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

|   | INTOXIMETERS, MODEL INTOX EC/IR II  Lew Hennower Instrument Location BAT M66'le Un't C   |
|---|--|
| Instrument S  | erial No. <u>O 0 8 8 6 9</u> <u>5 14 P</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<br>procedures w<br>Department of   | on the   |
| THE STATE MY TO THE STATE MY THE STATE | A. C. Charles Control  |
|   | Signature of Certifying Official Certificate Number  |

#### NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008869 Test Date: 04/14/2012

Test Record Number: 689 Test Time: 6:35pm EDT

System Check: Passed

## Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 6:35pm |
| FLO  | Pass   | 6:35pm |
| FC   | Pass   | 6:35pm |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 6:35pm |
| SRC  | Pass   | 6:35pm |
| DET  | Pass   | 6:35pm |
| BAR  | Pass   | 6:35pm |
| BT   | Pass   | 6:35pm |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 6:36pm |

#### Printer Tests

| Test        | Status       | Time             |
|-------------|--------------|------------------|
| PRNT        | Pass         | 6:36pm           |
|             | CRC Tests    |                  |
| Test        | Status       | Time             |
| COMP<br>CAL | Pass<br>Pass | 6:36pm<br>6:36pm |

6:36pm

Preventive Maintenance Status: Pass

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

> Serial Number: 008869 Test Date: 04/14/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG123501 Exp Date: 08/23/2013

| Test  | g/210L                       | Time   |
|---|------------------------------|--|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK | Pass .00 .07 .00 .00 .00 .00 | 6:24pm<br>6:25pm<br>6:26pm<br>6:27pm<br>6:28pm<br>6:29pm<br>6:31pm<br>6:32pm |
|   |                              |  |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

K.C. Malyst

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

| County   | lew Hansver Instrument Location BATMIbile Unite  |
|--|--|
| Instrument Se  | rial No. 608898 549  |
| The preventive four months as  | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:   |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;   |
| 2.   | Verify instrument displays time and date;  |
| 3.   | Initiate breath test sequence;   |
| <b>4.</b>  | Enter information as prompted;   |
| 5.   | Verify instrument accuracy;  |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.   | Print test record;   |
| 9.   | Verify Diagnostic Program; and   |
| 10.  | Verify that the ethanol gas canister is being changed before 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<br>procedures wer<br>Department of   | the day of 20/2 the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.      |
| O'THE STATE OF THE | Signature of Certifying Official  Certificate Number   |

## NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008898 Test Date: 04/14/2012

Test Record Number: 668

Test Time: 6:24pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 6:25pm |
| FLO  | Pass   | 6:25pm |
| FC   | Pass   | 6:25pm |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 6:25pm |
| SRC  | Pass   | 6:25pm |
| DET  | Pass   | 6:25pm |
| BAR  | Pass   | 6:25pm |
| BT   | Pass   | 6:25pm |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 6:26pm |

#### Printer Tests

| Test        | Status       | Time             |
|-------------|--------------|------------------|
| PRNT        | Pass         | 6:26pm           |
|             | CRC Tests    |                  |
| Test        | Status       | Time             |
| COMP<br>CAL | Pass<br>Pass | 6:26pm<br>6:26pm |

Preventive Maintenance Status: Pass

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008898 Test Date: 04/14/2012

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective:
10/01/2011-10/01/2013

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

Lot Number: AG201802 Exp Date: 01/18/2014

| Test            | g/210L      | Time             |
|-----------------|-------------|------------------|
| DIAG<br>AIR BLK | Pass<br>.00 | 6:12pm<br>6:13pm |
| ACCY CHK        | .07         | 6:13pm           |
| AIR BLK         | .00         | 6:14pm           |
| SUB TEST        | .00         | 6:15pm           |
| AIR BLK         | .00         | 6:16pm           |
| SUB TEST        | .00         | 6:17pm           |
| AIR BLK         | .00         | 6:18pm           |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

K. C. Shock

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

| County 1   | ew Hapover Instrument Location 12,47   | mobile uni  |
|--|--|---|
|  | erial No. <u>008939</u> <u>5140</u>  |   |
| The preventive four months a   | re maintenance procedures for the Intoximeters, Model Intox EC/IR II to bare:  | pe followed at least once every                               |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic brea 34 degrees, plus or minus .2 degree centigrade;   | ath simulator thermometer shows                               |
| 2.   | Verify instrument displays time and date;  |   |
| 3.   | Initiate breath test sequence;   |   |
| 4.   | Enter information as prompted;   |   |
| 5.   | Verify instrument accuracy;  |   |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |   |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   |   |
| 8.   | Print test record;   |   |
| 9.   | Verify Diagnostic Program; and   |   |
| 10.  | Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Al whichever occurs first.  | date, or the alcoholic breath coholic Breath Simulator tests, |
| procedures we  | n the  | rgoing preventive maintenance<br>nt regulations of the N.C.   |
| STATE OF STA | CAROLINA CAR |   |
| QUAM VIDE  | Fr. C. Mrs. La   | 601   |
|  | Signature of Certifying Official   | Certificate Number  |

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

#### NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008939 Test Date: 04/14/2012

Test Record Number: 741
Test Time: 6:23pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 6:24pm |
| FLO  | Pass   | 6:24pm |
| FC   | Pass   | 6:24pm |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 6:24pm |
| SRC  | Pass   | 6:24pm |
| DET  | Pass   | 6:24pm |
| BAR  | Pass   | 6:24pm |
| BT   | Pass   | 6:24pm |
|      |        |        |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 6:25pm |

#### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 6:25pm |
|      | CRC Tests |        |
| Test | Status    | Time   |
| COMP | Pass      | 6:25pm |

Preventive Maintenance Status: Pass

K.C. Mode

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

> Serial Number: 008939 Test Date: 04/14/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG123501 Exp Date: 08/23/2013

| Test  | g/210L                       | Time   |
|---|------------------------------|--|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK | Pass .00 .07 .00 .00 .00 .00 | 6:08pm<br>6:09pm<br>6:10pm<br>6:11pm<br>6:12pm<br>6:14pm<br>6:15pm |
|   |                              | <u></u>  |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

| County_  | Brunswick Instrument Location BAT Msbile Unit 6  |
|--|--|
| Instrument Se  | rial No. 608869  |
| The preventive four months as  | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:   |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;   |
| 2.   | Verify instrument displays time and date;  |
| 3.   | Initiate breath test sequence;   |
| 4.   | Enter information as prompted;   |
| 5.   | Verify instrument accuracy;  |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   |
| <b>8.</b>  | Print test record;   |
| 9.   | Verify Diagnostic Program; and   |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.   |
| I certify that or<br>procedures we<br>Department of  | the day of fine da |
| THE STATE OF THE COREAL PROPERTY OF THE COREA | Signature of Certifying Official  Certificate Number   |

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

Certificate Number

#### BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008869 Test Date: 04/13/2012

Test Record Number: 684
Test Time: 11:26pm EDT

System Check: Passed

### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:26pm |
| FLO  | Pass   | 11:26pm |
| FC   | Pass   | 11:26pm |

#### Temperature Tests

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

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:27pm |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 11:27pm |
|      | CRC Tests |         |
| Test | Status    | Time    |
| COMP | Pass      | 11:27pm |

Preventive Maintenance Status: Pass

Pass

11:27pm

CAL

Analyst

### BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008869 Test Date: 04/13/2012

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective:

10/01/2011-10/01/2013

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

Lot Number: AG123501 Exp Date: 08/23/2013

| Test            | g/210L | Time               |
|-----------------|--------|--------------------|
| DIAG<br>AIR BLK | Pass   | 11:18pm<br>11:19pm |
| ACCY CHK        | .08    | 11:20pm            |
| AIR BLK         | .00    | 11:20pm            |
| SUB TEST        | .00    | 11:21pm            |
| AIR BLK         | .00    | 11:22pm            |
| SUB TEST        | .00    | 11:24pm            |
| AIR BLK         | .00    | 11:25pm            |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

5-C/Mole

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

| County 23  | 247561:616 Instrument Location BAT Mobile unit   |
|--|--|
| Instrument Seria   | al No. 668939  |
| 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 t<br>procedures were<br>Department of H  | the, 20 /, 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 N. ST | CAROLLE CONTROLLE CONTROLL |
| William St.  | Signature of Certifying Öfficial Certificate Number  |

#### BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008939 Test Record Number: 734
Test Date: 04/13/2012 Test Time: 11:14pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:15pm |
| FLO  | Pass   | 11:15pm |
| FC   | Pass   | 11:15pm |

#### Temperature Tests

| Test          | Status | Time    |
|---------------|--------|---------|
| FC1           | Pass   | 11:15pm |
| SRC           | Pass   | 11:15pm |
| DET           | Pass   | 11:15pm |
| BAR           | Pass   | 11:15pm |
| $\mathtt{BT}$ | Pass   | 11:15pm |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:16pm |

#### Printer Tests

| Test        | Status       | Time               |
|-------------|--------------|--------------------|
| PRNT        | Pass         | 11:16pm            |
|             | CRC Tests    |                    |
| Test        | Status       | Time               |
| COMP<br>CAL | Pass<br>Pass | 11:16pm<br>11:16pm |

Preventive Maintenance Status: Pass

K. C. Mode

BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008939 Test Date: 04/13/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG123501 Exp Date: 08/23/2013

| Test  | g/210L                   | Time   |
|---|--------------------------|--|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST | Pass .00 .08 .00 .00 .00 | 11:04pm<br>11:05pm<br>11:05pm<br>11:06pm<br>11:07pm<br>11:07pm |
| AIR BLK   | .00                      | 11:10pm  |

Reported AC: .00 q/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

| County   | Instrument Location SATM. Sile Unit  |
|--|--|
| Instrument S   | Serial No. <u>OOSB 58</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.             |
| procedures w   | on the day of day of , 20/Z the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly. |
| STATE OF STA | L.C.Markenson 601  |
| Wanner   | Signature of Certifying Official Certificate Number  |

#### BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008898 Test Record Number: 658

Test Date: 04/13/2012

Test Time: 11:15pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:15pm |
| FLO  | Pass   | 11:15pm |
| FC   | Pass   | 11:15pm |

#### Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 11:15pm |
| SRC  | Pass   | 11:15pm |
| DET  | Pass   | 11:15pm |
| BAR  | Pass   | 11:15pm |
| BT   | Pass   | 11:15pm |
|      |        |         |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:16pm |

#### Printer Tests

| Test        | Status       | Time               |
|-------------|--------------|--------------------|
| PRNT        | Pass         | 11:16pm            |
|             | CRC Tests    |                    |
| Test        | Status       | Time               |
| COMP<br>CAL | Pass<br>Pass | 11:16pm<br>11:16pm |

Preventive Maintenance Status: Pass

BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008898 Test Date: 04/13/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG201802 Exp Date: 01/18/2014

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

Reported AC: .00,g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

| County [   | Pursuick Instrument Location BATMObileum 'r 4   |
|--|---|
| Instrument S   | Serial No. 008 939 BRUDSWICK S.O.   |
| The prevent  | ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:   |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  |
| 2.   | Verify instrument displays time and date;   |
| 3.   | Initiate breath test sequence;  |
| 4.   | Enter information as prompted;  |
| 5.   | Verify instrument accuracy;   |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;  |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;  |
| 8.   | Print test record;  |
| 9.   | Verify Diagnostic Program; and  |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.    |
| I certify that<br>procedures w<br>Department   | on theday of, 20/2 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. |
| A WATER OF STATE OF S |   |

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

Certificate Number

#### BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008939 Test Date: 04/28/2012

Test Record Number: 753
Test Time: 3:48pm EDT

1000 12mc.

System Check: Passed

#### Baseline Tests

| Test      | Status       | Time             |
|-----------|--------------|------------------|
| IR<br>FLO | Pass<br>Pass | 3:48pm<br>3:48pm |
| FC        | Pass         | 3:48pm           |

#### Temperature Tests

| Status | Time                         |
|--------|------------------------------|
| Pass   | 3:48pm                       |
|        | Pass<br>Pass<br>Pass<br>Pass |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 3:49pm |

#### Printer Tests

Status

Time

Test

| PRNT        | Pass         | 3:49pm           |
|-------------|--------------|------------------|
|             | CRC Tests    |                  |
| Test        | Status       | Time             |
| COMP<br>CAL | Pass<br>Pass | 3:49pm<br>3:49pm |

Preventive Maintenance Status: Pass

K, C. Mode

#### BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008939 Test Date: 04/28/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG123501 Exp Date: 08/23/2013

| g/210L                    | Time   |
|---------------------------|--|
| Pass<br>.00<br>.08<br>.00 | 3:39pm<br>3:40pm<br>3:41pm<br>3:41pm<br>3:42pm |
| .00                       | 3:43pm   |
| .00                       | 3:45pm   |
| .00                       | 3:46pm   |
|                           | Pass .00 .08 .00 .00 .00                       |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

| County  | Runswick Instrument Location BAT Mobile 4116   |
|---|--|
| Instrument So   | and the same of th |
| The prevention four months a  | we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:   |
| 1.  | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;  |
| 2.  | Verify instrument displays time and date;  |
| 3.  | Initiate breath test sequence;   |
| 4.  | Enter information as prompted;   |
| 5.  | Verify instrument accuracy;  |
| 6.  | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.  | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.  | Print test record;   |
| 9.  | Verify Diagnostic Program; and   |
| 10.   | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.   |
| I certify that of procedures we Department o  | on the   |
| O'STATE STATE O'STATE | NOSTIN CAROL   |

Signature of Certifying Official

Certificate Number

#### BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008869 Test R Test Date: 04/28/2012 Test

Test Record Number: 706
Test Time: 3:43pm EDT

System Check: Passed

#### Baseline Tests

| Test      | Status       | Time             |
|-----------|--------------|------------------|
| IR<br>FLO | Pass<br>Pass | 3:43pm<br>3:43pm |
| FC        | Pass         | 3:43pm           |

## Temperature Tests

| Status | Time                         |
|--------|------------------------------|
| Pass   | 3:43pm                       |
|        | Pass<br>Pass<br>Pass<br>Pass |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 3:44pm |

#### Printer Tests

| Test        | Status       | Time             |
|-------------|--------------|------------------|
| PRNT        | Pass         | 3:44pm           |
|             | CRC Tests    |                  |
| Test        | Status       | Time             |
| COMP<br>CAL | Pass<br>Pass | 3:44pm<br>3:44pm |

Preventive Maintenance Status: Pass

Ki C. Misselm

BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008869 Test Date: 04/28/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG123501 Exp Date: 08/23/2013

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 3:32pm |
|          | .00    | 3:33pm |
| ACCY CHK | .07    | 3:34pm |
| AIR BLK  | .00    | 3:34pm |
| SUB TEST | .00    | 3:35pm |
| AIR BLK  | .00    | 3:36pm |
| SUB TEST | .00    | 3:38pm |
| AIR BLK  | .00    | 3:39pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

| County  | GRUSSWICK Instrument Location BAT Wobile Unite   |
|---|--|
| Instrument So   | erial No. 008898 BRUNSWICK 5. 6.   |
| The preventive four months a  | we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:   |
| 1.  | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;   |
| 2.  | Verify instrument displays time and date;  |
| 3.  | Initiate breath test sequence;   |
| 4.  | Enter information as prompted;   |
| 5.  | Verify instrument accuracy;  |
| 6.  | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.  | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.  | Print test record;   |
| 9.  | Werify Diagnostic Program; and   |
| 10.   | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.         |
| procedures w  | on the day of day of 20/2 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 IZE THE CHEAT OF THE CHEAT | Signature of Certifying Official Certificate Number  |

#### BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008898 Test Record Number: 685 Test Date: 04/28/2012 Test Time: 3:43pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 3:44pm |
| FLO  | Pass   | 3:44pm |
| FC   | Pass   | 3:44pm |

### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 3:44pm |
| SRC  | Pass   | 3:44pm |
| DET  | Pass   | 3:44pm |
| BAR  | Pass   | 3:44pm |
| BT   | Pass   | 3:44pm |
|      |        |        |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 3:45pm |

#### Printer Tests

| Test        | Status       | Time   |
|-------------|--------------|--------|
| PRNT        | Pass         | 3:45pm |
|             | CRC Tests    |        |
| Test        | Status       | Time   |
| COMP<br>CAL | Pass<br>Pass | 3:45pm |

Preventive Maintenance Status: Pass

h. C. Malyst

## 

## BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008898 Test Date: 04/28/2012

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

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

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

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective:
10/01/2011-10/01/2013

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

Lot Number: AG201802 Exp Date: 01/18/2014

| Test                | g/210L     | Time             |
|---------------------|------------|------------------|
| DIAG<br>AIR BLK     | Pass       | 3:34pm<br>3:35pm |
| ACCY CHK<br>AIR BLK | .08<br>.00 | 3:35pm<br>3:36pm |
| SUB TEST            | .00        | 3:37pm           |
| AIR BLK             | .00        | 3:38pm           |
| SUB TEST            | .00        | 3:39pm           |
| AIR BLK             | .00        | 3:40pm           |

Reported AC: \_00 g/210L

Signature of Chemical Analyst

Court CVR

Fr. C. Masker
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1, 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. , 20/\_\_\_\_the forgoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

#### CRAVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008869

Test Record Number: 703 Test Time: 7:12pm EDT

Test Date: 04/27/2012

#### System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 7:13pm |
| FLO  | Pass   | 7:13pm |
| FC   | Pass   | 7:13pm |

### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 7:13pm |
| SRC  | Pass   | 7:13pm |
| DET  | Pass   | 7:13pm |
| BAR  | Pass   | 7:13pm |
| BT   | Pass   | 7:13pm |
|      |        |        |

#### Blank Tests

| Test | Status | Time      |
|------|--------|-----------|
| ATR  | Pass   | 7 · 14 pm |

#### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 7:14pm |
|      | CRC Tests |        |
| Test | Status    | Time   |
| COMP | Pass      | 7:14pm |

Preventive Maintenance Status: Pass

Pass

CAL

CRAVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008869 Test Date: 04/27/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG123501 Exp Date: 08/23/2013

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 7:05pm |
| AIR BLK  | .00    | 7:06pm |
| ACCY CHK | .08    | 7:06pm |
| AIR BLK  | .00    | 7:07pm |
| SUB TEST | .00    | 7:08pm |
| AIR BLK  | .00    | 7:09pm |
| SUB TEST | .00    | 7:10pm |
| AIR BLK  | .00    | 7:11pm |

Reported AC: 2.00 g/210L

Signature of Chemical Analyst

Court CVR

K. Challes

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Halfold Instrument Location DAT Mobile Unit Country
Instrument Serial No. OBBBB | Halfold Land

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.



Signature of Certifying Official

Certificate Number

### CRAVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008898

Test Record Number: 681

Test Date: 04/27/2012

Test Time: 7:11pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 7:13pm |

#### Printer Tests

| Test        | Status       | Time             |
|-------------|--------------|------------------|
| PRNT        | Pass         | 7:13pm           |
|             | CRC Tests    |                  |
| Test        | Status       | Time             |
| COMP<br>CAL | Pass<br>Pass | 7:13pm<br>7:13pm |

Preventive Maintenance Status: Pass

CRAVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008898 Test Date: 04/27/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NCNE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG201802 Exp Date: 01/18/2014

| DIAG Pass 7:04pm AIR BLK .00 7:05pm ACCY CHK .08 7:05pm AIR BLK .00 7:06pm SUB TEST .00 7:07pm AIR BLK .00 7:08pm SUB TEST .00 7:09pm AIR BLK .00 7:10pm AIR BLK .00 7:10pm | Test   | g/210L                   | Time   |
|---|--|--------------------------|--|
|   | AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST | .00<br>.08<br>.00<br>.00 | 7:05pm<br>7:05pm<br>7:06pm<br><b>7:07pm</b><br>7:08pm<br><b>7:09pm</b> |
| 7:10pm  | AIK DUK  | .00                      | 7:105m   |

Reported AC: .00 q/210L

Signature of Chemical Analyst

Court CVR

K. C. Shocken

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

| County C.  | raham Instrument Location Graham Co. SD  |
|--|--|
| Instrument Ser   | rial No. <u>008915</u> Robbinsville, NC  |
| The preventive four months as  | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every   |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;   |
| 2.   | Verify instrument displays time and date;  |
| 3.   | Initiate breath test sequence;   |
| 4.   | Enter information as prompted;   |
| 5.   | Verify instrument accuracy;  |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 7. •   | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.   | Print test record;   |
| 9.   | Verify Diagnostic Program; and   |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.                         |
| procedures we  | n the <u>26</u> day of <u>Apr. 1</u> , 20 /2 the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly. |
| THE STATE OF THE S | Signature of Certifying Official  Certificate Number   |

### GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008915 Test Date: 04/26/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023702 Exp Date: 08/25/2012

| Test            | g/210L | Time             |
|-----------------|--------|------------------|
| DIAG<br>AIR BLK | Pass   | 1:31pm<br>1:32pm |
| ACCY CHK        | .07    | 1:33pm           |
| AIR BLK         | .00    | 1:34pm           |
| SUB TEST        | .00    | 1:34pm           |
| AIR BLK         | .00    | 1:35pm           |
| SUB TEST        | .00    | 1:37pm           |
| ATR BLK         | . 0.0  | 1 : 38pm         |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008915 Test Record Number: 496

Test Date: 04/26/2012 Test Time: 1:39pm

System Check: Passed

### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 1:39pm |
| FLO  | Pass   | 1:39pm |
| FC   | Pass · | 1:39pm |

#### Temperature Tests

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

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 1:40pm |

#### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 1:40pm |
|      | CRC Tests |        |
| Test | Status    | Time   |
| COMP | Pass      | 1:40pm |

CAL Pass 1:40pm

Preventive Maintenance

Status: Pass

Carl R. Cut

Analyst

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

| County    | NASH  | Instru                     | ment Location                            | R                  | OCKY                       | MOUNT                                | P.D.                  |
|-----------|---|----------------------------|--|--------------------|----------------------------|--------------------------------------|-----------------------|
| Instrumen | t Serial No. <u>()</u>  | <u>=1</u>                  | ment Location                            | エ                  | PIAZA                      | + ROCKY                              | Mour                  |
| The preve | ntive maintenance procedures for the hs are:  | Intoximete                 | rs, Model Intox EC                       | C/IR II            | to be folio                | wed at least onc                     | e every               |
| 1.        | Verify the ethanol gas caniste 34 degrees, plus or minus .2 c   |                            |  | oholic             | breath sim                 | ulator thermome                      | eter shows            |
| 2.        | Verify instrument displays tir  | ne and date                | •  |                    |                            |                                      |                       |
| 3.        | Initiate breath test sequence;  |                            |  |                    |                            | ·                                    |                       |
| 4.        | Enter information as prompte  | d;                         |  |                    |                            |                                      |                       |
| 5.        | Verify instrument accuracy;   |                            |  |                    |                            |                                      |                       |
| 6.        | When "PLEASE BLOW" ap   | pears, colle               | ct breath sample;                        |                    |                            |                                      |                       |
| 7.        | When "PLEASE BLOW" ap   | pears, colle               | ct breath sample;                        |                    |                            | ·                                    |                       |
| 8.        | Print test record;  |                            |  |                    |                            | W                                    |                       |
| 9.        | Verify Diagnostic Program; a  | ınd                        |  |                    |                            |                                      |                       |
| 10.       | Verify that the ethanol gas ca<br>simulator solution is being ch<br>whichever occurs first.                           | nister is be<br>anged ever | ing changed before<br>y four months or a | e expii<br>fter 12 | ration date,<br>25 Alcohol | or the alcoholic<br>ic Breath Simula | breath<br>itor tests, |
| procedure | nat on the day of day of for which we were performed on the instrument in the first of Health and Human Services, and | ndicated ab                | ove, in accordance                       | with               | current reg                | g preventive mai                     | intenance<br>I.C.     |
| GREAT SCA | TATE OF TO BE   | 10.                        | A-ulZor )                                |                    | ·                          | 652                                  |                       |
|           | Si  | gnature of                 | Certifying Official                      |                    |                            | Certificate Nu                       | mber                  |

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741 Test Date: 04/25/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

| Test            | g/210L | Time               |
|-----------------|--------|--------------------|
| DIAG<br>AIR BLK | Pass   | 12:06pm<br>12:07pm |
| ACCY CHK        | .07    | 12:08pm            |
| AIR BLK         | .00    | 12:09pm            |
| SUB TEST        | .00    | 12:10pm            |
| AIR BLK         | .00    | 12:11pm            |
| SUB TEST        | .00    | 12:13pm            |
| ATR BLK         | .00    | 12 · 14 m          |

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

#### NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741 Test Date: 04/25/2012

Test Record Number: 1006 Test Time: 12:15pm EDT

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

| Status | Time                         |
|--------|------------------------------|
| Pass   | 12:16pm                      |
|        | Pass<br>Pass<br>Pass<br>Pass |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 12:16pm |

#### Printer Tests

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

12:16pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

| County   | IASH   | _ Instr                    | ument Location                           | Ro                   | CXY N                         | TUUDY                         | J, 9                   | ) <u>.                                    </u> |
|--|--|----------------------------|--|----------------------|-------------------------------|-------------------------------|------------------------|--|
| Instrument Se  | rial No. 00 8740   | <u>+1</u>                  | GOVERMEN                                 | Ţ.                   | PIAZI                         | 7 Ru                          | ملالم                  | M01  |
|  |  |                            |  |                      |                               |                               |                        |  |
|  | e maintenance procedures for the   |                            |  |                      |                               | wed at least                  | once ev                | ery  |
| 1.   | Verify the ethanol gas caniste 34 degrees, plus or minus .2 c  |                            |  | coholic              | breath sime                   | ulator thermo                 | ometer s               | shows  |
| 2.   | Verify instrument displays tin   | ne and dat                 | e;                                       |                      |                               |                               |                        |  |
| 3.   | Initiate breath test sequence;   |                            |  |                      |                               |                               |                        |  |
| 4.   | Enter information as prompte   | ed;                        |  |                      |                               | ·                             |                        |  |
| 5.   | Verify instrument accuracy;  |                            |  |                      |                               |                               |                        |  |
| 6.   | When "PLEASE BLOW" ap  | pears, coll                | ect breath sample;                       |                      |                               |                               |                        |  |
| 7.   | When "PLEASE BLOW" ap  | pears, coll                | ect breath sample;                       |                      | •                             |                               |                        |  |
| 8.   | Print test record;   |                            |  |                      |                               |                               |                        |  |
| 9.   | Verify Diagnostic Program; a   | and                        |  |                      | •                             |                               |                        |  |
| 10.  | Verify that the ethanol gas ca<br>simulator solution is being ch<br>whichever occurs first.                | nister is be<br>nanged eve | eing changed before<br>ry four months or | re expir<br>after 12 | ation date, e<br>25 Alcoholie | or the alcoho<br>c Breath Sim | olic brea<br>nulator t | ith<br>iests,                                  |
| procedures we  | on the <u>25</u> day of <u>AP</u><br>ere performed on the instrument i<br>f Health and Human Services, and | ndicated al                | oove, in accordanc                       | e with               | current regu                  | g preventive allations of the | mainten<br>e N.C.      | iance  |
| ALL STATE BY THE COLEMN TO THE | Si   | gnature of                 | Oca-yzc<br>Certifying Officia            |                      |                               | 657<br>Certificate            | \<br>Number            | <del></del>                                    |

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740 Test Date: 04/25/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name:

QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG104101

Exp Date: 02/10/2013

| Test g/ | 210L | Time |
|---------|------|------|
|---------|------|------|

| DIAG     | Pass | 12:11pm |
|----------|------|---------|
| AIR BLK  | .00  | 12:12pm |
| ACCY CHK | .07  | 12:13pm |
| AIR BLK  | .00  | 12:14pm |
| SUB TEST | .00  | 12:14pm |
| AIR BLK  | .00  | 12:15pm |
| SUB TEST | .00  | 12:17pm |
| AIR BLK  | .00  | 12:18pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740

Test Record Number: 359
Test Time: 12:19pm EDT

Test Date: 04/25/2012 Test Time

System Check: Passed

#### Baseline Tests

| Test      | Status       | Time               |
|-----------|--------------|--------------------|
| IR<br>FLO | Pass<br>Pass | 12:19pm<br>12:19pm |
| FC        | Pass         | 12:19pm            |

#### Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 12:19pm |
| SRC  | Pass   | 12:19pm |
| DET  | Pass   | 12:19pm |
| BAR  | Pass   | 12:19pm |
| BT   | Pass   | 12:19pm |
|      |        |         |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 12:20pm |

#### Printer Tests

| Test        | Status       | Time               |
|-------------|--------------|--------------------|
| PRNT        | Pass         | 12:20pm            |
|             | CRC Tests    |                    |
| Test        | Status       | Time               |
| COMP<br>CAL | Pass<br>Pass | 12:20pm<br>12:20pm |

Preventive Maintenance Status: Pass

Analyst

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

| County   | NASH   | Instrument Location                                      | NASH                                       | Co.                      | JAIL                          |
|--|--|--|--|--------------------------|-------------------------------|
| Instrument S   | Serial No. <u>೧</u> ೦ 8630   | NASHUIII   | E,NC.                                      | ·                        | ,,,                           |
|  |  |  |  |                          |                               |
| The prevent four months  | tive maintenance procedures for the Instance   | toximeters, Model Intox EC                               | C/IR II to be fo                           | llowed at                | least once every              |
| 1.   | Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg  |  | oholic breath s                            | imulator t               | hermometer 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  | When "PLEASE BLOW" appears, collect breath sample;       |  |                          |                               |
| 7.   | When "PLEASE BLOW" appe  | ars, collect breath sample;                              |  |                          |                               |
| 8.   | Print test record;   |  |  |                          |                               |
| 9.   | Verify Diagnostic Program; and   | ı  |  |                          |                               |
| 10.  | Verify that the ethanol gas canister is being changed before 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<br>procedures v<br>Department   | t on the 25 day of 4000 were performed on the instrument indicates of Health and Human Services, and the   | icated above, in accordance ne instrument is functioning | the forgo<br>with current reg<br>properly. | ing prever<br>egulations | ative maintenance of the N.C. |
| STATE CHE AT THE CORE AT THE C | Sign:  | ature of Certifying Official                             |  | €S<br>Certifi            | cate Number                   |

NASH COUNTY NASH COUNTY JAIL 630

Serial Number: 008630 Test Date: 04/25/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name:

QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG125603

Exp Date: 09/13/2013

| Test | g/210L | Time |
|------|--------|------|
|------|--------|------|

| DIAG     | Pass | 11:00am |
|----------|------|---------|
| AIR BLK  | .00  | 11:01am |
| ACCY CHK | .08  | 11:02am |
| AIR BLK  | .00  | 11:03am |
| SUB TEST | .00  | 11:04am |
| AIR BLK  | .00  | 11:05am |
| SUB TEST | .00  | 11:06am |
| AIR BLK  | .00  | 11:07am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### NASH COUNTY NASH COUNTY JAIL 630

Serial Number: 008630 Test Record Number: 2376
Test Date: 04/25/2012 Test Time: 11:09am EDT

System Check: Passed

#### Baseline Tests

| Test      | Status       | Time               |
|-----------|--------------|--------------------|
| IR<br>FLO | Pass<br>Pass | 11:09am<br>11:09am |
| FC        | Pass         | 11:09am            |

#### Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 11:10am |
| SRC  | Pass   | 11:10am |
| DET  | Pass   | 11:10am |
| BAR  | Pass   | 11:10am |
| BT   | Pass   | 11:10am |
|      |        |         |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:10am |

#### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

11:10am

Sind to

7.1200,50

CAL

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

| O   | MONTEOMERY Instrument Location MONTEOM   | an Calair   |
|---|--|---|
| County /  | mistrument Location 77 1010 (COV)  | 29 (8.) 412   |
| Instrument Ser  | ial No. 008709 TROY NC   | ; · · · · · · · · · · · · · · · · · · ·                 |
|   |  |   |
| The preventive four months ar   | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be fol  | lowed at least once every                               |
| 1.  | Verify the ethanol gas canister displays pressure, or the alcoholic breath si 34 degrees, plus or minus .2 degree centigrade;  | mulator thermometer shows                               |
| 2.  | Verify instrument displays time and date;  |   |
| 3.  | Initiate breath test sequence;   |   |
| 4.  | Enter information as prompted;   | #   |
| 5.  | Verify instrument accuracy;  | 7 <sup>7</sup>  |
| <b>6</b> ,  | When "PLEASE BLOW" appears, collect breath sample;   |   |
| 7.  | When "PLEASE BLOW" appears, collect breath sample;   |   |
| 8.  | Print test record;   |   |
| 9.  | Verify Diagnostic Program; and   | € #   |
| 10.   | Verify that the ethanol gas canister is being changed before expiration dat simulator solution is being changed every four months or after 125 Alcohowhichever occurs first. | e, or the alcoholic breath olic Breath Simulator tests, |
| procedures we   | n the  | ng preventive maintenance egulations of the N.C.        |
| STATE OF THE STATE OF THE OWNER OWNER OF THE OWNER |  | 37/<br>Certificate Number                               |

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008709 Test Date: 04/27/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H

Permit Number: 06108E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG106703 Exp Date: 03/08/2013

| Test     | g/210L | Time     |
|----------|--------|----------|
| DIAG     | Pass   | 2:58pm   |
| AIR BLK  | .00    | 2:58pm   |
| ACCY CHK | .07    | 2:59pm   |
| AIR BLK  | .00    | 3:00pm   |
| SUB TEST | .00    | 3:00pm   |
| AIR BLK  | .00    | 3:01pm   |
| SUB TEST | .00    | 3:03pm   |
| ATR BLK  | .00    | 3.04  pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008709

Test Record Number: 682

Test Date: 04/27/2012

Test Time: 3:05pm EDT

System Check: Passed

#### Baseline Tests

| Test      | Status       | Time             |
|-----------|--------------|------------------|
| IR<br>FLO | Pass<br>Pass | 3:05pm<br>3:05pm |
| FC        | Pass         | mq20:E           |

#### Temperature Tests

| Status | Time                         |
|--------|------------------------------|
| Pass   | 3:05pm                       |
|        | Pass<br>Pass<br>Pass<br>Pass |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 3:06pm |

#### Printer Tests

| Test        | Status       | Time             |
|-------------|--------------|------------------|
| PRNT        | Pass         | 3:06pm           |
|             | CRC Tests    |                  |
| Test        | Status       | Time             |
| COMP<br>CAL | Pass<br>Pass | 3:06pm<br>3:06pm |

Preventive Maintenance Status: Pass

Analyst

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

| County  | MONTGOMERY Instrument Location MONTGOMERY Co. JAIL  |
|---|---|
| Instrument S  | erial No. <u>008721</u> <u>TRoy NC</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 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. |
|   | on the  |
| STATION OF | Signature of Certifying Official Certificate Number   |

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008721 Test Date: 04/27/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RUSSELL, LARRY H

Permit Number: 06108E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG104004 Exp Date: 02/09/2013

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 2:56pm |
| AIR BLK  | .00    | 2:57pm |
| ACCY CHK | .08    | 2:57pm |
| AIR BLK  | .00    | 2:58pm |
| SUB TEST | .00    | 2:59pm |
| AIR BLK  | .00    | 3:00pm |
| SUB TEST | .00    | 3:02pm |
| AIR BLK  | .00    | 3:03pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008721

Test Record Number: 617

Test Date: 04/27/2012

Test Time: 3:04pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 3:05pm |
| FLO  | Pass   | 3:05pm |
| FC   | Pass   | 3:05pm |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 3:05pm |
| SRC  | Pass   | 3:05pm |
| DET  | Pass   | 3:05pm |
| BAR  | Pass   | 3:05pm |
| BT   | Pass   | 3:05pm |

#### Blank Tests

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

AIR 3:06pm Pass

#### Printer Tests

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

PRNT 3:06pm Pass

#### CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 3:06pm |
| CAL  | Pass   | 3:06pm |

Preventive Maintenance Status: Pass

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

| County  | LEE Instrument Location LEE Co JAIL  |
|---|--|
| Instrument S  | erial No   |
| The preventi  | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:   |
| 1.  | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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<br>procedures v<br>Department  | on the   |
| STAT STATE OF THE | Signature of Certifying Official Certificate Number  |

LEE COUNTY LEE CO. LEC. 520

Serial Number: 008645 Test Date: 04/26/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RUSSELL, LARRY H

Permit Number: 06108E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG104004 Exp Date: 02/09/2013

| Test     | g/210L | Time    |
|----------|--------|---------|
| DIAG     | Pass   | 3:18pm  |
| AIR BLK  | .00    | 3:18pm  |
| ACCY CHK | .08    | 3:19pm  |
| AIR BLK  | .00    | 3:20pm  |
| SUB TEST | .00    | 3:21pm  |
| AIR BLK  | .00    | 3:22pm  |
| SUB TEST | .00    | 3:23pm  |
| ATR BLK  | . 0.0  | 3:24 pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

LEE COUNTY LEE CO. LEC. 520

Serial Number: 008645

Test Record Number: 1081

Test Date: 04/26/2012

Test Time: 3:25pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 3:25pm |
| FLO  | Pass   | 3:25pm |
| FC   | Pass   | 3:25pm |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 3:25pm |
| SRC  | Pass   | 3:25pm |
| DET  | Pass   | 3:25pm |
| BAR  | Pass   | 3:25pm |
| ΒT   | Pass   | 3:25pm |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 3:26pm |

Printer Tests

#### AIR Pass

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 3:26pm |
|      | CRC Tests |        |
| Test | Status    | Time   |

| COMP | Pass | 3:26pm |
|------|------|--------|
| CAL  | Pass | 3:26pm |

Preventive Maintenance Status: Pass

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

| County 1  | hond-Hamlet Instrument Location Bot Mobile Unit  |
|---|--|
| Instrument Se   | erial No. 008939   |
| The preventive four months a  | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:   |
| 1.  | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;   |
| 2.  | Verify instrument displays time and date;  |
| 3.  | Initiate breath test sequence;   |
| 4.  | Enter information as prompted;   |
| 5.  | Verify instrument accuracy;  |
| 6.  | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.  | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.  | Print test record;   |
| 9.  | Verify Diagnostic Program; and   |
| 10.   | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that of procedures we Department of   | on the   |
| STATE ONE WILL STATE OF STATE |  |

#### RICHMOND COUNTY BATMOBILE UNIT 2 760

Serial Number: 008929 Test Date: 04/05/2012

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: AG203102 Exp Date: 01/31/2014

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 7:24pm |
| AIR BLK  | .00    | 7:26pm |
| ACCY CHK | .07    | 7:26pm |
| AIR BLK  | .00    | 7:27pm |
| SUB TEST | .00    | 7:29pm |
| AIR BLK  | .00    | 7:30pm |
| SUB TEST | .00    | 7:32pm |
| AIR BLK  | .00    | 7:33pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### RICHMOND COUNTY BATMOBILE UNIT 2

Serial Number: 008929

Test Record Number: 462

Test Date: 04/05/2012

Test Time: 7:33pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time              |
|------|--------|-------------------|
| IR   | Pass   | 7:34pm            |
| FLO  | Pass   | 7:34pm            |
| FC   | Pass   | $7:34\mathrm{pm}$ |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 7:34pm |
| SRC  | Pass   | 7:34pm |
| DET  | Pass   | 7:34pm |
| BAR  | Pass   | 7:34pm |
| BT   | Pass   | 7:34pm |
|      |        |        |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 7:35pm |

#### Printer Tests

| Test        | Status       | Time             |
|-------------|--------------|------------------|
| PRNT        | Pass         | 7:35pm           |
|             | CRC Tests    |                  |
| Test        | Status       | Time             |
| COMP<br>CAL | Pass<br>Pass | 7:35pm<br>7:35pm |

Preventive Maintenance Status: Pass

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

| The preventi four months | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:  |
|--------------------------|---|
| 1.                       | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  |
| 2.                       | Verify instrument displays time and date;   |
| 3.                       | Initiate breath test sequence;  |
| 4.                       | Enter information as prompted;  |
| 5.                       | Verify instrument accuracy;   |
| 6.                       | When "PLEASE BLOW" appears, collect breath sample;  |
| 7.                       | When "PLEASE BLOW" appears, collect breath sample;  |
| 8.                       | Print test record;  |
| 9.                       | Verify Diagnostic Program; and  |
| 10.                      | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.        |
|                          | on the day of , 20 1 2 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly. |
|                          | of Health and Human Services, and the instrument is functioning properly.   |

#### RICHMOND COUNTY BATMOBILE UNIT 2 760

Serial Number: 008929 Test Date: 04/19/2012

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     | Pass   | 6:36pm |
| AIR BLK  | .00    | 6:37pm |
| ACCY CHK | .08    | 6:37pm |
| AIR BLK  | .00    | 6:38pm |
| SUB TEST | .00    | 6:39pm |
| AIR BLK  | .00    | 6:40pm |
| SUB TEST | .00    | 6:42pm |
| AIR BLK  | .00    | 6:43pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Donya B Skunner Analyst

#### RICHMOND COUNTY BATMOBILE UNIT 2

Serial Number: 008929

Test Record Number: 464

Test Date: 04/19/2012

Test Time: 6:44pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 6:45pm |
| FLO  | Pass   | 6:45pm |
| FC   | Pass   | 6:45pm |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 6:45pm |
| SRC  | Pass   | 6:45pm |
| DET  | Pass   | 6:45pm |
| BAR  | Pass   | 6:45pm |
| BT   | Pass   | 6:45pm |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 6:46pm |

#### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 6:46pm |
|      | CRC Tests |        |
| Test | Status    | Time   |
| COMP | Pass      | 6:46pm |

Preventive Maintenance Status: Pass

Pass

6:46pm

CAL

Analyst

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

| County Pi   | chmond-(co so) Instrument Location Bat Mobile Unit   |
|---|--|
| Instrument S  | erial No.DO 8909   |
| 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 day of, 20 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly. |
| ORLEGATION OF THE STATE OF THE | Signature of Certifying Official Certificate Number  |

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

#### RICHMOND COUNTY BATMOBILE UNIT 2 760

Serial Number: 008929 Test Date: 04/19/2012

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     | Pass   | 6:36pm |
| AIR BLK  | .00    | 6:37pm |
| ACCY CHK | .08    | 6:37pm |
| AIR BLK  | .00    | 6:38pm |
| SUB TEST | .00    | 6:39pm |
| AIR BLK  | .00    | 6:40pm |
| SUB TEST | .00    | 6:42pm |
| AIR BLK  | .00    | 6:43pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Donya B Skynning

#### RICHMOND COUNTY BATMOBILE UNIT 2

Serial Number: 008929

Test Record Number: 464

Test Date: 04/19/2012

Test Time: 6:44pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 6:45pm |
| FLO  | Pass   | 6:45pm |
| FC   | Pass   | 6:45pm |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 6:45pm |
| SRC  | Pass   | 6:45pm |
| DET  | Pass   | 6:45pm |
| BAR  | Pass   | 6:45pm |
| BT   | Pass   | 6:45pm |
|      |        |        |

#### Blank Tests

| Test | Status | Time     |
|------|--------|----------|
| ΔTR  | Pagg   | 6 · 46pm |

#### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 6:46pm |
|      | CRC Tests |        |
| Test | Status    | Time   |
| COMP | Pass      | 6:46pm |

Preventive Maintenance Status: Pass

Pass

CAL

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

| The preventi 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 w             | on the   |

#### CHATHAM COUNTY BAT MOBILE UNIT 2 180

Serial Number: 008736 Test Date: 04/27/2012

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: AG106701 Exp Date: 03/08/2013

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 7:23pm |
| AIR BLK  | .00    | 7:24pm |
| ACCY CHK | .07    | 7:24pm |
| AIR BLK  | .00    | 7:25pm |
| SUB TEST | .00    | 7:26pm |
| AIR BLK  | .00    | 7:27pm |
| SUB TEST | .00    | 7:29pm |
| AIR BLK  | .00    | 7:30pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### CHATHAM COUNTY BAT MOBILE UNIT 2 180

Serial Number: 008736 Test Record Number: 433

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 7:33pm |
| FLO  | Pass   | 7:33pm |
| FC   | Pass   | 7:33pm |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 7:34pm |
| SRC  | Pass   | 7:34pm |
| DET  | Pass   | 7:34pm |
| BAR  | Pass   | 7:34pm |
| BT   | Pass   | 7:34pm |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 7:34pm |

#### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 7:34pm |
|      | CRC Tests |        |
| Test | Status    | Time   |
| COMP | Pass      | 7:34pm |

Preventive Maintenance Status: Pass

Pass

7:34pm

CAL

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

| CountyN   | Gerial No.008909   |
|---|--|
| The preventi four months  | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:   |
| 1.  | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;   |
| 2.  | Verify instrument displays time and date;  |
| 3.  | Initiate breath test sequence;   |
| 4.  | Enter information as prompted;   |
| 5.  | Verify instrument accuracy;  |
| 6.  | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.  | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.  | Print test record;   |
| 9.  | Verify Diagnostic Program; and   |
| 10.   | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
|   | on the   |
| STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI<br>STATI |  |

#### CHATHAM COUNTY BATMOBILE UNIT 2 180

Serial Number: 008929 Test Date: 04/27/2012

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     | Pass   | 7:21pm |
| AIR BLK  | .00    | 7:23pm |
| ACCY CHK | .08    | 7:23pm |
| AIR BLK  | .00    | 7:24pm |
| SUB TEST | .00    | 7:25pm |
| AIR BLK  | .00    | 7:26pm |
| SUB TEST | .00    | 7:27pm |
| AIR BLK  | .00    | 7:28pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Donya B Stunen

#### CHATHAM COUNTY BATMOBILE UNIT 2 180

Serial Number: 008929

Test Record Number: 470

Test Date: 04/27/2012

Test Time: 7:30pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 7:30pm |
| FLO  | Pass   | 7:30pm |
| FC   | Pass   | 7:30pm |

#### Temperature Tests

| Test          | Status | Time   |
|---------------|--------|--------|
| FC1           | Pass   | 7:30pm |
| SRC           | Pass   | 7:30pm |
| DET           | Pass   | 7:30pm |
| BAR           | Pass   | 7:30pm |
| $\mathtt{BT}$ | Pass   | 7:30pm |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 7:31pm |

#### Printer Tests

| Test        | Status       | Time             |
|-------------|--------------|------------------|
| PRNT        | Pass         | 7:31pm           |
|             | CRC Tests    |                  |
| Test        | Status       | Time             |
| COMP<br>CAL | Pass<br>Pass | 7:31pm<br>7:31pm |

Preventive Maintenance Status: Pass

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

| County   | ontonery Co (SU) Instrument Location Bot Mobile Unita  |
|--|--|
| Instrument S   | erial No <b>873</b> ()   |
| The prevention four months   | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:   |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;   |
| 2.   | Verify instrument displays time and date;  |
| 3.   | Initiate breath test sequence;   |
| 4.   | Enter information as prompted;   |
| 5.   | Verify instrument accuracy;  |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.   | Print test record;   |
| 9.   | Verify Diagnostic Program; and   |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that<br>procedures v<br>Department   | on the   |
| THE STATION OF THE ST | Signature of Certifying Official  Certificate Number   |

MONTGOMERY COUNTY BAT MOBILE UNIT 2 612

Serial Number: 008736 Test Date: 04/21/2012

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: AG106701 Exp Date: 03/08/2013

| Test   | g/210L                    | Time  |
|--|---------------------------|---|
| DIAG<br>AIR BLK<br>ACCY CHK<br>AIR BLK<br>SUB TEST | Pass<br>.00<br>.08<br>.00 | 3:07pm<br>3:08pm<br>3:09pm<br>3:10pm<br><b>3:10pm</b> |
| AIR BLK  | .00                       | 3:11pm  |
| SUB TEST   | .00                       | 3:12pm  |
| AIR BLK  | .00                       | 3:13pm  |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Onya B Stynen Analyst

#### MONTGOMERY COUNTY BAT MOBILE UNIT 2 612

Serial Number: 008736

Test Record Number: 430

Test Date: 04/21/2012

Test Time: 3:17pm EDT

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

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

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 3:18pm |

#### Printer Tests

| Test | Status       | Time   |
|------|--------------|--------|
| PRNT | Pass         | 3:18pm |
|      | CRC Tests    |        |
| Test | Status       | Time   |
| COMP | Pass<br>Pass | 3:18pm |

Preventive Maintenance Status: Pass

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

| County   | intopmery (50) Instrument Location Bot Mobile Unit   |
|--|--|
| Instrument Ser   | ial N 008909   |
| 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  |
| THE STATE OF THE S | Signature of Certifying Official Certificate Number  |

MONTGOMERY COUNTY BATMOBILE UNIT 2 612

Serial Number: 008929 Test Date: 04/21/2012

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:

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<br>AIR BLK | Pass   | 3:06pm<br>3:07pm |
| ACCY CHK        | .08    | 3:07pm           |
| AIR BLK         | .00    | 3:09pm           |
| SUB TEST        | .00    | 3:09pm           |
| AIR BLK         | .00    | 3:10pm           |
| SUB TEST        | .00    | 3:12pm           |
| AIR BLK         | .00    | 3:13pm           |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### MONTGOMERY COUNTY BATMOBILE UNIT 2 612

Serial Number: 008929 Test Date: 04/21/2012 Test Record Number: 467
Test Time: 3:14pm 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   | 3:15pm |
| SRC  | Pass   | 3:15pm |
| DET  | Pass   | 3:15pm |
| BAR  | Pass   | 3:15pm |
| BT   | Pass   | 3:15pm |
|      |        |        |

### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 3:16pm |

# Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 3:16pm |
|      | CRC Tests |        |
| Test | Status    | Time   |
| COMP | Pass      | 3:16pm |

Preventive Maintenance Status: Pass

Pass

3:16pm

CAL

Onya B Skuner

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

| County N   | Ake 5HP Instrument Location BAT Mobile Unit  |
|--|--|
| Instrument Se  | rial No. D08939  |
| The preventive four months as  | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:   |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;   |
| 2.   | Verify instrument displays time and date;  |
| 3.   | Initiate breath test sequence;   |
| 4.   | Enter information as prompted;   |
| 5.   | Verify instrument accuracy;  |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.   | Print test record;   |
| 9.   | Verify Diagnostic Program; and   |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| procedures we  | n the day of, 20 the forgoing preventive maintenance are performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.    |
| THE STATE IN THE STATE IN THE STATE OF THE S | Ony B Skuau 44<br>Isignature of Certifying Official Certificate Number   |

#### WAKE COUNTY BATMOBILE UNIT 2 910

Serial Number: 008929 Test Date: 04/28/2012

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     | Pass   | 1:24pm |
| AIR BLK  | .00    | 1:25pm |
| ACCY CHK | .08    | 1:26pm |
| AIR BLK  | .00    | 1:27pm |
| SUB TEST | .00    | 1:28pm |
| AIR BLK  | .00    | 1:29pm |
| SUB TEST | .00    | 1:31pm |
| AIR BLK  | .00    | 1:32pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Onya B Skiner

### WAKE COUNTY BATMOBILE UNIT 2 910

Serial Number: 008929

Test Record Number: 473

Test Date: 04/28/2012

Test Time: 1:34pm EDT

System Check: Passed

# Baseline Tests

| Test      | Status       | Time             |
|-----------|--------------|------------------|
| IR<br>FLO | Pass<br>Pass | 1:34pm<br>1:34pm |
| FC        | Pass         | 1:34pm           |

# Temperature Tests

| Test          | Status | Time   |
|---------------|--------|--------|
| FC1           | Pass   | 1:35pm |
| SRC           | Pass   | 1:35pm |
| DET           | Pass   | 1:35pm |
| BAR           | Pass   | 1:35pm |
| $\mathtt{BT}$ | Pass   | 1:35pm |

# Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 1:35pm |

### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 1:35pm |
|      | CRC Tests |        |
| Test | Status    | Time   |
|      |           |        |

COMP Pass 1:36pm Pass 1:36pm

Preventive Maintenance Status: Pass

Donya B Skinner

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

| County V   | Ake-SHP Instrument Location Bat Mobile Unita   |
|--|--|
| Instrument S   | erial No 608734  |
| The preventi four months   | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:   |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;   |
| 2.   | Verify instrument displays time and date;  |
| 3.   | Initiate breath test sequence;   |
| 4.   | Enter information as prompted;   |
| 5.   | Verify instrument accuracy;  |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.   | Print test record;   |
| 9.   | Verify Diagnostic Program; and   |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
|  | on the   |
| THE STATION OF THE ST | Signature of Certifying Official Certificate Number  |

WAKE COUNTY BAT MOBILE UNIT 2 910

Serial Number: 008736 Test Date: 04/28/2012

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: AG106701 Exp Date: 03/08/2013

| Test     | g/210L | Time     |
|----------|--------|----------|
| DIAG     | Pass   | 1:25pm   |
| AIR BLK  | .00    | 1:26pm   |
| ACCY CHK | .08    | 1:27pm   |
| AIR BLK  | .00    | 1:28pm   |
| SUB TEST | .00    | 1:28pm   |
| AIR BLK  | .00    | 1:29pm   |
| SUB TEST | .00    | 1:31pm   |
| AIR BLK  | .00    | 1:32pm   |
| YTC DTV  | .00    | エミンとり!!! |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Donya B Skunning

### WAKE COUNTY BAT MOBILE UNIT 2 910

Serial Number: 008736

Test Record Number: 436

System Check: Passed

# Baseline Tests

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

# Temperature Tests

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

### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 1:37pm |

# Printer Tests

| Test        | Status       | Time             |
|-------------|--------------|------------------|
| PRNT        | Pass         | 1:37pm           |
|             | CRC Tests    |                  |
| Test        | Status       | Time             |
| COMP<br>CAL | Pass<br>Pass | 1:37pm<br>1:37pm |

Preventive Maintenance Status: Pass

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

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

WAKE COUNTY BAT MOBILE UNIT 2 910

Serial Number: 008601 Test Date: 04/28/2012

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: AG023701 Exp Date: 08/25/2012

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Donya B Skuren

# WAKE COUNTY BAT MOBILE UNIT 2 910

Serial Number: 008601 Test Date: 04/28/2012

Test Record Number: 651
Test Time: 1:43pm EDT

System Check: Passed

### Baseline Tests

| Test      | Status       | Time             |
|-----------|--------------|------------------|
| IR<br>FLO | Pass<br>Pass | 1:44pm<br>1:44pm |
| FC        | Pass         | 1:44pm           |

# Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 1:44pm |
| SRC  | Pass   | 1:44pm |
| DET  | Pass   | 1:44pm |
| BAR  | Pass   | 1:44pm |
| BT   | Pass   | 1:44pm |
|      |        |        |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 1:45pm |

### Printer Tests

| Test        | Status       | Time             |
|-------------|--------------|------------------|
| PRNT        | Pass         | 1:45pm           |
|             | CRC Tests    |                  |
| Test        | Status       | Time             |
| COMP<br>CAL | Pass<br>Pass | 1:45pm<br>1:45pm |

Preventive Maintenance Status: Pass

Daya B Skinner

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

| County   | WAKE Instrument Location FAT MOB  | LECAIL  |
|--|---|---|
| Instrument Ser   | Serial No. OSTO98Cany   |   |
| The preventive four months ar  | ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be follows:  | lowed at least once every                       |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath signal degrees, plus or minus .2 degree centigrade;  | mulator thermometer shows                       |
| 2.   | Verify instrument displays time and date;   |   |
| 3.   | Initiate breath test sequence;  |   |
| 4.   | Enter information as prompted;  |   |
| 5.   | Verify instrument accuracy;   |   |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;  |   |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;  |   |
| 8.   | Print test record;  |   |
| 9.   | Verify Diagnostic Program; and  |   |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date simulator solution is being changed every four months or after 125 Alcoho whichever occurs first.              |   |
|  | t on theday of, 20/2 the forgoing were performed on the instrument indicated above, in accordance with current resof Health and Human Services, and the instrument is functioning properly. | ng preventive maintenance gulations of the N.C. |
| THE STATE OF THE S | Signature of Certifying Official  | Certificate Number                              |

# WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Record Number: 767 

System Check: Passed

### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 9:37pm |
| FLO  | Pass   | 9:37pm |
| FC   | Pass   | 9:37pm |

# Temperature Tests

| Test          | Status | Time   |
|---------------|--------|--------|
| FC1           | Pass   | 9:37pm |
| SRC           | Pass   | 9:37pm |
| DET           | Pass   | 9:37pm |
| BAR           | Pass   | 9:37pm |
| $\mathtt{BT}$ | Pass   | 9:37pm |
|               |        |        |

### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 9:38pm |

### Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 9:38pm |
|      |        |        |

### CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 9:38pm |
| CAL  | Pass   | 9:38pm |

Preventive Maintenance Status: Pass

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Date: 04/20/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG108203 Exp Date: 03/23/2013

| Test                        | g/210L             | Time                       |
|-----------------------------|--------------------|----------------------------|
| DIAG<br>AIR BLK<br>ACCY CHK | Pass .00 .08       | 9:29pm<br>9:30pm<br>9:30pm |
| AIR BLK<br>SUB TEST         | .00<br>. <b>00</b> | 9:31pm<br>9:32pm           |
| AIR BLK<br>SUB TEST         | .00<br>.00         | 9:33pm<br>9:35pm           |
| AIR BLK                     | .00                | 9:36pm                     |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

| County                       | Make Instrument Location BAT Mobile Luig 75  |
|------------------------------|--|
| Instrument So                | erial No. ODFCo8F CAny   |
| The preventive four months a | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:   |
| 1.                           | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;   |
| 2.                           | Verify instrument displays time and date;  |
| 3.                           | Initiate breath test sequence;   |
| 4.                           | Enter information as prompted;   |
| 5.                           | Verify instrument accuracy;  |
| 6.                           | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.                           | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.                           | Print test record;   |
| 9.                           | Verify Diagnostic Program; and   |
| 10.                          | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
|                              | on the   |
| THE GLAND                    |  |

# WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698

Test Record Number: 767

Test Date: 04/20/2012

Test Time: 9:37pm EDT

System Check: Passed

# Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 9:37pm |
| FLO  | Pass   | 9:37pm |
| FC   | Pass   | 9:37pm |

# Temperature Tests

| Status | Time                         |
|--------|------------------------------|
| Pass   | 9:37pm                       |
|        | Pass<br>Pass<br>Pass<br>Pass |

# Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 9:38pm |

### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 9:38pm |
|      | CRC Tests |        |
| Test | Status    | Time   |

| COMP | Pass | 9:38pm |
|------|------|--------|
| CAL  | Pass | 9:38pm |

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Date: 04/20/2012

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

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

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

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

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

Lot Number: AG108203 Exp Date: 03/23/2013

| Test                                   | g/210L             | Time                                 |
|--|--------------------|--------------------------------------|
| DIAG<br>AIR BLK<br>ACCY CHK<br>AIR BLK | Pass<br>.00<br>.08 | 9:29pm<br>9:30pm<br>9:30pm<br>9:31pm |
| SUB TEST                               | .00                | 9:32pm                               |
| AIR BLK                                | .00                | 9:33pm                               |
| SUB TEST                               | .00                | 9:35pm                               |
| AIR BLK                                | .00                | 9:36pm                               |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

| County   | WARE Instrument Location FART MOBILE LINIT  |
|--|---|
| Instrumen  | t Serial No. CO8788 CANY  |
| The prever   | ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:  |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  |
| 2.   | Verify instrument displays time and date;   |
| 3.   | Initiate breath test sequence;  |
| 4.   | Enter information as prompted;  |
| 5.   | Verify instrument accuracy;   |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;  |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;  |
| 8.   | Print test record;  |
| 9.   | Verify Diagnostic Program; and  |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.          |
| I certify th<br>procedures<br>Departmer  | at on theday of, 20/> the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. at of Health and Human Services, and the instrument is functioning properly. |
| TO BE ALL CREAT OF THE CREAT OF | Signature of Certifying Official  Certificate Number  |

### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Date: 04/20/2012 Test Record Number: 614

Test Time: 9:40pm EDT

System Check: Passed

# Baseline Tests

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

# Temperature Tests

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

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 9:41pm |

### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 9:41pm |
|      | CRC Tests |        |
| Test | Status    | Time   |
| COMP | Pass      | 9:41pm |

Preventive Maintenance Status: Pass

Pass

9:41pm

CAL

### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Date: 04/20/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG123502

Exp Date: 08/23/2013

| Test   | g/210L                    | Time   |
|--|---------------------------|--|
| DIAG<br>AIR BLK<br>ACCY CHK<br>AIR BLK<br>SUB TEST | Pass<br>.00<br>.07<br>.00 | 9:31pm<br>9:32pm<br>9:32pm<br>9:33pm<br>9:33pm |
| AIR BLK SUB TEST AIR BLK                           | .00                       | 9:34pm<br>9:36pm<br>9:37pm                     |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

| County   | rial No. De 828 Instrument Location Both Mp. Lewit T   |
|--|--|
| The preventive four months as  | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:   |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;   |
| 2.   | Verify instrument displays time and date;  |
| 3.   | Initiate breath test sequence;   |
| 4.   | Enter information as prompted;   |
| 5.   | Verify instrument accuracy;  |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.   | Print test record;   |
| 9,   | Verify Diagnostic Program; and   |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
|  | n the  |
| STATE OF THE STATE | 4666 Word 621  |

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

Signature of Certifying Official

Certificate Number

# WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788

Test Record Number: 616

Test Date: 04/28/2012

Test Time: 12:36pm EDT

System Check: Passed

### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 12:36pm |
| FLO  | Pass   | 12:36pm |
| FC   | Pass   | 12:36pm |

# Temperature Tests

| Status | Time                         |
|--------|------------------------------|
| Pass   | 12:37pm                      |
|        | Pass<br>Pass<br>Pass<br>Pass |

# Blank Tests

| Test | Status | Time ·  |
|------|--------|---------|
| AIR  | Pass   | 12:37pm |

### Printer Tests

Toot

| ICBC | bcacus    | TIME    |
|------|-----------|---------|
| PRNT | Pass      | 12:37pm |
|      | CRC Tests |         |

Status

Time

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 12:37pm |
| CAL  | Pass   | 12:37pm |

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Date: 04/28/2012

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

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

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

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

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

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

| Test                                   | g/210L             | Time                                     |
|--|--------------------|--|
| DIAG<br>AIR BLK<br>ACCY CHK<br>AIR BLK | Pass<br>.00<br>.07 | 12:26pm<br>12:27pm<br>12:27pm<br>12:28pm |
| SUB TEST                               | .00                | 12:29pm                                  |
| AIR BLK                                | .00                | 12:29pm                                  |
| SUB TEST                               | .00                | 12:32pm                                  |
| AIR BLK                                | .00                | 12:33pm                                  |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

| County 1-   | 1946 Instrument Location BAT Modile Co. T  |
|---|--|
| Instrument Ser  | ial No. <u>CO 868</u> <u>GAZZZZZ</u>   |
| The preventive four months are  | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:  |
| 1.  | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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  |
| TANK STATE OF THE | Signature of Certifying Official Certificate Number  |

### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Date: 04/28/2012 Test Record Number: 774
Test Time: 12:35pm EDT

System Check: Passed

# Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 12:35pm |
| FLO  | Pass   | 12:35pm |
| FC   | Pass   | 12:35pm |

# Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 12:35pm |
| SRC  | Pass   | 12:35pm |
| DET  | Pass   | 12:35pm |
| BAR  | Pass   | 12:35pm |
| BT   | Pass   | 12:35pm |

# Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 12:36pm |

### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 12:36pm |
|      | CRC Tests |         |
| Test | Status    | Time    |
| COMP | Pass      | 12:36pm |

12:36pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Date: 04/28/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG108203 Exp Date: 03/23/2013

| Test                        | g/210L             | Time                          |
|-----------------------------|--------------------|-------------------------------|
| DIAG<br>AIR BLK<br>ACCY CHK | Pass<br>.00<br>.08 | 12:24pm<br>12:26pm<br>12:26pm |
| AIR BLK<br>SUB TEST         | .00                | 12:27pm<br>12:28pm            |
| AIR BLK<br>SUB TEST         | .00                | 12:29pm<br>12:30pm            |

Reported AC: .00 g/210L

12:31pm

AIR BLK .00

Signature of Chemical Analyst

Court CVR

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

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

# WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Date: 04/28/2012

Test Record Number: 964

Test Time: 12:33pm EDT

System Check: Passed

# Baseline Tests

| Test      | Status       | Time               |
|-----------|--------------|--------------------|
| IR<br>FLO | Pass         | 12:34pm            |
| FC        | Pass<br>Pass | 12:34pm<br>12:34pm |

# Temperature Tests

| Test                     | Status                       | Time                                     |
|--------------------------|------------------------------|--|
| FC1<br>SRC<br>DET<br>BAR | Pass<br>Pass<br>Pass<br>Pass | 12:34pm<br>12:34pm<br>12:34pm<br>12:34pm |
| BT                       | Pass                         | 12:34pm                                  |

### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 12:34pm |

#### Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 12:34pm |

# CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 12:35pm |
| CAL  | Pass   | 12:35pm |

Preventive Maintenance

Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Date: 04/28/2012

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

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

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

Lot Number: AG108203 Exp Date: 03/23/2013

| g/210L                    | Time  |
|---------------------------|---|
| Pass<br>.00<br>.08<br>.00 | 12:23pm<br>12:24pm<br>12:25pm<br>12:26pm<br>12:27pm |
| .00                       | 12:28pm   |
| .00                       | 12:29pm   |
| .00                       | 12:30pm   |
|                           | Pass .00 .08 .00 .00 .00                            |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

|  | INTOXIMETE   | CRS, MODEL INTOX EC  | /IR II   |
|--|--|--|--|
| County   | Polk   | Instrument Location Polk   | County SO  |
| Instrument So  | erial No. <u>00883</u>   |  | . Columbus   |
|  |  | 828-894-30   | <u> </u>   |
| The prevention four months a   | ve maintenance procedures for the I  | intoximeters, Model Intox EC/IR II to  | be followed at least once every                                    |
| 1.   | Verify the ethanol gas canister 34 degrees, plus or minus .2 de  | displays pressure, or the alcoholic broggree centigrade;                         | eath 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 charwhichever occurs first.  | ister is being changed before expiration nged every four months or after 125 A   | on date, or the alcoholic breath Alcoholic Breath Simulator tests, |
| I certify that of procedures we Department o   | ere performed on the instrument ind  | dicated above, in accordance with current the instrument is functioning properly | forgoing preventive maintenance ent regulations of the N.C.        |
| THE STATE OF THE S | Note Carolina Carolin | nature of Certifying Official  | 6 5 6 Certificate Number   |

# POLK COUNTY POLK COUNTY SD 740

Serial Number: 008832 Test Date: 04/26/2012

Test Record Number: 602 Test Time: 1:02pm EDT

System Check: Passed

### Baseline Tests

| Test      | Status       | Time             |
|-----------|--------------|------------------|
| IR<br>FLO | Pass<br>Pass | 1:03pm<br>1:03pm |
| FC        | Pass         | 1:03pm           |

# Temperature Tests

| Status | Time                         |
|--------|------------------------------|
| Pass   | 1:03pm                       |
|        | Pass<br>Pass<br>Pass<br>Pass |

### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 1:03pm |

# Printer Tests

| Test        | Status       | Time             |
|-------------|--------------|------------------|
| PRNT        | Pass         | 1:04pm           |
|             | CRC Tests    |                  |
| Test        | Status       | Time             |
| COMP<br>CAL | Pass<br>Pass | 1:04pm<br>1:04pm |

Preventive Maintenance Status: Pass

Analyst

POLK COUNTY POLK COUNTY SD 740

Serial Number: 008832 Test Date: 04/26/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

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: AG123502 Exp Date: 08/23/2013

| Test            | g/210L      | Time             |
|-----------------|-------------|------------------|
| DIAG<br>AIR BLK | Pass<br>.00 | 1:07pm<br>1:07pm |
| ACCY CHK        | .07         | 1:08pm           |
| AIR BLK         | .00         | 1:09pm           |
| SUB TEST        | .00         | 1:10pm           |
| AIR BLK         | .00         | 1:11pm           |
| SUB TEST        | .00         | 1:12pm           |
| AIR BLK         | .00         | 1:13pm           |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

forming Preventive Maintenance n

|  | PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II  |
|--|---|
| County   | Rutherford Instrument Location Rutherford County SD   |
| Instrume   | nt Serial No. 008914 400 N Washington St., Rutherfordon   |
|  | 828-627-6247  |
| The preve  | entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:  |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;   |
| 2.   | Verify instrument displays time and date;   |
| 3.   | Initiate breath test sequence;  |
| 4.   | Enter information as prompted;  |
| 5.   | Verify instrument accuracy;   |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;  |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;  |
| 8.   | Print test record;  |
| 9.   | Verify Diagnostic Program; and  |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.                    |
| I certify the procedures Department  | nat on the 36th day of 1000 the forgoing preventive maintenance is were performed on the instrument indicated above, in accordance with current regulations of the N.C. int of Health and Human Services, and the instrument is functioning properly. |
| SET  | ATE OF 100 175 AR   |
| Approximate Approx | 11/abl. Hope 656  |
|  | Signature of Certifying Official Certificate Number   |

RUTHERFORD COUNTY RUTHERFORD COUNTY SD 800

Serial Number: 008914 Test Date: 04/26/2012

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

| Test                                   | g/210L                    | Time  |
|--|---------------------------|---|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST | Pass<br>.00<br>.07<br>.00 | 12:08pm<br>12:08pm<br>12:09pm<br>12:10pm<br>12:11pm |
| AIR BLK<br>SUB TEST                    | .00<br>.00                | 12:12pm<br>12:14pm                                  |
| AIR BLK                                | .00                       | 12:15pm   |

Reported AC: .00 g/210L

Signature of Chamical Analyst

Court CVR

Analyst

# RUTHERFORD COUNTY RUTHERFORD COUNTY SD 800

Serial Number: 008914 Test Date: 04/26/2012

Test Record Number: 924
Test Time: 12:16pm EDT

System Check: Passed

# Baseline Tests

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

# Temperature Tests

| SRC Pass 12:17pm<br>DET Pass 12:17pm | Test              | Status               | Time                                     |
|--------------------------------------|-------------------|----------------------|--|
| D. Pass 12:1/fm                      | SRC<br>DET<br>BAR | Pass<br>Pass<br>Pass | 12:17pm<br>12:17pm<br>12:17pm<br>12:17pm |
|                                      | 27.3              | Land                 | المالان المال المال المال المال          |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 12:18pm |

### Printer Tests

| rest | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 12:18pm |
|      | CRC Tests |         |
| Test | Status    | Time    |
| COMP | Pass      | 12:18pm |

Pass

12:18pm

Preventive Maintenance Status: Pass

CAL

Analyst

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

| County   | IEW HANOVER Instrument Location WRIGHTSVILLE BEACH   |
|--|--|
| Instrument S   | erial No. 8667 Police Dept.  |
|  |  |
| The prevention four months a   | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:   |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;  |
| 2.   | Verify instrument displays time and date;  |
| 3.   | Initiate breath test sequence;   |
| 4.   | Enter information as prompted;   |
| 5.   | Verify instrument accuracy;  |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.   | Print test record;   |
| 9.   | Verify Diagnostic Program; and   |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
|  | on the   |
| 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

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008667 Test Date: 04/27/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: RIVERA, ANTHONY

Permit Number: 08259E

Effective:

08/01/2011-08/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test                        | g/210L             | Time                       |
|-----------------------------|--------------------|----------------------------|
| DIAG<br>AIR BLK<br>ACCY CHK | Pass<br>.00<br>.08 | 2:36pm<br>2:37pm<br>2:37pm |
| AIR BLK                     | .00                | 2:38pm                     |
| SUB TEST                    | .00                | 2:39pm                     |
| AIR BLK                     | .00                | 2:40pm                     |
| SUB TEST                    | .00                | 2:41pm                     |
| AIR BLK                     | .00                | 2:42pm                     |
|                             |                    |                            |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008667

Test Record Number: 1013

Test Date: 04/27/2012

Test Time: 2:43pm EDT

System Check: Passed

#### Baseline Tests

| Test      | Status       | Time             |
|-----------|--------------|------------------|
| IR<br>FLO | Pass<br>Pass | 2:44pm<br>2:44pm |
| FC        | Pass         | 2:44pm           |

#### Temperature Tests

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

#### Blank Tests

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

AIR Pass 2:45pm

#### Printer Tests

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

PRNT Pass 2:45pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

| County W                     | ilson Instrument Location Wilson Co. Detention (  |
|------------------------------|---|
| Instrument Se                | erial No. OOS(e27 100 E. Green St., Wilson, N.C.  |
| The preventive four months a | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ure:  |
| 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 20 day of 77 day of , 20 12 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 GRANTS                 | Signature of Certifying Official Certificate Number   |

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008627 Test Date: 04/26/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

08/01/2011-08/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test            | g/210L | Time               |
|-----------------|--------|--------------------|
| DIAG<br>AIR BLK | Pass   | 10:50am<br>10:51am |
| ACCY CHK        | .08    | 10:52am            |
| AIR BLK         | .00    | 10:53am            |
| SUB TEST        | .00    | 10:54am            |
| AIR BLK         | .00    | 10:55am            |
| SUB TEST        | .00    | 10:56am            |
| ATR BLK         | . 0.0  | 10:57am            |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008627 Test Record Number: 1428
Test Date: 04/26/2012 Test Time: 11:00am EDT

System Check: Passed

#### Baseline Tests

| Test      | Status       | Time    |
|-----------|--------------|---------|
| IR<br>FLO | Pass<br>Pass | 11:00am |
| FC        | Pass         | 11:00am |

#### Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 11:00am |
| SRC  | Pass   | 11:00am |
| DET  | Pass   | 11:00am |
| BAR  | Pass   | 11:00am |
| BT   | Pass   | 11:00am |
|      |        |         |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:01am |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 11:01am |
|      | CRC Tests |         |
| Test | Status    | Time    |
| COMP | Pass      | 11:01am |

Pass

11:01am

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County ()  | INTOXIMETERS, MODEL INTOX EC/IR II  Son Instrument Location Wilson Co. Detention (  |
|--|---|
| Instrument Ser   | ial No. OD 8652 100 E. Green St., Wilson, N.C.  |
| The preventive four months as  | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:  |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  |
| 2. ~   | Verify instrument displays time and date;   |
| 3.   | Initiate breath test sequence;  |
| 4.   | Enter information as prompted;  |
| 5.   | Verify instrument accuracy;   |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;  |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;  |
| 8.   | Print test record;  |
| 9.   | Verify Diagnostic Program; and  |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.          |
|  | n the day of 10 / 10 , 20 12 the forgoing preventive maintenance are performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly. |
| THE STATE OF THE S | Signature of Certifying Official Certificate Number   |

#### WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008652 Test Date: 04/26/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

08/01/2011-08/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test                        | g/210L      | Time                   |
|-----------------------------|-------------|------------------------|
| DIAG<br>AIR BLK<br>ACCY CHK | Pass<br>.00 | 10:42am<br>10:42am     |
| AIR BLK                     | .00         | 10:43am<br>10:44am     |
| SUB TEST                    | .00         | 10:45am                |
| AIR BLK<br>SUB TEST         | .00<br>.00  | 10:45am <b>10:47am</b> |
| AIR BLK                     | .00         | 10:48am                |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

#### WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008652

Test Record Number: 1954

Test Date: 04/26/2012

Test Time: 10:48am EDT

System Check: Passed

#### Baseline Tests

| Test      | Status       | Time               |
|-----------|--------------|--------------------|
| IR<br>FLO | Pass<br>Pass | 10:49am<br>10:49am |
| FC        | Pass         | 10:49am            |

#### Temperature Tests

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

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:50am |

#### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

10:50am

CAL

Analyst

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

| County   | howen Instrument Location Chowen Co. Public Safety Conter  |
|--|--|
| Instrument S   | erial No. 008895 305 W. Freeneson St., Schafton, 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   |
| 10.  | Verify that the ethanol gas canister is being changed before 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 day of 20/2 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.   |
| LATES STATE OF THE CORE AT THE | CAROLLE CONTROLLE CONTROLL |
|  | Signature of Certifying Official Certificate Number  |

#### CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895 Test Date: 04/16/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

08/01/2011-08/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG104101 Exp Date: 02/10/2013

| Test            | g/210L | Time               |
|-----------------|--------|--------------------|
| DIAG<br>AIR BLK | Pass   | 11:51am<br>11:52am |
| ACCY CHK        | .07    | 11:53am            |
| AIR BLK         | .00    | 11:54am            |
| SUB TEST        | .00    | 11:55am            |
| AIR BLK         | .00    | 11:55am            |
| SUB TEST        | .00    | 11:57am            |
| ATR BLK         | . 00   | 11:58am            |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895

Test Record Number: 458

Test Date: 04/16/2012

Test Time: 12:14pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 12:15pm |

#### Printer Tests

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

12:15pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 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 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.

#### DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Date: 04/30/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

08/01/2011-08/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023701 Exp Date: 08/25/2012

| Test   | g/210L                           | Time   |
|--|----------------------------------|--|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK | Pass<br>.00<br>.07<br>.00<br>.00 | 12:50pm<br>12:51pm<br>12:52pm<br>12:53pm<br>12:53pm<br>12:54pm |
| SUB TEST                                       | .00                              | 12:56pm  |
| ATR BLK  | . 00                             | 12:57pm  |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analysi

#### DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Record Number: 302 Test Date: 04/30/2012 Test Time: 12:58pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 12:59pm |
| FLO  | Pass   | 12:59pm |
| FC   | Pass   | 12:59pm |

#### Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 12:59pm |
| SRC  | Pass   | 12:59pm |
| DET  | Pass   | 12:59pm |
| BAR  | Pass   | 12:59pm |
| BT   | Pass   | 12:59pm |
|      |        |         |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 12:59pm |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 12:59pm |
|      | CRC Tests |         |
| Test | Status    | Time    |
| COMP | Pass      | 12:59pm |

Pass

12:59pm

Preventive Maintenance Status: Pass

CAL

Analyst

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

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

Signature of Certifying Official

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008918 Test Date: 04/30/2012

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 1:16pm |
| AIR BLK  | .00    | 1:17pm |
| ACCY CHK | .07    | 1:17pm |
| AIR BLK  | .00    | 1:18pm |
| SUB TEST | .00    | 1:19pm |
| AIR BLK  | .00    | 1:20pm |
| SUB TEST | .00    | 1:21pm |
| ATR BLK  | . 0.0  | 1:220m |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008918 Test Record Number: 240
Test Date: 04/30/2012 Test Time: 1:23pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 1:23pm |
| FLO  | Pass   | 1:23pm |
| FC   | Pass   | 1:24pm |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 1:24pm |
| SRC  | Pass   | 1:24pm |
| DET  | Pass   | 1:24pm |
| BAR  | Pass   | 1:24pm |
| BT   | Pass   | 1:24pm |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 1:24pm |

#### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 1:24pm |
|      | CRC Tests |        |
| Test | Status    | Time   |

| 1000 | Deacab | TIME   |
|------|--------|--------|
| COMP | Pass   | 1:25pm |
| CAL  | Pass   | 1:25pm |

Preventive Maintenance Status: Pass

Analyst

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

| County M   | ECKLENBURG  | Instrument Location BAT MOBILE UNIT 3   |  |
|--|---|---|--|
| Instrument Sea   | rial No. <u>008707</u>  | CHARLOTTE, NC   |  |
| The preventive four months a   |   | ntoximeters, Model Intox EC/IR II to be followed at least once every  |  |
| 1.   | Verify the ethanol gas canister 34 degrees, plus or minus .2 de                         | displays pressure, or the alcoholic breath simulator thermometer show gree centigrade;  |  |
| 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" appears, collect breath sample;                                      |   |  |
| 7.   | When "PLEASE BLOW" app  | ears, collect breath sample;  |  |
| 8.   | Print test record;  |   |  |
| 9.   | Verify Diagnostic Program; an   | d   |  |
| 10.  | Verify that the ethanol gas can simulator solution is being cha whichever occurs first. | ister is being changed before expiration date, or the alcoholic breath nged every four months or after 125 Alcoholic Breath Simulator tests,  |  |
| procedures we<br>Department o  | ere performed on the instrument inc<br>f Health and Human Services, and                 | the forgoing preventive maintenance dicated above, in accordance with current regulations of the N.C. the instrument is functioning properly. |  |
| O THE STATE OF THE |   | in Bours (648)  |  |

MECKLENBURG COUNTY BAT MOBILE UNIT 3
590

Serial Number: 008707 Test Date: 04/26/2012

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

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

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

Lot Number: AG108203 Exp Date: 03/23/2013

| Test     | g/210L | Time    |
|----------|--------|---------|
| DIAG     | Pass   | 10:16pm |
| AIR BLK  | .00    | 10:17pm |
| ACCY CHK | .08    | 10:17pm |
| AIR BLK  | .00    | 10:18pm |
| SUB TEST | .00    | 10:19pm |
| AIR BLK  | .00    | 10:20pm |
| SUB TEST | 0.0    | 10:21pm |
| AIR BLK  | .00    | 10:22pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alm Ray Benna

#### MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008707 Test Date: 04/26/2012 Test Record Number: 1406 Test Time: 10:24pm EDT

System Check: Passed

#### Baseline Tests

| Test      | Status       | Time               |
|-----------|--------------|--------------------|
| IR<br>FLO | Pass<br>Pass | 10:24pm<br>10:24pm |
| FC        | Pass         | 10:24pm            |

#### Temperature Tests

| Test                           | Status                       | Time                                     |
|--------------------------------|------------------------------|--|
| FC1<br>SRC<br>DET<br>BAR<br>BT | Pass<br>Pass<br>Pass<br>Pass | 10:24pm<br>10:24pm<br>10:24pm<br>10:24pm |
| ъï                             | 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 |

Preventive Maintenance Status: Pass

Pass

10:25pm

Olm Ray Bans

CAL

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

| County                       | MECKLENBURG Instrument Location BAT MOBILE UNIT 3  |
|------------------------------|--|
| Instrume                     | nt Serial No. 008616 CHARLOTTE, DC   |
| 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.   |
| <ul> <li>procedur</li> </ul> | hat on the   |
| COREAT SE                    | STATE OF THE STATE |

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616 Test Date: 04/26/2012

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:

10/01/2011-10/01/2013

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

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023601 Exp Date: 08/24/2012

| Test     | g/210L | Time    |
|----------|--------|---------|
| DIAG     | Pass   | 9:56pm  |
| AIR BLK  | .00    | 9:57pm  |
| ACCY CHK | .08    | 9:57pm  |
| AIR BLK  | 00     | 9:58pm  |
| SUB TEST | .00    | 9:59pm  |
| AIR BLK  | .00    | 10:00pm |
| SUB TEST | .00    | 10:01pm |
| ATR BLK  | .00    | 10:02pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alu Ray Benson

#### MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616 Test Rec

Test Time: 10:03pm EDT

Test Date: 04/26/2012 Test Time: 10:03pm EDT

System Check: Passed

Baseline Tests

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

#### Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 10:04pm |
| SRC  | Pass   | 10:04pm |
| DET  | Pass   | 10:04pm |
| BAR  | Pass   | 10:04pm |
| BT   | Pass   | 10:04pm |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:04pm |

#### Printer Tests

| Test | Status       | Time    |
|------|--------------|---------|
| PRNT | Pass         | 10:04pm |
|      | CRC Tests    |         |
| Test | Status       | Time    |
| COMP | Pass<br>Pass | 10:04pm |

Preventive Maintenance Status: Pass

alm Ray Bors
Analyst

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

| County   | tecklenburg   | _ Instrument Location     | BAT              | MOBILE                               | UNIT 3                       |
|--|---|---------------------------|------------------|--------------------------------------|------------------------------|
| Instrument S   | erial No. <u>008647</u>   |                           | CHAI             | 3 LOTTE,                             | NC                           |
| The prevention four months   | ve maintenance procedures for the are:  | Intoximeters, Model Into  |                  |                                      |                              |
| 1.   | Verify the ethanol gas caniste 34 degrees, plus or minus .2 d   |                           | alcoholic brea   | th simulator the                     | rmometer show                |
| 2.   | Verify instrument displays tin  | ne and date;              |                  |                                      |                              |
| 3.   | Initiate breath test sequence;  |                           |                  |                                      |                              |
| 4.   | Enter information as prompted   | d;                        |                  |                                      |                              |
| 5.   | Verify instrument accuracy;   |                           |                  |                                      |                              |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;  |                           |                  |                                      |                              |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;  |                           |                  |                                      |                              |
| 8.   | Print test record;  |                           |                  |                                      |                              |
| 9.   | Verify Diagnostic Program; a  | nd                        |                  |                                      |                              |
| 10.  | Verify that the ethanol gas car<br>simulator solution is being cha<br>whichever occurs first.           |                           |                  |                                      |                              |
| procedures w   | on the <b>26</b> day of <b>AP</b> ere performed on the instrument in the Health and Human Services, and | dicated above, in accorda | ance with currer | rgoing preventi<br>nt regulations of | ve maintenance<br>f the N.C. |
| THE STATE OF THE S | (ilun)  | 2cy Bens                  |                  | 648                                  | 3<br>te Number               |

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647 Test Date: 04/26/2012

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

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

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

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

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

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

| Test                                   | g/210L             | Time                                     |
|--|--------------------|--|
| DIAG<br>AIR BLK<br>ACCY CHK<br>AIR BLK | Pass<br>.00<br>.08 | 11:33pm<br>11:34pm<br>11:35pm<br>11:36pm |
| SUB TEST                               | .00                | 11:36pm                                  |
| AIR BLK                                | .00                | 11:37pm                                  |
| SUB TEST                               | .00                | 11:39pm                                  |
| AIR BLK                                | .00                | 11:40pm                                  |
|  |                    |  |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alen Ray Bens Analyst

#### MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647 Test Record Number: 1339 Test Date: 04/26/2012 Test Time: 11:40pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:41pm |
| FLO  | Pass   | 11:41pm |
| FC   | Pass   | 11:41pm |

#### Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 11:41pm |
| SRC  | Pass   | 11:41pm |
| DET  | Pass   | 11:41pm |
| BAR  | Pass   | 11:41pm |
| BT   | Pass   | 11:41pm |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:42pm |

#### Printer Tests

| Test        | Status       | Time               |
|-------------|--------------|--------------------|
| PRNT        | Pass         | 11:42pm            |
|             | CRC Tests    |                    |
| Test        | Status       | Time               |
| COMP<br>CAL | Pass<br>Pass | 11:42pm<br>11:42pm |

Preventive Maintenance Status: Pass

Alm Ray Bans

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

| County H   | oke Instrument Location Hoke County Detendion  |
|--|--|
| Instrument Se  | rial No. 008852 Rajeford, NC   |
| The preventiv  | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:   |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;   |
| 2.   | Verify instrument displays time and date;  |
| 3.   | Initiate breath test sequence;   |
| 4.   | Enter information as prompted;   |
| 5.   | Verify instrument accuracy;  |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.   | Print test record;   |
| 9.   | Verify Diagnostic Program; and   |
| 10.  | Verify that the ethanol gas canister is being changed before 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 30 <sup>th</sup> day of April , 2012 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. |
| CREATE STATE OF THE STATE OF TH | Signature of Certifying Official Certificate Number  |

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852 Test Date: 04/30/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

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

Permit Number: 21535E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test                | g/210L | Time               |
|---------------------|--------|--------------------|
| DIAG                | Pass   | 10:47am            |
| AIR BLK<br>ACCY CHK | .00    | 10:47am<br>10:48am |
| ACCI CHK            | .00    | 10:40am            |
| SUB TEST            | .00    | 10:50am            |
| AIR BLK             | .00    | 10:51am            |
| SUB TEST            | .00    | 10:52am            |
| ATR RIK             | 0.0    | 10.53am            |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852

Test Record Number: 447

Test Date: 04/30/2012

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   | 10:54am |
| SRC  | Pass   | 10:54am |
| DET  | Pass   | 10:54am |
| BAR  | Pass   | 10:54am |
| BT   | Pass   | 10:54am |
|      |        |         |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:55am |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 10:55am |
|      | CRC Tests |         |
| Test | Status    | Time    |
| COMP | Pass      | 10:55am |

Preventive Maintenance Status: Pass

Analyst

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

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

Signature of Certifying Official

Certificate Number

ROCKINGHAM COUNTY BAT MOBILE UNIT 4 870

> Serial Number: 008734 Test Date: 04/20/2012

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG920302 Exp Date: 09/06/2013

| Test                                   | g/210L             | Time                                 |
|--|--------------------|--------------------------------------|
| DIAG<br>AIR BLK<br>ACCY CHK<br>AIR BLK | Pass<br>.00<br>.07 | 9:51pm<br>9:52pm<br>9:53pm<br>9:53pm |
| SUB TEST                               | .00                | 9:54pm                               |
| AIR BLK                                | .00                | 9:55pm                               |
| SUB TEST                               | .00                | 9:57pm                               |
| AIR BLK                                | .00                | 9:58pm                               |
|  |                    |                                      |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### ROCKINGHAM COUNTY BAT MOBILE UNIT 4 870

Serial Number: 008734

Test Record Number: 501

Test Date: 04/20/2012

Test Time: 9.59pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | 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   | 10:01pm |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 10:01pm |
|      | CRC Tests |         |
| Test | Status    | Time    |
| COMP | Pass      | 10:01pm |

10:01pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

| j   | PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II   |
|---|--|
| County  | Ockingham (3) Instrument Location BAT / 1601/E Will T  |
| Instrument S  | erial No 10887/ Reicheville  |
| mstrument 5   |  |
| 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<br>procedures v<br>Department  | on theday of, 20, 20   |
| EVEL STATE OF THE CASE OF THE |  |

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

Certificate Number

ROCKINGHAM COUNTY BAT MOBILE UNIT 4 870

> Serial Number: 008871 Test Date: 04/20/2012

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG011703 Exp Date: 04/27/2012

| Test                                   | g/210L             | Time                                 |
|--|--------------------|--------------------------------------|
| DIAG<br>AIR BLK<br>ACCY CHK<br>AIR BLK | Pass<br>.00<br>.07 | 9:48pm<br>9:49pm<br>9:50pm<br>9:51pm |
| SUB TEST                               | .00                | 9:52pm                               |
| AIR BLK                                | .00                | 9:53pm                               |
| SUB TEST                               | .00                | 9:54pm                               |
| AIR BLK                                | .00                | 9:55pm                               |

Reported AC: .00 g/2101

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

#### ROCKINGHAM COUNTY BAT MOBILE UNIT 4 870

Serial Number: 008871

Test Record Number: 470

System Check: Passed

#### Baseline Tests .

| Test      | Status       | Time             |
|-----------|--------------|------------------|
| IR<br>FLO | Pass<br>Pass | 9:57pm<br>9:57pm |
| FC        | Pass         | 9:57pm           |

#### Temperature Tests

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

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 9:58pm |

#### Printer Tests

| Test        | Status       | Time             |
|-------------|--------------|------------------|
| PRNT        | Pass         | 9:58pm           |
|             | CRC Tests    |                  |
| Test        | Status       | Time             |
| COMP<br>CAL | Pass<br>Pass | 9:58pm<br>9:58pm |

Preventive Maintenance Status: Pass

Analyst

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

| County     | Yadkin Instrument Location Yadkinulle PD   |
|------------|--|
| Instrument | Serial No. 008925  |
| The prever | ative maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:  |
| 1.         | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;   |
| 2.         | Verify instrument displays time and date;  |
| 3.         | Initiate breath test sequence;   |
| 4.         | Enter information as prompted;   |
| 5.         | Verify instrument accuracy;  |
| 6.         | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.         | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.         | Print test record;   |
| 9.         | Verify Diagnostic Program; and   |
| 10.        | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| procedures | at on the  |
| CO BEST    | Signature of Certifying Official Certificate Number  |

#### YADKIN COUNTY YADKINVILLE PD 980

Serial Number: 008925 Test Date: 04/24/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: WEAVER, GEORGE A

Permit Number: 09442E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023602 Exp Date: 08/24/2012

| Test | g/210L | Time   |
|------|--------|--------|
| DIAG | Pass   | 1:45pm |

| AIR BLK  | .00 | 1:45pm |
|----------|-----|--------|
| ACCY CHK | .08 | 1:46pm |
| AIR BLK  | .00 | 1:47pm |
| SUB TEST | .00 | 1:48pm |
| AIR BLK  | .00 | 1:49pm |
| SUB TEST | .00 | 1:50pm |

AIR BLK .00 1:51pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

.

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

Rev. 12/2007

## YADKIN COUNTY YADKINVILLE PD 980

Serial Number: 008925 Test Date: 04/24/2012 Test Record Number: 280
Test Time: 1:52pm EDT

System Check: Passed

## Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 1:52pm |
| FLO  | Pass   | 1:52pm |
| FC   | Pass   | 1:52pm |

## Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 1:52pm |
| SRC  | Pass   | 1:52pm |
| DET  | Pass   | 1:52pm |
| BAR  | Pass   | 1:52pm |
| BT   | Pass   | 1:52pm |
|      |        |        |

## Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 1:53pm |

## Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass.     | 1:53pm |
|      | CRC Tests | •      |
| Test | Status    | Time   |
| COMP | Pass      | 1:53pm |

1:53pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

| County 5                                  | Adkin Instrument Location Yakin Co Ja, /  |
|---|---|
| Instrument S                              | Serial No. <u>06 89 4 4</u>   |
| The prevent                               | ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:   |
| 1.  | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 tha<br>procedures<br>Department | at on the   |
| STAN STAN STAN STAN STAN STAN STAN STAN   | Signature of Certifying Official  Certificate Number  |

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944 Test Date: 04/24/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: WEAVER, GEORGE A

Permit Number: 09442E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023701 Exp Date: 08/25/2012

| Test            | g/210L      | Time             |
|-----------------|-------------|------------------|
| DIAG<br>AIR BLK | Pass<br>.00 | 2:15pm<br>2:15pm |
| ACCY CHK        | .08         | 2:16pm           |
| AIR BLK         | .00         | 2:17pm           |
| SUB TEST        | .00         | 2:18pm           |
| AIR BLK         | .00         | 2:19pm           |
| SUB TEST        | .00         | 2:20pm           |
| AIR BLK         | .00         | 2:21pm           |

Reported AC:

gnature of Chemical Analyst

Court CVR

Analyst

## YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944

Test Record Number: 773

Test Date: 04/24/2012

Test Time: 2:22pm EDT

System Check: Passed

## Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 2:22pm |
| FLO  | Pass   | 2:22pm |
| FC   | Pass   | 2:22pm |

## Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 2:22pm |
| SRC  | Pass   | 2:22pm |
| DET  | Pass   | 2:22pm |
| BAR  | Pass   | 2:22pm |
| BT   | Pass   | 2:22pm |
|      |        |        |

## Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 2:23pm |

## Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 2:23pm |
|      | CDC Tests |        |

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 2:23pm |
| CAL  | Pass   | 2:23pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD

INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Instrument Serial No. 00888 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6.

9. Verify Diagnostic Program; and

Print test record;

10. Verify that the ethanol gas canister is being changed before 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 API, 20 1 Z 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.



7.

8.

Signature of Certifying Official

Certificate Number

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

When "PLEASE BLOW" appears, collect breath sample;

#### DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883 Test Date: 04/02/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

06/01/2011-06/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test  | g/210L                           | Time  |
|---|----------------------------------|---|
| DIAG<br>AIR BLK<br>ACCY CHK<br>AIR BLK<br>SUB TEST<br>AIR BLK | Pass<br>.00<br>.08<br>.00<br>.00 | 1:54pm<br>1:54pm<br>1:55pm<br>1:56pm<br><b>1:57pm</b><br>1:58pm |
| SUB TEST  | .00                              | 1:59pm  |
| AIR BLK   | .00                              | 2:00pm  |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883

Test Record Number: 950

Test Date: 04/02/2012

Test Time: 2:01pm EDT

System Check: Passed

## Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 2:01pm |
| FLO  | Pass   | 2:01pm |
| FC   | Pass   | 2:01pm |

## Temperature Tests

| Test Status Time |   |
|------------------|---|
| FC1 Pass 2:01pt  |   |
| SRC Pass 2:01pt  | n |
| DET Pass 2:01pt  | n |
| BAR Pass 2:01pt  | n |
| BT Pass 2:01pt   | n |

## Blank Tests

| Test | Status | Time   |  |
|------|--------|--------|--|
| ATR  | Pass   | 2:02pm |  |

## Printer Tests

| Test        | Status       | Time             |
|-------------|--------------|------------------|
| PRNT        | Pass         | 2:02pm           |
|             | CRC Tests    |                  |
| Test        | Status       | Time             |
| COMP<br>CAL | Pass<br>Pass | 2:02pm<br>2:02pm |

Preventive Maintenance Status: Pass

Analyst

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

DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845 Test Date: 04/02/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: DEAN, L K
Permit Number: 11598E

Effective:

06/01/2011-06/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test            | g/210L | Time             |
|-----------------|--------|------------------|
| DIAG<br>AIR BLK | Pass   | 2:30pm<br>2:31pm |
| ACCY CHK        | .00    | 2:31pm           |
| AIR BLK         | .00    | 2:33pm           |
| SUB TEST        | .00    | 2:34pm           |
| AIR BLK         | .00    | 2:35pm           |
| SUB TEST        | .00    | 2:36pm           |
| AIR BLK         | .00    | 2:37pm           |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Analyst

## DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845

Test Record Number: 1138

Test Date: 04/02/2012

Test Time: 2:38pm EDT

System Check: Passed

## Baseline Tests

| Test      | Status       | Time             |
|-----------|--------------|------------------|
| IR<br>FLO | Pass<br>Pass | 2:38pm<br>2:38pm |
| FC        | Pass         | 2:38pm           |

## Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 2:39pm |
| SRC  | Pass   | 2:39pm |
| DET  | Pass   | 2:39pm |
| BAR  | Pass   | 2:39pm |
| BT   | Pass   | 2:39pm |

## Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 2:39pm |

## Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 2:39pm |
|      | CRC Tests |        |
| Test | Status    | Time   |
| COMP | Pass      | 2:39pm |

Preventive Maintenance Status: Pass

Pass

2:39pm

CAL

Applicat

|  | PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II   |
|--|--|
| County Z   | DAVIDSON Instrument Location Thomasville Tolico  |
| Instrument Se  | erial No. 008872 Department  |
| · · · · · · · · · · · · · · · · · · ·  |  |
| 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   |
| OTH STATE OTH ST | Sundler _ OTO  |
|  | Signature of Certifying Official Certificate Number  |

#### DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008872 Test Date: 04/02/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: DEAN, L K
Permit Number: 11598E

Effective:

06/01/2011-06/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test            | g/210L      | Time             |
|-----------------|-------------|------------------|
| DIAG<br>AIR BLK | Pass<br>.00 | 1:05pm<br>1:06pm |
| ACCY CHK        | .07         | 1:06pm           |
| AIR BLK         | .00         | 1:07pm           |
| SUB TEST        | .00         | 1:08pm           |
| AIR BLK         | .00         | 1:09pm           |
| SUB TEST        | .00         | 1:10pm           |
| AIR BLK         | .00         | 1:11pm           |

Reported AC: .00\_g/210L

Signature of Chemical Analyst

Court CVR

## DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008872

Test Record Number: 871

Test Date: 04/02/2012

Test Time: 1:12pm EDT

System Check: Passed

## Baseline Tests

| Test      | Status       | Time             |
|-----------|--------------|------------------|
| IR<br>FLO | Pass<br>Pass | 1:12pm<br>1:12pm |
| FC        | Pass         | 1:12pm           |

## Temperature Tests

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

## Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 1:13pm |

## Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 1:13pm |
|      | CRC Tests |        |
| Test | Status    | Time   |
| COMP | Pass      | 1:13pm |

1:13pm

Preventive Maintenance Status: Pass

Pass

CAL

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

| County_  | wilford Instrument Location Unc-Greenshoro   |
|--|--|
| Instrument Se  | rial No. 008604 Police Department  |
|  |  |
| 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;   |
| <b>8.</b>  | Print test record;   |
| 9.   | Verify Diagnostic Program; and   |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.   |
| procedures we  | on the 25 day of, 20/2 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.  |
| COREAT STATE OF THE STATE OF TH | CAROLLA CAROLL |

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

Signature of Certifying Official

Certificate Number

GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604 Test Date: 04/25/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

06/01/2011-06/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test            | g/210L | Time               |
|-----------------|--------|--------------------|
| DIAG<br>AIR BLK | Pass   | 11:46am<br>11:46am |
| ACCY CHK        | .08    | 11:47am            |
| AIR BLK         | .00    | 11:48am            |
| SUB TEST        | .00    | 11:49am            |
| AIR BLK         | .00    | 11:50am            |
| SUB TEST        | .00    | 11:51am            |
| ATR BLK         | . 0.0  | 11:52am            |

Reported AC: .00\_g/210L

Signature of Chemical Analyst

Court CVR

## GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604 Test Record Number: 1094

Test Date: 04/25/2012 Test Time: 11:53am EDT

System Check: Passed

## Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:53am |
| FLO  | Pass   | 11:53am |
| FC   | Pass   | 11:54am |

## Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 11:54am |
| SRC  | Pass   | 11:54am |
| DET  | Pass   | 11:54am |
| BAR  | Pass   | 11:54am |
| BT   | Pass   | 11:54am |

#### Blank Tests

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

AIR Pass 11:54am

## Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 11:54am |

## CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 11:55am |
| CAL  | Pass   | 11:55am |

Preventive Maintenance Status: Pass

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

| County   | ANSON Instrument Location ANSON Co. Sheriff's OFFICE   |
|--|--|
| Instrument Se  | rial No. 008597 WATESRORD NC   |
| The preventiv  | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:   |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;   |
| 2.   | Verify instrument displays time and date;  |
| 3.   | Initiate breath test sequence;   |
| 4.   | Enter information as prompted;   |
| 5.   | Verify instrument accuracy;  |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.   | Print test record;   |
| 9.   | Verify Diagnostic Program; and   |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that opposedures we Department of  | on the   |
| THE STATE OF THE S |  |
| The second of th | Signature of Certifying Official Certificate Number  |

ANSON COUNTY ANSON COUNTY SO. 030

Serial Number: 008597 Test Date: 04/24/2012

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

Test Type: Breath Test

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

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 1:10pm |
| AIR BLK  | .00    | 1:10pm |
| ACCY CHK | .07    | 1:11pm |
| AIR BLK  | .00    | 1:12pm |
| SUB TEST | .00    | 1:13pm |
| AIR BLK  | .00    | 1:14pm |
| SUB TEST | .00    | 1:15pm |
| AIR BLK  | .00    | 1:16pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## ANSON COUNTY ANSON COUNTY SO. 030

Serial Number: 008597

Test Record Number: 732

Test Date: 04/24/2012

Test Time: 1:17pm EDT

System Check: Passed

## Baseline Tests

| Test       | Status | Time   |
|------------|--------|--------|
| IR         | Pass   | 1:17pm |
| ${	t FLO}$ | Pass   | 1:17pm |
| FC         | Pass   | 1:17pm |

## Temperature Tests

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

## Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 1:18pm |

## Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 1:18pm |
|      | CRC Tests |        |
| Test | Status    | Time   |

| COMP | Pass | 1:18pm |
|------|------|--------|
| CAL  | Pass | 1:18pm |

Preventive Maintenance Status: Pass

Analyst

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

| County A  | Instrument Location AWSON Co. Sheriffs OFACE  |
|---|---|
| Instrument Serial   | No. 008739 WATERSRORD NC  |
| The preventive m four months are:   | naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every  |
| 1.  | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  |
| 2.  | Verify instrument displays time and date;   |
| 3.  | Initiate breath test sequence;  |
| 4.  | Enter information as prompted;  |
| 5.  | Verify instrument accuracy;   |
| 6.  | When "PLEASE BLOW" appears, collect breath sample;  |
| 7.  | When "PLEASE BLOW" appears, collect breath sample;  |
| 8.  | Print test record;  |
| 9.  | Verify Diagnostic Program; and  |
| 10.   | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.    |
| procedures were   | the 24 day of APQI , 20 12 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. |
| O'ME STATE OF A STATE | Sighature of Certifying Official Certificate Number   |

ANSON COUNTY ANSON COUNTY S.O. 030

Serial Number: 008739 Test Date: 04/24/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: RUSSELL, LARRY H

Permit Number: 06108E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test                        | g/210L             | Time                       |
|-----------------------------|--------------------|----------------------------|
| DIAG<br>AIR BLK<br>ACCY CHK | Pass<br>.00<br>.07 | 1:11pm<br>1:12pm<br>1:12pm |
| AIR BLK                     | .00                | 1:13pm                     |
| SUB TEST                    | .00                | 1:14pm                     |
| AIR BLK                     | .00                | 1:15pm                     |
| SUB TEST                    | .00                | 1:16pm                     |
| AIR BLK                     | .00                | 1:17pm                     |

Reported\_AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## ANSON COUNTY ANSON COUNTY S.O. 030

Serial Number: 008739 Test Date: 04/24/2012 Test Record Number: 161
Test Time: 1:18pm EDT

System Check: Passed

## Baseline Tests

| Test      | Status       | Time             |
|-----------|--------------|------------------|
| IR<br>FLO | Pass<br>Pass | 1:19pm<br>1:19pm |
| FC        | Pass         | 1:19pm           |

## Temperature Tests

| Status | Time                         |
|--------|------------------------------|
| Pass   | 1:19pm                       |
|        | Pass<br>Pass<br>Pass<br>Pass |

## Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 1:20pm |

## Printer Tests

| Test        | Status       | Time             |
|-------------|--------------|------------------|
| PRNT        | Pass         | 1:20pm           |
|             | CRC Tests    |                  |
| Test        | Status       | Time             |
| COMP<br>CAL | Pass<br>Pass | 1:20pm<br>1:20pm |

Preventive Maintenance Status: Pass

Analyst

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

| County C  | Instrument Location Roberton Co. Jail  |
|---|--|
| Instrument Ser  | ial No. CO8836 humberdon, NC   |
| The preventive four months as   | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:   |
| 1.  | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;   |
| 2.  | Verify instrument displays time and date;  |
| 3.  | Initiate breath test sequence;   |
| 4.  | Enter information as prompted;   |
| 5.  | Verify instrument accuracy;  |
| 6.  | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.  | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.  | Print test record;   |
| 9.  | Verify Diagnostic Program; and   |
| 10.   | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.   |
| procedures w  | on the 24th day of April ,2012 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.  |
| WWWID STORY OF WALLS STUTY OF WALLS | TO CAROLINA CONTRACTOR OF THE CAROLINA CONTRACTO |

ROBESON COUNTY LUMBERTON, LEC. 770

Serial Number: 008836 Test Date: 04/24/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

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

Permit Number: 21535E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test   | g/210L                    | Time  |
|--|---------------------------|---|
| DIAG<br>AIR BLK<br>ACCY CHK<br>AIR BLK<br>SUB TEST | Pass<br>.00<br>.07<br>.00 | 9:09am<br>9:10am<br>9:10am<br>9:11am<br><b>9:12am</b> |
| AIR BLK  | .00<br>.00                | 9:13am<br><b>9:14am</b>                               |
| SUB TEST<br>AIR BLK                                | .00                       | 9:14am<br>9:15am                                      |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY LUMBERTON, LEC. 770

Serial Number: 008836

Test Record Number: 1978

Test Date: 04/24/2012

Test Time: 9:19am EDT

System Check: Passed

## Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 9:20am |
| FLO  | Pass   | 9:20am |
| FC   | Pass   | 9:20am |

## Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 9:20am |
| SRC  | Pass   | 9:20am |
| DET  | Pass   | 9:20am |
| BAR  | Pass   | 9:20am |
| BT   | Pass   | 9:20am |
|      |        |        |

## Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 9:21am |

## Printer Tests

| Test        | Status       | Time             |
|-------------|--------------|------------------|
| PRNT        | Pass         | 9:21am           |
|             | CRC Tests    |                  |
| Test        | Status       | Time             |
| COMP<br>CAL | Pass<br>Pass | 9:21am<br>9:21am |

Preventive Maintenance Status: Pass

Manie O male O m

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

| County RC  | Deson Instrument Location Robeson  | Co. Jail  |
|--|--|---|
| Instrument Ser   | ial No. <u>OO8805</u> <u>humberton</u> , N   |   |
| The preventive four months ar  | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be fore:  | llowed at least once every                                |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath s 34 degrees, plus or minus .2 degree centigrade;   | imulator thermometer 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 day<br>simulator solution is being changed every four months or after 125 Alcohowhichever occurs first.  | te, or the alcoholic breath solic Breath Simulator tests, |
| procedures we  | on the 24 day of April , 2010 the forgoinere performed on the instrument indicated above, in accordance with current ref Health and Human Services, and the instrument is functioning properly.  | ing preventive maintenance egulations of the N.C.         |
| THE STATE OF THE S | TO THE STATE OF TH |   |
|  | Signature of Certifying Official   | Certificate Number  |

ROBESON COUNTY LUMBERTON, LEC 770

Serial Number: 008805 Test Date: 04/24/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

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

Permit Number: 21535E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG108203 Exp Date: 03/23/2013

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

4 1 4

## ROBESON COUNTY LUMBERTON, LEC 770

Serial Number: 008805

Test Record Number: 2047

Test Date: 04/24/2012

Test Time: 9:14am EDT

System Check: Passed

## Baseline Tests

| Test      | Status       | Time             |
|-----------|--------------|------------------|
| IR<br>FLO | Pass<br>Pass | 9:14am<br>9:14am |
| FC ·      | Pass         | 9:14am           |

## Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 9:14am |
| SRC  | Pass   | 9:14am |
| DET  | Pass   | 9:14am |
| BAR  | Pass   | 9:14am |
| BT   | Pass   | 9:14am |
|      |        |        |

## Blank Tests

| Test | Status | Time   |  |
|------|--------|--------|--|
| AIR  | Pass   | 9:15am |  |

## Printer Tests

| Test        | Status       | Time             |
|-------------|--------------|------------------|
| PRNT        | Pass         | 9:15am           |
|             | CRC Tests    |                  |
| Test        | Status       | Time             |
| COMP<br>CAL | Pass<br>Pass | 9:15am<br>9:15am |

Preventive Maintenance Status: Pass

Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II breenville, NL Instrument Location 00864V Instrument Serial No. The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. 3. Initiate breath test sequence; Enter information as prompted; 4. Verify instrument accuracy; 5. When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. Print test record; 8. Verify Diagnostic Program; and 9. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. 20 / 2 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

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646 Test Date: 04/05/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

## PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646 Test Record Number: 1507

System Check: Passed

## Baseline Tests

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

## Temperature Tests

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

## Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:16am |

## Printer Tests

| Test        | Status       | Time               |
|-------------|--------------|--------------------|
| PRNT        | Pass         | 10: <b>1</b> 6am   |
|             | CRC Tests    |                    |
| Test        | Status       | Time               |
| COMP<br>CAL | Pass<br>Pass | 10:16am<br>10:16am |

Preventive Maintenance Status: Pass

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

| County   | Bestie Instrument Location Bestie Co, S.O.   |
|--|--|
| Instrument Se  | rial No. DO8897 ID4 Dundee St., Windsor  |
| The preventive four months as  | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:   |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;   |
| 2.   | Verify instrument displays time and date;  |
| 3.   | Initiate breath test sequence;   |
| 4.   | Enter information as prompted;   |
| 5.   | Verify instrument accuracy;  |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.   | Print test record;   |
| 9.   | Verify Diagnostic Program; and   |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
|  | on the   |
| THE STATE OF THE S | Signature of Certifying Official Certificate Number  |

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

BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897 Test Date: 04/09/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG104101 Exp Date: 02/10/2013

| Test            | g/210L | Time               |
|-----------------|--------|--------------------|
| DIAG<br>AIR BLK | Pass   | 12:37pm<br>12:38pm |
| ACCY CHK        | .07    | 12:38pm            |
| AIR BLK         | .00    | 12:39pm            |
| SUB TEST        | .00    | 12:40pm            |
| AIR BLK         | .00    | 12:41pm            |
| SUB TEST        | .00    | 12:42pm            |
| ATR BIK         | - 0.0  | 12:43pm            |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

TOA LOESE Analyst

## BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897 Test Date: 04/09/2012

Test Record Number: 642
Test Time: 12:44pm EDT

System Check: Passed

## Baseline Tests

| Test      | Status       | Time               |
|-----------|--------------|--------------------|
| IR<br>FLO | Pass<br>Pass | 12:45pm<br>12:45pm |
| FC        | Pass         | 12:45pm            |

## Temperature Tests

| Test           | Status | Time    |
|----------------|--------|---------|
| FC1            | Pass   | 12:45pm |
| SRC            | Pass   | 12:45pm |
| $\mathtt{DET}$ | Pass   | 12:45pm |
| BAR            | Pass   | 12:45pm |
| BT             | Pass   | 12:45pm |

## Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 12:46pm |

## Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 12:46pm |
|      | CRC Tests |         |
| Test | Status    | Time    |

| COMP | Pass | 12:46pm |
|------|------|---------|
| CAL  | Pass | 12:46pm |

Preventive Maintenance Status: Pass

Analyst

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

| Λ  | INTOXIMETERS, MODEL INTOX EC/IR II   |
|--|--|
| County Var   | QUIMANS Instrument Location KWAVIMANS CO. S. O.  |
| Instrument Serial  | Instrument Location Purplimans Co. S. O. INO. 008847 110 N. Church St., Hertford   |
| The preventive m four months are:  | naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every   |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;   |
| 2.   | Verify instrument displays time and date;  |
| 3.   | Initiate breath test sequence;   |
| 4.   | Enter information as prompted;   |
| 5.   | Verify instrument accuracy;  |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.   | Print test record;   |
| 9.   | Verify Diagnostic Program; and   |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that on t<br>procedures were<br>Department of H  | the  |
| THE STATE OF A PART OF A P | Signature of Certifying Official Certificate Number  |

#### PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008847 Test Date: 04/03/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 1:52pm |
| AIR BLK  | .00    | 1:53pm |
| ACCY CHK | .08    | 1:53pm |
| AIR BLK  | .00    | 1:54pm |
| SUB TEST | .00    | 1:55pm |
| AIR BLK  | .00    | 1:56pm |
| SUB TEST | .00    | 1:57pm |
| ATR RIK  | 0.0    | 1:58pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008847 Test Record Number: 342
Test Date: 04/03/2012 Test Time: 1:49pm EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

| Test          | Status | Time   |
|---------------|--------|--------|
| FC1           | Pass   | 1:50pm |
| SRC           | Pass   | 1:50pm |
| DET           | Pass   | 1:50pm |
| BAR           | Pass   | 1:50pm |
| $\mathtt{BT}$ | Pass   | 1:50pm |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 1:50pm |

#### Printer Tests

| Test        | Status       | Time             |
|-------------|--------------|------------------|
| PRNT        | Pass         | 1:50pm           |
|             | CRC Tests    |                  |
| Test        | Status       | Time             |
| COMP<br>CAL | Pass<br>Pass | 1:50pm<br>1:50pm |

Preventive Maintenance Status: Pass

Analyst

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

| County /   | Jashiachon   | Instrument Location Wisch   | hington Co. S.O.   |
|--|--|---|--|
| Instrument S   | derial No. <u>\$ 00 4429</u>   | Adams st.,  | Plymonth, NC   |
| The preventi four months   | ve maintenance procedures for the II 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 gree centigrade;                      | breath simulator thermometer sho   |
| 2.   | Verify instrument displays time  | e and date;   |  |
| 3.   | Initiate breath test sequence;   |   | , The state of the |
| 4.   | Enter information as prompted  | ;   |  |
| 5.   | Verify instrument accuracy;  |   |  |
| 6.   | When "PLEASE BLOW" appo  | ears, collect breath sample;  |  |
| 7.   | When "PLEASE BLOW" appo  | ears, collect breath sample;  | į  |
| 8.   | Print test record;   |   | P. C.  |
| 9.   | Verify Diagnostic Program; and   | d   | en e   |
| 10.  |  | ister is being changed before expir<br>nged every four months or after 12 |  |
|  | on the day of<br>vere performed on the instrument ind<br>of Health and Human Services, and t | licated above, in accordance with   |  |
| THE STATE OF THE S | S AROUN CAROLINA   |   |  |

#### WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829 Test Date: 04/05/2012

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

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

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

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

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

| Test  | g/210L                           | Time  |
|---|----------------------------------|---|
| DIAG<br>AIR BLK<br>ACCY CHK<br>AIR BLK<br>SUB TEST<br>AIR BLK | Pass<br>.00<br>.07<br>.00<br>.00 | 11:42am<br>11:43am<br>11:43am<br>11:44am<br>11:45am |
| SUB TEST  | .00                              | 11:48am   |
| AIR BLK   | .00                              | 11:49am   |

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

## WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829

Test Record Number: 394

Test Date: 04/05/2012

Test Time: 11:49am EDT

#### System Check: Passed

## Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:50am |
| FLO  | Pass   | 11:50am |
| FC   | Pass   | 11:50am |

#### Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 11:50am |
| SRC  | Pass   | 11:50am |
| DET  | Pass   | 11:50am |
| BAR  | Pass   | 11:50am |
| BT   | Pass   | 11:50am |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:51am |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 11:51am |
|      | CRC Tests |         |
| Test | Status    | Time    |
| COMP | Pass      | 11:51am |

Preventive Maintenance Status: Pass

Pass

11:51am

CAL

Since A Leese

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County V  | JAKE Instrument Location APEX PSS # 4  |
|---|--|
| Instrument Se   | rial No. 008621 165 E. WILLIAMS ST.  |
| The preventive four months a  | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:   |
| 1.  | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;   |
| 2.  | Verify instrument displays time and date;  |
| 3.  | Initiate breath test sequence;   |
| 4.  | Enter information as prompted;   |
| 5.  | Verify instrument accuracy;  |
| 6.  | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.  | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.  | Print test record;   |
| 9.  | Verify Diagnostic Program; and   |
| 10.   | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| procedures w  | on the   |
| STATE OREAT STATE OF THE STATE | Signature of Certifying Official Certificate Number  |

APEX PD WAKE COUNTY

Serial Number: 008621 Test Date: 04/02/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name:

QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG123502

Exp Date: 08/23/2013

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 1:18pm |
| AIR BLK  | .00    | 1:19pm |
| ACCY CHK | .07    | 1:20pm |
| AIR BLK  | .00    | 1:21pm |
| SUB TEST | .00    | 1:21pm |
| AIR BLK  | .00    | 1:22pm |
| SUB TEST | .00    | 1:24pm |
| AIR BLK  | .00    | 1:25pm |

Reported AC: .00 g/210L

Signature of Chem

Chemical Analyst

Court CVR

## APEX PD WAKE COUNTY

Serial Number: 008621 Test Record Number: 969
Test Date: 04/02/2012 Test Time: 1:26pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 1:26pm |
| FLO  | Pass   | 1:26pm |
| FC   | Pass   | 1:26pm |

#### Temperature Tests

| Test          | Status | Time   |
|---------------|--------|--------|
| FC1           | Pass   | 1:26pm |
| SRC           | Pass   | 1:26pm |
| DET           | Pass   | 1:26pm |
| BAR           | Pass   | 1:26pm |
| $\mathtt{BT}$ | Pass   | 1:26pm |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 1:27pm |

#### Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 1:27pm |

#### CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 1:27pm |
| CAT. | Pass   | 1:270m |

Preventive Maintenance Status: Pass

Analyst

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

| County   | WARREN IN   |   | WARREN CO. JAIL   |
|--|---|---|---|
| Instrument Ser   | erial No. <u>008793</u>   | Hur 58                                      | WARRENTON, N.C.   |
| The preventive four months as  | ve maintenance procedures for the Intoxir<br>are:   | neters, Model Intox                         | EC/IR II to be followed at least once every   |
| 1.   | Verify the ethanol gas canister displayed degrees, plus or minus .2 degree  | ays pressure, or the a centigrade;          | llcoholic 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                       | e;  |
| 7.   | When "PLEASE BLOW" appears,   | collect breath sample                       | e;  |
| 8.   | Print test record;  |   |   |
| 9.   | Verify Diagnostic Program; and  |   |   |
| 10.  | Verify that the ethanol gas canister simulator solution is being changed whichever occurs first.                          | is being changed bef<br>every four months o | ore expiration date, or the alcoholic breath or after 125 Alcoholic Breath Simulator tests, |
| procedures w   | on the <u>  &amp; day of APP</u><br>were performed on the instrument indicate<br>of Health and Human Services, and the in | ed above, in accordar                       | 12 the forgoing preventive maintenance with current regulations of the N.C. hing properly.  |
| IN MAND SEE AND SEE AN |   | e of Certifying Office                      | ial Certificate Number  |

#### WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793 Test Date: 04/18/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name:

QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023702

Exp Date: 08/25/2012

Test

|          | ٠, ب |         |
|----------|------|---------|
| DIAG     | Pass | 11:26am |
| AIR BLK  | .00  | 11:27am |
| ACCY CHK | .08  | 11:28am |
| AIR BLK  | .00  | 11:29am |
| SUB TEST | .00  | 11:29am |
| 3 TO DIT | 0.0  | 11 20   |

q/210L

Time

AIR BLK .00 11:30am SUB TEST .00 11:32am AIR BLK .00 11:33am

Reported, AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793 Test Record Number: 531

Test Date: 04/18/2012 Test Time: 11:34am EDT

System Check: Passed

#### Baseline Tests

| Test      | Status       | Time               |
|-----------|--------------|--------------------|
| IR<br>FLO | Pass<br>Pass | 11:34am<br>11:34am |
| FC        | Pass         | 11:34am            |

#### Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 11:34am |
| SRC  | Pass   | 11:34am |
| DET  | Pass   | 11:34am |
| BAR  | Pass   | 11:34am |
| BT   | Pass   | 11:34am |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:35am |

#### Printer Tests

| Test        | Status       | Time               |
|-------------|--------------|--------------------|
| PRNT        | Pass         | 11:35am            |
|             | CRC Tests    |                    |
| Test        | Status       | Time               |
| COMP<br>CAL | Pass<br>Pass | 11:35am<br>11:35am |

Preventive Maintenance Status: Pass

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

|   | THIOVINE  | eks, Model in Ioa   | LEC/IN II  |                                    |
|---|---|---|--|------------------------------------|
| County N  | IARREN  | Instrument Location   | NOPLINA  | P.O                                |
| Instrument Seri   | ial No. <u>008945</u>   | LOI MAIN ST.  | NOPLINA  | , μ.ς.                             |
| The preventive four months are  |   | Intoximeters, Model Intox EC/I  | R II to be followed at le                        | east once every                    |
| 1.  | Verify the ethanol gas canisto 34 degrees, plus or minus .2                                 | er displays pressure, or the alcoholegree centigrade;                   | olic breath simulator the                        | ermometer 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   | ppears, collect breath sample;  |  |                                    |
| 8.  | Print test record;  |   |  |                                    |
| 9.  | Verify Diagnostic Program;  | and   |  |                                    |
| 10.   | Verify that the ethanol gas ca<br>simulator solution is being cl<br>whichever occurs first. | anister is being changed before en<br>hanged every four months or after | xpiration date, or the aler 125 Alcoholic Breath | coholic breath<br>Simulator tests, |
| I certify that or<br>procedures we<br>Department of   | re performed on the instrument i  | indicated above, in accordance w<br>d the instrument is functioning p   | ith current regulations                          | tive maintenance<br>of the N.C.    |
| THE QUANTUM STATE OF THE PARTY | A CORPUTE CAROLINA S  | Deaner of Certifying Official   |  | Sate Number                        |

#### WARREN COUNTY NORLINA POLICE DEPT 920

Serial Number: 008945 Test Date: 04/18/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name:

QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG104101 Exp Date: 02/10/2013

| Test                | g/210L     | Time               |
|---------------------|------------|--------------------|
| DIAG<br>AIR BLK     | Pass       | 10:50am<br>10:51am |
| ACCY CHK<br>AIR BLK | .07<br>.00 | 10:51am<br>10:53am |
| SUB TEST            | .00        | 10:53am            |
| AIR BLK<br>SUB TEST | .00<br>.00 | 10:54am<br>10:56am |
| AIR BLK             | .00        | 10:56am            |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### WARREN COUNTY NORLINA POLICE DEPT 920

Serial Number: 008945

Test Record Number: 213

Test Date: 04/18/2012

Test Time: 10:58am EDT

System Check: Passed

## Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 10:58am |
| FLO  | Pass   | 10:58am |
| FC   | Pass   | 10:58am |

#### Temperature Tests

| Test                   | Status | Time    |
|------------------------|--------|---------|
| FC1                    | Pass   | 10:58am |
| SRC                    | Pass   | 10:58am |
| DET                    | Pass   | 10:58am |
| BAR                    | Pass   | 10:58am |
| $\mathtt{B}\mathbf{T}$ | Pass   | 10:58am |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:59am |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 10:59am |
|      | CRC Tests |         |
| Test | Status    | Time    |
| COMP | Pass      | 10:59am |

Preventive Maintenance Status: Pass

Pass

10:59am

CAL

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

| County Hay   | Instrument Location Haywood Co. Jail al No. 008714 Waynesville, NC   |
|--|--|
| Instrument Seria                                     | ai No. 008714 Waynesville, NC  |
| The preventive four months are                       | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:  |
| · 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;   |
| 2.   | Verify instrument displays time and date;  |
| 3.   | Initiate breath test sequence;   |
| 4.   | Enter information as prompted;   |
| 5.   | Verify instrument accuracy;  |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.   | Print test record;   |
| 9.   | Verify Diagnostic Program; and   |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that on<br>procedures wer<br>Department of | the  |
| THE CHAM YOU   | CAROLL   |

#### HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714 Test Date: 04/11/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG023601 Exp Date: 08/24/2012

| Test     | g/210L      | Time       |
|----------|-------------|------------|
| DIAG     | Pass        | 11:07am    |
| AIR BLK  | .00         | 11:07am    |
| ACCY CHK | .07         | 11:08am    |
| AIR BLK  | .00         | 11:09am    |
| SUB TEST | .00         | 11:10am    |
| AIR BLK  | .00         | 11:11am    |
| SUB TEST | .00         | 11:12am    |
| ATR RIK  | $\cap \cap$ | 11 · 14 am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714 Test Date: 04/11/2012 Test Record Number: 730 Test Time: 11:14am EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:14am |
| FLO  | Pass   | 11:14am |
| FC   | Pass   | 11:15am |

## Temperature Tests

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

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:15am |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 11:15am |
|      | CRC Tests |         |
| Test | Status    | Time    |
| COMP | Pass      | 11:16am |

Preventive Maintenance Status: Pass

Pass

11:16am

CAL

Analyst

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

| County //g   | wood Instrument Location Haywood Co. Jail  |
|--|--|
|  | erial No. 0087/2 Waynesville, NC   |
| The preventive 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<br>procedures v<br>Department   | on the   |
| STATE STATE OF THE | CAROLINA CONTRACTOR OF THE CON |

#### HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712 Test Date: 04/11/2012

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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: AG109703

Exp Date: 04/07/2013

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Caif R. Cath

#### HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712

Test Record Number: 1147

Test Date: 04/11/2012

Test Time: 11:12am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

| Test          | Status | Time    |
|---------------|--------|---------|
| FC1           | Pass   | 11:13am |
| SRC           | Pass   | 11:13am |
| DET           | Pass   | 11:13am |
| BAR           | Pass   | 11:13am |
| $\mathtt{BT}$ | Pass   | 11:13am |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:13am |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 11:13am |
|      | CRC Tests | :       |
| Test | Status    | Time    |

| Test | Status | TIME    |
|------|--------|---------|
| COMP | Pass   | 11:14am |
| CAL  | Pass   | 11:14am |

Preventive Maintenance ; Status: Pass

Analyst

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

| County   | wain Instrument Location Swain Co. Jail   |
|--|---|
| Instrument Ser   | instrument Location Swain Co. Jail  Bryson City, NC   |
| The preventive four months ar  | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:  |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  |
| 2.   | Verify instrument displays time and date;   |
| 3.   | Initiate breath test sequence;  |
| 4.   | Enter information as prompted;  |
| 5.   | Verify instrument accuracy;   |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;  |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;  |
| 8.   | Print test record;  |
| 9.   | Verify Diagnostic Program; and  |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.    |
| I certify that of procedures we Department o   | on theday of, 20_/2_ the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly. |
| STATE OF STA |   |

#### SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008727 Test Date: 04/04/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: *Male* ver's License State: 1

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: AG104004 Exp Date: 02/09/2013

| Test     | g/210L | Time    |
|----------|--------|---------|
| DIAG     | Pass   | 10:45am |
| AIR BLK  | .00    | 10:46am |
| ACCY CHK | .08    | 10:46am |
| AIR BLK  | .00    | 10:47am |
| SUB TEST | .00    | 10:48am |
| AIR BLK  | .00    | 10:49am |
| SUB TEST | .00    | 10:50am |
| ATR BLK  | . 00   | 10:51am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008727 Test Record Number: 634
Test Date: 04/04/2012 Test Time: 10:52am EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 10:52am |
| SRC  | Pass   | 10:52am |
| DET  | Pass   | 10:52am |
| BAR  | Pass   | 10:52am |
| BT   | Pass   | 10:52am |
|      | Labb   | TO.JZam |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:53am |

#### Printer Tests

| Test        | Status       | Time               |
|-------------|--------------|--------------------|
| PRNT        | Pass         | 10:53am            |
|             | CRC Tests    |                    |
| Test        | Status       | Time               |
| COMP<br>CAL | Pass<br>Pass | 10:53am<br>10:53am |

Preventive Maintenance Status: Pass

Analyst

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

| County Su  | 1997 Instrument Location Swain Co. Jail  |
|--|--|
| Instrument Seria   |  |
|  |  |
| 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 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;   |
| <sup>3</sup> / <sub>∀</sub> 7.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.   | Print test record;   |
| 9.   | Verify Diagnostic Program; and   |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
|  | the day of , 20/2 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.       |
| OTHE STATE OF A PART OF THE STATE OF THE STA | Signature of Certifying Official  Certificate Number   |

#### SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008723 Test Date: 04/04/2012

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG104101 Exp Date: 02/10/2013

| Test   | g/210L               | Time                                     |
|--|----------------------|--|
| DIAG<br>AIR BLK<br>ACCY CHK<br>AIR BLK<br>SUB TEST | Pass .00 .08 .00 .00 | 10:43am<br>10:44am<br>10:45am<br>10:45am |
| AIR BLK  | .00                  | 10:47am                                  |
| SUB TEST   | .00                  | 10:49am                                  |
| AIR BLK  | .00                  | 10:50am                                  |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Realyst Analyst

#### SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008723 Test Date: 04/04/2012 Test Record Number: 365
Test Time: 10:51am EDT

System Check: Passed

#### Baseline Tests

| Test      | Status       | Time               |
|-----------|--------------|--------------------|
| IR<br>FLO | Pass<br>Pass | 10:52am<br>10:52am |
| FC<br>FC  | Pass<br>Pass | 10:52am            |

#### Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 10:52am |
| SRC  | Pass   | 10:52am |
| DET  | Pass   | 10:52am |
| BAR  | Pass   | 10:52am |
| BT   | Pass   | 10:52am |
|      |        |         |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:52am |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 10:52am |
|      | CRC Tests |         |
| Test | Status    | Time    |
| COMP | Pass      | 10:52am |

10:52am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

| County <u>Bu</u>   | ial No. 008697 Instrument Location Burcombe Co. Ja. 1  |
|--|--|
| Instrument Seri  | ial No. DO8697 Asheville, VC   |
| The preventive four months are   | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:  |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;   |
| 2.   | Verify instrument displays time and date;  |
| 3.   | Initiate breath test sequence;   |
| 4.   | Enter information as prompted;   |
| 5.   | Verify instrument accuracy;  |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.   | Print test record;   |
| 9.   | Verify Diagnostic Program; and   |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that or<br>procedures we<br>Department of  | n the  |
| THE STATE OF THE S | Signature of Cortificial Cortification Number  |

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008697 Test Date: 04/11/2012

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2011-06/01/2013

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 3:21pm |
| AIR BLK  | .00    | 3:22pm |
| ACCY CHK | .07    | 3:22pm |
| AIR BLK  | .00    | 3:23pm |
| SUB TEST | .00    | 3:24pm |
| AIR BLK  | .00    | 3:25pm |
| SUB TEST | .00    | 3:27pm |
| ATR BLK  | . 0.0  | 3:28pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008697 Test Date: 04/11/2012 Test Record Number: 1704
Test Time: 3:29pm EDT

System Check: Passed

#### Baseline Tests

| Test      | Status       | Time             |
|-----------|--------------|------------------|
| IR<br>FLO | Pass<br>Pass | 3:30pm<br>3:30pm |
| FLO<br>FC | Pass<br>Pass | 3:30pm           |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 3:30pm |
| SRC  | Pass   | 3:30pm |
| DET  | Pass   | 3:30pm |
| BAR  | Pass   | 3:30pm |
| BT   | Pass   | 3:30pm |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 3:30pm |

## Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 3:30pm |
|      | CRC Tests |        |
| Test | Status    | Time   |
| COMP | Pass      | 3:31pm |

Preventive Maintenance Status: Pass

Pass

CAL

3:31pm

Analyst

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

| _  |   | ers, model intox ech   |   |
|--|---|--|---|
| County B   | uncombe   | Instrument Location Bunc   | ombe Co. Jail   |
| Instrument Se  | erial No. <u>() () 8758</u>   | Ashevi   | lle, NC   |
| The preventive four months a   |   | Intoximeters, Model Intox EC/IR II to b  | e followed at least once every                                    |
| 1.   | Verify the ethanol gas canisted 34 degrees, plus or minus .2 d                              | r displays pressure, or the alcoholic breadgree centigrade;                        | ath 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" ap   | pears, collect breath sample;  |   |
| 8.   | Print test record;  |  |   |
| 9.   | Verify Diagnostic Program; a  | nd   |   |
| 10.  | Verify that the ethanol gas ca<br>simulator solution is being ch<br>whichever occurs first. | nister is being changed before expiratio<br>anged every four months or after 125 A | n date, or the alcoholic breath alcoholic Breath Simulator tests, |
| procedures w   | ere performed on the instrument in  | ndicated above, in accordance with current the instrument is functioning properly  | ent regulations of the N.C.                                       |
| ON STATE OF A STATE OF |   | gnature of Certifying Official   | 649<br>Certificate Number   |

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008798 Test Date: 04/11/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2011-06/01/2013

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG104101 Exp Date: 02/10/2013

| Test   | g/210L                    | Time   |
|--|---------------------------|--|
| DIAG<br>AIR BLK<br>ACCY CHK<br>AIR BLK<br>SUB TEST | Pass<br>.00<br>.07<br>.00 | 3:19pm<br>3:21pm<br>3:21pm<br>3:22pm<br>3:23pm |
| AIR BLK  | .00                       | 3:23pm<br>3:23pm                               |
| SUB TEST   | .00                       | 3:25pm   |
| AIR BLK  | .00                       | 3:26pm   |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008798

Test Record Number: 2578

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 3:27pm |
| FLO  | Pass   | 3:27pm |
| FC   | Pass   | 3:27pm |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 3:27pm |
| SRC  | Pass   | 3:27pm |
| DET  | Pass   | 3:27pm |
| BAR  | Pass   | 3:27pm |
| BT   | Pass   | 3:27pm |
|      |        |        |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 3:28pm |

#### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 3:28pm |
|      | CRC Tests |        |
| Test | Status    | Time   |
| СОМР | Pass      | 3:28pm |

Preventive Maintenance Status: Pass

Pass

3:28pm

CAL

Analyst

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

| County Bun   | Instrument Location Buncombe Co. Jail  Asheville, NC   |
|--|--|
| Instrument Seria   | al No. <u>008631</u> <u>Asheville</u> , NC   |
| The preventive i   | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:  |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;   |
| 2.   | Verify instrument displays time and date;  |
| 3.   | Initiate breath test sequence;   |
| 4.   | Enter information as prompted;   |
| 5.   | Verify instrument accuracy;  |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.   | Print test record;   |
| 9.   | Verify Diagnostic Program; and   |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.   |
| I certify that on<br>procedures were<br>Department of I  | the  |
| OF THE STATE OF TH | CAROLINA CONTRACTOR OF THE CON |

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL
100

Serial Number: 008631 Test Date: 04/11/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2011-06/01/2013

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test                        | g/210L             | Time                       |
|-----------------------------|--------------------|----------------------------|
| DIAG<br>AIR BLK<br>ACCY CHK | Pass<br>.00<br>.07 | 3:20pm<br>3:21pm<br>3:22pm |
| AIR BLK                     | .00                | 3:23pm                     |
| SUB TEST                    | .00                | 3:24pm                     |
| AIR BLK                     | .00                | 3:24pm                     |
| SUB TEST                    | .00                | 3:26pm                     |
| AIR BLK                     | .00                | 3:27pm                     |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008631

Test Record Number: 2657

Test Date: 04/11/2012

Test Time: 3:29pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 3:29pm |
| FLO  | Pass   | 3:29pm |
| FC   | Pass   | 3:30pm |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 3:30pm |
| SRC  | Pass   | 3:30pm |
| DET  | Pass   | 3:30pm |
| BAR  | Pass   | 3:30pm |
| BT   | Pass   | 3:30pm |
|      |        |        |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 3:30pm |

#### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 3:30pm |
|      | CRC Tests |        |
| Test | Status    | Time   |
| COMP | Pass      | 3:31pm |

Preventive Maintenance Status: Pass

Pass

3:31pm

CAL

Analyst

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

| County He  | aderson Instrument Location Henderson Co Detention   |
|--|--|
| Instrument Ser   | rial No. 008806 Henderson Ville, NC  |
| The preventive four months as  | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:   |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;   |
| 2.   | Verify instrument displays time and date;  |
| 3.   | Initiate breath test sequence;   |
| 4.   | Enter information as prompted;   |
| 5.   | Verify instrument accuracy;  |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.   | Print test record;   |
| 9.   | Verify Diagnostic Program; and   |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
|  | n the  |
| THE STATE OF THE S | Signature of Certifying Official Certificate Number  |

#### HENDERSON COUNTY DENTENTION 440

Serial Number: 008806 Test Date: 04/16/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2011-06/01/2013

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG104004 Exp Date: 02/09/2013

| Test             | g/210L     | Time             |
|------------------|------------|------------------|
| DIAG             | Pass       | 1:10pm           |
| AIR BLK          |            | 1:11pm           |
| ACCY CHK         | .07        | 1:12pm           |
| AIR BLK SUB TEST | .00<br>.00 | 1:13pm<br>1:14pm |
| AIR BLK          | .00        | 1:15pm           |
| SUB TEST         | .00        | 1:17pm           |
| ATD BILT         | 00         | 1 · 1 8 pm       |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### HENDERSON COUNTY DENTENTION 440

Serial Number: 008806 Test Reco

Test Record Number: 1062

Test Date: 04/16/2012 Test Time: 1:19pm EDT

System Check: Passed

## Baseline Tests

| Test | Status | Time - |
|------|--------|--------|
| IR   | Pass   | 1:19pm |
| FLO  | Pass   | 1:19pm |
| FC   | Pass   | 1:19pm |

### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 1:19pm |
| SRC  | Pass   | 1:19pm |
| DET  | Pass   | 1:19pm |
| BAR  | Pass   | 1:19pm |
| BT   | Pass   | 1:19pm |
|      |        |        |

#### Blank Tests

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

## AIR Pass 1:20pm

#### Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 1:20pm |

#### CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 1:20pm |
| CAL  | Pass   | 1:20pm |

Preventive Maintenance Status: Pass

Analyst

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

| County He.   |  | Instrument Location <u>Henderson Co. De Tentio</u>  |
|--|--|---|
| Instrument Se  | rial No. <u>()() 8822</u>  | Instrument Location Henderson Co. Detention Henderson Ville, NC   |
| The preventive four months as  |  | ntoximeters, Model Intox EC/IR II to be followed at least once every  |
| 1.   | Verify the ethanol gas canister 34 degrees, plus or minus .2 de  | displays pressure, or the alcoholic breath simulator thermometer shows gree centigrade;   |
| 2.   | Verify instrument displays time  | and date;   |
| 3.   | Initiate breath test sequence;   |   |
| 4.   | Enter information as prompted;   |   |
| 5.   | Verify instrument accuracy;  |   |
| 6,   | When "PLEASE BLOW" appe  | ears, collect breath sample;  |
| 7.   | When "PLEASE BLOW" appe  | ears, collect breath sample;  |
| 8.   | Print test record;   |   |
| 9,   | Verify Diagnostic Program; and   | d   |
| 10.  | Verify that the ethanol gas cani   | ster is being changed before expiration date, or the alcoholic breath nged every four months or after 125 Alcoholic Breath Simulator tests,   |
| I certify that of procedures we Department of  | on the <u>6</u> day of <u>40.</u><br>ere performed on the instrument ind<br>f Health and Human Services, and t | the forgoing preventive maintenance licated above, in accordance with current regulations of the N.C. the instrument is functioning properly. |
| THE STATE OF THE S | 1 Janes  | nature of Certifying Official Certificate Number  |

#### HENDERSON COUNTY DETENTION 440

Serial Number: 008822 Test Date: 04/16/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2011-06/01/2013

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test            | g/210L | Time             |
|-----------------|--------|------------------|
| DIAG<br>AIR BLK | Pass   | 1:09pm<br>1:10pm |
| ACCY CHK        | .07    | 1:11pm           |
| AIR BLK         | .00    | 1:12pm           |
| SUB TEST        | .00    | 1:12pm           |
| AIR BLK         | .00    | 1:13pm           |
| SUB TEST        | .00    | 1:15pm           |
| AIR BLK         | .00    | 1:16pm           |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## HENDERSON COUNTY DETENTION 440

Serial Number: 008822

Test Record Number: 1216

Test Date: 04/16/2012

Test Time: 1:17pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 1:17pm |
| FLO  | Pass   | 1:17pm |
| FC   | Pass   | 1:1700 |

### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 1:17pm |
| SRC  | Pass   | 1:17pm |
| DET  | Pass   | 1:17pm |
| BAR  | Pass   | 1:17pm |
| BT   | Pass   | 1:17pm |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 1:18pm |

## Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 1:18pm |
|      | CRC Tests |        |
| Test | Status    | Time   |
|      |           |        |

Preventive Maintenance Status: Pass

Pass

Pass

1:18pm

1:18pm

COMP

CAL

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

| County E   | NOTER Instrument Location PENDER County  |
|--|--|
| Instrument Seria   | Chair de Dad   |
| The preventive four months are   | naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every   |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;  |
| 2.   | Verify instrument displays time and date;  |
| 3.   | Initiate breath test sequence;   |
| 4.   | Enter information as prompted;   |
| 5.   | Verify instrument accuracy;  |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.   | Print test record;   |
| 9.   | Verify Diagnostic Program; and   |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that on<br>procedures wer<br>Department of   | the  |
| OTH STATE OF OTHER PROPERTY OF THE PROPERTY OF | Signature of Certificial Certificate Number  |

PENDER COUNTY PENDER COUNTY SD 700

Serial Number: 008613 Test Date: 04/18/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RIVERA, ANTHONY

Permit Number: 08259E

Effective:

08/01/2011-08/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG102701

Exp Date: 01/27/2013

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 3:27pm |
| AIR BLK  | .00    | 3:28pm |
| ACCY CHK | .07    | 3:29pm |
| AIR BLK  | .00    | 3:30pm |
| SUB TEST | .00    | 3:30pm |
| AIR BLK  | .00    | 3:31pm |
| SUB TEST | .00    | 3:33pm |
| AIR BLK  | .00    | 3:34pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PENDER COUNTY PENDER COUNTY SD 700

Serial Number: 008613 Test Record Number: 782
Test Date: 04/18/2012 Test Time: 3:36pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 3:36pm |
| FLO  | Pass   | 3:36pm |
| FC   | Pass   | 3:36pm |

## Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 3:37pm |
| SRC  | Pass   | 3:37pm |
| DET  | Pass   | 3:37pm |
| BAR  | Pass   | 3:37pm |
| BT   | Pass   | 3:37pm |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 3:37pm |

## Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 3:37pm |

#### CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 3:37pm |
| CAL  | Pass   | 3:37pm |

Preventive Maintenance Status: Pass

Analyst

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

| County_  | ENDER   | _ Instrument Location_                                    | PENDER  | County   |
|--|---|---|---|--|
| Instrument S   | erial No. <u>890/</u>   | Instrument Location_                                      | Sher/Ab_  | Dept.  |
| The preventi four months   | ve maintenance procedures for the are:  | Intoximeters, Model Intox                                 | EC/IR II to be follo                              | owed at least once every                                 |
| 1.   | Verify the ethanol gas caniste 34 degrees, plus or minus .2                                 |   | alcoholic breath sin                              | nulator thermometer show                                 |
| 2.   | Verify instrument displays tin  | ne and date;  |   |  |
| 3.   | Initiate breath test sequence;  |   |   |  |
| 4.   | Enter information as prompte  | d;  |   |  |
| 5.   | Verify instrument accuracy;   |   |   |  |
| 6.   | When "PLEASE BLOW" ap   | pears, collect breath sampl                               | ıe;   |  |
| 7.   | When "PLEASE BLOW" ap   | pears, collect breath sample                              | ie;   |  |
| . 8.   | Print test record;  |   |   |  |
| 9.   | Verify Diagnostic Program;  | and   |   |  |
| 10.  | Verify that the ethanol gas ca<br>simulator solution is being ch<br>whichever occurs first. | nister is being changed bei<br>nanged every four months o | fore expiration date<br>or after 125 Alcohol      | , or the alcoholic breath<br>lic Breath Simulator tests, |
| I certify that<br>procedures v<br>Department   | on the day of<br>were performed on the instrument i<br>of Health and Human Services, an     | ndicated above, in accorda<br>the instrument is function  | 12 the forgoin nee with current regaing properly. | ng preventive maintenance gulations of the N.C.          |
| MAID STATE STATE OF THE STATE O | E & A CORROLL CAN (A)   | hony Kines  | a   | 634  |
|  | S   | gnature of Certifying Offic                               | cial  | Certificate Number                                       |

PENDER COUNTY PENDER COUNTY SD 700

Serial Number: 008901 Test Date: 04/18/2012

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RIVERA, ANTHONY Permit Number: 08259E Effective: 08/01/2011-08/01/2013

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

Test Type: Breath Test

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

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 3:25pm |
| AIR BLK  | .00    | 3:26pm |
| ACCY CHK | .07    | 3:26pm |
| AIR BLK  | .00    | 3:27pm |
| SUB TEST | .00    | 3:28pm |
| AIR BLK  | .00    | 3:29pm |
| SUB TEST | .00    | 3:30pm |
| AIR BLK  | .00    | 3:31pm |

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

### PENDER COUNTY PENDER COUNTY SD 700

Serial Number: 008901

Test Record Number: 407

Test Date: 04/18/2012

Test Time: 3:32pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 3:32pm |
| FLO  | Pass   | 3:32pm |
| FC   | Pass   | 3:33pm |

## Temperature Tests

| Status | Time                         |
|--------|------------------------------|
| Pass   | 3:33pm                       |
|        | Pass<br>Pass<br>Pass<br>Pass |

### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| •    |        |        |
| AIR  | Pass   | 3:33pm |

### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 3:33pm |
|      | CRC Tests |        |

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 3:33pm |
| CAL  | Pass   | 3:33pm |

Preventive Maintenance Status: Pass

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

| County M   | oore Instrument Location Moore Co. Jail   |
|--|---|
| Instrument Se  | rial No. 008735 Carthage, NC  |
| The preventive four months a   | re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:  |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  |
| 2.   | Verify instrument displays time and date;   |
| 3.   | Initiate breath test sequence;  |
| 4.   | Enter information as prompted;  |
| 5.   | Verify instrument accuracy;   |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;  |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;  |
| 8.   | Print test record;  |
| 9.   | Verify Diagnostic Program; and  |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.                      |
| procedures w   | on the 13 <sup>th</sup> day of, 2012 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 OF THE S | Signature of Certifying Official Certificate Number   |

MOORE COUNTY MOORE COUNTY JAIL 620

Serial Number: 008735 Test Date: 04/13/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

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

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG106703 Exp Date: 03/08/2013

| Test   | g/210L               | Time  |
|--|----------------------|---|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK | Pass .00 .07 .00 .00 | 10:28am<br>10:29am<br>10:30am<br>10:31am<br>10:31am |
| SUB TEST                                       | .00                  | 10:33am   |
| AIR BLK  | .00                  | 10:34am   |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### MOORE COUNTY MOORE COUNTY JAIL 620

Serial Number: 008735 Test Date: 04/13/2012

Test Record Number: 1042 Test Time: 10:35am 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   | 10:36am                      |
|        | Pass<br>Pass<br>Pass<br>Pass |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:36am |

#### Printer Tests

| Test        | Status       | Time               |
|-------------|--------------|--------------------|
| PRNT        | Pass         | 10:36am            |
|             | CRC Tests    |                    |
| Test        | Status       | Time               |
| COMP<br>CAL | Pass<br>Pass | 10:36am<br>10:36am |

Preventive Maintenance Status: Pass

Analyst

One was allowed the property of the control of the

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

| _   | INTUATIVE LERS, MODEL INTUA EC/IR II  |
|---|---|
| County C                                      | abarrus Instrument Location Kanna polis P. U.   |
| Instrument Se                                 | erial No. 008589 314 S. Main St., Kanvapolis 704920-4000  |
| 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;  |
| <b>7.</b>                                     | When "PLEASE BLOW" appears, collect breath sample;  |
| 8.  | Print test record;  |
| 9.  | Verify Diagnostic Program; and  |
| 10.   | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. |
| I certify that of procedures we Department of | on the day of, 20, 20   |
| STATE CREAT                                   | Signature of Certifying Official Certificate Number   |

### CABARRUS COUNTY KANNAPOLIS PD 120

Serial Number: 008589 Test Date: 04/04/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG124903 Exp Date: 09/06/2013

| Test                                   | g/210L             | Time                                     |
|--|--------------------|--|
| DIAG<br>AIR BLK<br>ACCY CHK<br>AIR BLK | Pass<br>.00<br>.07 | 10:39am<br>10:39am<br>10:40am<br>10:41am |
| SUB TEST                               | .00<br>.00         | 10:41am<br>10:42am                       |
| AIR BLK<br>SUB TEST                    | .00                | 10:42am                                  |
| AIR BLK                                | .00                | 10:45am                                  |

Reported,/AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## CABARRUS COUNTY KANNAPOLIS PD 120

Serial Number: 008589

Test Record Number: 1578

Test Date: 04/04/2012

Test Time: 10:46am EDT

System Check: Passed

## Baseline Tests

| Test      | Status       | Time               |
|-----------|--------------|--------------------|
| IR<br>FLO | Pass<br>Pass | 10:46am<br>10:46am |
| FC        | Pass         | 10:46am            |

## Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 10:47am |
| SRC  | Pass   | 10:47am |
| DET  | Pass   | 10:47am |
| BAR  | Pass   | 10:47am |
| BT   | Pass   | 10:47am |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:47am |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 10:47am |
|      | CRC Tests |         |
| Test | Status    | Time    |
| COMP | Pass      | 10:47am |

Pass

10:47am

Preventive Maintenance Status: Pass

CAL

Apalyst

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

|  | INTOXIMETERS, MODEL INTOX EC/IR II  |
|--|---|
| County(                                    | Cabarros Instrument Location Cabarros County 50   |
| Instrument S                               | Gerial No. 008792 Instrument Location Caballus County SO  30 Corban Ave Con Cold  704-920-3000  |
| •  | ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every  |
| four months                                | are:  |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  |
| 2.   | Verify instrument displays time and date;   |
| 3.   | Initiate breath test sequence;  |
| 4.   | Enter information as prompted;  |
| 5.   | Verify instrument accuracy;   |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;  |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;  |
| 8.   | Print test record;  |
| 9.   | Verify Diagnostic Program; and  |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.            |
| I certify that<br>procedures<br>Department | on the day of April , 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. |
| STA    | Signature of Certifying Official Certificate Number   |

#### CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008792 Test Date: 04/04/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| g/210L       | Time                          |
|--------------|-------------------------------|
| Pass .00 .08 | 11:48am<br>11:49am<br>11:50am |
| .00<br>.00   | 11:51am<br>11:51am            |
| .00          | 11:52am                       |
| .00          | 11:54am<br>11:55am            |
|              | .00<br>.08<br>.00<br>.00      |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008792

Test Record Number: 574

System Check: Passed

### Baseline Tests

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

### Temperature Tests

| Test          | Status | Time    |
|---------------|--------|---------|
| FC1           | Pass   | 12:03pm |
| SRC           | Pass   | 12:03pm |
| DET           | Pass   | 12:03pm |
| BAR           | Pass   | 12:03pm |
| $\mathtt{BT}$ | Pass   | 12:03pm |

#### Blank Tests

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

12:04pm AIR Pass

#### Printer Tests

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

PRNT Pass 12:04pm

#### CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 12:04pm |
| CAL  | Pass   | 12:04pm |

Preventive Maintenance Status: Pass

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

| County L:  | incoln Instrument Location Lincoln County Court house  |
|--|--|
|  | rial No. 008594 Instrument Location Lincoln County Court house rial No. 008594 #1 Court house Square Lincolntan 704-732-9020   |
| The preventiv  | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:   |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;   |
| 2.   | Verify instrument displays time and date;  |
| 3.   | Initiate breath test sequence;   |
| 4.   | Enter information as prompted;   |
| 5.   | Verify instrument accuracy;  |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.   | Print test record;   |
| 9.   | Verify Diagnostic Program; and   |
| 10.  | Verify that the ethanol gas canister is being changed before 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 20 <sup>25</sup> day of April , 2012 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 |  |
| The same of the sa | Signature of Certifying Official Certificate Number  |

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008594 Test Date: 04/20/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG109703 Exp Date: 04/07/2013

| Test                        | g/210L       | Time                       |
|-----------------------------|--------------|----------------------------|
| DIAG<br>AIR BLK<br>ACCY CHK | Pass .00 .07 | 1:44pm<br>1:45pm<br>1:45pm |
| AIR BLK                     | .00          | 1:46pm                     |
| SUB TEST                    | .00          | 1:47pm                     |
| AIR BLK                     | .00          | 1:48pm                     |
| SUB TEST                    | .00          | 1:50pm                     |
| AIR BLK                     | .00          | 1:51pm                     |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008594

Test Record Number: 892

Test Date: 04/20/2012

Test Time: 1:52pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 1:52pm |
| FLO  | Pass   | 1:52pm |
| FC   | Pass   | 1:52pm |

### Temperature Tests

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

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 1:53pm |

#### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 1:53pm |
|      | CRC Tests |        |
| Test | Status    | Time   |
| COMP | Pass      | 1:53pm |

Preventive Maintenance Status: Pass

Pass

1:53pm

CAL

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

| County C   | barrus  | Instrument Location Cabar   | rus County SO   |
|--|---|---|---|
| Instrument Se  | rial No. <u>0086 94</u>   | 30 Corban Ave.  | Cancold   |
| The preventiv  |   | eximeters, 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 breat<br>ree centigrade;                    | h simulator thermometer shows                                 |
| 2.   | Verify instrument displays time a   | and date;   |   |
| 3.   | Initiate breath test sequence;  |   |   |
| 4.   | Enter information as prompted;  |   |   |
| 5.   | Verify instrument accuracy;   |   |   |
| 6.   | When "PLEASE BLOW" appea  | rs, collect breath sample;  |   |
| 7.   | When "PLEASE BLOW" appea  | ars, collect breath sample;   |   |
| 8.   | Print test record;  |   |   |
| 9.   | Verify Diagnostic Program; and  |   |   |
| 10.  | Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.          | ter is being changed before expiration ged every four months or after 125 Alc | date, or the alcoholic breath coholic Breath Simulator tests, |
| procedures w   | on the 17th day of 100 ere performed on the instrument indicate of Health and Human Services, and the | cated above, in accordance with curren  | rgoing preventive maintenance nt regulations of the N.C.      |
| A PARTS AND SELECT OF SELE | 1 / 000   | ature of Certifying Official  | 656 Certificate Number  |

#### CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008694

Test Record Number: 562
Test Time: 12:55pm EDT

System Check: Passed

#### Baseline Tests

| Test      | Status       | Time               |
|-----------|--------------|--------------------|
| IR<br>FLO | Pass<br>Pass | 12:56pm<br>12:56pm |
| FC        | Pass         | 12:56pm            |

### Temperature Tests

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

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 12:56pm |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 12:57pm |
|      | CRC Tests |         |
| Test | Status    | Time    |
| COMP | Pass      | 12:57pm |

12:57pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008694 Test Date: 04/17/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective: 02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test     | g/210L | Time    |
|----------|--------|---------|
| DIAG     | Pass   | 12:44pm |
| AIR BLK  | .00    | 12:45pm |
| ACCY CHK | .08    | 12:46pm |
| AIR BLK  | .00    | 12:47pm |
| SUB TEST | .00    | 12:47pm |
| AIR BLK  | .00    | 12:48pm |
| SUB TEST | .00    | 12:51pm |
| AIR BLK  | .00    | 12:52pm |

Reported AC:

(00 g/210L

Signature of Chemic

u Anaiyst

Court CVR

Apalyst

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

| County                                      | Stokes Instrument Location Stokes & JA.  |
|---|--|
| Instrument                                  | Serial No. <u>008596</u>   |
| The prevent                                 | tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every sare:  |
| 1.  | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;   |
| 2.  | Verify instrument displays time and date;  |
| 3.  | Initiate breath test sequence;   |
| 4.  | Enter information as prompted;   |
| 5.  | Verify instrument accuracy;  |
| 6.  | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.  | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.  | Print test record;   |
| 9.  | Verify Diagnostic Program; and   |
| 10.   | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that<br>procedures<br>Department  | at on the  |
| 2 P. S. | Signature of Certifying Official  Certificate Number   |

#### STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596 Test Date: 04/20/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: WEAVER, GEORGE A

Permit Number: 09442E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023701 Exp Date: 08/25/2012

| Test                | g/210L     | Time             |
|---------------------|------------|------------------|
| DIAG                | Pass       | 1:53pm           |
| AIR BLK<br>ACCY CHK | .00<br>.08 | 1:54pm<br>1:54pm |
| ACCI CHR            | .00        | 1:54pm           |
| SUB TEST            | .00        | 1:56pm           |
| AIR BLK             | .00        | 1:57pm           |
| SUB TEST            | .00        | 1:58pm           |
| AIR BLK             | .00        | 1:59pm           |

Reported AC: \_.00 g/210L

ignature of Chemical Analyst

Court CVR

Analyst

#### STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596 Test Date: 04/20/2012 Test Record Number: 531
Test Time: 2:01pm EDT

System Check: Passed

### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 2:01pm |
| FLO  | Pass   | 2:01pm |
| FC   | Pass   | 2:01pm |

### Temperature Tests

| Status | Time                         |
|--------|------------------------------|
| Pass   | 2:01pm                       |
|        | Pass<br>Pass<br>Pass<br>Pass |

#### Blank Tests

| rest | Status | TTIIIE |
|------|--------|--------|
| AIR  | Pass   | 2:02pm |

mi mo

#### Printer Tests

| Test        | Status       | Time             |
|-------------|--------------|------------------|
| PRNT        | Pass         | 2:02pm           |
|             | CRC Tests    |                  |
| Test        | Status       | Time             |
| COMP<br>CAL | Pass<br>Pass | 2:02pm<br>2:02pm |

Preventive Maintenance Status: Pass

Analyst

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

| County S   | Hokes Instrument Location King PD  |
|--|--|
| Instrument Se  | rial No. <u>008610</u>   |
| The preventiv  | re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:   |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;   |
| 2.   | Verify instrument displays time and date;  |
| 3.   | Initiate breath test sequence;   |
| 4.   | Enter information as prompted;   |
| 5.   | Verify instrument accuracy;  |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.   | Print test record;   |
| 9.   | Verify Diagnostic Program; and   |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| procedures w   | on the   |
| STATE STATE OF THE | Signature of Certifying Official Certificate Number  |

STOKES COUNTY KING PD 840

Serial Number: 008610 Test Date: 04/20/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: WEAVER, GEORGE A

Permit Number: 09442E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023701 Exp Date: 08/25/2012

| Test     | g/210L | Time    |
|----------|--------|---------|
| DIAG     | Pass   | 12:53pm |
| AIR BLK  | .00    | 12:53pm |
| ACCY CHK | .08    | 12:54pm |
| AIR BLK  | .00    | 12:55pm |
| SUB TEST | .00    | 12:56pm |
| AIR BLK  | .00    | 12:57pm |
| SUB TEST | .00    | 12:58pm |
| ATR BLK  | . 0.0  | 12:59pm |

Reported AC: .00 g/210L

ignature of Chemical Analyst

Court CVR

Analyst

### STOKES COUNTY KING PD 840

Serial Number: 008610

Test Record Number: 1079

Test Date: 04/20/2012

Test Time: 1:00pm EDT

System Check: Passed

## Baseline Tests

| Test      | Status       | Time             |
|-----------|--------------|------------------|
| IR<br>FLO | Pass<br>Pass | 1:00pm<br>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 |

Preventive Maintenance Status: Pass

Pass

CAL

1:01pm

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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

#### WILKES COUNTY WILKES CO COURTHOUSE 960

Serial Number: 008843 Test Date: 04/09/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: WEAVER, GEORGE A
Permit Number: 09442E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG106701 Exp Date: 03/08/2013

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

Reported AC: \_\_\_\_00\_g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### WILKES COUNTY WILKES CO COURTHOUSE 960

Serial Number: 008843

Test Record Number: 1060

Test Date: 04/09/2012

Test Time: 10:37am EDT

System Check: Passed

### Baseline Tests

| Test | Status | Time    |  |
|------|--------|---------|--|
| IR   | Pass   | 10:38am |  |
| FLO  | Pass   | 10:38am |  |
| FC   | Pass   | 10:38am |  |

## Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 10:38am |
| SRC  | Pass   | 10:38am |
| DET  | Pass   | 10:38am |
| BAR  | Pass   | 10:38am |
| ΒT   | Pass   | 10:38am |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:39am |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 10:39am |
|      | CRC Tests |         |

C+ - + - - -

m: ...

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 10:39am |
| CAL  | Pass   | 10:39am |

Preventive Maintenance Status: Pass

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

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

GUILFORD COUNTY BAT MOBILE UNIT 3 401

Serial Number: 008616 Test Date: 04/13/2012

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

Lot Number: AG023601 Exp Date: 08/24/2012

| Test                | g/210L     | Time               |
|---------------------|------------|--------------------|
| DIAG<br>AIR BLK     | Pass       | 10:10pm<br>10:11pm |
| ACCY CHK            | . 0:8      | 10:11pm            |
| AIR BLK<br>SUB TEST | .00<br>.00 | 10:12pm<br>10:13pm |
| AIR BLK             | .00        | 10:14pm            |
| SUB TEST<br>AIR BLK | .00<br>.00 | 10:15pm<br>10:16pm |
| TILL DILL           | . 0.0      |                    |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alm Ray Benzo

#### GUILFORD COUNTY BAT MOBILE UNIT 3 401

Serial Number: 008616 Test Record Number: 1325
Test Date: 04/13/2012 Test Time: 10:17pm EDT

System Check: Passed

Baseline Tests

| 10:17pm<br>10:17pm<br>10:17pm |
|-------------------------------|
|                               |

#### Temperature Tests

| Test          | Status | Time    |
|---------------|--------|---------|
| FC1           | Pass   | 10:18pm |
| SRC           | Pass   | 10:18pm |
| DET           | Pass   | 10:18pm |
| BAR           | Pass   | 10:18pm |
| $\mathtt{BT}$ | Pass   | 10:18pm |

#### 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 |

Preventive Maintenance Status: Pass

Analyst

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

| County  | GUILFORD   | Instrument Location_                                   | BAT MOBILE UNIT 3   |
|---|--|--|---|
| Instrumer   | nt Serial No. <u>00</u> 8647   |  | BAT MOBILE UNIT 3<br>HIGH POINT, NC   |
| The preve   |  | ntoximeters, Model Intox                               | EC/IR II to be followed at least once every   |
| 1.  | Verify the ethanol gas canister 34 degrees, plus or minus .2 de                                      | displays pressure, or the a                            | alcoholic breath simulator thermometer shows  |
| 2.  | Verify instrument displays time  | e and date;  |   |
| 3.  | Initiate breath test sequence;   |  |   |
| 4.  | Enter information as prompted  |  |   |
| 5.  | Verify instrument accuracy;  |  |   |
| 6.  | When "PLEASE BLOW" app   | ears, collect breath sampl                             | e;  |
| 7.  | When "PLEASE BLOW" app   | ears, collect breath sampl                             | e;  |
| 8.  | Print test record;   |  |   |
| 9.  | Verify Diagnostic Program; an  | d  |   |
| 10.   | Verify that the ethanol gas can simulator solution is being cha whichever occurs first.              | ister is being changed bef<br>nged every four months c | Fore expiration date, or the alcoholic breath or after 125 Alcoholic Breath Simulator tests,    |
| procedure<br>Departme   | hat on the 13 day of AP es were performed on the instrument incent of Health and Human Services, and | licated above, in accorda                              | 12 the forgoing preventive maintenance nice with current regulations of the N.C. ning properly. |
| STATE OF A | Sig  | Ray Bang   | Sial Certificate Number   |

GUILFORD COUNTY BAT MOBILE UNIT 3 401

Serial Number: 008647 Test Date: 04/13/2012

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

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

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

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

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

Lot Number: AG011703 Exp Date: 04/27/2012

| Test                        | g/210L             | Time                          |
|-----------------------------|--------------------|-------------------------------|
| DIAG<br>AIR BLK<br>ACCY CHK | Pass<br>.00<br>.07 | 10:11pm<br>10:12pm<br>10:13pm |
| AIR BLK                     | .00                | 10:14pm                       |
| SUB TEST                    | . 0.0              | 10:14pm                       |
| AIR BLK                     | .00                | 10:15pm                       |
| SUB TEST                    | .00                | 10:17pm                       |
| AIR BLK                     | .00                | 10:18pm                       |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Ole Ray Bens

#### GUILFORD COUNTY BAT MOBILE UNIT 3 401

Serial Number: 008647

Test Record Number: 1330

Test Date: 04/13/2012

Test Time: 10:18pm EDT

System Check: Passed

#### Baseline Tests

| O Pa | ss 3 | LO:18pm<br>LO:18pm |
|------|------|--------------------|
|      |      |                    |

#### Temperature Tests

| Test                           | Status                               | Time  |
|--------------------------------|--------------------------------------|---|
| FC1<br>SRC<br>DET<br>BAR<br>BT | Pass<br>Pass<br>Pass<br>Pass<br>Pass | 10:19pm<br>10:19pm<br>10:19pm<br>10:19pm<br>10:19pm |
|                                |                                      | -   |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:19pm |

#### Printer Tests

| Test        | Status       | Time               |
|-------------|--------------|--------------------|
| PRNT        | Pass         | 10:19pm            |
|             | CRC Tests    |                    |
| Test        | Status       | Time               |
| COMP<br>CAL | Pass<br>Pass | 10:19pm<br>10:19pm |

Preventive Maintenance Status: Pass

Analyst

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

| County G   | UILFORD   | Instrument Location BAT  | MOBILE UNIT 3   |
|--|---|--|---|
| Instrument Se  | rial No. <u>008707</u>  | Instrument Location BAT  | POINT, NC   |
| The preventive four months a   | re maintenance procedures for the   | Intoximeters, Model Intox EC/IR II to  | be followed at least once every                                       |
| 1.   | Verify the ethanol gas caniste 34 degrees, plus or minus .2 d                               | r displays pressure, or the alcoholic bre<br>legree centigrade;                                  | eath simulator thermometer shows                                      |
| 2.   | Verify instrument displays tin  | ne and date;   |   |
| 3,   | Initiate breath test sequence;  |  |   |
| 4.   | Enter information as prompte  | d;   |   |
| 5.   | Verify instrument accuracy;   |  |   |
| 6.   | When "PLEASE BLOW" ap   | pears, collect breath sample;  |   |
| 7.   | When "PLEASE BLOW" ap   | pears, collect breath sample;  |   |
| 8.   | Print test record;  |  |   |
| 9.   | Verify Diagnostic Program; a  | and  |   |
| 10.  | Verify that the ethanol gas ca<br>simulator solution is being ch<br>whichever occurs first. | nister is being changed before expiration anged every four months or after 125                   | on date, or the alcoholic breath<br>Alcoholic Breath Simulator tests, |
| I certify that<br>procedures w<br>Department of  | vere performed on the instrument i  | PRIL , 20 12 the ndicated above, in accordance with cur d the instrument is functioning properly | forgoing preventive maintenance rent regulations of the N.C.          |
| TAND BUS AND B | For No.   | Ray Bema   | 648   |
| 1,50   |   | ignature of Certifying Official  | Certificate Number  |

#### GUILFORD COUNTY BAT MOBILE UNIT 3 401

Serial Number: 008707 Test Date: 04/13/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG108203 Exp Date: 03/23/2013

| Test                            | g/210L      | Time                          |
|---------------------------------|-------------|-------------------------------|
| DIAG<br>AIR BLK<br>ACCY CHK     | Pass<br>.00 | 10:54pm<br>10:56pm<br>10:56pm |
| ACCY CHR<br>AIR BLK<br>SUB TEST | .00         | 10:50pm<br>10:57pm<br>11:00pm |
| AIR BLK                         | .00         | 11:01pm                       |
| SUB TEST                        | .00         | 11:02pm<br>11:03pm            |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Um Kay Bus

#### GUILFORD COUNTY BAT MOBILE UNIT 3 401

Serial Number: 008707 Tes

Test Record Number: 1394
Test Time: 11:06pm EDT

Test Date: 04/13/2012

\_

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

| Test              | Status               | Time                                     |
|-------------------|----------------------|--|
| FC1<br>SRC<br>DET | Pass<br>Pass<br>Pass | 11:07pm<br>11:07pm<br>11:07pm<br>11:07pm |
| BAR               | Pass                 |  |
| BT                | Pass                 | 11:07pm                                  |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:07pm |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 11:07pm |
|      | 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_ F                                    | RANDULPH Instrument   | Location BAT MOBILE UNIT 3  |
|--|---|---|
| Instrument S                                 | erial No. <u>008614</u>   | ASHEBORO, DC  |
| The prevention four months                   |   | del Intox EC/IR II to be followed at least once every   |
| 1.   | Verify the ethanol gas canister displays pressur<br>34 degrees, plus or minus .2 degree centigrade                              | re, or the alcoholic breath simulator thermometer shows   |
| 2.   | Verify instrument displays time and date;   |   |
| 3.   | Initiate breath test sequence;  |   |
| 4.   | Enter information as prompted;  |   |
| 5.   | Verify instrument accuracy;   |   |
| 6.   | When "PLEASE BLOW" appears, collect bre   | ath sample;   |
| 7.   | When "PLEASE BLOW" appears, collect bre   | ath sample;   |
| 8.   | Print test record;  |   |
| 9.   | Verify Diagnostic Program; and  |   |
| 10.  | Verify that the ethanol gas canister is being ch<br>simulator solution is being changed every four<br>whichever occurs first.   | anged before expiration date, or the alcoholic breath months or after 125 Alcoholic Breath Simulator tests,         |
| I certify that<br>procedures v<br>Department | on the 14 day of APRIL were performed on the instrument indicated above, it of Health and Human Services, and the instrument in | , 20 12 the forgoing preventive maintenance accordance with current regulations of the N.C. s functioning properly. |
| TATE STATE                                   |   | Ving Official Certificate Number  |

RANDOLPH COUNTY BAT MOBILE UNIT 3 750

Serial Number: 008616 Test Date: 04/14/2012

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

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

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

Lot Number: AG023601 Exp Date: 08/24/2012

| Test  | g/210L                                  | Time  |
|---|---|---|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK | Pass<br>.00<br>.08<br>.00<br>.00<br>.00 | 10:24pm<br>10:25pm<br>10:26pm<br>10:27pm<br>10:27pm<br>10:29pm<br>10:29pm |
|   |   |   |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Cl. Ray Ben

### RANDOLPH COUNTY BAT MOBILE UNIT 3 750

Serial Number: 008616 Test Date: 04/14/2012

Test Record Number: 1330 Test Time: 10:31pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 10:31pm |
| FLO  | Pass   | 10:31pm |
| FC   | Pass   | 10:31pm |

#### Temperature Tests

| SRC Pass 10:31pm<br>DET Pass 10:31pm | Test              | Time  |
|--------------------------------------|-------------------|---|
|                                      | SRC<br>DET<br>BAR | 10:31pm<br>10:31pm<br>10:31pm<br>10:31pm<br>10:31pm |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:32pm |

#### Printer Tests

| Test        | Status       | Time               |
|-------------|--------------|--------------------|
| PRNT        | Pass         | 10:32pm            |
|             | CRC Tests    |                    |
| Test        | Status       | Time               |
| COMP<br>CAL | Pass<br>Pass | 10:32pm<br>10:32pm |

Preventive Maintenance Status: Pass

alm Ray Bonnes
Analyst

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

| County(  | CUMBERIANO Instrument Location Compression C. Detention CTA  |
|--|--|
| Instrument   | Serial No. 008614 Fayetteville, NC   |
| The preven   | tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:   |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;   |
| 2.   | Verify instrument displays time and date;  |
| 3.   | Initiate breath test sequence;   |
| 4.   | Enter information as prompted;   |
| 5.   | Verify instrument accuracy;  |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.   | Print test record;   |
| 9.   | Verify Diagnostic Program; and   |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.   |
| I certify the procedures   | at on the <u>09</u> day of <u>APR/1</u> , 20 <u>/2</u> the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. at of Health and Human Services, and the instrument is functioning properly. |
| THE GREAT SECTION OF S | ATE OF NORTH AND   |
|  | Signature of Certifying Official Certificate Number  |

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008614 Test Date: 04/09/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

Test Type: Breath Test

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

| Test            | g/210L | Time               |
|-----------------|--------|--------------------|
| DIAG<br>AIR BLK | Pass   | 11:03am<br>11:04am |
| ACCY CHK        | .07    | 11:04am            |
| AIR BLK         | .00    | 11:05am            |
| SUB TEST        | .00    | 11:06am            |
| AIR BLK         | .00    | 11:07am            |
| SUB TEST        | .00    | 11:09am            |
| ATR BLK         | . 0.0  | 11.09am            |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008614 Test Record Number: 1870 Test Date: 04/09/2012 Test Time: 11:11am EDT

System Check: Passed

#### Baseline Tests

| Test      | Status       | Time    |
|-----------|--------------|---------|
| IR<br>FLO | Pass<br>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 |
| 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<br>CAL | Pass<br>Pass | 11:12am<br>11:12am |

Preventive Maintenance Status: Pass

Analyst

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

FACILITY

| County    | CUMBERIAND Instrument Location Companies Co. DeTention  |
|-----------|---|
| Instrumen | t Serial No   |
| The preve | ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:  |
| 1.        | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  |
| 2.        | Verify instrument displays time and date;   |
| 3.        | Initiate breath test sequence;  |
| 4.        | Enter information as prompted;  |
| 5.        | Verify instrument accuracy;   |
| 6.        | When "PLEASE BLOW" appears, collect breath sample;  |
| 7.        | When "PLEASE BLOW" appears, collect breath sample;  |
| 8.        | Print test record;  |
| 9.        | Verify Diagnostic Program; and  |
| 10.       | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  |
| procedure | that on the <u>OP</u> day of <u>OP/L</u> , 20 <u>IZ</u> the forgoing preventive maintenance as were performed on the instrument indicated above, in accordance with current regulations of the N.C. and of Health and Human Services, and the instrument is functioning properly. |
| ORENI SE  | Signature of Certifying Official Certificate Number   |

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632 Test Date: 04/09/2012

Citation Number: M000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RUSSELL, LARRY H

Permit Number: 06108E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test            | g/210L | Time               |
|-----------------|--------|--------------------|
| DIAG<br>AIR BLK | Pass   | 10:31am<br>10:32am |
| ACCY CHK        | .00    | 10:32am            |
| AIR BLK         | .00    | 10:34am            |
| SUB TEST        | .00    | 10:35am            |
| AIR BLK         | .00    | 10:36am            |
| SUB TEST        | .00    | 10:37am            |
| AIR BLK         | .00    | 10:38am            |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632

Test Record Number: 1934

Test Date: 04/09/2012

Test Time: 10:40am EDT

System Check: Passed

#### Baseline Tests

| Test       | Status | Time    |
|------------|--------|---------|
| IR         | Pass   | 10:40am |
| ${	t FLO}$ | Pass   | 10:40am |
| FC         | Pass   | 10:40am |

#### Temperature Tests

| Test                     | Status                       | Time                                     |
|--------------------------|------------------------------|--|
| FC1<br>SRC<br>DET<br>BAR | Pass<br>Pass<br>Pass<br>Pass | 10:40am<br>10:40am<br>10:40am<br>10:40am |
| $\mathtt{BT}$            | Pass                         | 10:40am                                  |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:41am |

#### Printer Tests

| Test | Status       | Time               |
|------|--------------|--------------------|
| PRNT | Pass         | 10:41am            |
|      | CRC Tests    |                    |
| Test | Status       | Time               |
| COMP | Pass<br>Pass | 10:41am<br>10:41am |

Preventive Maintenance Status: Pass

Analyst

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

| County Cay   | Whenland Instrument Location Cumbrand Co. Deterration Facility   |
|--|--|
| Instrument Seri  | al No. 008633 Fayetteu. 1/2, NC  |
| The preventive four months are   | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every   |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;   |
| .2.  | Verify instrument displays time and date;  |
| 3.   | Initiate breath test sequence;   |
| 4.   | Enter information as prompted;   |
| 5.   | Verify instrument accuracy;  |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.   | Print test record;   |
| 9.   | Verify Diagnostic Program; and   |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.   |
| procedures we  | the day of day o |
| STATE O. THE STATE | NOS. W. CAROLLA CAROLL |
| APRIL 12, 178  | Wani OTTrucaller 651   |
|  | Signature of Certifying Official Certificate Number  |

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008633 Test Date: 04/09/2012

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

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

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test            | g/210L | Time               |
|-----------------|--------|--------------------|
| DIAG<br>AIR BLK | Pass   | 10:35am<br>10:36am |
| ACCY CHK        | . 0.7  | 10:37am            |
| AIR BLK         | .00    | 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

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

Analyst

#### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008633 Test Record Number: 2027
Test Date: 04/09/2012 Test Time: 10:43am EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 10:43am |
| FLO  | Pass   | 10:43am |
| FC   | Pass   | 10:44am |

#### Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass,  | 10:44am |
| SRC  | Pass   | 10:44am |
| DET  | Pass 👢 | 10:44am |
| BAR  | Pass   | 10:44am |
| BT   | Pass   | 10:44am |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:44am |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 10:44am |
|      | CRC Tests |         |
| Tegt | Status    | Time    |

| rest st | atus 11 | Lille            |
|---------|---------|------------------|
|         |         | ):44am<br>):44am |

Preventive Maintenance Status: Pass

Analyst

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

| County C   | umberland   | Instrument Location Cumbe  | rland Co. Detendio   |
|--|---|--|--|
|  |   |  | facility   |
| Instrument So  | erial No. <u>608672</u>   | Fayetteville NC  | ·  |
| · .  |   |  |  |
| The prevention four months   |   | 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 alcoholic but degree centigrade;                   | reath simulator thermometer show   |
| 2.   | Verify instrument displays t  | ime and date;  |  |
| 3.   | Initiate breath test sequence   | ,  | •  |
| 4.   | Enter information as promp  | ted;   |  |
| 5.   | Verify instrument accuracy;   |  |  |
| 6.   | When "PLEASE BLOW" a  | appears, collect breath sample;  |  |
| 7.   | When "PLEASE BLOW" a  | appears, collect breath sample;  |  |
| 8.   | Print test record;  |  |  |
| 9.   | Verify Diagnostic Program;  | and  |  |
| 10.  | Verify that the ethanol gas of simulator solution is being of whichever occurs first. | canister is being changed before expirate changed every four months or after 125 | ion date, or the alcoholic breath<br>Alcoholic Breath Simulator tests,     |
| I certify that<br>procedures v<br>Department   | on the day of day of or the instrument of Health and Human Services, a                | indicated above, in accordance with cund the instrument is functioning proper    | e forgoing preventive maintenance<br>irrent regulations of the N.C.<br>ly. |
| INTO WALL OF THE CAREAT SECURITY OF THE CAREA | E O TO STEEL CAROLLE  | TIMORDO SA   | 651  |

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008672 Test Date: 04/09/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

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

Permit Number: 21535E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test                        | g/210L      | Time                          |
|-----------------------------|-------------|-------------------------------|
| DIAG<br>AIR BLK<br>ACCY CHK | Pass<br>.00 | 10:37am<br>10:38am<br>10:39am |
| AIR BLK                     | .00         | 10:40am                       |
| SUB TEST                    | .00         | 10:40am                       |
| AIR BLK                     | .00         | 10:41am                       |
| SUB TEST                    | .00         | 10:43am                       |
| AIR BLK                     | .00         | 10:44am                       |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008672 Test Record Number: 2896
Test Date: 04/09/2012 Test Time: 10:44am EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 10:45am |
| FLO  | Pass   | 10:45am |
| FC   | Pass   | 10:45am |

#### Temperature Tests

| Test | Status       | Time    |
|------|--------------|---------|
| FC1  | Pass         | 10:45am |
| SRC  | Pass         | 10:45am |
| DET  | Pass         | 10:45am |
| BAR  | Pas <b>s</b> | 10:45am |
| BT   | Pass         | 10:45am |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:46am |

#### Printer Tests

| Test        | Status       | Time               |
|-------------|--------------|--------------------|
| PRNT        | Pass         | 10:46am            |
|             | CRC Tests    |                    |
| Test        | Status       | Time               |
| COMP<br>CAL | Pass<br>Pass | 10:46am<br>10:46am |

Preventive Maintenance Status: Pass

Analyst

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

| County                                   | CLEVELAND  | Instrument Locati                                  | on BAT N                                 | BILL                        | E UNIT 3                              |
|--|--|--|--|-----------------------------|---------------------------------------|
| Instrument                               | Serial No. <u>00 <b>87</b>07</u>   |  | SHEL                                     | BY,                         | NC NC                                 |
|  |  | ·  |  |                             |                                       |
| The prevent                              | ntive maintenance procedures for the In<br>as are:   | ntoximeters, Model In                              | tox EC/IR II to be                       | followed a                  | t least once every                    |
| 1.                                       | Verify the ethanol gas canister 34 degrees, plus or minus .2 de                                | displays pressure, or t<br>gree centigrade;        | the alcoholic breat                      | ı 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" app   | When "PLEASE BLOW" appears, collect breath sample; |  |                             |                                       |
| <b>7.</b> '                              | When "PLEASE BLOW" app   | ears, collect breath sar                           | mple;                                    | •                           | •                                     |
| 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<br>nged every four mont     | before expiration<br>hs or after 125 Alc | date, or the<br>oholic Bre  | alcoholic breath ath Simulator tests, |
| procedures                               | at on the day of Are were performed on the instrument income of Health and Human Services, and | dicated above, in acco                             | rdance with currer                       | going prev<br>it regulation | entive maintenance<br>ns of the N.C.  |
| SE S | (illum 1   | ray Barrana  | es<br>Official                           |                             | 648<br>ificate Number                 |

#### CLEVELAND COUNTY BAT MOBILE UNIT 3 220

Serial Number: 008707 Test Date: 04/07/2012

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

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

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

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

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

Lot Number: AG108203 Exp Date: 03/23/2013

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alu Ray Bars
Amplyst

#### CLEVELAND COUNTY BAT MOBILE UNIT 3 220

Serial Number: 008707

Test Record Number: 1390

Test Date: 04/07/2012

Test Time: 10:16pm EDT

#### System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 10:16pm |
| FLO  | Pass   | 10:16pm |
| FC   | Pass   | 10:17pm |

#### Temperature Tests

| Test Status | Time    |
|-------------|---------|
| FC1 Pass    | 10:17pm |
| SRC Pass    | 10:17pm |
| DET Pass    | 10:17pm |
| BAR Pass    | 10:17pm |
| BT Pass     | 10:17pm |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:17pm |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 10:17pm |
|      | CRC Tests |         |
| Test | Status    | Time    |
| COMP | Pass      | 10:18pm |

10:18pm

Preventive Maintenance Status: Pass

Pass

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

|  | INTOAINETERS, MODEL INTOA EC/IR II   |
|--|--|
| County /   | MODRE Instrument Location KORBINS POLICE DEST.   |
| Instrument Se  | erial No. 008728   |
| The preventive four months a   | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:   |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;  |
| 2.   | Verify instrument displays time and date;  |
| 3.   | Initiate breath test sequence;   |
| 4.   | Enter information as prompted;   |
| 5.   | Verify instrument accuracy;  |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.   | Print test record;   |
| 9.   | Verify Diagnostic Program; and   |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.                                    |
| procedures w   | on the <u>03</u> day of <u>PPU</u> , 20 <u>12</u> 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. |
| VAMIO SECTION OF STATE OF STAT | Signature of Certifying Official Certificate Number  |

MOORE COUNTY ROBBINS PD 620

Serial Number: 008728 Test Date: 04/03/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG023702 Exp Date: 08/25/2012

| Test            | g/210L | Time             |
|-----------------|--------|------------------|
| DIAG<br>AIR BLK | Pass   | 2:06pm<br>2:06pm |
| ACCY CHK        | .08    | 2:07pm           |
| AIR BLK         | .00    | 2:08pm           |
| SUB TEST        | .00    | 2:09pm           |
| AIR BLK         | .00    | 2:09pm           |
| SUB TEST        | .00    | 2:11pm           |
| AIR BLK         | .00    | 2:12pm           |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### MOORE COUNTY ROBBINS PD 620

Serial Number: 008728 Test Date: 04/03/2012

Test Record Number: 207

Test Time: 2:13pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 2:13pm |
| FLO  | Pass   | 2:13pm |
| FC   | Pass   | 2:13pm |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 2:13pm |
| SRC  | Pass   | 2:13pm |
| DET  | Pass   | 2:13pm |
| BAR  | Pass   | 2:13pm |
| BT   | Pass   | 2:13pm |

#### 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 |

Preventive Maintenance Status: Pass

Pass

2:14pm

CAL

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

| County Jo  | hnoston Instrument Location Salma Police Dept.  |
|--|---|
| © Instrument Set   | rial No. 008595 Solma, NC   |
| The preventive four months as  | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:  |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  |
| 2.   | Verify instrument displays time and date;   |
| 3.   | Initiate breath test sequence;  |
| 4.   | Enter information as prompted;  |
| · 5.   | Verify instrument accuracy;   |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;  |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;  |
| 8.   | Print test record;  |
| 9.   | Verify Diagnostic Program; and  |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.              |
| procedures we  | on the 3rcl day of 4, , , 20 1 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   |
| •  | Signature of Certifying Official Certificate Number   |

JOHNSTON COUNTY SELMA PD 500

Serial Number: 008595 Test Date: 04/03/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Permit Number: 21535E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 9:29am |
| AIR BLK  | .00    | 9:30am |
| ACCY CHK | .07    | 9:31am |
| AIR BLK  | .00    | 9:32am |
| SUB TEST | .00    | 9:33am |
| AIR BLK  | .00    | 9:34am |
| SUB TEST | .00    | 9:35am |
| AIR BLK  | .00    | 9:36am |

Reported AC:

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 SELMA PD 500

Serial Number: 008595

Test Record Number: 583 

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 9:37am |
| FLO  | Pass   | 9:37am |
| FC   | Pass   | 9:37am |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 9:37am |
| SRC  | Pass   | 9:37am |
| DET  | Pass   | 9:37am |
| BAR  | Pass   | 9:37am |
| BT   | Pass   | 9:37am |
|      |        |        |

#### Blank Tests

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

AIR Pass 9:38am

#### Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 9:38am |

#### CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 9:38am |
| CAL  | Pass   | 9:38am |

Preventive Maintenance Status: Pass

Analyst

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15

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

| County Hal   | Instrument Location Hoke County Deterrition Ct  |
|--|---|
| Instrument Seri  | al No. 008855 Rareford, NC.   |
| The preventive four months are   | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every  |
| 1,   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  |
| 2.   | Verify instrument displays time and date;   |
| 3.   | Initiate breath test sequence;  |
| 4.   | Enter information as prompted;  |
| 5.   | Verify instrument accuracy;   |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;  |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;  |
| 8.   | Print test record;  |
| 9.   | Verify Diagnostic Program; and  |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.          |
| procedures wer   | the 30 the day of April , 2012 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. |
| TO THE STATE OF TH | Signature of Certifying Official Certificate Number   |

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855 Test Date: 04/30/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

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

Permit Number: 21535E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG106703 Exp Date: 03/08/2013

| Test                                   | g/210L             | Time                                     |
|--|--------------------|--|
| DIAG<br>AIR BLK<br>ACCY CHK<br>AIR BLK | Pass<br>.00<br>.08 | 10:49am<br>10:50am<br>10:51am<br>10:51am |
| SUB TEST                               | .00                | 10:52am                                  |
| AIR BLK                                | .00                | 10:53am                                  |
| SUB TEST                               | .00                | 10:54am                                  |
| AIR BLK                                | .00                | 10:55am                                  |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855

Test Record Number: 688

Test Date: 04/30/2012

Test Time: 10:58am EDT

System Check: Passed

#### Baseline Tests

| Test      | Status | Time               |
|-----------|--------|--------------------|
| IR<br>FLO | Pass   | 10:58am<br>10:58am |
|           | Pass   |                    |
| FC        | Pass   | 10:58am            |

#### Temperature Tests

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

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:59am |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 10:59am |
|      | CRC Tests |         |
| Test | Status    | Time    |

COMP 10:59am Pass CAL Pass 10:59am

Preventive Maintenance Status: Pass

Analyst

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

| County Co  | tawba Instrument Location Hickory PD  |
|--|---|
| Instrument Se  | 828-324-2060  |
| The preventive four months a   | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every   |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  |
| 2.   | Verify instrument displays time and date;   |
| 3.   | Initiate breath test sequence;  |
| 4.   | Enter information as prompted;  |
| 5.   | Verify instrument accuracy;   |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;  |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;  |
| 8.   | Print test record;  |
| 9.   | Verify Diagnostic Program; and  |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.                              |
| procedures we  | on the <u>John</u> day of <u>Marin</u> , 20 12 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 | CAROLL CAROLL   |
| ARE 12. THE  | Signature of Certifying Official Certificate Number   |

CATAWBA COUNTY HICKORY PD 170

Serial Number: 008841 Test Date: 04/26/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG203903 Exp Date: 02/08/2014

| Test            | g/210L | Time               |
|-----------------|--------|--------------------|
| DIAG<br>AIR BLK | Pass   | 11:43am<br>11:44am |
| ACCY CHK        | .07    | 11:45am            |
| AIR BLK         | .00    | 11:46am            |
| SUB TEST        | .00    | 11:47am            |
| AIR BLK         | .00    | 11:48am            |
| SUB TEST        | .00    | 11:50am            |
| AIR BLK         | .00    | 11:50am            |

Reported AC; .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

Rev. 12/2007

#### CATAWBA COUNTY HICKORY PD 170

Serial Number: 008841

Test Record Number: 1052

Test Date: 04/26/2012

Test Time: 11:52am EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:52am |
| FLO  | Pass   | 11:52am |
| FC   | Pass   | 11:52am |

#### Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 11:52am |
| SRC  | Pass   | 11:52am |
| DET  | Pass   | 11:52am |
| BAR  | Pass   | 11:52am |
| BT   | Pass   | 11:52am |
|      |        |         |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:53am |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 11:53am |
|      | CRC Tests |         |
| Test | Status    | Time    |

| COMP Pass 11:53am CAL Pass 11:53am |  |
|------------------------------------|--|

Preventive Maintenance Status: Pass

Analyst

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

| County Li   | ncoln Instrument Location Lincoln County Courthouse  |
|---|--|
| Instrument So   | orial No. 008827 #1 Courthouse Square, Lincolnton<br>704-732-9020  |
| The prevention four months a  | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:   |
| 1.  | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;   |
| 2.  | Verify instrument displays time and date;  |
| 3.  | Initiate breath test sequence;   |
| 4.  | Enter information as prompted;   |
| 5.  | Verify instrument accuracy;  |
| 6.  | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.  | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.  | Print test record;   |
| 9.  | Verify Diagnostic Program; and   |
| 10.   | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
|   | on the   |
| STATE STATE OF STATE |  |

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008827 Test Date: 04/26/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 8:40am |
| AIR BLK  | .00    | 8:41am |
| ACCY CHK | .07    | 8:42am |
| AIR BLK  | .00    | 8:43am |
| SUB TEST | .00    | 8:43am |
| AIR BLK  | .00    | 8:44am |
| SUB TEST | .00    | 8:46am |
| AIR BLK  | .00    | 8:47am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008827 Test Record Number: 1259

Test Date: 04/26/2012 Test Time: 8:47am EDT

System Check: Passed

#### Baseline Tests

| Test      | Status       | Time             |
|-----------|--------------|------------------|
| IR<br>FLO | Pass<br>Pass | 8:48am<br>8:48am |
| FC        | Pass         | 8:48am           |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 8:48am |
| SRC  | Pass   | 8:48am |
| DET  | Pass   | 8:48am |
| BAR  | Pass   | 8:48am |
| BT   | Pass   | 8:48am |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 8:48am |

#### Printer Tests

| Test        | Status       | Time             |
|-------------|--------------|------------------|
| PRNT        | Pass         | 8:49am           |
|             | CRC Tests    |                  |
| Test        | Status       | Time             |
| COMP<br>CAL | Pass<br>Pass | 8:49am<br>8:49am |

Preventive Maintenance Status: Pass

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

| CountyC  | reveland Instrument Location Kings Mtn PD  |
|--|--|
| Instrument Set   | rial No. 008900 112 5. Piedmont Ave, Kings Mountain 704-734-0444   |
| The preventive four months ar  | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every   |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;   |
| 2.   | Verify instrument displays time and date;  |
| 3.   | Initiate breath test sequence;   |
| 4.   | Enter information as prompted;   |
| 5.   | Verify instrument accuracy;  |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.   | Print test record;   |
| 9.   | Verify Diagnostic Program; and   |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.                         |
| procedures we  | n the <u>3544</u> day of <u>April</u> , 2012 the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly. |
| THE STATE OF THE S | Signature of Certifying Official Certificate Number  |

#### CLEVELAND COUNTY KINGS MOUNTAIN PD 220

Serial Number: 008900 Test Date: 04/25/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 2:33pm |
| AIR BLK  | .00    | 2:34pm |
| ACCY CHK | .08    | 2:35pm |
| AIR BLK  | .00    | 2:36pm |
| SUB TEST | .00    | 2:37pm |
| AIR BLK  | .00    | 2:38pm |
| SUB TEST | .00    | 2:39pm |
| AIR BLK  | .00    | 2:40pm |

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

Analyst

Department of Health and Human Services Rev. 12/2007

#### CLEVELAND COUNTY KINGS MOUNTAIN PD 220

Serial Number: 008900 Test Date: 04/25/2012

Test Record Number: 361
Test Time: 2:42pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 2:42pm |
| FLO  | Pass   | 2:42pm |
| FC   | Pass   | 2:42pm |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 2:42pm |
| SRC  | Pass   | 2:42pm |
| DET  | Pass   | 2:42pm |
| BAR  | Pass   | 2:42pm |
| BT   | Pass   | 2:42pm |
|      |        |        |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 2:43pm |

#### Printer Tests

| Test        | Status       | Time             |
|-------------|--------------|------------------|
| PRNT        | Pass         | 2:43pm           |
|             | CRC Tests    |                  |
| Test        | Status       | Time             |
| COMP<br>CAL | Pass<br>Pass | 2:43pm<br>2:43pm |

Preventive Maintenance Status: Pass

Analyst

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

| County G   | 15ton Instrument Location Belmont PD   |
|--|--|
| Instrument Ser   | ial No. 008733 201 Chronicle Street, Belmont 704-825-3792  |
| The preventive four months ar  | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:  |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;   |
| <b>2</b> .   | Verify instrument displays time and date;  |
| 3.   | Initiate breath test sequence;   |
| 4.   | Enter information as prompted;   |
| 5.   | Verify instrument accuracy;  |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.   | Print test record;   |
| 9.   | Verify Diagnostic Program; and   |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.  |
| procedures we  | the 2544 day of April , 2012 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.  |
|  |  |
| STATE OF THE STATE | NO CAROLLE CAR |
| ARR 12. 178  | Signature of Certifying Official Certificate Number  |

GASTON COUNTY BELMONT PD 350

Serial Number: 008733 Test Date: 04/25/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG023601 Exp Date: 08/24/2012

| Test            | g/210L      | Time             |
|-----------------|-------------|------------------|
| DIAG<br>AIR BLK | Pass<br>.00 | 1:39pm<br>1:40pm |
| ACCY CHK        | .08         | 1:41pm           |
| AIR BLK         | .00         | 1:42pm           |
| SUB TEST        | .00         | 1:42pm           |
| AIR BLK         | .00         | 1:43pm           |
| SUB TEST        | .00         | 1:45pm           |
| AIR BLK         | .00         | 1:46pm           |

Reported AC: .00 g/210L

Agrature 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

#### GASTON COUNTY BELMONT PD 350

Serial Number: 008733

Test Record Number: 623

Test Date: 04/25/2012

Test Time: 1:47pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 1:47pm |
| FLO  | Pass   | 1:47pm |
| FC   | Pass   | 1:47pm |

#### Temperature Tests

| Test       | Status       | Time             |
|------------|--------------|------------------|
| FC1<br>SRC | Pass         | 1:47pm           |
| DET        | Pass<br>Pass | 1:47pm<br>1:47pm |
| BAR<br>BT  | Pass<br>Pass | 1:47pm<br>1:47pm |
| T) T       | CGDJ         | T. # / Dim       |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 1:48pm |

#### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 1:48pm |
|      | CRC Tests |        |
| Test | Status    | Time   |

Pass

Pass

1:48pm

1:48pm

Preventive Maintenance Status: Pass

COMP

CAL

The law was to the compatibility of the control of

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

| County Co                             | barrus  | Instrument Location Cabarrus  | : County SD                                       |
|---------------------------------------|---|---|---|
| Instrument Seri                       | al No. <u>008590</u>  | 30 Corban Avenue,   | Concord   |
|                                       | 1 -   | 704-920-3000  |   |
| The preventive four months are        |   | ntoximeters, Model Intox EC/IR II to be fo  | llowed at least once every                        |
| 1                                     | Verify the ethanol gas canister 34 degrees, plus or minus .2 de | displays pressure, or the alcoholic breath s<br>gree centigrade;                      | imulator thermometer shows                        |
| 2.                                    | Verify instrument displays time                                 | e and date;   |   |
| 3.                                    | Initiate breath test sequence;                                  |   | ,   |
| 4.                                    | Enter information as prompted                                   | ;   |   |
| 5.                                    | Verify instrument accuracy;                                     |   |   |
| 6.                                    | When "PLEASE BLOW" appears, collect breath sample;              |   |   |
| 7.                                    | When "PLEASE BLOW" appo   | ears, collect breath sample;  |   |
| 8.                                    | Print test record;  |   |   |
| 9.                                    | Verify Diagnostic Program; and                                  | d   |   |
| 10.                                   |   | ister is being changed before expiration dainged every four months or after 125 Alcoh |   |
|                                       | A A   | **************************************  |   |
| procedures were                       |   | licated above, in accordance with current r   | ing preventive maintenance egulations of the N.C. |
| Department of I                       | Health and Human Services, and t                                | the instrument is functioning properly.   | %.(A.   |
|                                       |   |   | et a se   |
| OF THE STATE OF                       | NO.   | :-  | <b>.</b> ★  |
| S S S S S S S S S S S S S S S S S S S | # CAROLIN   | ,   |   |
| * LIFE IZ ITE                         | Josephen  | that the continue of Certifying Official  | 65D   |

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008590 Test Date: 04/25/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG202602 Exp Date: 01/26/2014

| Test                        | g/210L             | Time                          |
|-----------------------------|--------------------|-------------------------------|
| DIAG<br>AIR BLK<br>ACCY CHK | Pass<br>.00<br>.08 | 11:00am<br>11:01am<br>11:02am |
| AIR BLK                     | .00                | 11:03am                       |
| SUB TEST                    | .00                | 11:04am                       |
| AIR BLK                     | .00                | 11:05am                       |
| SUB TEST                    | .00                | 11:06am                       |
| AIR BLK                     | .00                | 11:07am                       |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008590 Test Record Number: 1803 

System Check: Passed

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:09am |
| FLO  | Pass   | 11:09am |
| FC   | Pass   | 11:09am |

#### Temperature Tests

| Test                           | Status                               | Time  |
|--------------------------------|--------------------------------------|---|
| FC1<br>SRC<br>DET<br>BAR<br>BT | Pass<br>Pass<br>Pass<br>Pass<br>Pass | 11:09am<br>11:09am<br>11:09am<br>11:09am<br>11:09am |
|                                |                                      |   |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:10am |

#### Printer Tests

Test

| PRNT        | Pass         | 11:10am            |
|-------------|--------------|--------------------|
|             | CRC Tests    |                    |
| Test        | Status       | Time               |
| COMP<br>CAL | Pass<br>Pass | 11:10am<br>11:10am |

Status

Time

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County   | INTOXIMETERS, MODEL INTOX E  MAKE Company Instrument Location BAF  | CAR II<br>Mobile     | Un.to           |
|--|--|----------------------|-----------------|
| Instrument Se  | rial No  |                      |                 |
| The preventive four months a   | e maintenance procedures for the Intoximeters, Model Intox EC/IR II re:  | to be followed at le | east once every |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic 34 degrees, plus or minus .2 degree centigrade;  | breath simulator the | ermometer show  |
| 2.   | Verify instrument displays time and date;  |                      |                 |
| 3.   | Initiate breath test sequence;   |                      |                 |
| 4.   | Enter information as prompted;   |                      |                 |
| 5.   | Verify instrument accuracy;  |                      | ٠,,             |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |                      |                 |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   |                      | . *             |
| 8.   | Print test record;   |                      |                 |
| 9.   | Verify Diagnostic Program; and   |                      |                 |
| 10.  | Verify that the ethanol gas canister is being changed before expira<br>simulator solution is being changed every four months or after 12<br>whichever occurs first.  |                      |                 |
| •  | on theday of, 20 the performed on the instrument indicated above, in accordance with confident and Human Services, and the instrument is functioning proper  |                      |                 |
| STATE OF THE OFFICE OFF | NO. LA CAROLINA CAROL | M                    | 7,-             |
| •  | Signature of Certifying Official   | Certific             | ate Number      |

WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008871 Test Date: 04/28/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test     | g/210L | Time    |
|----------|--------|---------|
| DIAG     | Pass   | 11:55am |
| AIR BLK  | .00    | 11:56am |
| ACCY CHK | .07    | 11:56am |
| AIR BLK  | .00    | 11:57am |
| SUB TEST | .00    | 11:58am |
| AIR BLK  | .00    | 11:59am |
| SUB TEST | .00    | 12:01pm |
| AIR BLK  | .00    | 12:02pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008871

Test Record Number: 478 

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 12:04pm |

#### Printer Tests

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

12:04pm

Preventive Maintenance Status: Pass

Pass

CAL

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

| County                                    | WAKE Co Instrument Location BAT Whole Will 4   |
|---|--|
| Instrument Ser                            | rial No. <u>008/34</u>   |
| The preventive                            | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every   |
| four months ar                            |  |
| 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  |
|   |  |
| OTHE STATE OF                             | A CONTRACTOR OF THE PARTY OF TH |
| S. C. |  |
| * ESTE QUAM VIDE                          | 1/2/2/   |
|   | Signature of Certifying Official Certificate Number  |

WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008734 Test Date: 04/28/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG920302 Exp Date: 09/06/2013

| Test                                   | g/210L             | TIME                                     |
|--|--------------------|--|
| DIAG<br>AIR BLK<br>ACCY CHK<br>AIR BLK | Pass<br>.00<br>.07 | 11:56am<br>11:57am<br>11:58am<br>11:59am |
| SUB TEST                               | .00                | 11:59am                                  |
| AIR BLK                                | .00                | 12:00pm                                  |
| SUB TEST                               | .00                | 12:02pm                                  |
| AIR BLK                                | .00                | 12:03pm                                  |

Reported AC: ,00 g/2101

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

#### WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008734

Test Record Number: 508

Test Date: 04/28/2012

Test Time: 12:04pm EDT

System Check: Passed

#### Baseline Tests

| Test      | Status       | Time               |
|-----------|--------------|--------------------|
| IR<br>FLO | Pass<br>Pass | 12:04pm<br>12:04pm |
| FC        | Pass         | 12:04pm            |

#### Temperature Tests

| Status | Time                         |
|--------|------------------------------|
| Pass   | 12:04pm                      |
|        | Pass<br>Pass<br>Pass<br>Pass |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 12:05pm |

#### Printer Tests

| Test        | Status       | Time               |
|-------------|--------------|--------------------|
| PRNT        | Pass         | 12:05pm            |
|             | CRC Tests    |                    |
| Test        | Status       | Time               |
| COMP<br>CAL | Pass<br>Pass | 12:05pm<br>12:05pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| a  | INTOXIMET   | ERS, MODEL INTO   | 20+ Mb                                 | 1/2/1/14                                  |
|--|---|---|--|---|
| County   | erial No. 2081  | Instrument Location <u></u> ✓                                     | 3/>      / (O A                        | ie ani                                    |
| The preventi four months   | ve maintenance procedures for th  | e Intoximeters, Model Intox E                                     | C/IR II to be follow                   | ed at least once every                    |
| 1.   | Verify the ethanol gas canis 34 degrees, plus or minus .2   | ter displays pressure, or the ald degree centigrade;              | cholic breath simu                     | lator thermometer show                    |
| 2.   | Verify instrument displays t  | ime and date;   |  |   |
| 3.   | Initiate breath test sequence   | ;   |  |   |
| 4.   | Enter information as prompt   | ted;  |  |   |
| 5.   | Verify instrument accuracy;   |   |  |   |
| 6.   | When "PLEASE BLOW" a  | ppears, collect breath sample;                                    |  |   |
| 7.   | When "PLEASE BLOW" a  | ppears, collect breath sample;                                    |  |   |
| 8.   | Print test record;  |   |  |   |
| 9.   | Verify Diagnostic Program;  | and   |  |   |
| 10.  |   | anister is being changed before<br>changed every four months or a |  |   |
|  | on the day of   |   | with current regul                     | preventive maintenance ations of the N.C. |
| TOSE CHANGE OF THE STATE OF THE | CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAROLINI<br>CAR |   | <i>L</i> ,                             | 100 France                                |
|  | S   | ignature of Certifying Official                                   | —————————————————————————————————————— | Certificate Number                        |

WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008717 Test Date: 04/28/2012

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, GRAYHAM C Permit Number: 7682E Effective:

02/01/2012-02/01/2014

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

Lot Number: AG920302 Exp Date: 09/06/2013

| Test            | g/210L | Time               |
|-----------------|--------|--------------------|
| DIAG<br>AIR BLK | Pass   | 12:14pm<br>12:15pm |
| ACCY CHK        | .07    | 12:15pm            |
| AIR BLK         | .00    | 12:16pm            |
| SUB TEST        | .00    | 12:17pm            |
| AIR BLK         | .00    | 12:18pm            |
| SUB TEST        | .00    | 12:19pm            |
| ATR BLK         | 0.0    | 12 · 20pm          |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008717 Test Reco Test Date: 04/28/2012 Test Tim

Test Record Number: 270
Test Time: 12:21pm EDT

System Check: Passed

Baseline Tests

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

#### Temperature Tests

| Test                           | Status                               | Time  |
|--------------------------------|--------------------------------------|---|
| FC1<br>SRC<br>DET<br>BAR<br>BT | Pass<br>Pass<br>Pass<br>Pass<br>Pass | 12:22pm<br>12:22pm<br>12:22pm<br>12:22pm<br>12:22pm |
|                                |                                      |   |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 12:23pm |

#### Printer Tests

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

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 12:23pm |
| CAL  | Pass   | 12:23pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| The preventi four months | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:  |
|--------------------------|---|
| 1.                       | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  |
| 2.                       | Verify instrument displays time and date;   |
| 3.                       | Initiate breath test sequence;  |
| 4.                       | Enter information as prompted;  |
| 5.                       | Verify instrument accuracy;   |
| 6.                       | When "PLEASE BLOW" appears, collect breath sample;  |
| 7.                       | When "PLEASE BLOW" appears, collect breath sample;  |
| 8.                       | Print test record;  |
| 9.                       | Verify Diagnostic Program; and  |
| 10.                      | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.      |
| procedures w             | on theday of, 20_1Z_ 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. |

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

Signature of Certifying Official

Certificate Number

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928 Test Date: 04/30/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG102701 Exp Date: 01/27/2013

| Test                | g/210L     | Time             |
|---------------------|------------|------------------|
| DIAG<br>AIR BLK     | Pass       | 3:18pm<br>3:19pm |
| ACCY CHK            | .07        | 3:20pm           |
| AIR BLK<br>SUB TEST | .00<br>.00 | 3:21pm<br>3:23pm |
| AIR BLK             | .00        | 3:24pm           |
| SUB TEST<br>AIR BLK | .00<br>.00 | 3:25pm<br>3:26pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928 Test Date: 04/30/2012

Test Record Number: 172
Test Time: 3:27pm EDT

System Check: Passed

#### Baseline Tests

| Test      | Status       | Time             |
|-----------|--------------|------------------|
| IR<br>FLO | Pass<br>Pass | 3:27pm<br>3:27pm |
| FC        | Pass         | 3:27pm           |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 3:28pm |
| SRC  | Pass   | 3:28pm |
| DET  | Pass   | 3:28pm |
| BAR  | Pass   | 3:28pm |
| BT   | Pass   | 3:28pm |
|      |        |        |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 3:28pm |

#### Printer Tests

| Test        | Status       | Time             |
|-------------|--------------|------------------|
| PRNT        | Pass         | 3:28pm           |
|             | CRC Tests    |                  |
| Test        | Status       | Time             |
| COMP<br>CAL | Pass<br>Pass | 3:28pm<br>3:28pm |

Preventive Maintenance Status: Pass

Analyst

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

| County  | Wake Instrument Location BAT MOBILE LIVIT TO   |
|---|--|
| Instrumer   | t Serial No. OOS 600 Referen   |
|   |  |
| 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.   |
|   | hat on the // day of // da |
| CAREAT SECTION OF SEC | TATE OF TOP 100 PARTY OF 100 PARTY OF TOP 100 PARTY OF TOP 100 PARTY OF TOP 100 PARTY OF 100 PARTY OF TOP 100 PARTY OF TOP 100 PARTY OF TOP 100 PARTY OF 100 PARTY OF TOP 100 PARTY OF TOP 100 PARTY OF TOP 100 PARTY OF 100 PARTY OF TOP 100 PARTY OF TOP 100 PARTY OF TOP 100 PARTY OF 100 PARTY OF TOP 100 PARTY OF TOP 100 PARTY OF TOP 100 PARTY OF 1 |
|   | Signature of Certifying Official Certificate Number  |

#### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Record Number: 945
Test Date: 04/14/2012 Test Time: 11:17pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:17pm |
| FLO  | Pass   | 11:17pm |
| FC   | Pass   | 11:17pm |

#### Temperature Tests

| Test                     | Status                       | Time                                     |
|--------------------------|------------------------------|--|
| FC1<br>SRC<br>DET<br>BAR | Pass<br>Pass<br>Pass<br>Pass | 11:17pm<br>11:17pm<br>11:17pm<br>11:17pm |
| BT                       | Pass                         | 11:17pm                                  |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:18pm |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 11:18pm |
|      | CRC Tests |         |
| Test | Status    | Time    |
| COMP | Pass      | 11:18pm |

11:18pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Date: 04/14/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG108203 Exp Date: 03/23/2013

| Test            | g/210L | Time               |
|-----------------|--------|--------------------|
| DIAG<br>AIR BLK | Pass   | 11:08pm<br>11:09pm |
| ACCY CHK        | .07    | 11:10pm<br>11:11pm |
| SUB TEST        | .00    | 11:12pm            |
| AIR BLK         | .00    | 11:13pm            |
| SUB TEST        | .00    | 11:15pm            |
| AIR BLK         | .00    | 11:15pm            |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

| County   | JAKE  | Instrument Location  |  |
|--|---|--|--|
| Instrument Seri  | al No \$69\$  | RALE, E  | 4  |
| The preventive four months are   |   | toximeters, Model Intox EC/IR II to be   | followed at least once every                           |
| 1.   | Verify the ethanol gas canister d<br>34 degrees, plus or minus .2 deg | lisplays pressure, or the alcoholic breath<br>tree centigrade;                                   | n simulator thermometer shows                          |
| 2.   | Verify instrument displays time                                       | and date;  |  |
| 3.   | Initiate breath test sequence;  |  |  |
| 4.   | Enter information as prompted;  |  |  |
| 5.   | Verify instrument accuracy;   |  |  |
| 6.   | When "PLEASE BLOW" appear   | ars, collect breath sample;  |  |
| 7.   | When "PLEASE BLOW" appear   | ars, collect breath sample;  |  |
| 8.   | Print test record;  |  |  |
| 9.   | Verify Diagnostic Program; and  |  |  |
| 10.  |   | ter is being changed before expiration of ged every four months or after 125 Alco                |  |
|  |   | , 20 / 2 the forgotted above, in accordance with current are instrument is functioning properly. | going preventive maintenance t regulations of the N.C. |
| CHE STATE OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OWNE | Signa Signa   | ature of Certifying Official   | Certificate Number                                     |

#### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Date: 04/14/2012 Test Record Number: 762
Test Time: 11:23pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:23pm |
| FLO  | Pass   | 11:23pm |
| FC   | Pass   | 11:23pm |

#### Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 11:24pm |
| SRC  | Pass   | 11:24pm |
| DET  | Pass   | 11:24pm |
| BAR  | Pass   | 11:24pm |
| BT   | Pass   | 11:24pm |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:24pm |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 11:24pm |
|      | CRC Tests |         |
|      |           |         |

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 11:24pm |
| CAL  | Pass   | 11:24pm |

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Date: 04/14/2012

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

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

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

Lot Number: AG108203 Exp Date: 03/23/2013

| Test  | g/210L                           | Time  |
|---|----------------------------------|---|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST | Pass<br>.00<br>.08<br>.00<br>.00 | 11:10pm<br>11:11pm<br>11:12pm<br>11:13pm<br>11:13pm<br>11:14pm<br>11:16pm |
| AIR BLK   | .00                              | 11:16pm   |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

| County           | WHE   | Instrument Location BAT / 40   | Bile Con grater                                     |
|------------------|---|--|---|
| Instrument       | Serial No. <u>008788</u>  | Zsleje   | <i>y</i>  |
| The prevent      |   | toximeters, Model Intox EC/IR II to be for   | ollowed at least once every                         |
| 1.               | Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg | lisplays pressure, or the alcoholic breath stree centigrade;                           | simulator thermometer 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.              |   | ster is being changed before expiration da<br>ged every four months or after 125 Alcoh |   |
|                  |   | cated above, in accordance with current i  | oing preventive maintenance regulations of the N.C. |
| STATE COREAL SCA | to.   | L. 11/5/al   | Certificate Number                                  |

#### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788
Test Date: 04/14/2012

Test Record Number: 612 Test Time: 11:24pm EDT

System Check: Passed

#### Baseline Tests

| Test      | Status       | Time               |
|-----------|--------------|--------------------|
| IR        | Pass         | 11:25pm            |
| FLO<br>FC | Pass<br>Pass | 11:25pm<br>11:25pm |
|           |              |                    |

#### Temperature Tests

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

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:25pm |

#### Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 11:25pm |
|      |        |         |

#### CRC Tests

| _ | Test | Status | 'l'ime             |
|---|------|--------|--------------------|
|   |      |        | 11:26pm<br>11:26pm |

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Date: 04/14/2012

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

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

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

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

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

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

| Test                        | g/210L             | Time                          |
|-----------------------------|--------------------|-------------------------------|
| DIAG<br>AIR BLK<br>ACCY CHK | Pass<br>.00<br>.07 | 11:12pm<br>11:13pm<br>11:13pm |
| ACCI CHR                    | .00                | 11:13pm                       |
| SUB TEST                    | .00                | 11:14pm                       |
| AIR BLK                     | .00                | 11:15pm                       |
| SUB TEST                    | .00                | 11:17pm                       |
| AIR BLK                     | .00                | 11:18pm                       |

Reported AC: .00 g/2

Signature of Chemical Analyst

Court CVR

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

| County   | WARE   | Instrument Location BAT ME   | BILG LANT 5                                      |
|--|--|--|--|
| Instrument 5   | Serial No. <u>008788</u>   | Words  |  |
|  |  |  |  |
| The prevent four months  |  | toximeters, Model Intox 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  | lisplays pressure, or the alcoholic breath si gree 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" appe  | ars, collect breath sample;  |  |
| 7.   | When "PLEASE BLOW" appe  | ars, collect breath sample;  |  |
| 8.   | Print test record;   |  |  |
| 9.   | Verify Diagnostic Program; and   | I  |  |
| 10.  |  | ster is being changed before expiration dataged every four months or after 125 Alcohol |  |
|  | t on theday of<br>were performed on the instrument indictions of Health and Human Services, and the  | icated above, in accordance with current re  | ng preventive maintenance egulations of the N.C. |
| AND SECTION OF SECTION | TE ON OF THE ONLY THE | 6.711 oza  | 656  |
|  | Sign   | ature of Certifying Official   | Certificate Number                               |

### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Date: 04/13/2012

Test Record Number: 610 Test Time: 10:44pm EDT

System Check: Passed

### Baseline Tests

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

#### Temperature Tests

| Status | Time                         |
|--------|------------------------------|
| Pass   | 10:44pm                      |
|        | Pass<br>Pass<br>Pass<br>Pass |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:45pm |

#### Printer Tests

| Test        | Status       | Time               |
|-------------|--------------|--------------------|
| PRNT        | Pass         | 10:45pm            |
|             | CRC Tests    |                    |
| Test        | Status       | Time               |
| COMP<br>CAL | Pass<br>Pass | 10:45pm<br>10:45pm |

Preventive Maintenance Status: Pass

Analyst

#### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Date: 04/13/2012

Citation Number: M0000000-0 Subject's Name:

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

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

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

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

Effective: 9372B

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

| Test     | g/210L | Time    |
|----------|--------|---------|
| DIAG     | Pass   | 10:33pm |
| AIR BLK  | .00    | 10:34pm |
| ACCY CHK | .07    | 10:34pm |
| AIR BLK  | .00    | 10:35pm |
| SUB TEST | .00    | 10:36pm |
| AIR BLK  | .00    | 10:37pm |
| SUB TEST | .00    | 10:38pm |
| ATR BLK  | .00    | 10:39pm |

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   | Wake Instrument Location FAT MOBILE CONTY #  |
|--|--|
| Instrument S   | Serial No  |
| The prevents   | 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   |
| TATS THE STATE OF THE SOLUTION OF THE STATE OF THE SOLUTION OF | Signature of Certifying Official Certificate Number  |

#### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698

Test Record Number: 760

Test Date: 04/13/2012

Test Time: 10:43pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 10:43pm |
| FLO  | Pass   | 10:43pm |
| FC   | Pass   | 10:43pm |

#### Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 10:43pm |
| SRC  | Pass   | 10:43pm |
| DET  | Pass   | 10:43pm |
| BAR  | Pass   | 10:43pm |
| BT   | Pass   | 10:43pm |

#### Blank Tests

| Test | Status Time | Time    |
|------|-------------|---------|
| AIR  | Pass        | 10:44pm |

#### Printer Tests

| PRNT Pass 10:44pm | Test | Status | Time    |
|-------------------|------|--------|---------|
|                   | PRNT | Pass   | 10:44pm |

#### CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 10:44pm |
| CAL  | Pass   | 10:44pm |

Preventive Maintenance Status: Pass

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Date: 04/13/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG108203 Exp Date: 03/23/2013

| Test                                   | g/210L       | Time                          |
|--|--------------|-------------------------------|
| DIAG<br>AIR BLK<br>ACCY CHK<br>AIR BLK | Pass .00 .08 | 10:31pm<br>10:32pm<br>10:33pm |
| SUB TEST                               | .00<br>.00   | 10:34pm<br>10:34pm            |
| AIR BLK<br>SUB TEST                    | .00<br>.00   | 10:35pm<br>10:37pm            |
| AIR BLK                                | .00          | 10:38pm                       |

Reported AC: .00 g/210L

Signature of Chemical Ahalyst

Court CVR

Analyst

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

| County          | Water Instrument Location BAT MOBIC Will THE   |
|-----------------|--|
| Instrumen       | nt Serial No. DO8600 WENDELL   |
|                 |  |
| The preve       | entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every this are:  |
| 1.              | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;   |
| 2.              | Verify instrument displays time and date;  |
| 3.              | Initiate breath test sequence;   |
| 4.              | Enter information as prompted;   |
| 5.              | Verify instrument accuracy;  |
| 6.              | When "PLEASE BLOW" appears, collect breath sample;   |
| . 7.            | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.              | Print test record;   |
| 9.              | Verify Diagnostic Program; and   |
| 10.             | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
|                 | nat on the   |
| COLUMN CREAT SE | CAROLINA   |

#### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Record Number: 940 Test Date: 04/13/2012 Test Time: 10:40pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 10:40pm |
| FLO  | Pass   | 10:40pm |
| FC   | Pass   | 10:40pm |

#### Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 10:40pm |
| SRC  | Pass   | 10:40pm |
| DET  | Pass   | 10:40pm |
| BAR  | Pass   | 10:40pm |
| BT   | Pass   | 10:40pm |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:41pm |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 10:41pm |
|      | CRC Tests |         |
| Test | Status    | Time    |
| COMP | Pass      | 10:41pm |

10:41pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Date: 04/13/2012

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG108203 Exp Date: 03/23/2013

| Test                                   | g/210L             | Time                                     |
|--|--------------------|--|
| DIAG<br>AIR BLK<br>ACCY CHK<br>AIR BLK | Pass<br>.00<br>.08 | 10:29pm<br>10:30pm<br>10:31pm<br>10:32pm |
| SUB TEST                               | .00                | 10:34pm                                  |
| AIR BLK                                | .00                | 10:34pm                                  |
| SUB TEST                               | .00                | 10:36pm                                  |
| AIR BLK                                | .00                | 10:37pm                                  |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR