: 10/12/2013

Test Time: 3:56pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	3:57pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:57pm
	CRC Tests	
	<b></b> .	<b>_</b> ·

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

Preventive Maintenance Status: Pass

Analyst

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

County	CABARRUS	Instrument Location	BAT MOBILE UNIT
Instrument	Serial No. 008616		BAT MOBILE UNIT CONCORD, NC
The prevent		ntoximeters, Model Intox E	EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		coholic breath 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" appe	ears, collect breath sample;	•
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	<b>d</b>	
10.			re expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
	t on the 12 day of 0 were performed on the instrument ind of Health and Human Services, and t	licated above, in accordanc	
ATZ ATZ	TE OF NOTE HE CAROL		
+ SOFT COLLAND	_ Clu	RyBen	648
	Sign	nature of Certifying Officia	Certificate Number

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

#### CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008616 Test Date: 10/12/2013

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: 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: AG203903 Exp Date: 02/08/2014

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	3:48pm 3:49pm 3:49pm 3:50pm 3:51pm 3:52pm
SUB TEST	.00	3:53pm
AIR BLK	.00	3:54pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

What Ry Sanalyst

#### CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008616 Tes

Test Record Number: 1794

Test Date: 10/12/2013 Test Time: 3:55pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Status	Time
Pass	3:56pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	3:56pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:56pm

#### 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

County	CABARRUS Instrument Location BAT MOBILE UNIT  CONCURD, NC
Instrument S	erial No. 008647 CONCURD, NC
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the 12 day of OCTOBER, 2013 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATE STATE OF STATE	Signature of Certifying Official Certificate Number

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

#### CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008647 Test Date: 10/12/2013

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: 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: AG203903 Exp Date: 02/08/2014

Test	g/210L	Time
DIAG	Pass	3:47pm
AIR BLK	.00	3:48pm
ACCY CHK	.07	3:49pm
AIR BLK	.00	3:50pm
SUB TEST	.00	3:50pm
AIR BLK	.00	3:51pm
SUB TEST	.00	3:53pm
ATR BLK	. 00	3:54pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008647

Test Record Number: 1814

Test Date: 10/12/2013

Test Time: 3:54pm EDT

System Check: Passed

#### Baseline Tests

Time
3:55pm 3:55pm
3:55pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:55pm
SRC	Pass	3:55pm
DET	Pass	3:55pm
BAR	Pass	3:55pm
$\mathtt{BT}$	Pass	3:55pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:55pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:55pm
	CRC Tests	
Test	Status	Time

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

County	DAVIE	Instrument Location BAT MOBILE UNIT 3
Instrument Ser	rial No. <u>008707</u>	BERMUOA RUN, NC
The preventive four months as	e maintenance procedures for the In	toximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	lisplays pressure, or the alcoholic breath simulator thermometer shows 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" appear	ars, collect breath sample;
7.	When "PLEASE BLOW" appear	ars, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.		ter is being changed before expiration date, or the alcoholic breath ged every four months or after 125 Alcoholic Breath Simulator tests,
I certify that or procedures we Department of	re performed on the instrument indi-	TO BER, 20 13 the forgoing preventive maintenance cated above, in accordance with current regulations of the N.C. e instrument is functioning properly.
OTHE STATE OF THE		24 Ben 1048
- william	lilu-K	4 / Seum 648

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

Signature of Certifying Official

Certificate Number

DAVIE COUNTY BAT MOBILE UNIT 3 290

Serial Number: 008707 Test Date: 10/19/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG305202

Exp Date: 02/21/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	10:47pm 10:48pm 10:49pm 10:50pm 10:51pm
AIR BLK	.00	10:52pm
SUB TEST	.00	10:53pm
AIR BLK	.00	10:54pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### DAVIE COUNTY BAT MOBILE UNIT 3 290

Serial Number: 008707 Test Date: 10/19/2013

Test Record Number: 1891 Test Time: 10:55pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:56pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

An⁄alyst

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

County	GUILFORD Instrument Location BATMOBILE UNIT
Instrument S	erial No. 008707 GREEN 5/30,20, WC
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 <u>34</u> day of <u>0CTO3ER</u> , 2013 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

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

Certificate Number

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008707 Test Date: 10/24/2013

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: 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: AG305202 Exp Date: 02/21/2015

Test	g/210L	Time
DIAG AIR BLK	Pass	9:23pm 9:24pm
ACCY CHK	.07	9:25pm
AIR BLK	.00	9:26pm
SUB TEST	.00	9:26pm
AIR BLK	.00	9:27pm
SUB TEST	.00	9:29pm
AIR BLK	.00	9:30pm

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: 1897

Test Date: 10/24/2013

Test Time: 9:30pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
${\tt IR}$	Pass	9:30pm
FLO	Pass	9:30pm
FC	Pass	9:31pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	9:31pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:31pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

VAnalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County(	GUILFORD	Instrument Location	BATMOBILE UNIT 3
Instrument Se	rial No. <u>008647</u>		GREENSBORG, NC
The preventiv	re maintenance procedures for the	e Intoximeters, Model Intox EC/	IR II to be followed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2		olic breath simulator thermometer shows
2.	Verify instrument displays ti	me and date;	
3.	Initiate breath test sequence;		
4,	Enter information as prompt	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
7.	When "PLEASE BLOW" ap	ppears, collect breath sample,	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.	Verify that the ethanol gas consimulator solution is being clumber occurs first.	anister is being changed before e hanged every four months or afte	xpiration date, or the alcoholic breath er 125 Alcoholic Breath Simulator tests,
I certify that o procedures we Department of	on the	ndicated above, in accordance w	the forgoing preventive maintenance rith current regulations of the N.C. roperly.
STATE OF THE STATE		0 0	
AND THE PARTY OF T	<u></u>	construe of Cartifician Official	648
	31	gnature of Certifying Official	Certificate Number

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

#### GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008647 Test Date: 10/24/2013

Citation Number: M0000000-0 Subject's Name:

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

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

Analyst's Name: 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: AG203903 Exp Date: 02/08/2014

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	9:25pm 9:26pm 9:26pm 9:27pm
SUB TEST	• 0 0	9:28pm
AIR BLK	.00	9:29pm
SUB TEST	.00	9:30pm
AIR BLK	.00	9:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures

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

#### GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008647 Test Date: 10/24/2013

Test Record Number: 1820

Test Time: 9:34pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:34pm
SRC	Pass	9:34pm
DET	Pass	9:34pm
BAR	Pass	9:34pm
BT	Pass	9:34pm

#### 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

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

County	GUIL	FORD	Instrument Location	BATMOBILE UNIT 3
Instrument	Serial No	008616	· · · · · · · · · · · · · · · · · · ·	GREENSBORD, NC
The preven four month	tive mainten s are:	ance procedures for the	Intoximeters, Model Intox	EC/IR II to be followed at least once every
1.	Verify 34 de	y the ethanol gas canist grees, plus or minus .2	er displays pressure, or the a degree centigrade;	coholic breath simulator thermometer shows
2.	Verif	y instrument displays ti	me and date;	
3.	Initiat	e breath test sequence;		
4.	Enter	information as prompte	ed;	
5.	Verif	v instrument accuracy;		•
6.	When	"PLEASE BLOW" ap	pears, collect breath sample	• · · · · · · · · · · · · · · · · · · ·
7.	When	"PLEASE BLOW" ap	pears, collect breath sample	<b>;</b>
8.	Print	test record;		
9.	Verify	/ Diagnostic Program;	and	
10.	simul			re expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
	were periori	ned on the instrument i	ndicated above, in accordance the instrument is functioning	the forgoing preventive maintenance ce with current regulations of the N.C. ng properly.
STATE OF STA	TE O'NO CHIN CAROLLIN	al.	Zay Bcurre of Certifying Officia	Certificate Number

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

#### GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008616 Test Date: 10/24/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: 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: AG203903 Exp Date: 02/08/2014

Test	g/210L	Time
DIAG	Pass	9:24pm
AIR BLK ACCY CHK	.00	9:25pm 9:25pm
AIR BLK	.00	9:25pm
SUB TEST	.00	9:27pm
AIR BLK	.00	9:28pm
SUB TEST	.00	9:29pm
AIR BLK	.00	9:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008616

Test Record Number: 1804

Test Date: 10/24/2013

Test Time: 9:31pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
ATR	Pass	9 • 32mm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:32pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

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

County H	1ECKLENBURG	Instrument Location_	BAT MOBILE UNIT 3
Instrument S	Serial No. <u>008707</u>		CHARLOTE, NC
The prevention four months	ive maintenance procedures for the Intox are:	imeters, Model Intox	EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister disp 34 degrees, plus or minus .2 degree	plays pressure, or the a	coholic breath 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	<b>:</b>
7.	When "PLEASE BLOW" appears,	collect breath sample	· 
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister simulator solution is being changed whichever occurs first.	is being changed befolevery four months or	re expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
I certify that of procedures we Department of	on theday ofOC were performed on the instrument indicate of Health and Human Services, and the in	ed above, in accordanc	the forgoing preventive maintenance e with current regulations of the N.C. g properly.
STATE OF THE STATE	CAROUS CAROUS		
SER OF MAN	_ Clina	Zy Ben	<u> 648</u>
•	Signatur	e of Certifying Officia	Certificate Number

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

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008707 Test Date: 10/26/2013

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: 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: AG305202 Exp Date: 02/21/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	10:26pm 10:27pm 10:28pm 10:29pm
AIR BLK	.00	10:30pm
SUB TEST	.00	10:32pm
ATR BLK	.00	10:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008707 Test Date: 10/26/2013

Test Record Number: 1902 Test Time: 10:38pm EDT

Test IIme: 10:38pm EDI

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

#### 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

Preventive Maintenance Status: Pass

Pass

10:40pm

CAL

Analyst

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

County	MECKLENBURG	Instrument Location <u>ISAT MOBILE</u> UNIT 3
Instrume	nt Serial No. <u>008616</u>	Instrument Location BAT MOBILE UNIT 3  CHARLOTTE, NC
The preve	•	Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 degrees.	displays pressure, or the alcoholic breath simulator thermometer shows egree centigrade;
2.	Verify instrument displays tim	e and date;
3.	Initiate breath test sequence;	
4:	Enter information as prompted	<b>i;</b>
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" app	pears, collect breath sample;
7.	When "PLEASE BLOW" app	pears, collect breath sample;
8.	Print test record;	•
9.	Verify Diagnostic Program; as	nd
10.		nister is being changed before expiration date, or the alcoholic breath anged every four months or after 125 Alcoholic Breath Simulator tests,
procedur	es were performed on the instrument in	CTOBER, 2013 the forgoing preventive maintenance dicated above, in accordance with current regulations of the N.C. the instrument is functioning properly.
THE CREAT SECTION OF S	STATE OF NO.	
*155	CULLA VIDELA VID	Ley Bours 648  Corrificial Cartificate Number

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616 Test Date: 10/26/2013

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: 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: AG203903 Exp Date: 02/08/2014

Test	g/210L	Time
DIAG AIR BLK	Pass	10:27pm 10:28pm
ACCY CHK	.08	10:29pm
AIR BLK	.00	10:29pm
SUB TEST	.00	10:30pm
AIR BLK	.00	10:31pm
SUB TEST	.00	10:33pm
AIR BLK	.00	10:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616 Test Record Number: 1807 Test Date: 10/26/2013 Test Time: 10:35pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:35pm
SRC	Pass	10:35pm
DET	Pass	10:35pm
BAR	Pass	10:35pm
BT	Pass	10:35pm

#### Blank Tests

Test	Status	Time	
7 T T	D	10 26	
AIR	Pass	10:36pm	

#### Printer Tests

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

Preventive Maintenance Status: Pass

Anglyet

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

County <u>H</u>	ECKLENBURG	Instrument Locat	ion BATMO	BILE UNIT
Instrument Seri	ial No. 008647		CHARLO	BILE UNIT S TE, NC
The preventive four months are	maintenance procedures for the In	toximeters, Model II	ntox EC/IR II to be foll	owed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg		the alcoholic breath sin	nulator thermometer show
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;		·	**************************************
4.	Enter information as prompted;			•
5.	Verify instrument accuracy;	•		,
6.	When "PLEASE BLOW" appear	ars, collect breath sa	mple;	
7.	When "PLEASE BLOW" appear	ars, collect breath sa	mple;	
8.	Print test record;		·	
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.			
procedures wer	the <u>26</u> day of <u>0</u> re performed on the instrument indi Health and Human Services, and the	cated above, in acco	rdance with current reg	ng preventive maintenance gulations of the N.C.
THE STATE OF VANDA PROPERTY OF THE STATE OF THE STA	all x	ature of Certifying O		648

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647 Test Date: 10/26/2013

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: 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: AG203903 Exp Date: 02/08/2014

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Celle Ry Bens Analyst

#### MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647 Test Date: 10/26/2013

Test Record Number: 1823 Test Time: 10:36pm EDT

System Check: Passed

### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:37pm
SRC	Pass	10:37pm
DET	Pass	10:37pm
BAR	Pass	10:37pm
BT	Pass	10:37pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:38pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:38pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:38pm 10:38pm

Preventive Maintenance Status: Pass

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

County M	Instrument Location Montgomery Co. Jail
Instrument So	erial No. 008709 TROY NC
The prevention four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 3/ day of OCTOBER, 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 OUR TO THE STATE OF THE STATE OF THE STATE OUR TO S	CAROLLE STATE OF THE STATE OF T

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008709 Test Date: 10/31/2013

Citation Number: M0000000-0 Subject's Name:

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	11:27am 11:28am 11:28am 11:29am
SUB TEST	.00	11:30am
AIR BLK	.00	11:31am
SUB TEST	.00	11:33am
AIR BLK	.00	11:34am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008709 Test Date: 10/31/2013

Test Record Number: 789 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

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

#### Blank Tests

Test	Status	Time	

AIR Pass 11:36am

#### Printer Tests

Test	Status	Time
Test	Status	Time

PRNT	•	Pass	11:36am

#### CRC Tests

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

11:36am

Preventive Maintenance Status: Pass

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

County Ma	NISOMERY Instrument Location MONICO	omery Co. JAIL
Instrument Seri	al No. 008721 TROY NC	
The preventive four months are	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 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.	
I certify that on procedures were Department of I	the <u>31</u> day of <u>OCTOBER</u> , 20 13 the foreperformed on the instrument indicated above, in accordance with current lealth and Human Services, and the instrument is functioning properly.	orgoing preventive maintenance ent regulations of the N.C.
STATE OF A	OPER CAROL	
AMIL 12, 1724	Signature of Certifying Official	37/ Certificate Number

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008721 Test Date: 10/31/2013

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

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

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

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

Reported\_AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008721 Test Date: 10/31/2013

Test Record Number: 873
Test Time: 11:34am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:34am
FLO	Pass	11:34am
FC	Pass	11:35am

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:35am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:35am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:35am

Preventive Maintenance Status: Pass

Pass

CAL

11:35am

Analyst

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

County	Play	Instrument Location ISAT WOS	Le LW. T#5
Instrument Se	rial No. <u>008698</u>	GREENV	lice
The preventive four months a	•	ximeters, Model Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister disparted at the second se	plays pressure, or the alcoholic breath se centigrade;	simulator thermometer shows
2.	Verify instrument displays time an	id 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.		r is being changed before expiration da d every four months or after 125 Alcoh	
	on the 3/ day of 07 ere performed on the instrument indica f Health and Human Services, and the	the forgonted above, in accordance with current instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
STATE OF STA	NO PLANTAGE OF THE PARTY OF THE		
And the second	Le Signature	ure of Certifying Official	Certificate Number
	Signati	no or cornitying ornivial	Continuate Mulliper

#### PITT COUNTY BAT MOBILE UNIT 5 730

Serial Number: 008698

Test Record Number: 1017

Test Date: 10/31/2013

Test Time: 10:09pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Status	Time
Pass	10:10pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
ATR	Pass	10:10pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:10pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

PITT COUNTY BAT MOBILE UNIT 5 730

Serial Number: 008698 Test Date: 10/31/2013

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	9:54pm
AIR BLK	.00	9:55pm
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	.00	10:00pm

Repeated AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County P	TT Co Instrument Location BAT MIOBILE Low, T.
Instrument Seri	al No. 008600 GREENVILLE
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 3/ day of 00/08/00, 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.
ORME STATE OF THE	Signature of Certifying Official Certificate Number

#### PITT COUNTY BAT MOBILE UNIT 5 730

Serial Number: 008600

Test Record Number: 1295

Test Date: 10/31/2013

Test Time: 10:02pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:02pm
FLO	Pass	10:02pm
FC	Pass	10:02pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:02pm 10:02pm 10:02pm 10:02pm 10:02pm
		<u>L</u>

#### Blank Tests

Test	Status	Time
ΛTD	Dagg	10.03pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:03pm

#### CRC Tests

Test	Status	Time
COMP	Pass	10:03pm
CAL	Pass	10:03pm

Preventive Maintenance Status: Pass

Analyst

PITT COUNTY BAT MOBILE UNIT 5 730

Serial Number: 008600 Test Date: 10/31/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: 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 AIR BLK ACCY CHK	Pass .00 .07	9:51pm 9:52pm 9:53pm
AIR BLK SUB TEST	.00	9:54pm 9:54pm
AIR BLK	.00	9:55pm
SUB TEST AIR BLK	.00 .00	<b>9:57pm</b> 9:58pm

Reported AC: .00 g/210L

gnature of Chemical Analyst

Court CVR

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

County	Instrument Location ISA MOBILE (4)
Instrument	Serial No. 008788 Gntenville
The prevent	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	t on the 31 day of 0 day of , 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.
STAR 12 CHEAT STAR CONTROL OF	Signature of Certifying Official Certificate Number

# PITT COUNTY BAT MOBILE UNIT 5 730

Serial Number: 008788
Test Date: 10/31/2013

Test Record Number: 873
Test Time: 10:03pm EDT

System Check: Passed

### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:04pm

#### Printer Tests

rest	Status	TIME
PRNT	Pass	10:04pm
	CRC Tests	

Test	Status	Time
COMP	Pass	10:04pm
CAL	Pass	10:04pm

Preventive Maintenance Status: Pass

Analyst

PITT COUNTY BAT MOBILE UNIT 5 730

Serial Number: 008788 Test Date: 10/31/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: 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	9:53pm
AIR BLK	.00	9:54pm
ACCY CHK	.07	9:54pm
AIR BLK	.00	9:55pm
SUB TEST	.00	9:56pm
AIR BLK	.00	9:57pm
SUB TEST	.00	9:58pm
ATR BLK	.00	9:59pm

Reported AC: .00 q/210L

Signature of Chemical Analyst

Court CVR

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

County	KANEY Co. Instrument Location BAT Mobile Chart 4
Instrumen	Serial No. <u>(2088 7)</u>
The preve	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
	on the
COLAT COLOT COLAT COLOT COLAT COLOT COLAT COLOT COLAT	Signature of Certifying Official Certificate Number

CRAVEN COUNTY BAT MOBILE UNIT 4 240

Serial Number: 008871 Test Date: 10/14/2013

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: 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	3/510P	Time
DIAG	Pass	7:40pm
AIR BLK	.00	7:41pm
ACCY CHK	. 07	7:42pm
AIR BLK	.00	7:42pm
SUB TEST	.00	7:43pm
AIR BLK	.00	7:44pm
SUB TEST	.00	7:46pm
AIR BLK	.00	7:46pm

Reported AC: .90 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CRAVEN COUNTY BAT MOBILE UNIT 4 240

Serial Number: 008871 Test Date: 10/14/2013 Test Record Number: 701
Test Time: 7:48pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	7:48pm
FLO	Pass	7:48pm
FC	Pass	7:48pm

### Temperature Tests

Test	Status	Time
FC1	Pass	7:49pm
SRC	Pass	7:49 pm
DET	Pass	7:49pm
BAR	Pass	7:49pm
BT	Pass	7:49pm

#### Blank Tests

Test	Status	Time
AIR	Pass	7:49 cm

#### Printer Tests

Status

Test

Time

PRNT	Pass	7:49pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	7:49pm 7:49pm

Preventive Maintenance Status: Pass

Analyst

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

County_	Wayne Co. Instrument Location BAT Mobile Un. 74
Instrume	ent Serial No
The previous four more	ventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every nths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
, <b>5.</b>	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
. 8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify procedur Departm	that on the
STATE OREATED STATES	STATE OF THE RELATIONS OF THE PARTY OF THE P

WAYNE COUNTY BAT MOBILE UNIT 4 950

Serial Number: 008871 Test Date: 10/04/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: 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	9:27pm
AIR BLK	.00	9:28pm
ACCY CHK	.07	9:28pm
AIR BLK	.00	9:29pm
SUB TEST	.00	9:30pm
AIR BLK	.00	9:31pm
SUB TEST	.00	9:32pm
AIR BLK	.00	9:33pm

Chemical Analyst gnature

Court CVR

Analyst

### WAYNE COUNTY BAT MOBILE UNIT 4 950

Serial Number: 008871 Test Date: 10/04/2013

Test Record Number: 698 Test Time: 9:34pm EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	9:36pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:36pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County /	Instrument Location BAT Makile Uly . 14
Instrument Se	rial No. 00\$711
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
THE STATE OF THE CORE AND THE CORE AND THE CORE CHILD AND THE CHILD AND THE CORE CHILD AND THE CORE CHILD AND THE CHILD AND	Signature of Certifying Official Certificate Number

WAYNE COUNTY BAT MOBILE UNIT 4 950

Serial Number: 008717 Test Date: 10/04/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: 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	.07	9:41pm
AIR BLK	.00	9:41pm
SUB TEST	.00	9:42pm
AIR BLK	.00	9:43pm
SUB TEST	.00	9:45pm
ATR RIK	0.0	9 · 46nm

Signature of Chemical Analyst'

Court CVR

Analyst

#### WAYNE COUNTY BAT MOBILE UNIT 4 950

Serial Number: 008717

Test Record Number: 392

Test Date: 10/04/2013

Test Time: 9:47pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	9:49pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:49pm

#### CRC Tests

Test	Status	Time
COMP	Pass	9:49pm
CAL	Pass	9:49pm

Preventive Maintenance Status: Pass

Analyst

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

County (	AYME Co. Instrument Location BAT Mbble Unit 4
Instrument Ser	rial No. 008/34
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	n the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

WAYNE COUNTY BAT MOBILE UNIT 4 950

Serial Number: 008734 Test Date: 10/04/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: 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	9:29pm
AIR BLK	.00	9:30pm
ACCY CHK	. 0.7	9:31pm
AIR BLK	.00	9:32pm
SUB TEST	.00	9:32pm
AIR BLK	.00	9:33pm
SUB TEST	.00	9:35pm
ATR BLK	. 0.0	9 · 36pm

Reported Ac:

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Signature of Chemical Analyst

Court CVR

Anályst

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

Rev. 12/2007

#### WAYNE COUNTY BAT MOBILE UNIT 4 950

Serial Number: 008734 Test Date: 10/04/2013

Test Record Number: 744
Test Time: 9:37pm EDT

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	9:38pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:38pm
	CRC Tests	
Test	Status	Time

Test	Status	Time
COMP	Pass	9:38pm
CAL	Pass	9:38pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	DISTORES Instrument Location BAT 11/6	ble Chart of
Instrument Se	erial No. <u>008439</u>	·
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breat 34 degrees, plus or minus .2 degree centigrade;	h simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Alc whichever occurs first.	date, or the alcoholic breath oholic Breath Simulator tests,
	on the	going preventive maintenance t regulations of the N.C.
THE STATE OF THE S	Signature of Certifying Official	Cartificate Number

ONSLOW COUNTY BAT MOBILE UNIT 4 660

Serial Number: 008871 Test Date: 10/25/2013

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, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:34pm 9:35pm
ACCY CHK	.07	9:35pm
AIR BLK	.00	9:36pm
SUB TEST	.00	9:37pm
AIR BLK	.00	9:38pm
SUB TEST	.00	9:40pm
AIR BLK	.00	9:41pm

Signature of Chemical Analyst

Court CVR

Analyst

#### ONSLOW COUNTY BAT MOBILE UNIT 4 660

Serial Number: 008871 Test Date: 10/25/2013

Test Record Number: 704
Test Time: 9:42pm EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	9:43pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:43pm

#### CRC Tests

rest	Status	TIME
COMP	Pass	9:43pm
CAL	Pass	9:43pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	ONSlow Instrument Location BAT Wabile Unity
Instrume	nt Serial No. <u>008434</u>
The prevenue four mon	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	hat on theday of
THE CREAT SE	TATE OF THE STATE
	Signature of Certifying Official Certificate Number

ONSLOW COUNTY BAT MOBILE UNIT 4 660

Serial Number: 008734 Test Date: 10/25/2013

Citation Number: M0000000-0

Subject's Name:

PREENTIVE, MAINTENANCE

Subject'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	9:30pm
AIR BLK	.00	9:31pm
ACCY CHK	.08	9:31pm
AIR BLK	.00	9:32pm
SUB TEST	.00	9:33pm
AIR BLK	.00	9:34pm
SUB TEST	.00	9:35pm
AIR BLK	.00	9:36pm

Reported AC: .00

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

#### ONSLOW COUNTY BAT MOBILE UNIT 4 660

Serial Number: 008734 Test Date: 10/25/2013

Test Record Number: 748
Test Time: 9:37pm EDT

System Check: Passed

#### Baseline Tests

Status	Time
Pass	9:37pm
	9:37pm 9:37pm
	_

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:37pm
SRC	Pass	9:37pm
DET	Pass	9:37pm
BAR	Pass	9:37pm
$\mathtt{BT}$	Pass	9:37pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:38pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:38pm
	CRC Tests	

Test	Status	Time
COMP	Pass	9:38pm
CAL	Pass	9:38pm

Preventive Maintenance Status: Pass

Analyst

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

County	15/000 Instrument Location BAT Mobile 1/11/4
Instrument Se	erial No. <u>0088/1</u>
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the Abra day of Araber, 20/3 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
W. MALID SEE A.	Signature of Certifying Official Certificate Number

ONSLOW COUNTY BAT MOBILE UNIT 4 660

Serial Number: 008871 Test Date: 10/25/2013

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, GRAYHAM C
Permit Number: 7682E
Effective:
02/01/2012-02/01/2014

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	9:34pm 9:35pm 9:35pm 9:36pm <b>9:37pm</b> 9:38pm
SUB TEST	.00	9:40pm
AIR BLK	.00	9:41pm

Reported AC . 00 g/21

Signature of Chemical Analyst

Court CVR

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Forensic Tests for Alcohol Branch
Department of Health and Human Services

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#### ONSLOW COUNTY BAT MOBILE UNIT 4 660

Serial Number: 008871 Test Date: 10/25/2013

Test Record Number: 704
Test Time: 9:42pm EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	9:4 <b>3</b> pm

#### Printer Tests

rest	Status	Time
PRNT	Pass	9:43pm

#### CRC Tests

	9:43pm 9:43pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETE	ks, MODEL INTOX EC/IR	. 11
County 41	ery	Instrument Location <u>Banner</u>	FIK PD
•	/	Banner	EK, NC.
The preventive four months are		toximeters, Model Intox EC/IR II to be fo	ollowed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	lisplays pressure, or the alcoholic breath stree centigrade;	simulator thermometer show
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ars, collect breath sample;	
7.	When "PLEASE BLOW" appe	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	I	
10.		ster is being changed before expiration da ged every four months or after 125 Alcoh	
I certify that on procedures wer Department of	the <u>2/</u> day of <u>0 &lt; 7</u> re performed on the instrument indi Health and Human Services, and the	cated above, in accordance with current rate instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
THE STATE OF THE S	Non CAROLLINA Sion	ature of Certifying Official	649 Certificate Number
	3-20000000 015111		Continuate Humber

AVERY COUNTY BANNER ELK PD 050

Serial Number: 008724 Test Date: 10/21/2013

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: AG203103 Exp Date: 01/31/2014

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### AVERY COUNTY BANNER ELK PD 050

Serial Number: 008724 Test Record Number: 335 Test Date: 10/21/2013 Test Time: 11:03am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:03am
FLO	Pass	11:03am
FC	Pass	11:03am

#### Temperature Tests

Status	Time
Pass	11:03am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	11:04am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:04am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:04am 11:04am

Preventive Maintenance Status: Pass

Analyst

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

County Hen	derson Instrument Location Henderson Co Detention	
Instrument Seria	al No. 008806 Instrument Location Henderson Co Detention  Henderson Ville, NC	
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.	
	the	
OF THE STATE OF TH		
Fire QUAM VIDER	649	
N.	Signature of Certifying Official Certificate Number	

#### HENDERSON COUNTY DENTENTION 440

Serial Number: 008806 Test Date: 10/17/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11034E

Effective:

06/01/2013-06/01/2015

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG206102

Exp Date: 03/01/2014

Test	g/210L	Time
DIAG AIR BLK	Pass	1:54pm 1:55pm
ACCY CHK	.07	1:56pm
AIR BLK	.00	1:57pm
SUB TEST	.00	1:58pm
AIR BLK	.00	1:58pm
SUB TEST	.00	2:00pm
AIR BLK	.00	2:01pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

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#### HENDERSON COUNTY DENTENTION 440

Serial Number: 008806

Test Record Number: 1443

Test Date: 10/17/2013

Test Time: 2:03pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:03pm 2:03pm
FC	Pass	2:03pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	2:04pm

#### Printer Tests

rest	Status	Time
PRNT	Pass	2:04pm

#### CRC Tests

Test	Status	Time
COMP	Pass	2:04pm
CAL	Pass	2:04pm

Preventive Maintenance Status: Pass

Analyst

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

County //e	Instrument Location Henclerson Co Detention
Instrument Se	erial No. 008822 Headersonville, 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 shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
STATE OF STA	ONO PLANT CAROLING TO THE PARTY OF THE PARTY
* ESSE QUAM VID	649
	Signature of Certifying Official Certificate Number

HENDERSON COUNTY DETENTION 440

Serial Number: 008822 Test Date: 10/17/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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	Pass	1:58pm 1:59pm
ACCY CHK	.07	2:00pm
AIR BLK	.00	2:01pm
SUB TEST	.00	2:01pm
AIR BLK	.00	2:02pm
SUB TEST	.00	2:05pm
AIR BLK	.00	2:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### HENDERSON COUNTY DETENTION 440

Serial Number: 008822

Test Record Number: 1482

Test Date: 10/17/2013 Test Time: 2:09pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:09pm
FLO	Pass	2:09pm
FC	Pass	2:09pm

### Temperature Tests

Test	Status	Time
FC1	Pass	2:09pm
SRC	Pass	2:09pm
DET	Pass	2:09pm
BAR	Pass	2:09pm
BT	Pass	2:09pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:10pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:10pm

#### CRC Tests

Test	Status	Time
COMP	Pass	2:10pm
CAL	Pass	2:10pm

Preventive Maintenance Status: Pass

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

County $B_{\ell}$	Instrument Location Morgan ton D.P.S
Instrument Ser	rial No. 008904 Instrument Location Morgan ton D.P.S  Morgan ton NC
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures we Department of	n the
STATE	
CORPATION OF THE PROPERTY OF T	
FITE QUAM VIDE	July 649
	Signature of Certifying Official Certificate Number

#### BURKE COUNTY MORGANTON DPS 110

Serial Number: 008904 Test Date: 10/16/2013

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: 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: AG303502 Exp Date: 02/04/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	4:38pm 4:39pm 4:39pm 4:40pm
SUB TEST	.00	4:41pm
AIR BLK	.00	4:42pm
SUB TEST	.00	4:43pm
AIR BLK	.00	4:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### BURKE COUNTY MORGANTON DPS 110

Serial Number: 008904 Test Record Number: 1316 Test Date: 10/16/2013 Test Time: 4:45pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:46pm
FLO FC	Pass Pass	4:46pm 4:46pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:46pm
SRC	Pass	4:46pm
DET	Pass	4:46pm
BAR	Pass	4:46pm
BT	Pass	4:46pm

#### Blank Tests

rest	Status	Time
AIR	Pass	4:47pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:47pm
	CRC Tests	

Test	Status	Time
COMP CAL	Pass Pass	4:47pm 4:47pm
CAL	rass	4:4/pm

Preventive Maintenance Status: Pass

Analyst

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

INTOXIMETERS, MODEL INTOX EC/IR II
11 Ke Instrument Location Morgan ton DPS.
Instrument Location Morganton DPS.  al No. 008831 Morganton, NC
maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
Verify instrument displays time and date;
Initiate breath test sequence;
Enter information as prompted;
Verify instrument accuracy;
When "PLEASE BLOW" appears, collect breath sample;
When "PLEASE BLOW" appears, collect breath sample;
Print test record;
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.
the
Signature-of Certifying Official  Certificate Number

#### BURKE COUNTY MORGANTON DPS 110

Serial Number: 008831 Test Date: 10/16/2013

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: 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: AG204602 Exp Date: 02/15/2014

Test	g/210L	Time
DIAG AIR BLK	Pass	4:38pm 4:39pm
ACCY CHK	.08	4:40pm
AIR BLK	.00	4:41pm
SUB TEST	.00	4:42pm
AIR BLK	.00	4:43pm
SUB TEST	.00	4:44pm
AIR BLK	.00	4:45pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BURKE COUNTY MORGANTON DPS 110

Serial Number: 008831

Test Record Number: 1283

Test Date: 10/16/2013 Test Time: 4:46pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time -
IR FLO	Pass Pass	4:47pm
FC	Pass Pass	4:47pm 4:47pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	4:47pm 4:47pm 4:47pm 4:47pm 4:47pm
	1 000	/ Pill

#### Blank Tests

Test	Status	Time
AIR	Pass	4:47pm

#### Printer Tests

	~~ .	
PRNT	Pass	4:47pm
Test	Status	Time

#### CRC Tests

Test	Status	Time
COMP	Pass	4:48pm
CAL	Pass	4:48pm

Preventive Maintenance Status: Pass

Analyst

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

County Mi+	chell Instrument Location Sprice Dine PD
Instrument Seria	Instrument Location Sprice Dine PD  I No. 008726 Sprice Pine, NC
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
OF THE STATE OF N	Signature of Certifying Official Certificate Number

MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008726 Test Date: 10/15/2013

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: AG309105 Exp Date: 04/01/2015

Test	g/210L	Time
DIAG AIR BLK	Pass	4:02pm 4:02pm
ACCY CHK	.08	4:03pm
AIR BLK SUB TEST	.00 .00	4:04pm 4:04pm
AIR BLK	.00	4:05pm
SUB TEST	.00	4:07pm
AIR BLK	.00	4:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008726

Test Record Number: 633

Test Date: 10/15/2013

Test Time: 4:08pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time ,
IR	Pass	4:08pm
FLO	Pass	4:08pm
FC	Pass	4:08pm

#### Temperature Tests

FC1 Pass	
SRC Pass DET Pass BAR Pass	4:08pm 4:08pm 4:08pm 4:08pm
BT Pass	4:08pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:09pm

#### Printer Tests

rest	Status	Time
PRNT	Pass	4:09pm

#### CRC Tests

Test	Status	Time
COMP	Pass	4:09pm
CAL	Pass	4:09pm

Preventive Maintenance Status: Pass

Analyst

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

County A Ve	Instrument Location Avery Co. Jail
Instrument Seria	Instrument Location Avery Co. Jail  No. 008664  Newland, NC
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t procedures were Department of H	the
OF ME STATE OF N.	Signature of Certifying Official Certificate Number

AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664 Test Date: 10/14/2013

Citation Number: M0000000-0 Subject's Name:

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

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

Analyst's Name: BURNETTE, ANTHONY J
Permit Number: 11304E
Effective:
06/01/2013-06/01/2015

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	Pass	4:31pm
AIR BLK	.00	4:32pm
ACCY CHK	.07	4:33pm
AIR BLK	.00	4:34pm
SUB TEST	.00	4:34pm
AIR BLK	.00	4:35pm
SUB TEST	.00	4:37pm
AIR BLK	.00	4:38pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Sanalyst

#### AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664 Test Date: 10/14/2013

Test Record Number: 587
Test Time: 4:39pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:39pm
FLO	Pass	4:39pm
FC	Pass	4:39pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	4:39pm 4:39pm 4:39pm 4:39pm
BT	Pass	4:39pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:40pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:40pm
•		

#### CRC Tests

Test	Status	Time
COMP	Pass	4:40pm
CAL	Pass	4:40pm

Preventive Maintenance Status: Pass

Analyst

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

County Calo	dwell	Instrument Location <u>Caldwell</u>	Co. Jail
Instrument Seria	al No. 009803	Instrument Location <u>Caldwell</u> Lenoir	NC
The preventive r four months are:		eximeters, Model Intox EC/IR II to be fol	llowed at least once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degre	splays pressure, or the alcoholic breath si ee centigrade;	mulator thermometer shows
2.	Verify instrument displays time as	nd 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	s, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas caniste simulator solution is being change whichever occurs first.	er is being changed before expiration date ed every four months or after 125 Alcoho	e, or the alcoholic breath olic Breath Simulator tests,
I certify that on t procedures were Department of H	the 9 day of 0c to performed on the instrument indicated the lealth 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.
THE STATE OF NO.	CAROLINA SIGNATURE	ure of Certifying Official	Certificate Number

CALDWELL COUNTY CALDWELL COUNTY JAIL
130

Serial Number: 008803 Test Date: 10/09/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2013-06/01/2015

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	4:12pm 4:13pm
ACCY CHK	.07	4:13pm
AIR BLK	.00	4:14pm
SUB TEST	.00	4:15pm
AIR BLK	.00	4:16pm
SUB TEST	.00	4:17pm
AIR BLK	.00	4:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008803

Test Record Number: 320
Test Time: 4:20pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:20pm
FLO	Pass	4:20pm
FC	Pass	4:20pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:20pm
SRC.	Pass	4:20pm
DET	Pass	4:20pm
BAR	Pass	4:20pm
BT	Pass	4:20pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:21pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:21pm
	CRC Tests	
Test	Status	Time

COMP	Pass	4:21pm
CAL	Pass	4:21pm

Preventive Maintenance Status: Pass

Analyst

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

County C.C.	Idwell Instrument Location Caldwell Co Jail
Instrument Seria	Instrument Location Caldwell Co Jail al No. 008719 Lenoir, NC
The preventive is four months are:	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of H	the
THE STATE OF A	Signature of Certifying Official  Certificate Number

CALDWELL COUNTY CALDWELL COUNTY JAIL . 130

Serial Number: 008719 Test Date: 10/09/2013

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

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

Analyst's Name: BURNETTE, ANTHONY J
Permit Number: 11304E
Effective:
06/01/2013-06/01/2015

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	4:13pm 4:14pm
ACCY CHK	.07	4:14pm
AIR BLK SUB TEST	.00	4:15pm 4:16pm
AIR BLK	.00	4:17pm
SUB TEST	.00	4:18pm
AIR BLK	.00	4:19pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008719

Test Record Number: 1455

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:21pm
FLO	Pass	4:21pm
FC	Pass	4:21pm

#### Temperature Tests

Status	Time
Pass	4:22pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	4:22pm

#### Printer Tests

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

4:22pm

Preventive Maintenance Status: Pass

Pass

Analyst

CAL

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

County Wata	Instrument Location Watauga Co. Ja./				
Instrument Seria	Instrument Location Watauga Co. Ja./  INo. 008715  Banc, Na				
·					
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.				
	the <u>S</u> day of <u>Octobel</u> , 20 <u>13</u> 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 A THE ST	Signature of Gertlfying Official Certificate Number				

WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008715 Test Date: 10/08/2013

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: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2013-06/01/2015

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	5:49pm 5:50pm 5:51pm
AIR BLK	.00	5:52pm
SUB TEST	.00	5:52pm
AIR BLK	.00	5:53pm
SUB TEST	.00	5:55pm
AIR BLK	.00	5:56pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008715

Test Record Number: 1264

Test Date: 10/08/2013

Test Time: 5:57pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	5:57pm
FLO	Pass	5:57pm
FC	Pass	5:57pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	5:57pm 5:57pm 5:57pm 5:57pm 5:57pm

#### Blank Tests

Test	1	Status	Time
ATR		Pass	5 · 58pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	5:58pm

## CRC Tests

Test	Status	Time
COMP	Pass	5:58pm
CAL	Pass	5:58pm

Preventive Maintenance Status: Pass

Analyst

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

County Was	tauga Instrument Location Boone, PD
Instrument Serie	Instrument Location Boone, PD al No. 008716  Boone, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

WATAUGA COUNTY BOONE P D 940

Serial Number: 008716 Test Date: 10/07/2013

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

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

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

Analyst's Name: BURNETTE, ANTHONY J
Permit Number: 11304E
Effective:
06/01/2013-06/01/2015

Officer's Name: 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	4:41pm 4:42pm 4:42pm
AIR BLK	.00	4:43pm
SUB TEST	.00	4:43pm
AIR BLK	.00	4:44pm
SUB TEST	.00	4:46pm
AIR BLK	.00	4:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WATAUGA COUNTY BOONE P D 940

Serial Number: 008716 Test Date: 10/07/2013

Test Record Number: 1466
Test Time: 4:48pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	4:48pm
FLO	Pass	4:48pm
FC	Pass	4:48pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:48pm
SRC	Pass	4:48pm
DET	Pass	4:48pm
BAR	Pass	4:48pm
BT	Pass	4:48pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:49pm

#### Printer Tests

1686	Status	TTIIIE
PRNT	Pass	4:49pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:49pm 4:49pm

Preventive Maintenance Status: Pass

Analyst

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

County Mag	Instrument Location Mais Hill PD
Instrument Seri	al No. 008582 Mars Hill, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the
OF THE STATE OF TH	Signature of Certifying Official Certificate Number

#### MADISON COUNTY MARS HILL PD 560

Serial Number: 008582 Test Date: 10/04/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2013-06/01/2015

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	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

## MADISON COUNTY MARS HILL PD 560

Serial Number: 008582 Test Date: 10/04/2013 Test Record Number: 964
Test Time: 3:18pm EDT

10,01,2013

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:18pm
FLO	Pass	3:18pm
FC	Pass	3:19pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:19pm
SRC	Pass	3:19pm
DET	Pass	3:19pm
BAR	Pass	3:19pm
BT	Pass	3:19pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:19pm

#### Printer Tests

lest	Status	TTITE
PRNT	Pass	3:19pm

### CRC Tests

Test	Status	Time
COMP	Pass	3:20pm
CAL	Pass	3:20pm

Preventive Maintenance Status: Pass

Analyst

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

County M	lacon	Instrument Location Macon	Co. Jail
Instrument So	erial No. <u>008789</u>	Franklin, NC	
The prevention four months	ve maintenance procedures for the Into	ximeters, Model Intox EC/IR II to be f	ollowed at least once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degre	splays pressure, or the alcoholic breath be centigrade;	simulator thermometer shows
2.	Verify instrument displays time a	nd date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" 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 de ed every four months or after 125 Alco	
procedures v	on the <u>ZZ</u> day of <u>Och</u> were performed on the instrument indica of Health and Human Services, and the	ated above, in accordance with current	going preventive maintenance regulations of the N.C.
STAT STATE OF STATE O	Carried &	C Cuth	635
	/Signat	ure of Certifying Official	Certificate Number

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008789 Test Date: 10/22/2013

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

Driver's License 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	12:14pm 12:15pm
ACCY CHK	.07	12:16pm
AIR BLK	.00	12:16pm
SUB TEST	.00	12:17pm
AIR BLK	.00	12:18pm
SUB TEST	.00	12:19pm
AIR BLK	.00	12:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008789 Test Record Number: 354
Test Date: 10/22/2013 Test Time: 12:21pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:21pm
FLO	Pass	12:21pm
FC	Pass	12:22pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:22pm
SRC	Pass	12:22pm
DET	Pass	12:22pm
BAR	Pass	12:22pm
$\mathtt{BT}$	Pass	12:22pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:22pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:22pm
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

12:23pm

12:23pm

COMP

CAL

Analyst

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

County ///	acon Instrument Location Macon Co. Tail
Instrument S	erial No. 008618 Franklin, NC
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the <u>ZZ</u> day of <u>October</u> , 20 <u>/Z</u> the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008618 Test Date: 10/22/2013

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: 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 ACCY CHK	Pass .00 .08	12:13pm 12:14pm 12:15pm
AIR BLK	.00	12:16pm
SUB TEST	.00	12:16pm
AIR BLK	.00	12:17pm
SUB TEST	.00	12:19pm
AIR BLK	.00	12:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008618 Test Date: 10/22/2013

Test Record Number: 1377
Test Time: 12:21pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:21pm 12:21pm 12:21pm 12:21pm 12:21pm
	1 0.55	-2.21 <u>P</u> III

#### Blank Tests

Test	Status	Time
AIR	Pass	12:22pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:22pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

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

	rial No. <u>OO &amp; 70 &amp; 8</u> ve maintenance procedures for the Indee:	ntoximeters, Model Intox EC/IR	II to be followed at leas	t once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoho gree centigrade;	lic breath simulator therr	nometer shows
2.	Verify instrument displays time	e and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	` ;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" app	ears, collect breath sample;		•
7.	When "PLEASE BLOW" app	ears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; an	d		e e e e e e e e e e e e e e e e e e e
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	ister is being changed before ex nged every four months or after	piration date, or the alcol 125 Alcoholic Breath Si	holic breath imulator tests,
procedures v	on the day of cere performed on the instrument income of Health and Human Services, and	dicated above, in accordance wi	th current regulations of	e maintenance the N.C.



Signature of Certifying Official

Certificate Number

### JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008708 Test Date: 10/21/2013

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

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

Analyst's Name: CUTLER, DANIEL R
Permit Number: 8457E
Effective:
10/01/2013-10/01/2015

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	10:38am 10:39am 10:39am 10:40am 10:41am 10:42am
AIR BLK	.00	10:45am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008708

Test Record Number: 907

Test Date: 10/21/2013

Test Time: 10:45am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:47am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:47am
	CRC Tests	
Test	Status	Time

COMP	Pass	10:47am
CAL	Pass	10:47am

Preventive Maintenance Status: Pass

Analyst

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

	INTOXIMETERS, MODEL INTOX EC/IR II
County Jo	ickson Instrument Location Jackson Co. Jail
Instrument Ser	ial No. <u>008722</u> <u>Sylva, NC</u>
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 21 day of October, 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.
TRU 12. TIPE  TRU 13. TIPE  TRU 13. TIPE  TRU 14. TIPE  TRU 15. TIPE  TR	Signature of Certifying Official  Certificate Number

#### JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008722 Test Date: 10/21/2013

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R

Permit Number: 8457E

Effective:

10/01/2013-10/01/2015

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:39am
AIR BLK	.00	10:40am
ACCY CHK	.07	10:40am
AIR BLK	.00	10:41am
SUB TEST	.00	10:42am
AIR BLK	.00	10:43am
SUB TEST	.00	10:44am
ATR BIK	n'n	10.45am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008722 Test Date: 10/21/2013

Test Record Number: 588
Test Time: 10:46am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
ATR	Pass	10:48am

#### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

10:48am

CAL

Analyst

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

County Ma	Instrument Location Macon Co. Magistrate
Instrument Ser	ial No. 008795 Highlands, NC
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 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 14 day of October, 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 OF THE S	Out R Cuth
	Signature of Certifying Official Certificate Number

#### MACON COUNTY MACON CO MAGISTRATE 550

Serial Number: 008795 Test Date: 10/14/2013

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: 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 ACCY CHK AIR BLK	Pass .00 .07 .00	2:13pm 2:14pm 2:14pm 2:15pm
SUB TEST	.00	2:16pm
AIR BLK SUB TEST	.00 .00	2:17pm 2:18pm
AIR BLK	.00	2:19pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MACON COUNTY MACON CO MAGISTRATE 550

Serial Number: 008795 Test Date: 10/14/2013 Test Record Number: 309
Test Time: 2:08pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	2:08pm
FLO	Pass	2:08pm
FC	Pass	2:08pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:09pm
SRC	Pass	2:09pm
DET	Pass	2:09pm
BAR	Pass	2:09pm
BT	Pass	2:09pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:09pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:09pm
	CRC Tests	
Test	Status	Time

1000	Deacas	11110
COMP	Pass	2:09pm
CAL	Pass	2:09pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 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.



Signature of Certifying Official

Certificate Number

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

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

HALIFAX CO. HALIFAX CO. SD 410

Serial Number: 008695 Test Date: 10/03/2013

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

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

Officer's Name: FARLEY, CYNTHIA D
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Rev. 12/2007

### HALIFAX CO. HALIFAX CO. SD 410

Serial Number: 008695 Test Date: 10/03/2013

Test Record Number: 1460
Test Time: 3:58pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass	3:59pm
FC	Pass Pass	3:59pm 3:59pm
, L C	LODO	J.J.Pill

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:59pm
SRC	Pass	3:59pm
DET	Pass	3:59pm
BAR	Pass	3:59pm
BT	Pass	3:59pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4 : 0.0 om

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:00pm

#### CRC Tests

Test	Status	Time	
COMP	Pass	4:00pm	
CAL	Pass	4:00pm	

Preventive Maintenance Status: Pass

Analyst