PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	in Alex	Instrument Location_	EAT Mos.	La devis
Instrument	t Serial No. <u>008698</u>		RALLION	

The prever four month	ntive maintenance procedures for the hs are:	Intoximeters, Model Intox	EC/IR II to be follow	ed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 o		alcoholic breath simul	ator thermometer show
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 sampl	e;	
7.	When "PLEASE BLOW" ap	pears, collect breath sampl	e;	
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.			
procedures	at on theday of s were performed on the instrument in that of Health and Human Services, and	ndicated above, in accordai	nce with current regula	preventive maintenance ations of the N.C.
A SEE	ATE OP NO BLEE CAROLLE ANY NOTE ANY NOT	2 A C. T.	11 open	, 63L
	Si	gnature of Certifying Offic	ial (Certificate Number

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008698 Test Record Number: 1002 Test Date: 09/13/2013 Test Time: 9:02pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	9:02pm
SRC	Pass	9:02pm
DET	Pass	9:02pm
BAR	Pass	9:02pm
BT	Pass	9:02pm

Blank Tests

Test	Status	Time
ΣTP	Dagg	9 • 0 3 mm

Printer Tests

Test	Status	Time
PRNT	Pass	9:03pm

CRC Tests

Test	Status	Time
COMP	Pass	9:03pm
CAL	Pass	9:03pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008698 Test Date: 09/13/2013

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

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

Analyst's Name: 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

rest	g/210L	Time
DIAG	Pass	8:53pm
AIR BLK	.00	8:54pm
ACCY CHE	.07	8:54pm
AIR BLK	.00	8:55pm
SUB TEST	.00	8:57pm
AIR BLK	.00	8:58pm
SUB TEST	.00	8:59pm
AIR BLK	.00	9:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	INTOXIMETERS, MODEL INTOX EC/IR II She Instrument Location Ask OUNT Jail
Instrument S	erial No. 008849 Jefferson, N.C.
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
I certify that procedures w	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. on the
THE STATE OF THE S	

ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849 Test Date: 09/04/2013

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: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	4:16pm 4:17pm
ACCY CHK	.07	4:18pm
AIR BLK	.00	4:19pm
SUB TEST	.00	4:19pm
AIR BLK	.00	4:20pm
SUB TEST	.00	4:22pm
AIR BLK	.00	4:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849 Test Date: 09/04/2013

Test Record Number: 770
Test Time: 4:24pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:25pm
FLO	Pass	4:25pm
FC	Pass	4:25pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:25pm
SRC	Pass	4:25pm
DET	Pass	4:25pm
BAR	Pass	4:25pm
BT	Pass	4:25pm

Blank Tests

Test	Status	Time
ΔTR	Pagg	4 • 26pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:26pm
	CRC Tests	
Test	Status	Time

COMP	Pass	4:26pm
CAL	Pass	4:26pm

Preventive Maintenance Status: Pass

Analyst

County Al	INTOXIMETERS, MODEL INTOX EC/IR II leghans for the second for the
Instrument S	orial No. <u>008890</u> <u>Sparfa</u> , N. C.
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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
	ere performed on the instrument indicated above, in accordance with current regulations of the N.C.
Department of STATI	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

ALLEGHANY COUNTY ALLEGHANY CO JAIL 020

Serial Number: 008890 Test Date: 09/04/2013

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: BENFIELD II, KENNETH R
Permit Number: 22067E

Effective:

12/01/2012-12/01/2014

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:08pm
AIR BLK	.00	3:09pm
ACCY CHK	.07	3:09pm
AIR BLK	.00	3:10pm
SUB TEST	.00	3:11pm
AIR BLK	.00	3:12pm
SUB TEST	.00	3:13pm
AIR BLK	.00	3:14pm

Reported AC: 00/g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ALLEGHANY COUNTY ALLEGHANY CO JAIL 020

Serial Number: 008890 Test Date: 09/04/2013

Test Record Number: 429

Test Time: 3:15pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:15pm
FLO	Pass	3:15pm
FC	Pass	3:15pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:16pm
SRC	Pass	3:16pm
DET	Pass	3:16pm
BAR	Pass	3:16pm
BT	Pass	3:16pm

Blank Tests

Test	Status	Time
ATR	Pass	3 · 16mm

Printer Tests

PRNT Pass 3:16pm
CD C . H
CRC Tests
Test Status Time

Preventive Maintenance Status: Pass

Pass

Pass

3:16pm

3:16pm

COMP

CAL

PREVENTIVE MAINTENANCE RECORD

INTOXIMETERS, MODEL INTOX EC/IR II

County Rocking ham Instrument Location Madison Police

Instrument Serial No. 008802

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

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



Signature of Certifying Official

Certificate Number

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802 Test Date: 09/18/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:16am 11:17am
ACCY CHK	.08	11:18am
AIR BLK	.00	11:19am
SUB TEST	.00	11:19am
AIR BLK	.00	11:20am
SUB TEST	.00	11:22am
AIR BLK	.00	11:23am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802 Test Record Number: 548
Test Date: 09/18/2013 Test Time: 11:25am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:26am 11:26am 11:26am 11:26am 11:26am
		: _ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

Blank Tests

Test	Status	Time
AIR	Pass	11:26am

Printer Tests

Test	Status	Time
PRNT	Pass	11:26am
* * * * * * * * * * * * * * * * * * *	CRC Tests	
Test	Status	Time
COMP	Pass	11:27am

Preventive Maintenance Status: Pass

Pass

11:27am

CAL

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

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

Signature of Certifying Official

Certificate Number

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008854 Test Date: 09/13/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	4:50pm
AIR BLK	.00	4:50pm
ACCY CHK	.07	4:51pm
AIR BLK	.00	4:52pm
SUB TEST	.00	4:52pm
AIR BLK	.00	4:53pm
SUB TEST	√.00	4:55pm
AIR BLE	.00	4:56pm

Reported Agr.

g/210I

Signature of Chemical Analyst

Court CVR

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008854 Test Record Number: 128
Test Date: 09/13/2013 Test Time: 4:58pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:58pm
FLO	Pass	4:58pm
FC	Pass	4:58pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:58pm
SRC	Pass	4:58pm
DET	Pass	4:58pm
BAR	Pass	4:58pm
\mathtt{BT}	Pass	4:58pm

Blank Tests

Test	Status	Time
AIR	Pass	4:59pm

Printer Tests

rest	Status	Time
PRNT	Pass	4:59pm
	CRC Tests	

Test	Status	Time
COMP	Pass	4:59pm
CAL	Pass	4:59pm

Preventive Maintenance Status: Pass

Analyst

Instrument Serial No. 08943

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every

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;
- 6. When "PLEASE BLOW" appears, collect breath sample;
- 7. When "PLEASE BLOW" appears, collect breath sample;
- 8. Print test record;
- 9. Verify Diagnostic Program; and
- 10. Verify that the ethanol gas canister is being changed before 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 entered day of entered day of the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943 Test Date: 09/19/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	1:58pm 1:59pm 2:00pm 2:00pm
SUB TEST	.00	2:01pm
AIR BLK	.00	2:02pm
SUB TEST	.00	2:03pm
ATR BLK	0.0	2 · 04 m

Reported Ac: 00/g/2101

Signature of Chemical Analyst

Court CVR

Analyst

m is used when performing Preventive Maintenance pro

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943

Test Record Number: 1508

Test Date: 09/19/2013

Test Time: 2:06pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	2:07pm

Printer Tests

Ctatua

mi ma

ICSC	Status	TIME
PRNT	Pass	2:07pm

CRC Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	SURRY Instrument Location SURRY County Jail
Instrument S	Serial No. 008934 Dobson, N. C.
·	
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.
	on the day of, 20
STATUS STATUS OF THE STATUS OF	TO NO. 12 CAROLLE CARO

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

Signature of Certifying Official

Certificate Number

SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934 Test Date: 09/19/2013

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

DELVOI D'HITOTIDO HAMBEL HOLL

Analyst's Name: BENFIELD II, KENNETH R

Permit Number: 22067E Effective:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	1:04pm 1:05pm
ACCY CHK	.07	1:05pm
AIR BLK	.00	1:06pm
SUB TEST	.00	1:07pm
AIR BLK	.00	1:08pm
SUB TEST	.00	1:09pm
ATR BLK	. 0.0	1:1000m

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

SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934 Test Record Number: 1156
Test Date: 09/19/2013 Test Time: 1:12pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:12pm
SRC	Pass	1:12pm
DET	Pass	1:12pm
BAR	Pass	1:12pm
\mathtt{BT}	Pass	1:12pm

Blank Tests

Test	Status	Time
AIR	Pass	1:13pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:13pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EÇ/IR II

.eeee	_ INTOXIMETERS, MODEL INTOX EC/IR II
County	JURRY Instrument Location Hot Mountain
Instrument Ser	ial No. 008938 Police Department
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1,	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	n the
STATE OF THE STATE	

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

Signature of Certifying Official

Certificate Number

SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938 Test Date: 09/19/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

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

SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938 Test Date: 09/19/2013

Test Record Number: 433

Test Time: 12:10pm EDT

System Check: Passed

Baseline Tests

Pass	12:11pm
Pass Pass	12:11pm 12:11pm
	Pass

Temperature Tests

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

Blank Tests

iest	scatus	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

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County(CUMBERIAND Instrument Location COMBERIAND CO. DETENTION
Instrument	Serial No. DO8633 FAYETTEVILLE, NC.
The prevent	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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	at on theday of
VATO 155 THE COREAT OF STATE O	Signature of Certifying Official Certificate Number

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008633 Test Date: 09/12/2013

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: 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: AG303502 Exp Date: 02/04/2015

Test	g/210L	Time
DIAG AIR BLK	Pass	9:44am 9:45am
ACCY CHK	.07	9:45am
AIR BLK	.00	9:47am
SUB TEST	.00	9:47am
AIR BLK	.00	9:48am
SUB TEST	.00	9:50am
AIR BLK	.00	9:51am

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 DETENTION CENTER 250

Serial Number: 008633

Test Record Number: 2601

Test Date: 09/12/2013

Test Time: 9:54am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:54am 9:54am
FC	Pass	9:55am

Temperature Tests

Status	Time
Pass	9:55am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	9:55am

Printer Tests

Test	Status	Time
PRNT	Pass	9:55am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:55am

Preventive Maintenance Status: Pass

Pass

9:55am

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	KS, MODEL IN 102	- 20, III II
ANDXX PH	Instrument Location	IBERTY POLICE DEPT
al No <i>008</i> 830_	_LIBERTY	NC
maintenance procedures for the Ir	ntoximeters, Model Intox EC/I	R II to be followed at least once every
Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoh gree centigrade;	olic breath simulator thermometer show
Verify instrument displays time	and date;	
Initiate breath test sequence;		
Enter information as prompted;		
Verify instrument accuracy;		
When "PLEASE BLOW" appe	ears, collect breath sample;	
When "PLEASE BLOW" appe	ears, collect breath sample;	
Print test record;		
Verify Diagnostic Program; and	i	
Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ster is being changed before en aged every four months or afte	xpiration date, or the alcoholic breath at 125 Alcoholic Breath Simulator tests,
performed on the instrument ind	icated above, in accordance w	ith current regulations of the N.C.
Signal Signal	ature of Certifying Official	Certificate Number
	Verify the ethanol gas canister 34 degrees, plus or minus .2 degrees, plus time. Initiate breath test sequence; Enter information as prompted; Verify instrument accuracy; When "PLEASE BLOW" appears when "PLEASE BLOW" appears and the sequence of	maintenance procedures for the Intoximeters, Model Intox EC/I Verify the ethanol gas canister displays pressure, or the alcoh 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 esimulator solution is being changed every four months or after whichever occurs first.

RANDOLPH LIBERTY POLICE DEPT 750

Serial Number: 008830 Test Date: 09/11/2013

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: AG309101 Exp Date: 04/01/2015

Test	g/210L	Time
DIAG AIR BLK	Pass	1:51pm 1:52pm
ACCY CHK AIR BLK	.08	1:52pm 1:53pm
SUB TEST AIR BLK	.00 .00	1:54pm 1:55pm
SUB TEST	.00	1:57pm
AIR BLK	.00	1:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

RANDOLPH LIBERTY POLICE DEPT 750

Serial Number: 008830 Test Date: 09/11/2013 Test Record Number: 416 Test Time: 2:00pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:00pm
FLO	Pass	2:00pm
FC	Pass	2:00pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:00pm
SRC	Pass	2:00pm
DET	Pass	2:00pm
BAR	Pass	2:00pm
BT	Pass	2:00pm

Blank Tests

Test	Status	Time
AIR	Pass	2:01pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:01pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:01pm 2:01pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ca	INTOXINETERS, WODEL INTOXICATION MRERIAND Instrument Location (UMARRIAND Co. DETENTION)
Instrument Seri	ial No. 008614 FAYETTEVILLE NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every 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 we	theday of
THE STATE OF THE S	S)gnature of Certifying Official Certificate Number

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008614 Test Date: 09/12/2013

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: 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	Pass	9:53am
AIR BLK	.00	9:54am
ACCY CHK	.07	9:55am
AIR BLK	.00	9:56am
SUB TEST	.00	9:57am
AIR BLK	.00	9:58am
SUB TEST	.00	10:00am
AIR BLK	.00	10:01am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008614 Test Record Number: 2317

Test Date: 09/12/2013 Test Time: 10:34am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:35am
FLO	Pass	10:35am
FC	Pass	10:35am

Temperature Tests

Status	Time
Pass	10:35am
Pass	10: 35am
Pass	10:35am
Pass	10:35am
Pass	10: 35am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	10:35am

Printer Tests

Test	Status	Time
PRNT	Pass	10:35am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:36am

Pass

10:36am

Preventive Maintenance Status: Pass

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ARNETT Instrument	Location DUNN POLICE DEPT.	
	1 × 2	in, K	
The preventive four months ar		lodel Intox EC/IR II to be followed at least once every	,
1.	Verify the ethanol gas canister displays press 34 degrees, plus or minus .2 degree centigrad	ure, or the alcoholic breath simulator thermometer shoe;	ws
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect by	eath sample;	
7.	When "PLEASE BLOW" appears, collect be	eath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being c simulator solution is being changed every for whichever occurs first.	changed before expiration date, or the alcoholic breath ur months or after 125 Alcoholic Breath Simulator test	ts,
procedures we	on the 30 day of 500 the cree performed on the instrument indicated above, f Health and Human Services, and the instrument	in accordance with current regulations of the N.C.	ice
STATE STATE OF THE	Signature of Cert	652. ifying Official Certificate Number	

HARNETT COUNTY DUNN POLICE DEPT. 420

Serial Number: 008644 Test Date: 09/30/2013

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: AG204603 Exp Date: 02/15/2014

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

Reported AC: .00 g/21QL

Signature of Chemical Analyst

Court CVR

Analyst

HARNETT COUNTY DUNN POLICE DEPT. 420

Serial Number: 008644

Test Record Number: 1001

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:28am
FLO	Pass	11:28am
FC	Pass	11:28am

Temperature Tests

Test	Status	Time
FC1	Pass	11:28am
SRC	Pass	11:28am
DET	Pass	11:28am
BAR	Pass	11:28am
BT	Pass	11:28am

Blank Tests

Test	Status	Time
AIR	Pass	11:29am

Printer Tests

Test	Status	Time
PRNT	Pass	11:29am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:29am 11:29am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location BAT Wholpile Unit 4
Instrumen	Serial No. <u>OO 81/17</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 sho 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5,	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify the procedure Department	on the
CONTROL OF THE CREAT OF THE CRE	Signature of Certifying Official Certificate Number

ONSLOW COUNTY BAT MOBILE UNIT 4 660

Serial Number: 008717 Test Date: 09/06/2013

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

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

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

Analyst's Name: 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	9:40pm
AIR BLK	.00	9:41pm
ACCY CHK	.07	9:42pm
AIR BLK	.00	9:42pm
SUB TEST	.00	9:43pm
AIR BLK	.00	9:44pm
SUB TEST	.00	9:45pm
AIR BLK	.00	9:46pm

Reported AC; .90 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ONSLOW COUNTY BAT MOBILE UNIT 4 660

Serial Number: 008717 Test Record Number: 384
Test Date: 09/06/2013 Test Time: 9:50pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:52pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:52pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:52pm

Preventive Maintenance Status: Pass

Pass

9:52pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County AN	ener C Instrument Location 13AT M	obile Unit 9
Instrument Seria	Il No. 008514	
The preventive i	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be f	followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	•
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration da simulator solution is being changed every four months or after 125 Alcowhichever occurs first.	ate, or the alcoholic breath holic Breath Simulator tests,
procedures were	he	oing preventive maintenance regulations of the N.C.
STATE OF N. STATE	Signature of Certifying Official	654

CARTERET COUNTY BAT MOBILE UNIT 4 150

Serial Number: 008717 Test Date: 09/13/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, 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	Pass	9:27pm 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

Reported AC: _.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CARTERET COUNTY BAT MOBILE UNIT 4 150

Serial Number: 008717 Test Record Number: 389
Test Date: 09/13/2013 Test Time: 9:34pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	9:34pm
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 Stati	
COMP Pass	9:35pm
CAL Pass	9:35pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County A	Anteres Co. Instrument Location BAT Mobile Unit 4
Instrument S	Serial No. <u>008734</u>
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.
I certify that procedures w Department of	on theday of
O THE STATE OF THE	Signature of Certifying Official Certificate Number

CARTERET COUNTY BAT MOBILE UNIT 4 150

Serial Number: 008734 Test Date: 09/13/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, 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	9:25pm
AIR BLK	.00	9:26pm
ACCY CHK	.07	9:26pm
AIR BLK	.00	9:27pm
SUB TEST	.00	9:28pm
AIR BLK	.00	9:29pm
SUB TEST	.00	9:31pm
ATR BLK	0.0	9 • 31 mm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CARTERET COUNTY BAT MOBILE UNIT 4 150

Serial Number: 008734 Test Record Number: 737
Test Date: 09/13/2013 Test Time: 9:33pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:33pm 9:33pm
FC	Pass	mqEE:0

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	9:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:34pm
	ODO Esta	

CRC Tests

Test	Status	Time
COMP	Pass	9:34pm
CAL	Pass	9:34pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Odd	texes Co. Instrument Location BAT Mobile Unity
Instrument Seria	il No. <u>008'134</u>
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the
THE STATE OF A STATE O	Signature of Certifying Official Certificate Number

CARTERET COUNTY BAT MOBILE UNIT 4 150

Serial Number: 008734 Test Date: 09/07/2013

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: 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	9:44pm
AIR BLK	.00	9:45pm
ACCY CHK	.07	9:46pm
AIR BLK	.00	9:46pm
SUB TEST	.00	9:47pm
AIR BLK	.00	9:48pm
SUB TEST	.00	9:50pm
ATR BLK	.00	9:51pm

Reported AC: ...00 g/220L

Signature of Chemical Analyst

Court CVR

Analyst

CARTERET COUNTY BAT MOBILE UNIT 4 150

Serial Number: 008734 Test Record Number: 733
Test Date: 09/07/2013 Test Time: 9:52pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:52pm
FLO	Pass	9:52pm
FC	Pass	9:52pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:52pm
SRC	Pass	9:52pm
DET	Pass	9:52pm
BAR	Pass	9:52pm
BT	Pass	9:52pm

Blank Tests

Test	Status	Time
AIR	Pass	9:53pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:53pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:53pm 9:53pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

_ 5	INTOXIMETERS, MODEL INTOX EC/IR II 105/000 Co. Instrument Location BAT Walsile Child
County C	Wistoco (a. Instrument Location 15H1 Wolf le (1/17)
Instrument S	erial No. <u>()</u> 8'134
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the day of, 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.
THE STATE	SO NO DE LA CONTRACTION DEL LA CONTRACTION DE LA
AWID SET	
SE QUANT	<u> </u>
	Signature of Certifying Official Certificate Number

ONSLOW COUNTY BAT MOBILE UNIT 7 660

Serial Number: 008734 Test Date: 09/06/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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	9:39pm 9:40pm 9:40pm 9:41pm 9:42pm 9:43pm
SUB TEST	.00	9:44pm
AIR BLK	.00	9:45pm

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

ONSLOW COUNTY BAT MOBILE UNIT 7 660

Serial Number: 008734 Test Record Number: 726

System Check: Passed

Baseline Tests

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

Temperature Tests

SRC Pass 9:47pm DET Pass 9:47pm	Test	Status	Time
Di Pass 9:4/pm	SRC DET BAR	Pass Pass Pass	9:47pm 9:47pm 9:47pm 9:47pm
	-	1 (100	2.4/Piii

Blank Tests

Test	Status	Time
AIR	Pass	9:47pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:47pm

CRC Tests

Status	Time
Pass Pass	9:48pm 9:48pm
	2 2 3 2 3 3

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Pe	rson Instrument Location Person Co LEC
Instrument Seria	Rox baro, 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

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693 Test Date: 09/05/2013

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: AG303502 Exp Date: 02/04/2015

Test	g/210L	Time
DIAG	Pass	3:50pm
AIR BLK	.00	3:51pm
ACCY CHK	.07	3:52pm
AIR BLK	.00	3:53pm
SUB TEST	.00	3:53pm
AIR BLK	.00	3:54pm
SUB TEST	.00	3:56pm
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

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693

Test Record Number: 970

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:59pm
FLO	Pass	3:59pm
FC	Pass	3:59pm

Temperature Tests

Test	Status	Time
FC1 SRC	Pass	3:59pm
DET	Pass Pass	3:59pm 3:59pm
BAR	Pass	3:59pm
BT	Pass	3:59pm

Blank Tests

Test	Status	Time
AIR	Pass	4:00pm

Printer Tests

Test	Status	Time	
PRNT	Pagg	4 • 00nm	

CRC Tests

Test	Status	Time
COMP	Pass	4:00pm
CAL	Pass	4:00pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County P	Person Instrument Location Person Co LEC
Instrument S	erial No. 008880 120 Court St. Roxboro, NC
	RoxboroNC
The preventi-	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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
THE STATE OF THE CARE AT SECOND SECON	CAROLL

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880 Test Date: 09/05/2013

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: AG206103 Exp Date: 03/01/2014

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	3:46pm 3:47pm 3:47pm
AIR BLK	.00	3:48pm
SUB TEST	.00	3:49pm
AIR BLK	.00	3:50pm
SUB TEST	.00	3:51pm
AIR BLK	.00	3:52pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880

Test Record Number: 579

Test Date: 09/05/2013

Test Time: 3:55pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:56pm 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

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

,	INTOXIMETERS, MODEL INTOX EC/IR II
County V	ance Co Instrument Location Vance Co 50
Instrument Se	rial No. 008870 156 Church St
	Henderson, NC
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the day of the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
THE CHEAT OF THE C	A CONTRACT OF THE PARTY OF THE
-	Signature of Certifying Official Certificate Number

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870 Test Date: 09/03/2013

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: 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: AG206103 Exp Date: 03/01/2014

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	2:00pm 2:01pm 2:02pm
AIR BLK	.00	2:03pm
SUB TEST	.00	2:03pm
AIR BLK	.00	2:04pm
SUB TEST	.00	2:06pm
AIR BLK	.00	2:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870

Test Record Number: 572

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:13pm
FC	.	2:13pm
FC	Pass	2:13pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:14pm
SRC	Pass	2:14pm
DET	Pass	2:14pm
BAR	Pass	2:14pm
BT	Pass	2:14pm

Blank Tests

Test	Status	Time
AIR	Pass	2:14pm

Printer Tests

PRNT Pass 2:14pm	Test	Status	Time
	PRNT	Pass	2:14pm

CRC Tests

Test	Status	Time
COMP	Pass	2:14pm
CAL	Pass	2:14pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County G	raham Instrument Location Graham Co. S.O.
Instrument Se	erial No. 008915 Robbinsville, NC
The preventiv	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that of procedures we Department of	on the /2 day of September, 20/3 the forgoing preventive maintenance per 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 Continue Signature of Certifying Official Certificate Number

GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008915 Test Date: 09/12/2013

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: CUTLER, DANIEL R
Permit Number: 8457E
Effective:

10/01/2011-10/01/2013

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

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

g/210L	Time
Pass .00 .07	10:50am 10:51am 10:52am
.00	10:53am
.00	10:53am
.00	10:54am
.00	10:56am
.00	10:57am
	Pass .00 .07 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008915 Test Record Number: 563

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:03am
FLO	Pass	11:03am
FC	Pass	11:03am

Temperature Tests

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

Blank Tests

Test	Status	Time
•		
ATR	Pagg	11.04am

Printer Tests

Test	Status	Time
PRNT	Pass	11:04am
	CRC Tests	
Test	Status	Time

COMP Pass 11:04am CAL Pass 11:04am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD

County S	wain	Instrument Location Swain	_ ·
V		Bryson City	, NC
The preventive four months are	maintenance procedures for the Ince:	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 degrees.	displays pressure, or the alcoholic breath gree 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" appe	ears, collect breath sample;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	I	
10.		ster is being changed before expiration of aged every four months or after 125 Alco	
I certify that or procedures were Department of	n the day of re performed on the instrument ind Health and Human Services, and t	icated above, in accordance with current he instrument is functioning properly.	going preventive maintenance t regulations of the N.C.
THE STATE OF THE S		ature of Certifying Official	Certificate Number

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

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008727 Test Date: 09/11/2013

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: CUTLER, DANIEL R

Permit Number: 8457E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	10:07am 10:07am 10:08am
AIR BLK	.00	10:09am
SUB TEST	.00	10:09am
AIR BLK	.00	10:10am
SUB TEST	.00	10:12am
ATR RIK	ሰበ	10.12am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008727 Test Record Number: 786
Test Date: 09/11/2013 Test Time: 10:13am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:13am
FLO	Pass	10:13am
FC	Pass	10:13am

Temperature Tests

Test	Status	Time
FC1	Pass	10:14am
SRC	Pass	10:14am
DET	Pass	10:14am
BAR	Pass	10:14am
\mathtt{BT}	Pass	10:14am

Blank Tests

Test	Status	Time
AIR	Pass	10:14am

Printer Tests

Status

Test

CAL

PRNT	Pass	10:14am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:14am

Time

10:14am

Preventive Maintenance Status: Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	wain Instrument Location Swain Co. Jail
Instrument S	erial No. 008723 Bryson City, NC
	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.
	on the
THE STATE OF THE S	

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

Signature of Certifying Official

Certificate Number

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008723 Test Date: 09/11/2013

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008723 Test Date: 09/11/2013 Test Record Number: 499 Test Time: 10:15am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:15am
FLO	Pass	10:15am
FC	Pass	10:15am

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:15am 10:15am 10:15am 10:15am 10:15am
	1000	10.150m

Blank Tests

Test	Status	Time
AIR	Pass	10:16am

Printer Tests

Test	Status	Time
PRNT	Pass	10:16am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:16am 10:16am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Edg	ecombe Instrument Location Edge combe (o. Magistra
Instrument Seri	ial No. 008663 Office, 3005. Angronda Rd., Terboro
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the second secon
	the <u>/8'</u> day of <u>September</u> , 20 <u>/3</u> 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.
ONE STATE OF THE S	
AND OLD WAR ALDER	Hell M 643
	Signature of Certifying Official Certificate Number

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR
320

Serial Number: 008663 Test Date: 09/18/2013

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	1:18pm
AIR BLK	.00	1:18pm
ACCY CHK	.07	1:19pm
AIR BLK	.00	1:20pm
SUB TEST	.00	1:21pm
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

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008663 Test Record Number: 1996

System Check: Passed

Baseline Tests

Test	Status	Time
	:	
IR	Pass	1:29pm
FLO	Pass	1:29pm
FC	Pass	1:29pm

Temperature Tests

Status	Time
Pass	1:29pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	1:30pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:30pm

CRC Tests

Test	Status	Time
COMP	Pass	1:30pm
CAL	Pass	1:30pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County FAC		•	ecation Edge Combre	
County	1.01/06		Acadon <u>i za e e e e e e e e e e e e e e e e e e </u>	1 01
Instrument Seria	100.008603	Office, s	2005. Analuna	la Rd., Tarbore
		· · · · · · · · · · · · · · · · · · ·		
The preventive r	naintenance procedures for the	Intoximeters, Mod	el Intox EC/IR II to be follo	lowed at least once every.
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d		or the alcoholic breath si	mulator thermometer shows
2.	Verify instrument displays tin	ne and date;		
3.	Initiate breath test sequence;			`.
4.	Enter information as prompte	d;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" ap	pears, collect breat	h sample;	
7.	When "PLEASE BLOW" ap	pears, collect breat	h sample;	
8.	Print test record;			
9.	Verify Diagnostic Program; a	nd		
10.	Verify that the ethanol gas can simulator solution is being ch whichever occurs first.			
I certify that on procedures were Department of I	the day of performed on the instrument in lealth and Human Services, and	tomber dicated above, in a the instrument is	, 20 <u>/3</u> the forgoin accordance with current re functioning properly.	ng preventive maintenance gulations of the N.C.
Of THE STATE OF A				
S S S S S S S S S S S S S S S S S S S	X CAROLINA		·	
ARIL 12, 1778	-111	11		1 11 00

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

Signature of Certifying Official

Certificate Number

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

> Serial Number: 008603 Test Date: 09/18/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:40pm
AIR BLK	.00	1:41pm
ACCY CHK	.07	1:41pm
AIR BLK	.00	1:42pm
SUB TEST	.00	1:43pm
AIR BLK	.00	1:44pm
SUB TEST	.00	1:45 pm

Reported AC: .00 g/210L

1:46pm

AIR BLK .00

Signature of Chemical Analyst

Court CVR

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008603 Test Record Number: 1288 Test Date: 09/18/2013 Test Time: 1:48pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:49pm 1:49pm
FC	Pass	1:49pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:49pm
SRC	Pass	1:49pm
DET	Pass	1:49pm
BAR	Pass	1:49pm
$\mathbf{B}_{i}\mathbf{T}$	Pass	1:49pm

Blank Tests

Test	Status	Time
AIR	Pass	1:50pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:50pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:50pm 1:50pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ber	Instrument Location Bette (o. S.O.
Instrument Se	erial No. 008897 104 Dundee St., Windsor, N.C.
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897 Test Date: 09/17/2013

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: 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

DIAG	Pass	10:59am
AIR BLK	.00	11:00am
ACCY CHK	.08	11:01am
AIR BLK	.00	11:02am

g/210L

Time

AIR BLK .00 11:02am

SUB TEST .00 11:02am

AIR BLK .00 11:03am

SUB TEST .00 11:05am

AIR BLK .00 11:06am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897 Test Record Number: 805 Test Date: 09/17/2013 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

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	PAMLICO Instrument Location /	Pamilio County	
Instrumer	nt Serial No. <u>008640</u> <u>SHERIF</u> 5	OFFICE	
The preve	entive maintenance procedures for the Intoximeters, Model Intox Ed	C/IR II to be followed at least once every	
1.	Verify the ethanol gas canister displays pressure, or the alc 34 degrees, plus or minus .2 degree centigrade;	oholic breath simulator thermometer show	
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or a whichever occurs first.	expiration date, or the alcoholic breath fter 125 Alcoholic Breath Simulator tests,	
I certify the procedure Departme	hat on the	the forgoing preventive maintenance with current regulations of the N.C. properly.	
THE COREATOR	TATE O NO THE CAROLE TO A CONTROL OF THE CAROLE		
* ESSE QL	- Cary Hass	3574	
	Signature of Certifying Official	Certificate Number	

PAMLICO COUNTY PAMLICO COUNTY SD 680

Serial Number: 008640 Test Date: 09/16/2013

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: HALL, RANDY E
Permit Number: 3462E
Effective:
09/01/2013-09/01/2015

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Karl E-Half
Analyst

PAMLICO COUNTY PAMLICO COUNTY SD 680

Serial Number: 008640 Test Date: 09/16/2013

Test Record Number: 977
Test Time: 11:11am EDT

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System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:12am

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

11:12am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	CRAUCH	Instrument Location Nec	NBERN A.D.
Instrume	nt Serial No. <u>008817</u>		
The preve	entive maintenance procedures for the In	atoximeters, Model Intox EC/IR	If to be followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	displays pressure, or the alcoholi gree centigrade;	c 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" appe	ars, collect breath sample;	
7.	When "PLEASE BLOW" appe	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	I	
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ster is being changed before expi ged every four months or after 1	ration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
I certify tl procedure Departme	hat on theday ofs es were performed on the instrument indient of Health and Human Services, and the	ncated above, in accordance with the instrument is functioning prop	the forgoing preventive maintenance current regulations of the N.C. erly.
CONTRACTOR OF STATE O	CATE OF A CORPORATION OF THE STATE OF THE ST	A E //all	354
	Signa	ature of Certifying Official	Certificate Number

CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817 Test Date: 09/16/2013

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: HALL, RANDY E
Permit Number: 3462E
Effective:
09/01/2013-09/01/2015

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 AIR BLK	Pass	12:17pm 12:18pm
ACCY CHK	.07	12:18pm
AIR BLK	.00	12:19pm
SUB TEST	.00	12:20pm
AIR BLK	.00	12:21pm
SUB TEST	.00	12:22pm
AIR BLK	.00	12:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Karl E Half
Analyst

CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817 Test Date: 09/16/2013

Test Record Number: 974
Test Time: 12:24pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:24pm 12:24pm 12:24pm 12:24pm 12:24pm

Blank Tests

Test	Status	Time
AIR	Pass	12:25pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:25pm
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

12:25pm

12:25pm

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CRAVEN	Instrument Location	en County
Instrumen	nt Serial No. <u>008732</u>	SHERIFF'S OFF	ree
The preve	ntive maintenance procedures for the	Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canisto 34 degrees, plus or minus .2	er displays pressure, or the alcoholic b	reath simulator thermometer show
2.	Verify instrument displays ti	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6,	When "PLEASE BLOW" ap	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.	mister is being changed before expiration anged every four months or after 125	ion date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify th procedures Departmen	at on theday ofs s were performed on the instrument in at of Health and Human Services, and	the ndicated above, in accordance with curl the instrument is functioning properly	forgoing preventive maintenance rrent regulations of the N.C.
CREAT SECONDARY	010	ine of EHOLD	354
	Si	gnaturé of Certifying Official	Certificate Number

CRAVEN COUNTY CRAVEN COUNTY SD 240

Serial Number: 008732 Test Date: 09/16/2013

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: HALL, RANDY E
Permit Number: 3462E
Effective:
09/01/2013-09/01/2015

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

Lot Number: AG202602 Exp Date: 01/26/2014

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	1:03pm 1:04pm 1:04pm 1:05pm
SUB TEST	.00	1:05pm
AIR BLK	.00	1:06pm
SUB TEST	.00	1:08pm
AIR BLK	.00	1:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Karely E-Half
Analyst

CRAVEN COUNTY CRAVEN COUNTY SD 240

Serial Number: 008732 Test Date: 09/16/2013

Test Record Number: 986
Test Time: 1:09pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:09pm 1:09pm
FC	Pass	1:09pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:09pm
SRC	Pass	1:09pm
DET	Pass	1:09pm
BAR	Pass	1:09pm
BT	Pass	1:09pm

Blank Tests

Test	Status	Time
AIR	Pass	1 • 1 0 mm

Printer Tests

Test	Status	Time
	٠,	
PRNT	Pass	1:10pm

CRC Tests

rest	Status	Time
COMP	Pass	1:10pm
CAL	Pass	1:10pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Jones	Instrument Location_	Jones County	
Instrumen	nt Serial No. <u>008705</u>	SHERIFFIS	OFFICE	
The preve	ntive maintenance procedures for th	e Intoximeters, Model Intox	EC/IR II to be followed at least once every	
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ter displays pressure, or the degree centigrade;	alcoholic breath simulator thermometer show	
2.	Verify instrument displays t	ime and date;		
3.	Initiate breath test sequence	;		
4.	Enter information as prompt	ted;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" a	When "PLEASE BLOW" appears, collect breath sample,		
7.	When "PLEASE BLOW" a	ppears, collect breath sample	2 ;	
8.	Print test record;			
9.	Verify Diagnostic Program;	and		
10.	Verify that the ethanol gas c simulator solution is being c whichever occurs first.	anister is being changed befi hanged every four months o	ore expiration date, or the alcoholic breath r after 125 Alcoholic Breath Simulator tests,	
procedures	nat on the day of s were performed on the instrument of Health and Human Services, ar	indicated above, in accordan	the forgoing preventive maintenance oce with current regulations of the N.C. ing properly.	
TO SEE ALL OR ALL OF SEE ALL OF S	ATE OF NORTH CAROLING).). = 1/		
The state of the s	C	ignature of Certifying Offici		
	, ,	ignature of Certifying Offici	al Certificate Number	

JONES COUNTY JONES COUNTY SD 510

Serial Number: 008705 Test Date: 09/16/2013

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: HALL, RANDY E
Permit Number: 3462E
Effective:
09/01/2013-09/01/2015

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Rand E-Half
Analyst

JONES COUNTY JONES COUNTY SD 510

Serial Number: 008705

Test Record Number: 858

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:54pm

Printer Tests

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

1000	bcacus	TIME
COMP	Pass	1:54pm
CAL	Pass	1:54pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	CRAVEN	Instrument Location HA	VELOCK P.D.
Instrume	nt Serial No. <u>00 8800</u>		
The preve	entive maintenance procedures for the I ths are:	ntoximeters, Model Intox EC/IR II	I to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic egree centigrade;	breath simulator thermometer show
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 char whichever occurs first.	ister is being changed before expir nged every four months or after 12	ation date, or the alcoholic breath 5 Alcoholic Breath Simulator tests,
I certify the procedure Departme	hat on theday ofes were performed on the instrument and ent of Health and Human Services, and t	dicated above, in accordance with of the instrument is functioning proper	he forgoing preventive maintenance current regulations of the N.C. orly.
SA STATE OF THE ST	TATE OF NO STATE CAROLINA CARO	01/11	
10000	- CO	nature/of Certifying Official	354
	Sign	iaturetor Certifying Official	Certificate Number

CRAVEN COUNTY HAVELOCK PD 240

Serial Number: 008800 Test Date: 09/17/2013

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: HALL, RANDY E
Permit Number: 3462E
Effective:
09/01/2013-09/01/2015

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	10:36am 10:36am 10:37am 10:38am
SUB TEST	.00	10:39am
AIR BLK	.00	10:40am
SUB TEST	.00	10:41am
AIR BLK	.00	10:42am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Karl E Half
Analyst

CRAVEN COUNTY HAVELOCK PD 240

Serial Number: 008800 Test Date: 09/17/2013

Test Record Number: 738
Test Time: 10:43am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:43am
FLO	Pass	10:43am
FC	Pass	10:43am

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:43am 10:43am 10:43am 10:43am 10:43am

Blank Tests

Test	Status	Time
AIR	Pass	10:44am

Printer Tests

Test	Status	Time
PRNT	Pass	10:44am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:44am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	RAVEN	Instrument Location MCAS	CHERRY POINT
Instrument Se	rial No. <u>010819</u>		
The preventiv	e maintenance procedures for the In	ntoximeters, Model Intox EC/IR II to be	e followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breat	th 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	d	
10.	Verify that the ethanol gas cani simulator solution is being char whichever occurs first.	ster is being changed before expiration nged every four months or after 125 Alc	date, or the alcoholic breath coholic Breath Simulator tests,
I certify that opposed ures we Department of	n theday of re performed on the instrument ind 'Health and Human Services, and t	the for judged, 20 13 the for judged above, in accordance with currer he instrument is functioning properly.	rgoing preventive maintenance at regulations of the N.C.
THE STATE OF THE S	NO. AROUND STATE OF THE PARTY O	ance EHall	354
		ature of Certifying Official	Certificate Number

CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 010819 Test Date: 09/17/2013

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: HALL, RANDY E
Permit Number: 3462E
Effective:
09/01/2013-09/01/2015

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

Lot Number: AG202602 Exp Date: 01/26/2014

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Karely E Half

CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 010819 Test Date: 09/17/2013

Test Record Number: 324
Test Time: 11:22am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	11:23am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	11:24am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	Instrument Location Hyde Co. SD, - Ocracoke
Instrument S	erial No. 008797 NC/2, Ocracoke, N.C.
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9,	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	on the 25 day of September, 2013 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797 Test Date: 09/25/2013

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	5:29pm
AIR BLK	.00	5:30pm
ACCY CHK	.07	5:30pm
AIR BLK	.00	5:31pm
SUB TEST	.00	5:32pm
AIR BLK	.00	5:33pm
SUB TEST	.00	5:34pm
AIR BLK	.00	5:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797

Test Record Number: 346

Test Date: 09/25/2013

Test Time: 5:36pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:36pm
FLO	Pass	5:36pm
FC	Pass	5:36pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:36pm
SRC	Pass	5:36pm
DET	Pass	5:36pm
BAR	Pass	5:36pm
BT	Pass	5:36pm

Blank Tests

Test	Status	Time
AIR	Pass	5:37pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:37pm

CRC Tests

Test	Status	Time
COMP	Pass	5:37pm
CAL	Pass	5:37pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL IN TOX EC/IR II
County 1	are Instrument Location Dave Co. S.O Hatter
Instrument Se	orial No. 008807 50346 NC Huy12, Frisco, M.
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o procedures we Department of	n the 25 day of September, 2013 the forgoing preventive maintenance are performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF STA	Zelh M (643
	Signature of Certifying Official Certificate Number

DARE COUNTY DARE CO SO HATTERAS 270.

Serial Number: 008807 Test Date: 09/25/2013

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	8:17pm 8:18pm
ACCY CHK AIR BLK	.07	8:18pm 8:19pm
SUB TEST	.00	8:20pm
AIR BLK	.00	8:21pm
SUB TEST	.00	8:22pm
AIR BLK	.00	8:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807 Test Date: 09/25/2013

Test Record Number: 499
Test Time: 8:24pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:25pm
FLO	Pass	8:25pm
FC	Pass	8:25pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:25pm
SRC	Pass	8:25pm
DET	Pass	8:25pm
BAR	Pass	8:25pm
BT	Pass	8:25pm

Blank Tests

Test	Status	Time
AIR	Pass	8:25pm

Printer Tests

rest	Status	Time
PRNT	Pass	8:25pm

CRC Tests

Test	Status	Time
COMP	Pass	8:26pm
CAL	Pass	8:26pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

ı	INTOXIMETERS, MODEL INTOX EC/IR II
County MA	KE Instrument Location WAKE COUNTY DETENTION
Instrument Seria	INO. 008738 3301 HAMMOND RO RALEIGH, NC
	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 the procedures were Department of H	the <u>JO</u> day of <u>SEPTEMBER</u> , 20 <u>JS</u> 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 NO. 1972 A LEG CHAM WINDS A	Signature of Certifying Official Certificate Number

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008738 Test Date: 09/30/2013

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: 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: AG315701 Exp Date: 06/06/2015

~ / 21 AT

Time

rest	9/2101	TIME
DIAG	Pass	1:54pm
AIR BLK	.00	1:55pm
ACCY CHK	.08	1:56pm
AIR BLK	.00	1:57pm
SUB TEST	.00	1:57pm
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

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Analysi

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008738 Test Record Number: 287

Test Date: 09/30/2013 Test Time: 2:02pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:02pm
FLO	Pass	2:02pm
FC	Pass	2:02pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:02pm
SRC	Pass	2:02pm
DET	Pass	2:02pm
BAR	Pass	2:02pm
BT	Pass	2:02pm

Blank Tests

Test	Status	Time
AIR	Pass	2:03pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:03pm

CRC Tests

Test	Status	Time
COMP	Pass	2:03pm
CAL	Pass	2:03pm

Preventive Maintenance Status: Pass

Brus D Smill Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	EDGECOME Instrument Location BAT MOBILE LAND
Instrume	nt Serial No. <u>008577</u>
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	nat on the
THE REAL PROPERTY.	
GREAT CAN	ATE ON OPPOSE OF THE PROPERTY
* ESSE QU	Signature of Certifying Official Certificate Number

EDGECOMB COUNTY BAT MOBILE UNIT 7 320

Serial Number: 008577 Test Record Number: 921 Test Date: 09/28/2013

Test Time: 10:05pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:05pm
SRC	Pass	10:05pm
DET	Pass	10:05pm
BAR	Pass	10:05pm
BT	Pass	10:05pm

Blank Tests

Test	Status	Time
AIR	Pass	10:06pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:06pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:06pm

Preventive Maintenance Status: Pass

Pass

10:06pm

CAL

EDGECOMB COUNTY BAT MOBILE UNIT 7 320

Serial Number: 008577 Test Date: 09/28/2013

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: 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	9:52pm
AIR BLK	.00	9:53pm
ACCY CHK	.07	9:53pm
AIR BLK	.00	9:54pm
SUB TEST	.00	9:55pm
AIR BLK	.00	9:56pm
SUB TEST	.00	9:57pm
AIR BLK	.00	9:58pm

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

Deportment of Health and Human Saurices

Department of Health and Human Services Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	EDGE COMBE Instrument Location ISAT MOBILE UNIT
Instrumer	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 shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify the procedure Department	nat on the
S S S S S S S S S S S S S S S S S S S	Signature of Certifying Official Certificate Number

EDGECOMB COUNTY BAT MOBILE UNIT 7 320

Serial Number: 008612

Test Record Number: 1406

Test Date: 09/28/2013

Test Time: 9:54pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:55pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:55pm
	CRC Tests	

Test	Status	Time
COMP	Pass	9:55pm
CAL	Pass	9:55pm

Preventive Maintenance Status: Pass

Analyst

EDGECOMB COUNTY BAT MOBILE UNIT 7 320

Serial Number: 008612 Test Date: 09/28/2013

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	9:45pm 9:46pm
ACCY CHK	.07	9:47pm
AIR BLK	.00	9:47pm
SUB TEST	.00	9:48pm
AIR BLK	.00	9:49pm
SUB TEST	.00	9:51pm
AIR BLK	.00	9:51pm

Reported AC:

.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Wakes Instrument Location Bot Wob; Le Un. T.
Instrument S	erial No. <u>008698</u> <u>Aprix PD</u>
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures w Department of	on the
TOTAL STATE OF THE	Signature of Certifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008698 Test Record Number: 1008 Test Date: 09/27/2013 Test Time: 11:38pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:38pm
SRC	Pass	11:38pm
DET	Pass	11:38pm
BAR	Pass	11:38pm
${ t BT}$	Pass	11:38pm

Blank Tests

Test	Status	Time
AIR	Pass	11:39pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:39pm
	CRC Tests	
Test	Status	Time
COMP	Pass	11:39pm

Preventive Maintenance Status: Pass

Pass

11:39pm

CAL

Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008698 Test Date: 09/27/2013

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

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 AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00 .00	11:28pm 11:29pm 11:30pm 11:30pm
AIR BLK SUB TEST AIR BLK	.00 .00 .00	11:32pm 11:34pm 11:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location_ Instrument Serial No. 008636 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record: 9. Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

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

ignature of Certifying Official

ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636 Test Date: 09/19/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

06/01/2013-06/01/2015

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	2:52pm 2:53pm
ACCY CHK	.07	2:54pm
AIR BLK	.00	2:55pm
SUB TEST	.00	2:55pm
AIR BLK	.00	2:56pm
SUB TEST	.00	2:58pm
AIR BLK	.00	2:59pm

Reported AC: .00 g/2

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

ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636 Test Record Number: 1345
Test Date: 09/19/2013 Test Time: 2:59pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	3:00pm 3:00pm 3:00pm 3:00pm 3:00pm
		

Blank Tests

Test	Status	Time
	•	
AIR	Pass	3:01pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:01pm

CRC Tests

Test	Status	Time
COMP	Pass	3:01pm
CAL	Pass	3:01pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County /	OCKINGHAM Instrument Location Rocking LAM Co. JA: 1
Instrument Se	orial No. 008796 Wentworth, N.C.
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures we Department of	n the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

Serial Number: 008796 Test Date: 09/19/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: DEAN, L K
Permit Number: 11598E
Effective:
06/01/2013-06/01/2015

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

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

Test	g/210L	Time
DIAG	Pass	1:51pm
AIR BLK	.00	1:52pm
ACCY CHK	.07	1:53pm
AIR BLK	.00	1:54pm
SUB TEST	.00	1:54pm
AIR BLK	.00	1:55pm
SUB TEST	.00	1:57pm
AIR BLK	.00	1:58pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

Serial Number: 008796 Test Date: 09/19/2013 Test Record Number: 1425
Test Time: 1:58pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:58pm
FLO	Pass	1:58pm
FC	Pass	1:59pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:59pm
SRC	Pass	1:59pm
\mathtt{DET}	Pass	1:59pm
BAR	Pass	1:59pm
BT	Pass	1:59pm

Blank Tests

Test	Status	Time
AIR	Pass	1:59pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:59pm
	CRC Tests	

Test	Status	Time
COMP	Pass	2:00pm
CAL	Pass	2:00pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

9) INTUXIMETERS, MODEL INTOX EC/IR II
County_/	ockingham Instrument Location Reidsville Police
Instrument S	erial No. 008784 Department
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3. •	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on theday ofseptember, 20 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	OF TOO TO THE TOTAL PARTY OF THE

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

Certificate Number

ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784 Test Date: 09/19/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: DEAN, L K Permit Number: 11598E Effective: 06/01/2013-06/01/2015

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	1:11pm 1:11pm
ACCY CHK	.07	1:12pm
AIR BLK	.00	1:13pm
SUB TEST	.00	1:13pm
AIR BLK	.00	1:14pm
SUB TEST	.00	1:16pm
AIR BLK	.00	1:17pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784

Test Record Number: 723

Test Date: 09/19/2013

Test Time: 1:18pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	1:18pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	1:19pm

Printer Tests

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

COMP Pass 1:19pm CAL 1:19pm Pass

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Instrument Serial No. (The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date: 3. Initiate breath test sequence; 4. Enter information as prompted: 5. Verify instrument accuracy; 6. 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. TEMBER _, 20 1 3 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C.



Signature of Certifying Official

Certificate Number

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

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

GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604 Test Date: 09/03/2013

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: AG320602 Exp Date: 07/25/2015

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604

Test Record Number: 1201

Test Date: 09/03/2013

Test Time: 2:13pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:13pm
FLO	Pass	2:13pm
FC	Pass	2:14pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	2:14pm 2:14pm 2:14pm 2:14pm 2:14pm

Blank Tests

Test	Status	Time
AIR	Pass	2:14pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:14pm

CRC Tests

Test	Status	Time
COMP	Pass	2:14pm
CAL	Pass	2:14pm

Preventive Maintenance Status: Pass

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



Signature of Certifying Official

Certificate Number

RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791 Test Date: 09/04/2013

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: 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: AG204603 Exp Date: 02/15/2014

Test	g/210L	Time
DIAG	Pass	12:52pm
AIR BLK	.00	12:53pm
ACCY CHK	.08	12:54pm
AIR BLK	.00	12:55pm
SUB TEST	.00	12:55pm
AIR BLK	.00	12:56pm
SUB TEST	.00	12:58pm
AIR BLK	.00	12:59pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791 Test Date: 09/04/2013

Test Record Number: 836 Test Time: 12:59pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:00pm
FLO	Pass	1:00pm
FC	Pass	1:00pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:00pm
SRC	Pass	1:00pm
DET	Pass	1:00pm
BAR	Pass	1:00pm
BT	Pass	1:00pm

Blank Tests

Test Status Time
AIR Pass 1:01pm

Printer Tests

Test Status Time
PRNT Pass 1:01pm

CRC Tests

Test Status Time

COMP Pass 1:01pm
CAL Pass 1:01pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	100Re CD Instrument Location BOT Mobile Unit
Instrument S	erial No 08600
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department of	on theday of
STATE STATE	

Signature of Certifying Official

Certificate Number

MOORE COUNTY BAT MOBILE UNIT 5 620

Serial Number: 008600 Test Date: 09/18/2013

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: XX
Driver's License Number: NONE

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	9:09pm 9:10pm 9:11pm 9:11pm 9:14pm 9:15pm
SUB TEST	.00	9:16pm
AIR BLK	.00	9:17pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MOORE COUNTY BAT MOBILE UNIT 5 620

Serial Number: 008600

Test Record Number: 1279

Test Date: 09/18/2013

Test Time: 9:19pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:19pm
FLO	Pass	9:19pm
FC	Pass	9:19pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:19pm
SRC	Pass	9:19pm
DET	Pass	9:19pm
BAR	Pass	9:19pm
BT	Pass	9:19pm

Blank Tests

Test	Status	Time
AIR	Pass .	9:20pm

Printer Tests

C+ 2+110

m2

Toot

resc	status	ттше
PRNT	Pass	9:20pm
	CRC Tests	

Test	Status	Time
COMP	Pass	9:20pm
CAL	Pass	9:20pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County	ontgomery Instrument Location Bat mobile Unit 5
Instrument Se	erial No DU8600 Mt. Gilead PD
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that oprocedures we Department o	on the day of
THE STATE	



Signature of Certifying Official

Certificate Number

MONTGOMERY COUNTY BAT MOBILE UNIT 5 610

Serial Number: 008600 Test Date: 09/20/2013

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	9:30pm 9:31pm 9:31pm 9:32pm
AIR BLK	.00 .00	9:34pm
SUB TEST	.00	9:35pm 9:38pm
AIR BLK	.00	9:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

John Bokmer Analyst

MONTGOMERY COUNTY BAT MOBILE UNIT 5 610

Serial Number: 008600 Test Date: 09/20/2013

Test Record Number: 1283

Test Time: 9:40pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:41pm
FLO	Pass	9:41pm
FC	Pass	9:41pm

Temperature Tests

FC1 Pass 9:41pm SRC Pass 9:41pm DET Pass 9:41pm BAR Pass 9:41pm BT Pass 9:41pm	Test	Status	Time
Pass 9:41pm	SRC DET BAR	Pass Pass Pass	9:41pm 9:41pm 9:41pm
	T) T	rass	9:41pm

Blank Tests

Test	Status	Time
AIR	Pass	9:42pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:42pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:42pm 9:42pm

Preventive Maintenance Status: Pass

Analyst Skynnin

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ran	addlph Instrument Location Bat Mobile Unit
Instrument Seria	11 Nd DO 8929 5HP D-6
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t procedures were Department of H	heday of
THE STATE OF NO.	Signature of Certifying Official Certificate Number

RANDOLPH COUNTY BAT MOBILE UNIT 2 750

Serial Number: 008929 Test Date: 09/14/2013

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:58pm 10:59pm
ACCY CHK	.07	11:00pm
AIR BLK	.00	11:01pm
SUB TEST	.00	11:02pm
AIR BLK	.00	11:03pm
SUB TEST	.00	11:04pm
AIR BLK	.00	11:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Onya B Skinner Analyst

RANDOLPH COUNTY BAT MOBILE UNIT 2 750

Serial Number: 008929 Test Date: 09/14/2013

Test Record Number: 684
Test Time: 11:06pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test St	atus Time
FC1 Pa SRC Pa DET Pa BAR Pa BT Pa	11:07pm ss 11:07pm 11:07pm 11:07pm

Blank Tests

Test Status Time

AIR Pass 11:08pm

Printer Tests

Test Status Time

PRNT Pass 11:08pm

CRC Tests

Test Status Time

COMP Pass 11:08pm
CAL Pass 11:08pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County P)	andolph Instrument Location Bot Mobile Unit
Instrument S	Serial NoOO8736 5HP D-4
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.
Department o	rere 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	S TO THE CARD IN THE TABLE TO T

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

Signature of Certifying Official

RANDOLPH COUNTY BAT MOBILE UNIT 2 750

Serial Number: 008736 Test Date: 09/14/2013

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	11:00pm 11:01pm 11:02pm 11:03pm 11:03pm
SUB TEST	.00	11:06pm
AIR BLK	.00	11:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Donya Bokunin Analyst

RANDOLPH COUNTY BAT MOBILE UNIT 2 750

Serial Number: 008736

Test Record Number: 674 Test Date: 09/14/2013 Test Time: 11:08pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:09pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:09pm
	CRC Tests	

ICSC	Status	TTITIE
COMP	Pass	11:09pm
CAL	Pass	11:09pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	MITOMMETERS, MODEL INTOX EC/IR II
County X	andolph Instrument Location Both mobile Unit
Instrument S	erial No.00800
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
. 9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of contract the procedures we department of the contract of the	on the day of the day of the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE PARTY OF THE P	CARDINA

RANDOLPH COUNTY BATMOBILE UNIT 2 750

Serial Number: 008601 Test Date: 09/14/2013

Citation Number: M0000000-0 Subject's Name:

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00 .00	11:23pm 11:24pm 11:25pm 11:26pm 11:27pm 11:29pm 11:29pm 11:30pm
		JODIII

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Donya B Skinner

RANDOLPH COUNTY BATMOBILE UNIT 2 750

Serial Number: 008601 Test Date: 09/14/2013

Test Record Number: 874

Test Time: 11:31pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Blank Tests

Test	Status	Time
AIR	Pass	11 • 3 3 mm

Printer Tests

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

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 1	Instrument Location Bat Mobile Unit
Instrument S	Serial No. (208736)
The prevent four months	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 show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures we Department of	on the day of day of 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	
SSE QUAM VII	Sonja B Skinger Wyll
	Signature of Certifying Official Certificate Number

HARNETT COUNTY BAT MOBILE UNIT 2 420

Serial Number: 008736 Test Date: 09/13/2013

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:26pm 10:27pm
ACCY CHK	.08	10:27pm
AIR BLK	.00	10:28pm
SUB TEST	.00	10:29pm
AIR BLK	.00	10:30pm
SUB TEST	.00	10:32pm
AIR BLK	.00	10:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Donya B Skyner

HARNETT COUNTY BAT MOBILE UNIT 2 420

Serial Number: 008736

Test Record Number: 665

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:38pm
SRC	Pass	10:38pm
DET	Pass	10:38pm
BAR	Pass	10:38pm
BT	Pass	10:38pm

Blank Tests

Test	Status	Time
AIR	Pass	10:38pm

Printer Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

\ \ \	INTOAIMETERS, MODEL INTOA EC/IR II
County 1-1	Instrument Location Cot Mobile Unit
Instrument Se	erial No.008929 Hornett Co 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.
I certify that o procedures we Department of	on the day of 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 CURE STATE CORE AND THE STATE CURE AND THE	Signature of Certifying Official Certificate Number

HARNETT COUNTY BAT MOBILE UNIT 2 420

Serial Number: 008929 Test Date: 09/13/2013

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	10:19pm 10:20pm 10:20pm 10:21pm 10:22pm
AIR BLK	.00	10:23pm
SUB TEST	.00	10:25pm
AIR BLK	.00	10:26pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Jonya B Skinn

HARNETT COUNTY BAT MOBILE UNIT 2 420

Serial Number: 008929 Test Date: 09/13/2013

Test Record Number: 677 Test Time: 10:27pm EDT

System Check: Fassed

Baseline Tests

Test	Status	Time
IR	Pass	10:28pm
FLO	Pass	10:28pm
FC	Pass	10:28pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:28pm 10:28pm 10:28pm 10:28pm 10:28pm

Blank Tests

Test	Status	Time
AIR	Pass	10:29pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:29pm
	CRC Tests	

Test	Status	Time
COMP	Pass	10:29pm
CAL	Pass	10:29pm

Preventive Maintenance Status: Pass

Donya B Skinn

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

1.1	11 / 224	TERS, MODEL INTOX EC.	
County 10	rnett	Instrument Location	nobile Unita
Instrument Ser	rial No. [] (8 40)	Harnett Co S	<u> </u>
·.			
The preventive four months ar	e maintenance procedures for e:	the Intoximeters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas car 34 degrees, plus or minus	nister displays pressure, or the alcoholic brea .2 degree centigrade;	th simulator thermometer shows
2.	Verify instrument display	s time and date;	
3.	Initiate breath test sequen	ce;	
4.	Enter information as pron	npted;	
5.	Verify instrument accurac	у;	
6.	When "PLEASE BLOW"	appears, collect breath sample;	
7.	When "PLEASE BLOW"	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program	n; and	
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.	s canister is being changed before expiration s changed every four months or after 125 Ale	date, or the alcoholic breath coholic Breath Simulator tests,
certify that on procedures wer Department of	e bettottied on the metalitiet	the form the indicated above, in accordance with current and the instrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
CHAIR STATE OF THE	NORTH CAROUNA		
William Control	Sony	a Bothonia	(OL) (
	. ()	Signature of Certifying Official	Certificate Number

HARNETT COUNTY BATMOBILE UNIT 2 420

Serial Number: 008601 Test Date: 09/13/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911 Subject's Sex: Male Driver's License State: XX

Driver's License Number: NONE

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

HARNETT COUNTY BATMOBILE UNIT 2 420

Serial Number: 008601

Test Record Number: 868

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:18pm 11:18pm 11:18pm 11:18pm 11:18pm
		<u>-</u>

Blank Tests

Test	Status	Time
AIR	Pass	11:19pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:19pm
	CRC Tests	
Test	Status	Time
COMP	Pass	11:19pm

Pass

11:19pm

Preventive Maintenance Status: Pass

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County D	ichan	Instrument Location Bot M	obite Unit?
Instrument Ser	rial No. <u>008930</u>	Durham Pr	
The preventive four months are	e maintenance procedures for the Int	oximeters, Model Intox EC/IR II to be fo	llowed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	isplays pressure, or the alcoholic breath s	imulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		·
6.	When "PLEASE BLOW" appea	urs, collect breath sample;	
7.	When "PLEASE BLOW" appea	rs, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.	er is being changed before expiration date every four months or after 125 Alcohological every four months of the 125 Alcohological every four months of the 125 Alcohological every four months are after 125 Alcohological every f	e, or the alcoholic breath blic Breath Simulator tests,
I certify that on procedures were Department of I	e performed on the instrument indic	the forgoi cated above, in accordance with current receinstrument is functioning properly.	ng preventive maintenance gulations of the N.C.
THE COMMISSION OF THE PROPERTY	Signat	ure of Certifying Official	Certificate Number

DURHAM COUNTY BAT MOBILE UNIT 2 310

Serial Number: 008929 Test Date: 09/05/2013

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	10:04pm 10:05pm 10:05pm
SUB TEST	.00	10:06pm 10:08pm
AIR BLK SUB TEST	.00 .00	10:09pm 1 0:11pm
AIR BLK	.00	10:12pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Ong B Stune

DURHAM COUNTY BAT MOBILE UNIT 2 310

Serial Number: 008929 Test Date: 09/05/2013

Test Record Number: 672 Test Time: 10:13pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:13pm
FLO	Pass	10:13pm
FC	Pass	10:13pm

Temperature Tests

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

Blank Tests

Test.	Status	Time	
AIR	Pass	10:14pm	

Printer Tests

Test	Status	Time
PRNT	Pass	10:14pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	10:14pm 10:14pm

Preventive Maintenance Status: Pass

Onya Bostunia Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

distance of the Parish	INTOXIMETERS, MODEL INTOX EC/IR II
County D	Instrument Location Bot Mobile Unit
Instrument Ser	rial No. 008734
The preventive	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
four months ar	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.
certify that on procedures wer Department of	the day of, 20 the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OT ME STATE OF	ACARO PASTALLA CALLA CAL
	Signature of Certifying Official Certificate Number

DURHAM COUNTY BAT MOBILE UNIT 2 310

Serial Number: 008736 Test Date: 09/05/2013

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

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Donya B Skyner

DURHAM COUNTY BAT MOBILE UNIT 2 310

Serial Number: 008736 Test Date: 09/05/2013

Test Record Number: 660 Test Time: 10:15pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:16pm
FLO	Pass	10:16pm
FC	Pass	10:16pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	10:16pm 10:16pm 10:16pm 10:16pm
BT	Pass	10:16pm

Blank Tests

Test	Status	Time
ATR	Pagg	10.16pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:16pm
	CRC Tests	

rest	Status	ттше
COMP	Pass	10:17pm
CAL	Pass	10:17pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Johnston Instrument Location BAT MOBILE UNITH
Instrument Ser	rial No. COS623 PRINCETON
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of I	theday of
THE STATE OF THE S	SOLITING CANODING

JOHNSTON COUNTY BAT MOBILE UNIT 7 910
Serial Number: 008623 Test Record Number: 2768
Test Date: 09/07/2013 Test Time: 10:10pm EDT
System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:11pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:11pm

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst 1110 Per

JOHNSTON COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008623 Test Date: 09/07/2013

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: 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	10:01pm
AIR BLK	.00	10:03pm
ACCY CHK	.07	10:03pm
AIR BLK	.00	10:04pm
SUB TEST	.00	10:05pm
AIR BLK	.00	10:06pm
SUB TEST	.00	10:07pm
AIR BLK	.00	10:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 6	HNSTON Instrument Location BATWOR, Le Lewit THE
Instrument Seri	al No. 008698 PRINCETON
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of H	the
OFF STATE OF A PART 12. THE STATE OF A PART 12. THE STATE OF A PART 12. THE PART 12	Signature of Certifying Official Certificate Number

JOHNSTON COUNTY BAT MOBILE UNIT 7 500

Serial Number: 008698 Test Date: 09/07/2013 Test Record Number: 1000 Test Time: 10:11pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:12pm

Printer Tests

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

10:12pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

JOHNSTON COUNTY BAT MOBILE UNIT 7 500

Serial Number: 008698 Test Date: 09/07/2013

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: 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	9:52pm
AIR BLK	.00	9:53pm
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
AIR BLK	.00	9:59pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Water	Instrument Location But MIDBILE	Lis, T
Instrument	t Serial No. <u> </u>	Hour Spr.	N65
The prever	ntive maintenance procedures for th	ne Intoximeters, Model Intox EC/IR II to be followed at leas	at once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ster displays pressure, or the alcoholic breath simulator there degree centigrade;	nometer shows
2.	Verify instrument displays t	time and date;	
3.	Initiate breath test sequence	;	
4.	Enter information as prompt	ted;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" a	appears, collect breath sample;	
7.	When "PLEASE BLOW" a	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.	Verify that the ethanol gas c simulator solution is being c whichever occurs first.	anister is being changed before expiration date, or the alcoholar hanged every four months or after 125 Alcoholic Breath Sin	iolic breath mulator tests,
certify that procedures Department	more performed on the matturnent	, 20 / 3 the forgoing preventive indicated above, in accordance with current regulations of the instrument is functioning properly.	maintenance he N.C.
STAN STAN STAN STAN STAN STAN STAN STAN		ignature of Certifying Official Certificate	S / Number

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008704

Test Record Number: 170

Test Date: 09/06/2013

Test Time: 11:31pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:33pm

Printer Tests

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

1000	beacab	± ± 1110
COMP	Pass	11:33pm
CAL	Pass	11:33pm

Preventive Maintenance Status: Pass

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008704 Test Date: 09/06/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, PREVENTIVE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	11:16pm 11:17pm 11:17pm 11:18pm 11:19pm 11:20pm
SUB TEST	.00	11:22pm
AIR BLK	.00	11:23pm
		_

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	LVAKES In	nstrument Location Bat Wioc	
Instrument S	erial No. <u>808760</u>	Holly-	Springs
The preventi four months	ve maintenance procedures for the Intoxin are:	neters, Model Intox EC/IR II to be fol	llowed at least once every
1.	Verify the ethanol gas canister displa 34 degrees, plus or minus .2 degree of	ays pressure, or the alcoholic breath si centigrade;	mulator thermometer shows
2.	Verify instrument displays time and	date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, c	collect breath sample;	
7.	When "PLEASE BLOW" appears, c	collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is simulator solution is being changed e whichever occurs first.	s being changed before expiration date every four months or after 125 Alcohol	e, or the alcoholic breath blic Breath Simulator tests,
I certify that procedures w Department of	on theday of ere performed on the instrument indicated of Health and Human Services, and the ins	the forgoid above, in accordance with current restrument is functioning properly.	ng preventive maintenance gulations of the N.C.
STATE STATE OF THE	Signature	of Certifying Official	Certificate Number

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008760 Test Date: 09/06/2013

Test Record Number: 500 Test Time: 11:23pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:24pm
FLO	Pass	11:24pm
FC	Pass	11:24pm

Temperature Tests

DET Pass 11:24pm BAR Pass 11:24pm	Test	Status	Time
SRC Pass 11:24pm DET Pass 11:24pm BAR Pass 11:24pm	FC1	Pagg	11 · 24 mm
BAR Pass 11:24pm			11:24pm
	DET	Pass	11:24pm
BT Pass 11:24pm	BAR	Pass	11:24pm
	BT	Pass	11:24pm

Blank Tests

Test	Status	Time
AIR	Pass	11:25pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:25pm

CRC Tests

Test	Status	Time
COMP	Pass	11:25pm
CAL	Pass	11:25pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008760 Test Date: 09/06/2013

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

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

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

Analyst's Name: 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 AIR BLK ACCY CHK	Pass	11:10pm 11:11pm 11:11pm
ACCY CHR AIR BLK SUB TEST	.00	11:11pm 11:12pm 11:13pm
AIR BLK	.00	11:14pm
SUB TEST AIR BLK	.00 .00	11:16pm 11:17pm

Reperted AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	WAKE Instrument Location BAT MOBILE LOUIT
Instrument S	Serial No. DD8612 HOLLY Spaines
The prevent four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures v	t on theday of
STAR STAR STAR STAR STAR STAR STAR STAR	Signature of Certifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008612 Test Reco Test Date: 09/06/2013 Test Tim

Test Record Number: 1396
Test Time: 11:24pm EDT

1000 11110 12111

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:26pm

Printer Tests

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

COMP Pass 11:26pm CAL Pass 11:26pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008612 Test Date: 09/06/2013

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:11pm 11:12pm
ACCY CHK	.07	11:13pm
AIR BLK	.00	11:14pm
SUB TEST AIR BLK	.00 .00	11:15pm 11:16pm
SUB TEST	.00	11:17pm
AIR BLK	.00	11:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

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

County 3	DHMSTON	Instrument Location	BERSON	Police Depr
Instrument Seri	al No. <u>008885</u>	BENSON	, N.C.	
The preventive four months are	maintenance procedures for the In	toximeters, Model Intox	x EC/IR II to be fol	lowed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg		alcoholic breath si	mulator 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 samp	le;	
7.	When "PLEASE BLOW" appe	ars, collect breath samp	le;	
8.	Print test record;			
9.	Verify Diagnostic Program; and		Andrews (September 1997) September 1997 September 1997	
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.			
	theday of Strongler e performed on the instrument indi Health and Human Services, and the	cated above, in accorda	ance with current re	ng preventive maintenance gulations of the N.C.
CALL OF MAN TO THE STATE OF THE	TO AN	(O).		gar annum by
- Mantanana	Sign	ature of Certifying Offi	cial	Certificate Number

JOHNSTON COUNTY BENSON POLICE DEPT. 500

Serial Number: 008885 Test Date: 09/11/2013

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

Analyst's Name: QUARANTELLO, NICHOLAS J Permit Number: 21536E Effective: 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	11:23am 11:24am
ACCY CHK	.07	11:24am
AIR BLK	.00	11:25am
SUB TEST	.00	11:26am
AIR BLK	.00	11:27am
SUB TEST	.00	11:28am
ATR BLK	. 0.0	11:29am

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 BENSON POLICE DEPT. 500

Serial Number: 008885 Test Date: 09/11/2013 Test Record Number: 325
Test Time: 11:30am EDT

System Check: Passed

Baseline Tests

Test	 Status	Time
		1.1.1
IR	Pass	11:30am
FLO	Pass	11:30am
FC	Pass	11:30am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:31am

Printer Tests

Test	Status	Time
PRNT	Pass	11:31am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:31am

Preventive Maintenance Status: Pass

Pass

11:31am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C	Instrument Location CUHBERAND CO. DEREUTION
Instrument Ser	al No. 008632 FAYETTEUIE, 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 12 day of SEPTEMBER, 2013 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	
	Signature of Certifying Official Certificate Number

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632 Test Date: 09/12/2013

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632 Test Date: 09/12/2013

Test Record Number: 2565

Test Time: 11:07am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:07am 11:07am 11:07am 11:07am 11:07am
- L	rass	TT:U/am

Blank Tests

Test	Status	Time
AIR	Pass	11:08am

Printer Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CUMBERIAND	Instrument Location (UM	MBERLAND CO. DETENTION
Instrument	Serial No. <u>008672</u>	FAYETEVILE	MEGUAND CO. DETENTION FACILITY
The prever	ntive maintenance procedures for the sare:	Intoximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d		breath 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; as	nd	
10.		nister is being changed before expira anged every four months or after 12	
I certify the procedures Departmen	at on the 12 day of 55 were performed on the instrument in t of Health and Human Services, and	dicated above, in accordance with control the instrument is functioning proper	ne forgoing preventive maintenance urrent regulations of the N.C. rly.
STATE OF THE CREAT	Lill Market	nature of Certifying Official	Certificate Number

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008672 Test Date: 09/12/2013

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:

QUARANTELLO, NICHOLAS J

Permit Number: 21536E

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

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG317801

Exp Date: 06/27/2015

Test g/210L Time

DIAG	Pass	11:04am
AIR BLK	.00	11:05am
ACCY CHK	.08	11:06am
AIR BLK	.00	11:06am
SUB TEST	.00	11:07am
AIR BLK	.00	11:08am
SUB TEST	.00	11:10am
ATR BLK	0.0	11 • 11 am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008672 Test Date: 09/12/2013 Test Record Number: 3664

Test Time: 11:13am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:14am
FLO	Pass	11:14am
FC	Pass	11:14am

Temperature Tests

Test	Status	Time
FC1	Pass	11:14am
SRC	Pass	11:14am
DET	Pass	11:14am
BAR	Pass	11:14am
BT	Pass	11:14am

Blank Tests

Test	Status	Time
AIR	Pass	11:15am

Printer Tests

Test	Status	Time
PRNT	Pass	11:15am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:15am 11:15am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	WATE Instrument Location 13 AT WOBILE	: Chit	
Instrument	at Serial No. OSS 77 Paleible		
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at lea	st once every	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator ther 34 degrees, plus or minus .2 degree centigrade;	mometer shows	
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;	·	
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcosimulator solution is being changed every four months or after 125 Alcoholic Breath Si whichever occurs first.	nolic breath mulator tests,	
procedures	at on theday of, 20_/ \(\) the forgoing preventive were performed on the instrument indicated above, in accordance with current regulations of at of Health and Human Services, and the instrument is functioning properly.	maintenance the N.C.	
WEST OF THE CASE O	ATE OF TOO BY TO	94 M.	
	Signature of Certifying Official Certificate	Number	

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008577 Test Date: 09/13/2013

Test Record Number: 913 Test Time: 9:05pm EDT

Test Time: 9:05pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:05pm
FLO	Pass	9:05pm
FC	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

rest	Status	Time
PRNT	Pass	9:06pm

m-i------

CRC Tests

Test	Status	Time
.COMP	Pass	9:06pm
CAL	Pass	9:06pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008577 Test Date: 09/13/2013

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

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

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

Analyst's Name: 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 AIR BLK	Pass	8:57pm 8:58pm
ACCY CHK	.07	8:58pm
AIR BLK	.00	8:59pm
SUB TEST	.00	9:00pm
AIR BLK	.00	9:01pm
SUB TEST	.00	9:02pm
AIR BLK	.00	9:03pm

Reported AC: .00 q/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Wake	Instrument Location 347 W	OBile LNIT
Instrument S	erial No. <u>00 86/2</u>	Roleita,	<u> </u>
The prevention four months a		oximeters, Model Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degrees	splays pressure, or the alcoholic breath see 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	rs, collect breath sample;	
7.	When "PLEASE BLOW" appear	rs, collect breath sample;	
8.	Print test record;		1
9.	Verify Diagnostic Program; and		
10.		er is being changed before expiration dated every four months or after 125 Alcoh	
	on the <u>/</u> day of <u>/</u> ere performed on the instrument indicate of Health and Human Services, and the	20 / the forgo ated above, in accordance with current reinstrument is functioning properly.	ing preventive maintenance egulations of the N.C.
TO STATE OF THE ST	Signati	ure of Certifying Official	Certificate Number

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008612

Test Record Number: 1398

Test Date: 09/13/2013 Test Time: 9:03pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:03pm
FLO	Pass	9:03pm
FC	Pass	9:04pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:04pm
SRC	Pass	9:04pm
DET	Pass	9:04pm
BAR	Pass	9:04pm
BT	Pass	9:04pm

Blank Tests

Test	Status	Time
ATR	Pagg	9 · 04 nm

Printer Tests

Test	Status	Time
PRNT	Pass	9:04pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:04pm

Preventive Maintenance Status: Pass

Pass

9:04pm

CAL

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008612 Test Date: 09/13/2013

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	8:54pm 8:55pm 8:56pm
AIR BLK	.00	8:57pm
SUB TEST	.00	8:58pm
AIR BLK	.00	8:59pm
SUB TEST	.00	9:00pm
AIR BLK	.00	9:01pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (1	1966 Instrument Location BAT MOBILE UNIT
Instrument Seria	11 No. 0 5673 RALFIEM
The preventive i	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
OF WAS 12, 177	Signature of Certifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008623 Test Record Number: 2774 Test Date: 09/14/2013 Test Time: 12:10am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:10am
SRC	Pass	12:10am
DET	Pass	12:10am
BAR	Pass	12:10am
\mathtt{BT}	Pass	12:10am

Blank Tests

Test	Status	Time
AIR	Pass	12:11am

Printer Tests

Test	Status	Time
PRNT	Pass	12:11am

CRC Tests

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

Preventive Maintenance Status: Pass

Stople G. [110 Pan)

Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008623

Test Date: 09/14/2013

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: 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	12:01am
AIR BLK	.00	12:02am
ACCY CHK	.07	12:02am
AIR BLK	.00	12:03am
SUB TEST	.00	12:04am
AIR BLK	.00	12:05am
SUB TEST	.00	12:07am
AIR BLK	.00	12:08am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Sol 6. Mogal Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location 1347 1110 Bile Unit
Instrument S	erial No. 008760 12346764
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
•	on the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008760 Test Record Number: 507 Test Date: 09/14/2013 Test Time: 12:12am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:14am

Printer Tests

Test	Status	Time
PRNT	Pass	12:14am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:14am 12:14am

Preventive Maintenance Status: Pass

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008760 Test Date: 09/14/2013

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: 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 AIR BLK	Pass	12:03am 12:04am
ACCY CHK	.07	12:05am
AIR BLK	.00	12:06am
SUB TEST	.00	12:07am
AIR BLK	.00	12:08am
SUB TEST	.00	12:10am
AIR BLK	.00	12:11am

Reparted AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Water Instrument Location But 1110 Bile Con it	# . —
Instrument	Serial No00 86 2-3	_
The preven	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	ws
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.	š,
I certify that procedures Department	at on theday of	:e
AND SECTION OF SECTION	Signature of Certifying Official Certificate Number	_

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008623 Test Record Number: 2780 Test Date: 09/14/2013 Test Time: 9:59pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:59pm
FLO	Pass	9:59pm
FC	Pass	9:59pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:00pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:00pm

CRC Tests

Test	Status	Time
COMP	Pass	10:00pm
CAL	Pass	10:00pm

Preventive Maintenance Status: Pass

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008623

Test Date: 09/14/2013

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: 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	9:48pm
AIR BLK	.00	9:49pm
ACCY CHK	.07	9:50pm
AIR BLK	.00	9:51pm
SUB TEST	.00	9:51pm
AIR BLK	.00	9:52pm
SUB TEST	.00	9:54pm
ATR BIK	0.0	9.55 rpm

Reported AC: __00 (

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	ONSLAW Instrument Location CAMP Lejeune PMO
Instrumer	nt Serial No. <u>00 8920</u>
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every this are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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	nat on the
CO SESTING CREAT AS SESTING SE	Signature of Certifying Official Certificate Number

ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008920 Test Date: 09/04/2013

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: HALL, RANDY E
Permit Number: 3462E
Effective:
09/01/2013-09/01/2015

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

Lot Number: AG202602 Exp Date: 01/26/2014

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Karely E Half
Analyst

ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008920 Test Date: 09/04/2013

Test Record Number: 833 Test Time: 11:16am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:17am
FLO	Pass	11:17am
FC	Pass	11:17am

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:17am 11:17am 11:17am 11:17am 11:17am
		. —

Blank Tests

Test	Status	Time
AIR	Pass	11:17am

Printer Tests

Test	Status	Time
PRNT	Pass	11:17am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:18am 11:18am

Preventive Maintenance Status: Pass

Karly E-Half Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ONSLOW Instrument Location JACKSONVILLE A.S.
Instrument	Serial No
The prever four month	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
. 3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify the procedures Departmen	at on theday of
PART OF STANK COREAT STANK CORE	Signature of Certifying Official Certificate Number

ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: 008930 Test Date: 09/04/2013

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: MONE

Driver's License Number: NONE

Analyst's Name: HALL, RANDY E

Permit Number: 3462E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Karl E-Half
Analyst

ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: 008930

Test Record Number: 1976

Test Date: 09/04/2013

Test Time: 12:12pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:13pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:13pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:13pm 12:13pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ox	USLOW Instrument Location ONSLOW COUNT	<u>ly</u>
Instrument Serie	rial No. 008931 SHERIFS OFFICE	
The preventive four months are	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at le	ast once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator the 34 degrees, plus or minus .2 degree centigrade;	rmometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alc simulator solution is being changed every four months or after 125 Alcoholic Breath 9 whichever occurs first.	pholic breath Simulator tests,
I certify that on procedures were Department of I	n the day of funder, 20 13 the forgoing preventing performed on the instrument indicated above, in accordance with current regulations of Health and Human Services, and the instrument is functioning properly.	ve maintenance f the N.C.
THE STATE OF THE S	Signature of Certifying Official Certifica	C/ te Number

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008931 Test Date: 09/04/2013

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: HALL, RANDY E Permit Number: 3462E Effective: 09/01/2013-09/01/2015

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

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

AIR BLK .00 1:00pm ACCY CHK .08 1:00pm AIR BLK .00 1:01pm SUB TEST .00 1:02pm AIR BLK .00 1:03pm SUB TEST .00 1:04pm	Test	g/210L	Time
	AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	.00 .08 .00 .00	12:59pm 1:00pm 1:00pm 1:01pm 1:02pm 1:03pm
44 PDV 100 T:00 DIII	AIR BLK	.00	1:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Karly E-Half
Analyst

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008931 Test Date: 09/04/2013 Test Record Number: 1884
Test Time: 1:12pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:13pm
FLO	Pass	1:13pm
FC	Pass	1:13pm

Temperature Tests

FC1 Pass 1:13pm SRC Pass 1:13pm DET Pass 1:13pm BAR Pass 1:13pm BT Pass 1:13pm	Test	Status	Time
בי במימים בידי הווו	SRC DET BAR	Pass Pass Pass	1:13pm 1:13pm 1:13pm
			- · - ·

Blank Tests

Test	Status	Time
AIR	Pass	1:14pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:14pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:14pm

Preventive Maintenance Status: Pass

Pass

1:14pm

CAL

Kary E-Half
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Cou	inty <u>O</u>	NShow Instrument Location ONShow County
Inst	rument Ser	ial No. 008932 SHERIFTS OFFICE
The four	preventive months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
	1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	2.	Verify instrument displays time and date;
	3.	Initiate breath test sequence;
	4.	Enter information as prompted;
	5.	Verify instrument accuracy;
1.5	6.	When "PLEASE BLOW" appears, collect breath sample;
	7.	When "PLEASE BLOW" appears, collect breath sample;
	8.	Print test record;
	9.	Verify Diagnostic Program; and
	10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
proc	edures wer	the day of
CHEAL GREAT SEA	OT MY STATE OF WAY 20. 1775	Signature of Certifying Official Certificate Number

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008932 Test Date: 09/04/2013

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: HALL, RANDY E

Permit Number: 3462E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	12:57pm 12:58pm 12:59pm 1:00pm
SUB TEST	.00	1:00pm
AIR BLK	.00	1:01pm
SUB TEST	.00	1:02pm
AIR BLK	.00	1:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008932

Test Record Number: 2055

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:12pm
FLO	Pass	1:12pm
FC	Pass	1:13pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:13pm
SRC	Pass	1:13pm
DET	Pass	1:13pm
BAR	Pass	1:13pm
BT	Pass	1:13pm

Blank Tests

Test	Status	Time
AIR	Pass	1:13pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:13pm
	CRC Tests	
Test	Status	Time

Test	Status	TIME
COMP	Pass	1:13pm
CAL	Pass	1:13pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County O	NSLOW	Instrument Location 005/0	1) County
Instrument Se	rial No. <u>808927</u>	SHERIFF'S OFFICE	•
The preventiv	e maintenance procedures for the Into	ximeters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degre	plays pressure, or the alcoholic brea e centigrade;	ath simulator thermometer shows
2.	Verify instrument displays time ar	nd date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears	s, collect breath sample;	
. 7.	When "PLEASE BLOW" appears	s, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister simulator solution is being change whichever occurs first.	r is being changed before expiration d every four months or after 125 A	date, or the alcoholic breath coholic Breath Simulator tests,
I certify that o procedures we Department of	n the day of	the force ted above, in accordance with current instrument is functioning properly.	orgoing preventive maintenance ent regulations of the N.C.
STATE OF THE STATE	Signatus	ge of Certifying Official	Contispent Number
	Signatu	ie of Certifying Official	Certificate Number

ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: 008922 Test Date: 09/04/2013

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: HALL, RANDY E
Permit Number: 3462E
Effective:
09/01/2013-09/01/2015

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

Lot Number: AG202602 Exp Date: 01/26/2014

Test	g/210L	Time
DIAG AIR BLK	Pass	2:00pm 2:01pm
ACCY CHK	.07	2:01pm
AIR BLK	.00	2:02pm
SUB TEST	.00	2:03pm
AIR BLK	.00	2:03pm
SUB TEST	.00	2:05pm
AIR BLK	.00	2:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Kard EHolf
Analyst

ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: 008922 Test Date: 09/04/2013

Test Record Number: 248
Test Time: 2:07pm EDT

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	Pass	2:07pm
SRC	Pass	2:07pm
DET	Pass	2:07pm
BAR	Pass	2:07pm
BT	Pass	2:07pm

Blank Tests

Test	Status	Time
AIR	Pass	2:08pm

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

County 6	ARTERET Instrument Location CARTERET COUNTY
Instrument S	erial No. 008882 SHERIFFS OFFICE
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the
	9n.
STATE COLEY TO SEE STATE OF THE	
	Signature of Certifying Official Certificate Number

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008882 Test Date: 09/05/2013

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: HALL, RANDY E
Permit Number: 3462E
Effective:
09/01/2013-09/01/2015

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	11:16am 11:17am 11:18am
SUB TEST	.00	11:19am 11:20am
AIR BLK SUB TEST	.00	11:21am 11:22am
AIR BLK	.00	11:23am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Karel E-Half
Analyst

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008882 Test Record Number: 975 Test Date: 09/05/2013 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 SRC DET BAR	Pass Pass Pass Pass	11:26am 11:26am 11:26am 11:26am
BT	Pass	11:26am

Blank Tests

Test	Status	Time
AIR	Pass	11:26am

Printer Tests

Status

Time

Test

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

Preventive Maintenance Status: Pass

Karely E-Half
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C1	ARteret Instrument Location CARteret County		
Instrument Se	rial No. <u>OO8605</u> SHERIFT'S OFFICE		
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
I certify that of procedures we Department of	on the		
STATE STATE STA			
MANA	Signature of Certifying Official Certificate Number		
•	2.0		

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008605 Test Date: 09/05/2013

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

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

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

Analyst's Name: HALL, RANDY E
Permit Number: 3462E
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	11:24am 11:25am
ACCY CHK	.08	11:26am
AIR BLK	.00	11:27am
SUB TEST	.00	11:27am
AIR BLK	.00	11:28am
SUB TEST	.00	11:30am
AIR BLK	.00	11:30am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Karl E-Half
Analyst

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008605 Test Date: 09/05/2013

Test Record Number: 2802 Test Time: 11:40am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:40am 11:40am
FC	Pass	11:40am

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	11:40am 11:40am
DET	Pass	11:40am
BAR	Pass	11:40am
BT	Pass	11:40am

Blank Tests

Test	Status	Time
AIR	Pass	11:41am

Printer Tests

Test	Status	Time
PRNT	Pass	11:41am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:41am 11:41am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County LA	Rteret	Instrument Location More	head City A.D.
Instrument Se	rial No. <u>/5/287.3/</u>		
The preventive four months a		ntoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 degrees.	displays pressure, or the alcoholic br gree centigrade;	eath simulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;	í	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and	d	
10.	Verify that the ethanol gas cani simulator solution is being char whichever occurs first.	ister is being changed before expirati nged every four months or after 125	ion date, or the alcoholic breath Alcoholic Breath Simulator tests,
procedures w	ere performed on the instrument ind	the instrument is functioning properly	rrent regulations of the N.C.
AND SECTION OF SECTION	S C C C C C C C C C C C C C C C C C C C	eg EHall	354
	Sign	nature of Certifying Official	Certificate Number

CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008731 Test Date: 09/05/2013

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: NC

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

Analyst's Name: HALL, RANDY E
Permit Number: 3462E
Effective:
09/01/2013-09/01/2015

Officer's Name: NONE, NONE N
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	12:04pm 12:05pm
ACCY CHK	.08	12:06pm 12:07pm
SUB TEST	.00	12:07pm
AIR BLK	.00	12:08pm
SUB TEST	.00	12:09pm
AIR BLK	.00	12:10pm

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

Karl E Half
Analyst

CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008731 Test Date: 09/05/2013

Test Record Number: 1410 Test Time: 12:11pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:11pm
FLO	Pass	12:1 1pm
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
\mathtt{BT}	Pass	12:11pm

Blank Tests

Test	Status	Time
AIR	Pass	12:12pm

Printer Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County CA	Rteret	Instrument Location Atkans	tic Beach A.D.
Instrument Se	ial No. <u>00 8785</u>		· · · · · · · · · · · · · · · · · · ·
The preventive four months as	e maintenance procedures for the Into	oximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr	splays pressure, or the alcoholic bree centigrade;	eath simulator thermometer show
2.	Verify instrument displays time a	and date;	
3.	Initiate breath test sequence;	÷	
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	rs, collect breath sample;	
7.	When "PLEASE BLOW" appear	rs, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		ter is being changed before expirations the second	
	n the day of		rent regulations of the N.C.
THE STATE OF THE S		a ENJAD uture of Certifying Official	354 Certificate Number

CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008785 Test Date: 09/05/2013

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: HALL, RANDY E

Permit Number: 3462E

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

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG202602 Exp Date: 01/26/2014

Test	g/210L	Time
DIAG AIR BLK	Pass	12:35pm 12:35pm
ACCY CHK	.07	12:36pm
AIR BLK	.00	12:37pm
SUB TEST	.00	12:37pm
AIR BLK	.00	12:38pm
SUB TEST	.00	12:40pm
ATP BIK	0.0	12.41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Karl E-Half
Analyst

CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008785 Test Date: 09/05/2013

Test Record Number: 695

Test Time: 12:41pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:42pm

Printer Tests

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

Preventive Maintenance Status: Pass

Karl E Half
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County LAA	Eteret Instrument Location EMERALD ISLE P.D.
Instrument Seria	al No. 008620
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 5 day of 5 estender, 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	Signature of Certifying Official Certificate Number

CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008620 Test Date: 09/05/2013

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: HALL, RANDY E
Permit Number: 3462E
Effective:
09/01/2013-09/01/2015

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 AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	1:27pm 1:27pm 1:28pm 1:29pm
SUB TEST	.00	1:30pm
AIR BLK	.00	1:31pm
SUB TEST	.00	1:32pm 1:33pm
AIR BLK	.00	T:330m

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Karl E-Holf
Analyst

CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008620 Test Record Number: 1560 Test Date: 09/05/2013 Test Time: 1:35pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time .
IR	Pass	1:35pm
FLO	Pass	1:35pm
FC	Pass	1:35pm

Temperature Tests

Status	Time
Pass	1:35pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	1:36pm

Printer Tests

Status

Time

Test

CAL

PRNT	Pass	1:36pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:36pm

Pass

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County H	Instrument Location Hyde (o. S.O.
Instrument Se	erial No. 008801 1233 Main St., Scan Quarter,
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
STATE OF THE STATE	

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801 Test Date: 09/09/2013

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: 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	10:47am
AIR BLK	.00	10:48am
ACCY CHK	.07	10:48am
AIR BLK	.00	10:49am
SUB TEST	.00	10:50am
AIR BLK	.00	10:51am
SUB TEST	.00	10:52am
ATR BLK	0.0	10.53am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

→ Anaiyst

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801 Test Record Number: 293

Test Date: 09/09/2013 Test Time: 10:54am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:55am
SRC	Pass	10:55am
DET	Pass	10:55am
BAR	Pass	10:55am
\mathtt{BT}	Pass	10:55am

Blank Tests

Test	Status	Time
AIR	Pass	10:56am

Printer Tests

Test	Status	Time
PRNT	Pass	10:56am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:56am

Preventive Maintenance Status: Pass

Pass

10:56am

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 1	INTOXIMETERS, MODEL INTOX Ed	The state of the s
Instrument S	erial No. 008666 4144 Wost Ave	Adon, N.C.
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II t are:	o be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic b 34 degrees, plus or minus .2 degree centigrade;	reath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	4.
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	•
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expirat simulator solution is being changed every four months or after 125 whichever occurs first.	
	on the	rrent regulations of the N.C.
CREAT STATE CREAT STATE OF STA	Jan	643
) Signature of Certifying Official	Certificate Number

PITT AYDEN PD 730

Serial Number: 008666 Test Date: 09/04/2013

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 AIR BLK	Pass	11:56am 11:57am
ACCY CHK	.07	11:58am
AIR BLK	.00	11:58am
SUB TEST	.00	11:59am
AIR BLK	.00	12:00pm
SUB TEST	.00	12:01pm
AIR BLK	.00	12:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

) Analys

PITT AYDEN PD 730

Serial Number: 008666

Test Record Number: 686

Test Date: 09/04/2013

Test Time: 12:13pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:14pm 12:14pm
FC	Pass	12:14pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:14pm
SRC	Pass	12:14pm
DET	Pass	12:14pm
BAR	Pass	12:14pm
\mathtt{BT}	Pass	12:14pm
		_

Blank Tests

Test	Status	Time
AIR	Pass	12:15pm

Printer Tests

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

COMP Pass 12:15pm CALPass 12:15pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County GYe	ene Instrument Location Green	e (o. S.D.
Instrument Seria	INO. DOS670 301 N. Greenes	St., SnowHill, N.
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic broad degrees, plus or minus .2 degree centigrade;	eath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expirated simulator solution is being changed every four months or after 125 A whichever occurs first.	
I certify that on to procedures were Department of H	he	forgoing preventive maintenance rent regulations of the N.C.
THE STATE OF A STATE O		
- annin	Signature of Certifying Official	Certificate Number

GREENE COUNTY GREENE CO SO 390

Serial Number: 008670 Test Date: 09/04/2013

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: AG315701 Exp Date: 06/06/2015

Test	g/210L	Time
DIAG	Pass	10:25am
AIR BLK	.00	10:26am
ACCY CHK	.08	10:26am
AIR BLK	.00	10:27am
SUB TEST	.00	10:28am
AIR BLK	.00	10:29am
SUB TEST	.00	10:30am
ATR BLK	- 0.0	10:31am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

GREENE COUNTY GREENE CO SO 390

Serial Number: 008670 Test Date: 09/04/2013

Test Record Number: 1368
Test Time: 10:32am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:33am
FLO	Pass	10:33am
FC	Pass	10:33am

Temperature Tests

Test	Status	Time
FC1	Pass	10:33am
SRC	Pass	10:33am
DET	Pass	10:33am
BAR	Pass	10:33am
BT	Pass	10:33am

Blank Tests

Test	Status	Time
AIR	Pass	10:33am

Printer Tests

Test	Status	Time
PRNT	Pass	10:33am
	CRC Tests	

Test	Status	Time
COMP	Pass	10:34am
CAL	Pass	10:34am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOMINIETERS, MODEL INTOX EC/IR II		
County C	abarrus Instrument Location Kannapolis PD		
Instrument Se	1704-920-4000		
The preventiv	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.		
I certify that of procedures we Department of	on the 6th day of September, 2013 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.		
THE STATE OF THE S	Signature of Certifying Official Certificate Number		

CABARRUS COUNTY KANNAPOLIS PD 120

Serial Number: 008589 Test Date: 09/06/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	12:17pm 12:18pm
ACCY CHK	.08	12:18pm
AIR BLK	.00	12:19pm
SUB TEST	.00	12:20pm
AIR BLK	.00	12:21pm
SUB TEST	.00	12:22pm
AIR BLK	.00	12:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CABARRUS COUNTY KANNAPOLIS PD 120

Serial Number: 008589 Test Record Number: 1964
Test Date: 09/06/2013 Test Time: 12:24pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:24pm 12:24pm
FC	Pass	12:25pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:25pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:25pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:25pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CABARRUS	Instrument Location_	BAT MOBILE UNIT ?
Instrumen	t Serial No. 008707	<u> </u>	BAT MOBILE UNIT ? KANNAPOLIS, MC
The prevent		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	coholic breath simulator thermometer shows
2.	Verify instrument displays tim	e and date;	
· 3.	Initiate breath test sequence;		
4.	Enter information as prompted	;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample;	
7.	When "PLEASE BLOW" app	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	d	
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	ister is being changed befor nged every four months or	re expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
	at on the	licated above, in accordanc	
STORY OF THE PROPERTY OF THE P	ATE OF A COMMENT OF THE PARTY O	Ry Ben	<u> </u>
	Sign	nature of Certifying Officia	Certificate Number

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008707 Test Date: 09/05/2013

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: AG305202 Exp Date: 02/21/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	10:48pm 10:49pm 10:50pm 10:51pm
SUB TEST	.00	10:52pm
AIR BLK	.00	10:53pm
SUB TEST	.00	10:55pm
AIR BLK	.00	10:56pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008707 Test Date: 09/05/2013 Test Record Number: 1835 Test Time: 10:56pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:56pm
FLO	Pass	10:56pm
FC	Pass	10:57pm

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	10:57pm 10:57pm
DET	Pass	10:57pm
BAR	Pass	10:57pm
\mathtt{BT}	Pass	10:57pm

Blank Tests

Test	Status	Time
AIR	Pass	10:57pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:57pm

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CABARRUS	Instrument Location	BATMOBILE UNIT 3
Instrument	Serial No. 008647	· · · · · · · · · · · · · · · · · · ·	BATMOBILE UNIT 3 KANNAPOLIS, NC
The prevent		Intoximeters, Model Intox E	EC/IR II to be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 of		coholic breath simulator thermometer show
2.	Verify instrument displays tir	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	;
8.	Print test record;		
9.	Verify Diagnostic Program; a	and	
10.			re expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
		ndicated above, in accordance	the forgoing preventive maintenance with current regulations of the N.C. ag properly.
THE CHEAT STATE OF THE STATE OF	Olm Signature	Register of Certifying Officia	2 648 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: 09/05/2013

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 AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00 .00	10:27pm 10:28pm 10:28pm 10:29pm 10:30pm 10:31pm 10:32pm
AIR BLK	.00	10:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Olu Ry Bom Analyst

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008647

Test Record Number: 1778

Test Date: 09/05/2013

Test Time: 10:34pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:34pm
SRC	Pass	10:34pm
DET	Pass	10:34pm
BAR	Pass	10:34pm
BT	Pass	10:34pm

Blank Tests

Test	Status	Time
AIR	Pass	10:35pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:35pm
	CRC Tests	

Test	Status	Time
COMP	Pass	10:35pm
C'ΔT.	Pass	10:35pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. 1 certify that on the	County	MECKLENBURG	Instrument Locatio	n BAT MOBILE UNIT 3
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. 1 certify that on the	Instrument	t Serial No. <u>008647</u>		n BAT MOBILE UNIT 3 CHARLOTTE, NC
34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. 1 certify that on the	The prever	ntive maintenance procedures for ns are:	the Intoximeters, Model Into	ox EC/IR II to be followed at least once every
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	1.			e alcoholic breath simulator thermometer shows
4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. 1 certify that on the	2.	Verify instrument display	s time and date;	
5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	3.	Initiate breath test sequen	ce;	
6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before 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	4.	Enter information as pron	npted;	
7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. 1 certify that on the	5.	Verify instrument accurac	y;	
8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before 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	6.	When "PLEASE BLOW"	appears, collect breath sam	ple;
9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before 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	7.	When "PLEASE BLOW"	appears, collect breath sam	ple;
Verify that the ethanol gas canister is being changed before 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	8.	Print test record;		
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	9.	Verify Diagnostic Program	m; and	
Department of Health and Human Services, and the instrument is functioning properly. All Roy Benns 648	10.	simulator solution is being		
	I certify the procedures Departmen	at on the day of were performed on the instrument of Health and Human Services,	SEPT , 2 nt indicated above, in accord and the instrument is function	0_13 the forgoing preventive maintenance ance with current regulations of the N.C. oning properly.
	S S S S S S S S S S S S S S S S S S S	ATE OF VORTE	0 0	
	The state of the s	_ Ulm		

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647 Test Date: 09/07/2013

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

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

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

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
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 .00	10:08pm 10:09pm
ACCY CHK	.07	10:09pm
AIR BLK	.00	10:10pm
SUB TEST	.00	10:11pm
AIR BLK	.00	10:12pm
SUB TEST	.00	10:14pm
AIR BLK	.00	10:15pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alun Zy Bens Analyst

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647 Test Record Number: 1782
Test Date: 09/07/2013 Test Time: 10:15pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:16pm
FLO	Pass	10:16pm
FC	Pass	10:16pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:16pm
SRC	Pass	10:16pm
DET	Pass	10:16pm
BAR	Pass	10:16pm
BT	Pass	10:16pm

Blank Tests

Test	Status	Time
AIR	Pass	10:16pm

Printer Tests

Test	Status	Time
PRNT	Pașs	10:17pm
	CRC Tests	

Test	Status	Time
COMP	Pass	10:17pm
CAL	Pass	10:17pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	MECKLENBURG Instrument Location BAT MOBILE-UNIT
Instrume	MECKLENBURG Instrument Location BAT MOBILE-UNIT 3 ont Serial No. 008616 CHARLOTE, NC
The prev	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	hat on the
S COREAT CREAT CO. C.	Colon Ray Bans 648

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616 Test Date: 09/07/2013

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: 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 .08	10:10pm 10:11pm 10:12pm
AIR BLK	.00	10:13pm
SUB TEST	.00	10:13pm
AIR BLK	.00	10:14pm
SUB TEST	.00	10:16pm
AIR BLK	.00	10:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616 Test Record Number: 1758
Test Date: 09/07/2013 Test Time: 10:17pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:17pm
FLO	Pass	10:17pm
FC	Pass	10:18pm

Temperature Tests

Status	Time
Pass	10:18pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	10:18pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:18pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:18pm

10:18pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	MECKLENBURG Instrument Location BAT MOBILE UNIT
Instrumer	MECKLENBURG Instrument Location BAT MOBILE UNIT at Serial No. 008707 CHARLOTE, NC
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify the procedure Departme	hat on the day of
OREAL GREAT SET	ATE OF 10 PARTY OF
Application of the Co.	_ Ulm Rg Jams 648
	Signature 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: 008707 Test Date: 09/07/2013

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: 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	Pass .00 .07	10:09pm 10:10pm 10:11pm 10:12pm
SUB TEST	.00	10:12pm
AIR BLK SUB TEST	.00 .00	10:13pm 10:14pm
AIR BLK	.00	10:15pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008707 Test Date: 09/07/2013 Test

Test Record Number: 1838
Test Time: 10:16pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:16pm
FLO	Pass	10:16pm
FC	Pass	10:16pm

Temperature Tests

Status	Time
Pass	10:16pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	10:17pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:17pm

CRC Tests

Test	Status	Time
COMP	Pass	10:17pm
CAL	Pass	10:17pm

Preventive Maintenance Status: Pass

Analyst

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

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PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ro	Instrument Location	BAT MOBILE UNIT.
Instrument Seria	al No. 008707	BATMOBILE UNIT. MAXTON, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Into	ox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the 34 degrees, plus or minus .2 degree centigrade;	e alcoholic breath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath samp	ple;
· 7.	When "PLEASE BLOW" appears, collect breath samp	ple;
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed be simulator solution is being changed every four months whichever occurs first.	
	the	
THE STATE OF THE S	Signature of Certifying Offi	icial Certificate Number

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

ROBESON COUNTY BAT MOBILE UNIT 3 770

Serial Number: 008707 Test Date: 09/13/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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	7:34pm 7:36pm
ACCY CHK	.07	7:36pm
AIR BLK	.00	7:37pm
SUB TEST	.00	7:38pm
AIR BLK	.00	7:39pm
SUB TEST	.00	7:40pm
AIR BLK	.00	7:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY BAT MOBILE UNIT 3 770

Serial Number: 008707 Test Date: 09/13/2013 Test Record Number: 1849 Test Time: 7:42pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:42pm
FLO	Pass	7:42pm
FC	Pass	7:43pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	7:43pm 7:43pm 7:43pm 7:43pm 7:43pm

Blank Tests

Test	Status	Time

7:43pm AIR Pass

Printer Tests

Test	Status	Time
PRNT	Pass	7:43pm

CRC Tests

Test	Status	Time
COMP	Pass	7:44pm
CAL	Pass	7:44pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	I	REDELL	Instrument Location	BAT	MOBILE	UNIT.
Instrument S	erial N	No. 008707		TRO	UTMAN	, NC
The prevention four months		intenance procedures for the I	ntoximeters, Model Intox	EC/IR II to	be followed at leas	t once every
1.		/erify the ethanol gas canister 4 degrees, plus or minus .2 de		alcoholic bre	eath simulator there	nometer shows
2.	•	erify instrument displays time	e and date;			
3.	I	nitiate breath test sequence;				
4.	F	Enter information as prompted	·			
5.	•	erify instrument accuracy;				
6.	•	When "PLEASE BLOW" app	ears, collect breath sampl	le;		
7.	7	When "PLEASE BLOW" app	ears, collect breath sampl	le;		
8.	I	Print test record;				
9.	ı	/erify Diagnostic Program; an	d			
10.	S	Verify that the ethanol gas can imulator solution is being charwhichever occurs first.				
	vere pe	day of 6	licated above, in accorda	nce with curr		e maintenance the N.C.
THE STATE OF THE S	S. A. C. A.	ale	nature of Certifying Office	•	Certificate	

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

IREDELL COUNTY BAT MOBILE UNIT 3 480

Serial Number: 008707 Test Date: 09/14/2013

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: 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	Pass	10:53pm
AIR BLK	.00	10:54pm
ACCY CHK	.08	10:55pm
AIR BLK	.00	10:56pm
SUB TEST	.00	10:56pm
AIR BLK	.00	10:57pm
SUB TEST	.00	10:59pm
ATR BLK	. 00	11:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

IREDELL COUNTY BAT MOBILE UNIT 3 480

Serial Number: 008707 Test Date: 09/14/2013

Test Record Number: 1853 Test Time: 11:00pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:00pm 11:00pm
FC	Pass	11:00pm

Temperature Tests

Test	Status	'Time
FC1	Pass	11:01pm
SRC	Pass	11:01pm
DET	Pass	11:01pm
BAR	Pass	11:01pm
BT	Pass	11:01pm

Blank Tests

Test	Status	Time

AIR Pass 11:01pm

Printer Tests

Test	Status	Time

PRNT Pass 11:01pm

CRC Tests

Test	Status	Time
COMP	Pass	11:02pm
CAL	Pass	11:02pm

Preventive Maintenance Status: Pass

Cilin Ky Ben

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	IREDECL	Instrument Location	BAT MOBILE	UNIT 3
Instrument S	erial No. <u>008614</u>		BAT MOBILE TROUTMAN,	NC
The preventi	ve maintenance procedures for the are:	Intoximeters, Model Intox	x EC/IR II to be followed at I	east once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2		alcoholic breath simulator th	nermometer show
2.	Verify instrument displays ti	me and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompto	ed;		
5.	Verify instrument accuracy;			
· 6.	When "PLEASE BLOW" as	ppears, collect breath samp	ele;	
7.	When "PLEASE BLOW" as	pears, collect breath samp	ile;	
8.	Print test record;			
9.	Verify Diagnostic Program;	and		
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.			
I certify that procedures w Department of	on the	ndicated above, in accordade the instrument is function	the forgoing preven ince with current regulations ning properly.	tive maintenance of the N.C.
THE STATE OF THE STATE OF THE COUNTY	All Si	Rey Zees	cial Certific	28 cate Number

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

IREDELL COUNTY BAT MOBILE UNIT 3 480

Serial Number: 008616 Test Date: 09/14/2013

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: 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 .08	10:55pm 10:56pm 10:57pm
AIR BLK	.00	10:58pm
SUB TEST	.00	10:58pm
AIR BLK	.00	10:59pm
SUB TEST	.00	11:01pm
AIR BLK	.00	11:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Amalyst

IREDELL COUNTY BAT MOBILE UNIT 3 480

Serial Number: 008616 Test Record Number: 1769
Test Date: 09/14/2013 Test Time: 11:03pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:04pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:04pm
ē	CRC Tests	

Test	Status	Time
COMP	Pass	11:04pm
CAL	Pass	11:04pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	MECKLENBURG Instrument Location BAT MOBILE UNIT
Instrumen	MECKLENBURG Instrument Location BAT MOBILE LINIT Serial No. 008647 CHARLOTE, NC
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4,	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
 9,	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
•	at on the
S S S S S S S S S S S S S S S S S S S	ATE COLOR TO THE C

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: 09/27/2013

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

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

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

Analyst's Name: 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	10:22pm 10:23pm
ACCY CHK	.07	10:24pm
AIR BLK	.00	10:24pm
SUB TEST	.00	10:25pm
AIR BLK	.00	10:26pm
SUB TEST	.00	10:28pm
AIR BLK	.00	10:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647

Test Record Number: 1794

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:31pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:31pm

CRC Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	MECKLENBURG Instrument Location BAT MOBILE UNIT.
Instrument	MECKLENBURG Instrument Location BAT MOBILE UNIT. Serial No. 008616 CHARLOTTE, NC
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.
	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.
STEP QUAN	Aluky Bur 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

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616 Test Date: 09/27/2013

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

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

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

Analyst's Name: 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 .08	10:20pm 10:22pm 10:22pm 10:23pm
SUB TEST	.00	10:24pm
AIR BLK	.00	10:24pm
SUB TEST	.00	10:26pm
AIR BLK	.00	10:27pm

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: 1772 Test Date: 09/27/2013 Test Time: 10:27pm EDT

System Check: Passed

ģ

Baseline Tests

Test	Status	Time
IR	Pass	10:28pm
FLO	Pass	10:28pm
FC	Pass	10:28pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:28pm
SRC	Pass	10:28pm
DET	Pass	10:28pm
BAR	Pass	10:28pm
BT	Pass	10:28pm

Blank Tests

Test	Status	Time
AIR	Pass	10:29pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:29pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:29pm 10:29pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	MECKLENBURG Instrument Location BAT MOBILE UNI
Instrument S	MECKLENBURG Instrument Location BAT MOBILE UNITE, NO. CHARLOTTE, NO.
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 should be degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.
	on the <u>27</u> day of <u>5EPT</u> , 2013 the forgoing preventive maintenan 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 STAIN 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.

MECKLENBURG COUNTY BAT MOBILE UNIT 3
590

Serial Number: 008707 Test Date: 09/27/2013

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

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

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

Analyst's Name: 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	Pass .00 .08	10:16pm 10:17pm 10:18pm 10:19pm
SUB TEST	.00	10:19pm
AIR BLK	.00	10:20pm
SUB TEST	.00	10:21pm
AIR BLK	.00	10:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008707

Test Record Number: 1860

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:24pm
SRC	Pass	10:24pm
DET	Pass	10:24pm
BAR	Pass	10:24pm
BT	Pass	10:24pm

Blank Tests

Test	Status	Time
AIR	Pass	10:25pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:25pm
	CRC Tests	

Test	Status	Time
COMP	Pass	10:25pm
CAL	Pass	10:25pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County/	MECKLENBURG	Instrument Location	BAT MOBILE UNIT 3	
Instrument	Serial No. 008616	·	CHARLUTTE, NC	
The prevent		Intoximeters, Model Intox I	EC/IR II to be followed at least once every	
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d		coholic breath simulator thermometer shows	
2.	Verify instrument displays tin	ne and date;		
3.	Initiate breath test sequence;		•	
4.	Enter information as prompte	d;	•	
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" ap	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;			
8.	Print test record;			
9.	Verify Diagnostic Program; a	and		
10.			re expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,	
procedures	were performed on the instrument in tof Health and Human Services, and	ndicated above, in accordance	the forgoing preventive maintenance be with current regulations of the N.C. and properly.	
STAR STAR STAR STAR STAR STAR STAR STAR	TE CASOLITE	Ly Bans	64 <u>e</u>	
		gnature of Certifying Officia		

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: 008616 Test Date: 09/28/2013

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: 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

g/210L	TIME
Pass	10:58pm
.00	10:59pm
.08	11:00pm
.00	11:00pm
.00	11:01pm
.00	11:02pm
.00	11:03pm
.00	11:04pm
	Pass .00 .08 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Colon Ry S Analyst

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616 Test Record Number: 1776
Test Date: 09/28/2013 Test Time: 11:05pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:05pm
SRC	Pass	11:05pm
DET	Pass	11:05pm
BAR	Pass	11:05pm
BT	Pass	11:05pm

Blank Tests

Test	Status	Time
AIR	Pass	11:06pm

Printer Tests

Test	Status	Time	
PRNT	Pass	11:06pm	
	CRC Tests		
Test	Status	Time	
COMP	Pass	11:06pm	

11:06pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	MECKLENBURG	Instrument Location	BAT MOBILE UNIT 3
Instrume	nt Serial No. <u>008647</u>		BAT MOBILE UNIT 3 CHARLUTTE, NC
The preve		ntoximeters, Model Intox l	EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		lcoholic 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.			re expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
I certify t procedure Departme	hat on the <u>28</u> day of <u>56</u> es were performed on the instrument incent of Health and Human Services, and	jicated above, in accordance the instrument is functioning	the forgoing preventive maintenance ce with current regulations of the N.C. ng properly.
THE CORPAL CO.	Colonia Sign	Ry Zeman	649 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: 09/28/2013

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: 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	11:00pm 11:01pm
ACCY CHK AIR BLK	.07	11:02pm 11:03pm
SUB TEST	.00	11:03pm
AIR BLK	.00	11:04pm
SUB TEST	.00	11:06pm
AIR BLK	.00	11:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647 Test Record Number: 1797 Test Date: 09/28/2013 Test Time: 11:08pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:09pm

Printer Tests

resc	Status	TTIIIC
PRNT	Pass	11:09pm

CRC Tests

Test	Status	Time
COMP	Pass	11:09pm
CAL	Pass	11:09pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	MECK LEN	BURG	_ Instrument Location_	BAT MOBILE U	NIT.
Instrumen	t Serial No.	08707	-	CHARLOTTE, NC	·
The prever	ntive maintenance ns are:	procedures for the	Intoximeters, Model Intox	EC/IR II to be followed at least on	ice every
1.	Verify the 6 34 degrees,	ethanol gas caniste plus or minus .2 d	r displays pressure, or the a legree centigrade;	coholic breath simulator thermom	neter show
2.	Verify instr	ument displays tin	ne and date;		
3.	Initiate brea	th test sequence;	•		
4,	Enter inforr	nation as prompted	d;		
5.	Verify instr	ument accuracy;	·		
6.	When "PLE	ASE BLOW" app	pears, collect breath sample		
7.	When "PLE	ASE BLOW" app	pears, collect breath sample;		
8.	Print test re	cord;			
9.	Verify Diag	nostic Program; ar	nd		
10.	Verify that t simulator so whichever o	lution is being cha	nister is being changed befor anged every four months or	re expiration date, or the alcoholic after 125 Alcoholic Breath Simula	breath ator tests,
I certify that procedures Department	were berrouned of	i ine instrument ind	dicated above, in accordance the instrument is functioning	the forgoing preventive mai e with current regulations of the N g properly.	intenance I.C.
THE STAR CORE AT LESS OF THE STAR CORE AT LESS	THE ON ORDER	al.	Ry Ban	648	
		Sign	nature of Certifying Official	Certificate Num	nher

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: 09/28/2013

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: 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	10:56pm 10:57pm
ACCY CHK	.07	10:57pm
AIR BLK	.00	10:58pm
SUB TEST	.00	10:59pm
AIR BLK	.00	11:00pm
SUB TEST	.00	11:01pm
AIR BLK	.00	11:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Celle Ry Bons Analyst

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008707 Test Record Number: 1866 Test Date: 09/28/2013 Test Time: 11:03pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:04pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:04pm
	CRC Tests	

Test	Status	Time
COMP	Pass	11:04pm
CAL	Pass	11:04pm

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; 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. 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.

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

Signature of Certifying Official

Certificate Number

WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: 008786 Test Date: 09/05/2013

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:08am 11:09am 11:10am
AIR BLK	.00	11:11am
SUB TEST	.00	11:11am
AIR BLK	.00	11:12am
SUB TEST	.00	11:14am
AIR BLK	.00	11:15am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Find A. Keell
Analyst

WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: 008786 Test Record Number: 158
Test Date: 09/05/2013 Test Time: 11:15am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:17am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

`\$,	INTOXIMETE	ks, model intox ec	JIR II
County	Inion	Instrument Location Union	· County S.D.
Instrument Se	rial No. <u>008876</u>	3344 Presson	Rd. Monroe
		704-283-37	70
The preventive four months as	e maintenance procedures for the Is	ntoximeters, Model Intox EC/IR II to	o be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic b gree centigrade;	reath simulator thermometer show
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	(9.5
5.	Verify instrument accuracy;		•
6.	When "PLEASE BLOW" app	ears, collect breath sample;	. The grant of the control of the co
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.	ster is being changed before expiratinged every four months or after 125	ion date, or the alcoholic breath Alcoholic Breath Simulator tests,
	re performed on the instrument ind	the icated above, in accordance with cu he instrument is functioning properly	rrent regulations of the N.C.
STATE CUENTS TO THE STATE OF TH	Sign	ature of Certifying Official	656 Certificate Number
	/ 5.6.		Commont Humbel

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

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008876 Test Date: 09/16/2013

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: AG322601 Exp Date: 08/14/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	11:47am 11:48am 11:49am 11:50am 11:51am
AIR BLK	.00	11:51am
SUB TEST	.00	11:53am
ATR BLK	0.0	11.54am

Reported AC. .00 g/210L

Signature of Chemidal Analyst

Court CVR

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008876

Test Record Number: 3058

Test Date: 09/16/2013

Test Time: 11:43am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:44am
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 Pass	11:45am 11:45am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

ومسر	, intoximeters, model intox ec/ir ii
County S	Janly Instrument Location Stank County SU
Instrument Seri	al No. 008842 1265.345), Albemarke
	704-986-3734
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
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	Signature of Certifying Official Certificate Number

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008842 Test Record Number: 1249 Test Date: 09/16/2013

Test Time: 1:30pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:31pm
FLO	Pass	1:31pm
FC	Pass	1:31pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	1:31pm 1:31pm 1:31pm 1:31pm
BT	Pass	1:31pm

Blank Tests

Test	Status	Time
AIR	Pass	1:32pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:32pm

CRC Tests

Test	Status	Time
COMP	Pass	1:32pm
CAL	Pass	1:32pm

Preventive Maintenance Status: Pass

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008842 Test Date: 09/16/2013

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: AG315701 Exp Date: 06/06/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	1:35pm 1:35pm 1:36pm
AIR BLK	.00	1:37pm
SUB TEST	.00	1:38pm
AIR BLK	.00	1:39pm
SUB TEST	.00	1:40pm
AIR BLK	.00	1:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

THE SECOND RESIDENCE AND A SECOND PROPERTY OF THE PROPERTY OF

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Instrument Seria	704-869-6800 naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
The managerine m	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
The musicontine m	
four months are:	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
. 10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t procedures were Department of H	the 17th day of september, 2013 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
THE STATE OF NO.	Signature of Certifying Official Certificate Number

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008643

Test Record Number: 1705

Test Date: 09/17/2013

Test Time: 10:30am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:31am 10:31am
FC	Pass	10:31am

Temperature Tests

Test	Status	Time
FC1	Pass	10:31am
SRC	Pass	10:31am
DET	Pass	10:31am
BAR	Pass	10:31am
BT	Pass	10:31am

Blank Tests

Test	Status	Time
AIR	Pass	10:31am

Printer Tests

Test	Status	Time
PRNT	Pass	10:31am
•	CRC Tests	
Test	Status	Time

Pass

Pass

10:32am

10:32am

Preventive Maintenance Status: Pass

COMP

CAL

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008643 Test Date: 09/17/2013

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

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:35am 10:36am
ACCY CHK	.07	10:36am
AIR BLK	.00	10:37am
SUB TEST	.00	10:38am
AIR BLK	.00	10:40am
SUB TEST	.00	10:41am
AIR BLK	.00	10:42am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD

N	\a\V\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
County 11	lecklenburg Instrument Location CMPD-LEC
Instrument Se	erial No. 008691 GOI E Trade St., 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 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 30th day of September, 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 THE	Signature of Certifying Official Certificate Number

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

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008691 Test Record Number: 4165 Test Date: 09/30/2013 Test Time: 10:53am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:53am
FLO	Pass	10:53am
FC	Pass	10:53am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:54am

Printer Tests

Test	Status	Time
PRNT	Pass	10:54am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:54am 10:54am

Preventive Maintenance Status: Pass

Analyst

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008691 Test Date: 09/30/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	11:00am
AIR BLK	.00	11:01am
ACCY CHK	.08	11:01am
AIR BLK	.00	11:02am
SUB TEST	.00	11:03am
AIR BLK	.00	11:04am
SUB TEST	.00	11:05am
AIR BLK	.00	11:06am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

~ A	INTOXIMETERS, MODEL INTOX EC/IR II
County	lecklenburg Instrument Location CMPD-LEC
Instrument Se	erial No. 008594 601 E. Trade St. 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 show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the 30 day of 50 he mover, 2013 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008594 Test Record Number: 1435 Test Date: 09/30/2013 Test Time: 10:38am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:38am
FLO	Pass	10:38am
FC	Pass	10:39am

Temperature Tests

Test	Status	Time
FC1	Pass	10:39am
SRC	Pass	10:39am
DET	Pass	10:39am
BAR	Pass	10:39am
\mathtt{BT}	Pass	10:39am

Blank Tests

Test	Status	Time
AIR	Pass	10:39am

Printer Tests

Test	Status	Time
PRNT	Pass	10:39am
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	10:40am

Preventive Maintenance Status: Pass

Analyst/

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008594 Test Date: 09/30/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: HAYS, MARK D Permit Number: 15924E

Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:42am 10:43am 10:44am
AIR BLK	.00	10:45am
SUB TEST	.00	10:46am
AIR BLK	.00	10:47am
SUB TEST AIR BLK	.00 .00	10:48am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County <u>Tr</u>	edell Instrument Location States ville PD
Instrument Seria	11No. <u>008619</u> <u>330 S. Tradd Street, Statesville</u> 704-878-3406
The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus 2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the <u>2041</u> day of <u>September</u> , 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

IREDELL COUNTY STATESVILLE PD 480

Serial Number: 008619 Test Date: 09/20/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	2:26pm 2:27pm
ACCY CHK	.08	2:28pm
AIR BLK	.00	2:29pm
SUB TEST	.00	2:30pm
AIR BLK	.00	2:30pm
SUB TEST	.00	2:32pm
AIR BLK	.00	2:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

IREDELL COUNTY STATESVILLE PD 480

Serial Number: 008619

Test Record Number: 928

Test Date: 09/20/2013

Test Time: 2:34pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	2:35pm 2:35pm
DET	rass Pass	2:35pm
BAR	Pass	2:35pm
BT	Pass	2:35pm

Blank Tests

Test	Status	Time
AIR	Pass	2:35pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:35pm

CRC Tests

Test	Status	Time
COMP	Pass	2:35pm
CAL	Pass	2:35pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Mcc	Klenburg Instrument Location Cornelius PD
Instrument Seria	11 No. 008692 21440 Catawba Ave, Cornelius 704-892-1363
The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the 2044 day of September, 2013 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Jealth and Human Services, and the instrument is functioning properly.
STATE OF STA	Signature of Certifying Official Certificate Number

MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: 008692 Test Date: 09/20/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

g/210L	Time
Pass .00 .08	12:53pm 12:54pm 12:55pm
.00	12:56pm
.00	12:56pm
.00	12:57pm
.00	12:59pm
.00	1:00pm
	Pass .00 .08 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: 008692 Test Record Number: 2036 Test Date: 09/20/2013 Test Time: 1:01pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:01pm
SRC	Pass	1:01pm
DET	Pass	1:01pm
BAR	Pass	1:01pm
BT	Pass	1:01pm

Blank Tests

Test	Status	Time
AIR	Pass	1:02pm

Printer Tests

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

Pass

1:02pm

Preventive Maintenance Status: Pass

CAL

Analyst