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

County Va	Instrument Location Vancey Co. Juil
Instrument Se	Instrument Location Vancey Co. Juil  Brial No. 208653  Bunsville NC
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on the 28 day of <u>December</u> , 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.
TATE STATE  TATE  TATE	CAROLL CA

#### YANCEY COUNTY YANCEY COUNTY JAIL 990

Serial Number: 008653 Test Date: 12/28/2012

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: 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: AG205401 Exp Date: 02/23/2014

Test		g/210L	Time
AIR SUB	BLK CHK BLK TEST	Pass .00 .08 .00	1:11pm 1:12pm 1:13pm 1:14pm 1:15pm
AIR SUB	TEST	.00 .00	1:16pm 1:17pm
			_
AIR		.00	1:17pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### YANCEY COUNTY YANCEY COUNTY JAIL 990

Serial Number: 008653 Test Date: 12/28/2012 Test Record Number: 878
Test Time: 1:20pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:21pm 1:21pm
FC	Pass	1:21pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:21pm
SRC	Pass	1:21pm
DET	Pass	1:21pm
BAR	Pass	1:21pm
BT	Pass	1:21pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:21pm

#### Printer Tests

1650	Scacus	TIME
PRNT	Pass	1:22pm

#### CRC Tests

Test	Status	Time
COMP	Pass	1:22pm
CAL	Pass	1:22pm

Preventive Maintenance Status: Pass

Analyst

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

County 1/47	Instrument Location Boone P.O.		
Instrument Seria	INO. 00 8716 Brone, MC		
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
	the <u>20</u> day of <u>December</u> , 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.		
THE STATE OF N. CO. THE ST	Signature of Gertifying Official  Certificate Number		

WATAUGA COUNTY BOONE P D 940

Serial Number: 008716 Test Date: 12/20/2012

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: 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: AG203903 Exp Date: 02/08/2014

Test	g/210L	Time
DIAG	Pass	3:31pm
AIR BLK	.00	3:32pm
ACCY CHK	.08	3:32pm
AIR BLK	.00	3:33pm
SUB TEST	.00	3:34pm
AIR BLK	.00	3:35pm
SUB TEST	.00	3:36pm
AIR BLK	.00	3:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WATAUGA COUNTY BOONE P D 940

Serial Number: 008716 Test Date: 12/20/2012 Test Record Number: 1335
Test Time: 3:38pm EST

System Check: Passed

## Baseline Tests

Status	Time
Pass Pass	3:39pm 3:39pm 3:39pm
	Pass

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	3:39pm 3:39pm 3:39pm 3:39pm
BT	Pass	3:39pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:39pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:40pm
-	CRC Tests	
Test	Status	Time
COMP	Pass	3:40pm

Pass

3:40pm

Preventive Maintenance Status: Pass

CAL

Analyst

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

	INTOXIMETERS, MODEL INTOX EC/IX II
County M	Dowell Instrument Location Mc Dowell Co. Jail
Instrument Ser	ial No. 008888 Marion, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures were Department of	the <u>2</u> day of <u>December</u> , 20 <u>12</u> the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OF THE STATE OF TH	

MCDOWELL COUNTY JAIL 580

Serial Number: 008888 Test Date: 12/21/2012

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: AG124202 Exp Date: 08/30/2013

Test	g/210L	Time
DIAG AIR BLK	Pass .00	3:20pm 3:21pm
ACCY CHK	.07	3:22pm
AIR BLK	.00	3:23pm
SUB TEST	.00	3:24pm
AIR BLK	.00	3:25pm
SUB TEST	.00	3:26pm
AIR BLK	.00	3:27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MCDOWELL COUNTY JAIL 580

Serial Number: 008888

Test Record Number: 835

Test Date: 12/21/2012

Test Time: 3:28pm EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:29pm 3:29pm
FC	Pass	3:29pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:29pm
SRC	Pass	3:29pm
DET	Pass	3:29pm
BAR	Pass	3:29pm
$\mathtt{BT}$	Pass	3:29pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:29pm

#### Printer Tests

rest	Status	Time
PRNT	Pass	3:29pm

#### CRC Tests

Test	Status	Time
		3:30pm 3:30pm

Preventive Maintenance Status: Pass

Analyst

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

County M	c Dowell	Instrument Location Mc	Dowell Co. Jail
Instrument Ser	rial No. <u>008897</u>	Max	ion, NC
The preventive four months ar		he Intoximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas can 34 degrees, plus or minus	ster displays pressure, or the alcoholic 2 degree centigrade;	breath simulator thermometer shows
2.	Verify instrument displays	time and date;	
3.	Initiate breath test sequenc	e;	
4.	Enter information as prom	pted;	
5.	Verify instrument accuracy	у;	
6.	When "PLEASE BLOW"	appears, collect breath sample;	
7.	When "PLEASE BLOW"	appears, collect breath sample;	
8.	Print test record;		
. 9.	Verify Diagnostic Program	n; and	
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is being changed before expire changed every four months or after 12	ration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
I certify that o procedures we Department of	ere performed on the instrumer	ecernher, 20/2 nt indicated above, in accordance with and the instrument is functioning prop	current regulations of the N.C.
THE CONTROL OF THE CO	CAROLINIA TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO TH	Signature of Cortifying Official	Certificate Number

MCDOWELL COUNTY JAIL 580

Serial Number: 008892 Test Date: 12/21/2012

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:

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

06/01/2011-06/01/2013

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	3:21pm 3:22pm 3:23pm
AIR BLK	.00	3:24pm
SUB TEST	.00	3:24pm
AIR BLK	.00	3:25pm
SUB TEST	.00	3:27pm
AIR BLK	.00	3:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MCDOWELL COUNTY JAIL 580

Serial Number: 008892 Test Record Number: 324 

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:29pm 3:29pm
FC	Pass	3:29pm

#### Temperature Tests

SRC Pass 3:29pm DET Pass 3:29pm	Test	Status	Time
	SRC DET BAR	Pass Pass Pass	3:29pm 3:29pm 3:29pm 3:29pm 3:29pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:30pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:30pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:30pm 3:30pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD

_	INTOXIMETERS, MODEL INTOX EC/IR II
County_	ruitord Instrument Location High Point JAil
Instrument Ser	rial No. <u>008838</u>
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
<b>10.</b>	Verify that the ethanol gas canister is being changed before 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

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

#### GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008828 Test Date: 12/10/2012

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: AG200905 Exp Date: 01/09/2014

Test	g/210L	Time
DIAG	Pass	2:44pm 2:45pm
AIR BLK ACCY CHK	.00 .08	2:45pm
AIR BLK	.00	2:46pm
SUB TEST	.00	2:47pm
AIR BLK	.00	2:48pm
SUB TEST	.00	2:49pm
ATR BLK	. 00	2:50pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

J. Dewin Slow Analyst

#### GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008828

Test Record Number: 1173

Test Date: 12/10/2012

Test Time: 2:51pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:51pm 2:51pm
FC	Pass	2:51pm

#### Temperature Tests

Status	Time
Pass	2:51pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	2:52pm

## Printer Tests

Test	Status	Time
PRNT	Pass	2:52pm
·	CRC Tests	
Test	Status	Time
COMP	Pass	2:52pm

Preventive Maintenance Status: Pass

Pass

CAL

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

		s, Model in ox ec	
County_S	wain	Instrument Location Cher	okee FD
Instrument So	wain erial No. <u>008782</u>	Cherokee, N	<u>C</u>
The prevention four months	ve maintenance procedures for the Into are:	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 breee centigrade;	eath 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;		united to the second of the se
6.	When "PLEASE BLOW" appea	rs, collect breath sample;	
7.	When "PLEASE BLOW" appear	rs, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		·
10.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.	ter is being changed before expirations of the second seco	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
	t on the		
STATE GUEAT OF THE PROPERTY OF	Cerif	M. Cuthanature of Certifying Official	Certificate Number

SWAIN COUNTY CHEROKEE INDIAN PD 860

Serial Number: 008782 Test Date: 12/21/2012

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 AIR BLK ACCY CHK	Pass .00 .07	10:16am 10:16am 10:17am
AIR BLK	.00	10:18am
SUB TEST	.00	10:19am
AIR BLK	.00	10:19am
SUB TEST	.00	10:21am
AIR BLK	.00	10:22am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# SWAIN COUNTY CHEROKEE INDIAN PD 860

Serial Number: 008782 Test Date: 12/21/2012 Test Record Number: 615
Test Time: 10:25am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:25am
SRC	Pass	10:25am
$\mathtt{DET}$	Pass	10:25am
BAR	Pass	10:25am
$\mathtt{BT}$	Pass	10:25am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:26am

## Printer Tests

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

COMP	Pass	10:26am
CAL	Pass	10:26am

Preventive Maintenance Status: Pass

Analyst

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

Instrument Serial No. DOS591 PATSBOO NC.  The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:  1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.  1 certify that on the 2/ day of DECEMBER, 20/2 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.		INTOAIMETER	S, MODEL IN I OA	EC/IK II
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:  1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.  1 certify that on the 2/ day of DECEMBEQ 20/2 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.	County Cult	TIHAM	Instrument Location	TSBORD POLICE DEA
1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.  1 certify that on the 2/ day of DECEMBEQ 20 /2 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.	Instrument Seria	al No. 00859[	PITTSBORD	NC
34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.  1 certify that on the/	•		oximeters, Model Intox EC/IR	II to be followed at least once every
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.  I certify that on the 21 day of DECEMBEQ 2012 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.	1.			c breath simulator thermometer shows
4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.  1 certify that on the 2/ day of DECEMBEQ 20/2 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.	2.	Verify instrument displays time a	nd date;	
5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.  I certify that on the	3.	Initiate breath test sequence;		
6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.  1 certify that on the	4.	Enter information as prompted;		
7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.  I certify that on the/	5.	Verify instrument accuracy;		
8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.  I certify that on the 2/ day of DECEMBEQ 20/12 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.	6.	When "PLEASE BLOW" appear	rs, collect breath sample;	
9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.  I certify that on the	7.	When "PLEASE BLOW" appear	rs, collect breath sample;	
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.  I certify that on the	8.	Print test record;		
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.  I certify that on the	9. 🔪	Verify Diagnostic Program; and		
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.	10.	simulator solution is being chang		
To to sussell 311	procedures were	performed on the instrument indic	ated above, in accordance with	current regulations of the N.C.
Signature of Certifying Official Certificate Number	THE STATE OF AN ACTION AND ACTION ACTION AND ACTION A	ORTH CAROLINA CE CONTROL CONTROL CAROLINA CONTROL CAROLIN	La Tussell	Satisfacta Number

CHATHAM COUNTY PITTSBORO PD 180

Serial Number: 008591 Test Date: 12/21/2012

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: AG200905 Exp Date: 01/09/2014

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	3:41pm 3:42pm 3:43pm 3:44pm
SUB TEST	.00	3:45pm
AIR BLK	.00	3:45pm
SUB TEST	.00	3:47pm
ATR BLK	.00	3:48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### CHATHAM COUNTY PITTSBORO PD 180

Serial Number: 008591

Test Record Number: 1161

Test Date: 12/21/2012

Test Time: 3:50pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
The same of the		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
IR	Pass	3:50pm
FLO	Pass	3:50pm
FC	Pass	3:50pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:51pm
SRC	Pass	3:51pm
DET	Pass	3:51pm
BAR	Pass	3:51pm
BT	Pass	3:51pm

#### Blank Tests

Test	Status	Time

AIR Pass 3:51pm

#### Printer Tests

Test	Status	Time

PRNT Pass 3:51pm

#### CRC Tests

Test	Status	Time
COMP	Pass	3:51pm
CAL	Pass	3:51pm

Preventive Maintenance Status: Pass

Analyst

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

County	CHATHAM	Instrument Location 51182	ing Police Dear
Instrumen	t Serial No. <u>008811</u>	SILER CITY NO	
The preve	•	Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2	er displays pressure, or the alcoholic bre degree centigrade;	ath simulator thermometer shows
2.	Verify instrument displays the	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.		anister is being changed before expiratio hanged every four months or after 125 A	
	s were performed on the instrument i	DECENISE , 20 12 the findicated above, in accordance with curred the instrument is functioning properly	ent regulations of the N.C.
S S S S S S S S S S S S S S S S S S S	TATE OF 102 102 102 102 102 102 102 102 102 102	ighature of Certifying Official	371 Certificate Number

CHATHAM COUNTY SILER CITY PD. 180

Serial Number: 008811 Test Date: 12/21/2012

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: AG205402 Exp Date: 02/23/2014

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	12:59pm 1:00pm 1:01pm 1:02pm
SUB TEST	.00	1:03pm
AIR BLK	.00	1:04pm
SUB TEST	.00	1:05pm
AIR BLK	.00	1:06pm

AC: .00 g/210L Reported

Chemical Anàlyst Signature(of

Court CVR

#### CHATHAM COUNTY SILER CITY PD. 180

Serial Number: 008811

Test Record Number: 964

Test Date: 12/21/2012

Test Time: 1:10pm EST

# System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:10pm
FLO	Pass	1:10pm
FC	Pass	1:10pm

#### Temperature Tests

Status	Time
Pass	1:10pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	1:11pm

# Printer Tests

Test	Status	Time
PRNT	Pass	1:11pm
	CRC Tests	
Test	Status	Time

lest	Status	111110
COMP	Pass	1:11pm
CAL	Pass	1:11pm

Preventive Maintenance Status: Pass

Analyst

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



Signature of Certifying Official

Certificate Number

DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807 Test Date: 12/04/2012

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: 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	ттше
DIAG	Pass	4:16pm
AIR BLK	.00	4:17pm
ACCY CHK	.08	4:18pm
AIR BLK	.00	4:19pm
SUB TEST	.00	4:19pm
AIR BLK	.00	4:20pm
SUB TEST	.00	4:23pm
AIR BLK	.00	4:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807

Test Record Number: 435

Test Date: 12/04/2012

Test Time: 4:25pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:26pm
FLO	Pass	4:26pm
FC	Pass	4:26pm

## Temperature Tests

Test	Status	Time
FC1	Pass	4:26pm
SRC	Pass	4:26pm
DET	Pass	4:26pm
BAR	Pass	4:26pm
BT	Pass	4:26pm

## Blank Tests

Test	Status	Time
AIR	Pass	4:26pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:26pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:27pm 4:27pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Instrument Serial No. 058797 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; Enter information as prompted; 4. 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the forgoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797 Test Date: 12/04/2012

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: 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	2:30pm
AIR BLK	.00	2:31pm
ACCY CHK	.07	2:32pm
AIR BLK	.00	2:33pm
SUB TEST	.00	2:33pm
AIR BLK	.00	2:34pm
SUB TEST	.00	2:38pm
ATR BLK	.00	2:38pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797 Test Date: 12/04/2012 Test Record Number: 286
Test Time: 2:40pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:40pm
FLO	Pass	2:40pm
FC	Pass	2:40pm

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
ATD	Dagg	2 · 41 mm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:41pm

#### CRC Tests

Test	Status	Time
COMP	Pass	2:41pm
CAL	Pass	2:41pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Instrument Serial No. 108781. 1010 Man and Carring and A. 1. (and short)  The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:  1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus 2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the 10 Man day of 10 Man d	,	INTOXIMETI	ERS, MODEL INTOX EC	Z/IR II
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:  1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  1 certify that on the Aday of Alcoholic Breath Simulator tests, and 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.	County	Nayne	_ Instrument Location 51/1	mour Johnson Mb
1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  1 certify that on the 20 day of 20 to 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.	Instrument Se	erial No. 008781,	1010 Vermont a	arrison ld., Coldsono, No
34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  1 certify that on the	• .	•	Intoximeters, Model Intox EC/IR II to	be followed at least once every
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the	1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic be legree centigrade;	reath simulator thermometer shows
4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  1 certify that on the day of day	2.	Verify instrument displays tin	ne and date;	
5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the day of day of 2017 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.	3.	Initiate breath test sequence;		
6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the day of day	4.	Enter information as prompte	d;	
7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before 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	5.	Verify instrument accuracy;		
8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the	6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the	7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the	8.	Print test record;		
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the	9.	Verify Diagnostic Program; a	ind	
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.	10.	simulator solution is being ch	nister is being changed before expirat langed every four months or after 125	ion date, or the alcoholic breath Alcoholic Breath Simulator tests,
THE STATE OF NORTH AND	procedures w	ere performed on the instrument in	ndicated above, in accordance with cu	rrent regulations of the N.C.
Signature of Certifying Official Certificate Number	STATE STATE OF STATE	SAR	E.A. Keel	

#### WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: 008786 Test Date: 12/20/2012

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, 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 AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	1:54pm 1:55pm 1:56pm 1:57pm 2:00pm 2:00pm
SUB TEST	.00	2:03pm
AIR BLK	.00	2:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Lines Clase
Analyst

#### WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: 008786

Test Record Number: 144

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:05pm
FLO	Pass	2:05pm
FC	Pass	2:06pm

## Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	2:06pm 2:06pm
DET	Pass	2:06pm
BAR BT	Pass Pass	2:06pm 2:06pm
		- · · <u>-</u>

#### Blank Tests

Test	Status	Time
ηΤĐ	Dagg	2 • 0 6 mm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:06pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

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



Signature of Certifying Official

Certificate Number

#### ALLEGHANY COUNTY ALLEGHANY CO JAIL 020

Serial Number: 008890 Test Date: 12/19/2012

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: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	3:06pm 3:06pm
ACCY CHK	.07	3:07pm
AIR BLK	.00	3:08pm
SUB TEST	.00	mq80:6
AIR BLK	.00	3:09pm
SUB TEST	.00	3:11pm
AIR BLK	.00	3:12pm

Remorted AC: . . 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ALLEGHANY COUNTY ALLEGHANY CO JAIL 020

Serial Number: 008890

Test Record Number: 386

Test Date: 12/19/2012

Test Time: 3:13pm EST

## System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Status	Time
Pass	3:13pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	3:14pm

#### Printer Tests

Test	Status	111116
PRNT	Pass	3:14pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

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



Signature of Certifying Official

Certificate Number

ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849 Test Date: 12/19/2012

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: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:01pm
AIR BLK	.00	1:02pm
ACCY CHK	.07	1:03pm
AIR BLK	.00	1:04pm
SUB TEST	.00	1:05pm
AIR BLK	.00	1:06pm
SUB TEST	.00	1:07pm
AIR BLK	.00	1:08pm

Reported AC: .04

00 g/210L

Signature of Chemical Analyst

Court CVR

#### ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849

Test Record Number: 695

Test Date: 12/19/2012

Test Time: 1:09pm EST

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1	Pass	1:10pm
SRC	Pass	1:10pm
DET	Pass	1:10pm
BAR	Pass	1:10pm
BT	Pass	1:10pm

#### Blank Tests

Test	Status	Time
7 TD	Dagg	1 • 10 mr

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:10pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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



Signature of Certifying Official

Certificate Number

SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938 Test Date: 12/20/2012

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: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:43pm
AIR BLK	.00	1:44pm
ACCY CHK	.07	1:44pm
AIR BLK	.00	1:46pm
SUB TEST	.00	1:46pm
AIR BLK	.00	1:47pm
SUB TEST	.00	1:49pm
ATR BLK	0.0	1 • 4 9 mm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938 Test Record Number: 390 Test Date: 12/20/2012 Test Time: 1:51pm EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:51pm 1:51pm
FC	Pass	1:51pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:51pm
SRC	Pass	1:51pm
DET	Pass	1:51pm
BAR	Pass	1:51pm
BT	Pass	1:51pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:52pm

#### Printer Tests

rest	Status	TIME
PRNT	Pass	1:52pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:52pm

Preventive Maintenance Status: Pass

The state of the s

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County	SURRY Instrument Location Mount Hirly
Instrument Se	erial No. 008943 Police Department
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.
	on the day o <u>letern, bek</u> , 20 12 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

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943 Test Date: 12/21/2012

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: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:35am
AIR BLK	.00	9:35am
ACCY CHK	.08	9:36am
AIR BLK	.00	9:37am
SUB TEST	.00	9:37am
AIR BLK	.00	9:39am
SUB TEST	.00	9:40am
AIR BLK	.00	9:41am

Reported AC: .00, g/2101

Signature of Chemical Analyst

Court CVR

Analyst

## SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943

Test Record Number: 1376

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:45am
FLO	Pass	9:45am
FC	Pass	9:45am

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass	9:46am 9:46am 9:46am 9:46am 9:46am
DΙ	Pass	9:40am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:46am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:46am

#### CRC Tests

Test	Status	Time
COMP	Pass	9:46am
CAL	Pass	9:46am

Preventive Maintenance Status: Pass

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



Signature of Certifying Official

Certificate Number

SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934 Test Date: 12/21/2012

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: BENFIELD II, KENNETH R

Permit Number: 22067E Effective: 12/01/2012-12/01/2014

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	11:18am 11:19am 11:20am 11:21am
SUB TEST	.00	11:21am
AIR BLK	.00	11:22am
SUB TEST	.00	11:24am
AIR BLK/	.00	11:25am

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Maintenance

#### SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934 Test Record Number: 1012 Test Date: 12/21/2012 Test Time: 11:26am EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:27am 11:27am
FC	Pass	11:27am

## Temperature Tests

Test	Status	Time
FC1	Pass	11:27am
SRC	Pass	11:27am
$\mathtt{DET}$	Pass	11:27am
BAR	Pass	11:27am
$\mathtt{BT}$	Pass	11:27am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:27am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:28am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:28am

Preventive Maintenance Status: Pass

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

County	CRAVEN Instrument Location HAUGLOCK P. D.
Instrumen	t Serial No. <u>008800</u>
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	nat on the 19 day of December, 2013 the forgoing preventive maintenance s were performed on the instrument indicated above, in accordance with current regulations of the N.C. nt of Health and Human Services, and the instrument is functioning properly.
S S S S S S S S S S S S S S S S S S S	Signature of Certificial Certificate Number

CRAVEN COUNTY HAVELOCK PD 240

Serial Number: 008800

Test Date: 12/19/2012

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: HALL, RANDY E

Permit Number: 03462E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG123501

Exp Date: 08/23/2013

Test	g/210L	Time
DIAG	Pass	2:42pm
AIR BLK	.00	2:42pm
ACCY CHK	.07	2:43pm
AIR BLK	.00	2:44pm
SUB TEST	.00	2:45pm
AIR BLK	.00	2:46pm
SUB TEST	.00	2:47pm
AIR BLK	.00	2:48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Karl E-Half
Analyst

CRAVEN COUNTY HAVELOCK PD 240

Serial Number: 008800 Test Record Number: 632 Test Date: 12/19/2012 Test Time: 2:49pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:49pm
FLO	Pass	2:49pm
FC	Pass	2:49pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:50pm
SRC	Pass	2:50pm
DET	Pass	2:50pm
BAR	Pass	2:50pm
BT	Pass	2:50pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:50pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:50pm

#### CRC Tests

Test	Status	Time
COMP	Pass	2:51pm
CAL	Pass	2:51pm

Preventive Maintenance Status: Pass

Karl E-Half
Analyst

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

County	CRAVEN Instrument Location MCAS CHERRY BINT PA
Instrumer	nt Serial No. <u>O/O 8/9</u>
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every has are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	hat on the
GREAT SE	TATE OF TO

#### CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 010819 Test Date: 12/19/2012

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: HALL, RANDY E

Permit Number: 03462E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	12:47pm
AIR BLK	.00	12:48pm
ACCY CHK	.08	12:48pm
AIR BLK	.00	12:49pm
SUB TEST	.00	12:50pm
AIR BLK	.00	12:50pm
SUB TEST	.00	12:52pm
ATR BIK	. 0.0	12:53pm

Reported AC: ..00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 010819 Test Record Number: 280 Test Date: 12/19/2012

Test Time: 12:53pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:54pm
FLO FC	Pass Pass	12:54pm 12:54pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:54pm
SRC	Pass	12:54pm
$\mathtt{DET}$	Pass	12:54pm
BAR	Pass	12:54pm
BT	Pass	12:54pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:55pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:55pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:55pm 12:55pm

Preventive Maintenance Status: Pass

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

Λ	INTOXINETERS, MODEL INTOX EC/IR II
County /	Instrument Location PAMLico County
Instrument Ser	ial No. 008640 SHERIFF'S OFFICE
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every 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;
<sup>1</sup> 4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the
THE STATE OF THE S	Signature of Certifying Official  Certificate Number

#### PAMLICO COUNTY PAMLICO COUNTY SD 680

Serial Number: 008640 Test Date: 12/19/2012

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

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

Lot Number: AG102701 Exp Date: 01/27/2013

Test	g/210L	Time
DIAG	Pass	11:20am 11:20am
AIR BLK ACCY CHK	.00	11:20am
AIR BLK	.00	11:22am
SUB TEST	.00	11:23am
AIR BLK	.00	11:24am
SUB TEST	.00	11:25am
AIR BLK	.00	11:26am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Rev. 12/2007

## PAMLICO COUNTY PAMLICO COUNTY SD 680

Serial Number: 008640 Test Date: 12/19/2012 Test Record Number: 919
Test Time: 11:30am EST

System Check: Passed

### Baseline Tests

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

#### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	11:31am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:31am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:32am

Preventive Maintenance Status: Pass

Analyst

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

County_	CRAVEN	Instrument Location_	New BERN A.D.
Instrumer	nt Serial No. <u>0088/7</u>		
The preve	•	e Intoximeters, Model Intox	EC/IR II to be followed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2		alcoholic breath simulator thermometer shows
2.	Verify instrument displays to	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompt	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" a	ppears, collect breath sample	e;
7.	When "PLEASE BLOW" a	ppears, collect breath sample	e;
8.	Print test record;	*	•
9.	Verify Diagnostic Program;	and	
10.			Fore expiration date, or the alcoholic breath or after 125 Alcoholic Breath Simulator tests,
procedure	that on the day of es were performed on the instrument ent of Health and Human Services, ar	indicated above, in accordar	the forgoing preventive maintenance nce with current regulations of the N.C. ing properly.
GREATS		inal EHSS	ial Certificate Number

CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817 Test Date: 12/19/2012

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: HALL, RANDY E

Permit Number: 03462E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	9:38am 9:39am 9:39am
AIR BLK	.00	9:40am
SUB TEST	.00	9:41am
AIR BLK	.00	9:42am
SUB TEST	.00	9:43am
ATR BLK	. 0.0	9:44am

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

Karel E Holf
Analyst

## CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817

Test Record Number: 912

Test Date: 12/19/2012

Test Time: 9:50am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:50am
FLO	Pass	9:50am
FC	Pass	9:50am

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:50am
SRC	Pass	9:50am
DET	Pass	9:50am
BAR	Pass	9:50am
BT	Pass	9:50am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:51am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:51am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:51am

Preventive Maintenance Status: Pass

Pass

CAL

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

County C		CRAVEN County
Instrument So	erial No. <u>OO 87332</u> <u>SHERIFF</u>	S OFFICE
The prevention four months a	ve maintenance procedures for the Intoximeters, Model Intox are:	EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the a 34 degrees, plus or minus .2 degree centigrade;	alcoholic breath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath 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 is being changed bef simulator solution is being changed every four months o whichever occurs first.	
I certify that of procedures we Department of	on the	the forgoing preventive maintenance nee with current regulations of the N.C. ing properly.
STATE OF STA	Signature of Certifying Office	354 Certificate Number

#### CRAVEN COUNTY CRAVEN COUNTY SD 240

Serial Number: 008732 Test Date: 12/19/2012

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: HALL, RANDY E

Permit Number: 03462E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:23am
AIR BLK	.00	10:24am
ACCY CHK	.07	10:24am
AIR BLK	.00	10:25am
SUB TEST	.00	10:26am
AIR BLK	.00	10:26am
SUB TEST	.00	10:28am
ATR BIK	0.0	10:29am

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CRAVEN COUNTY CRAVEN COUNTY SD 240

Serial Number: 008732 Test Record Number: 851 Test Date: 12/19/2012 Test Time: 10:30am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:31am
FLO	Pass	10:31am
FC	Pass	10:31am

#### Temperature Tests

Status	Time
Pass	10:31am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	10:32am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:32am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:32am 10:32am

Preventive Maintenance Status: Pass

Analyst

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

4	INTOXIMETERS, MODEL INTOX EC/IR II
County	Jew Handrer Instrument Location BAT Mobile Unit
Instrument Se	erial No. 008869 New Itanavor 5.0.
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures v	on the 30 day of December, 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.
THE STAT	E OF AND



Signature of Certifying Official

Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

> Serial Number: 008869 Test Date: 12/30/2012

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: 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

rest	g/210L	Time
DIAG	Pass	6:50pm
AIR BLK	.00	6:51pm
ACCY CHK	.08	6:51pm
AIR BLK	.00	6:52pm
SUB TEST	.00	6:53pm
AIR BLK	.00	6:54pm
SUB TEST	.00	6:55pm
AIR BLK	.00	6:56pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

M.C. Modern

## NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Test Record Number: 909 Serial Number: 008869 Test Date: 12/30/2012

Test Time: 6:57pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	6:57pm 6:57pm
FC	Pass	6:57pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	· 6:57pm
SRC	Pass	6:57pm
DET	Pass	6:57pm
BAR	Pass	6:57pm
BT	Pass	6:57pm

#### Blank Tests

Test	Status	Time
AIR	Pass	6:58pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	6:58pm

#### CRC Tests

Test	Status	Time
COMP	Pass	6:58pm
CAL	Pass	6:58pm

Preventive Maintenance Status: Pass

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

. 1	INTOANIETERS, NODEL INTOX ECORIT
County N	Instrument Location BAT Mobile unit
Instrument Seria	INO. 008898 New Hanover S. O.
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the
STATE OF STA	C. Made
· .	Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

> Serial Number: 008898 Test Date: 12/30/2012

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: 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	Timė
DIAG	Pass	6:48pm
AIR BLK	.00	6:49pm
ACCY CHK	.08	6:50pm
AIR BLK	.00	6:51pm
SUB TEST	.00	6:52pm
AIR BLK	.00	6:53pm
SUB TEST	.00	6:54pm
AIR BLK	.00	6:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008898 Test Record Number: 901 Test Date: 12/30/2012 Test Time: 6:56pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	6:56pm 6:56pm
FC	rass Pass	6:56pm

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	6:57pm 6:57pm
DET	Pass	6:57pm
BAR BT	Pass Pass	6:57pm 6:57pm

#### Blank Tests

Test	Status	Time
AIR	Pass	6:57pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	6:57pm
	CRC Tests	
Test	Status	Time
COMP CÅL	Pass Pass	6:57pm 6:57pm

Preventive Maintenance Status: Pass

M. C. Molling

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

,	INTOXIMETERS, MODEL INTOX EC/IR II
County /	Vent Hanover Instrument Location BAT Mobileunito
Instrument S	Gerial No. 008939 NOW HAMBURY 5.0.
The preventi	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on the day of de, 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 STAT	E OF NORTH



Signature of Certifying Official

Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008939 Test Date: 12/30/2012

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: 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	6:49pm
AIR BLK	.00	6:50pm
ACCY CHK	.08	6:51pm
AIR BLK	.00	6:51pm
SUB TEST	.00	6:52pm
AIR BLK	.00	6:53pm
SUB TEST	.00	6:54pm
AIR BLK	.00	6:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

5. C. Malyst

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

Serial Number: 008939

Test Record Number: 864

Test Date: 12/30/2012

Test Time: 6:57pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	6:57pm
FLO	Pass	6:57pm
FC	Pass	6:57pm

#### Temperature Tests

Status	Time
Pass	6:57pm
	Pass Pass Pass Pass

### Blank Tests

Test	Status	Time
AIR	Pass	6:58pm

Test	Status	Time

Printer Tests

PRNT Pass 6:58pm

#### CRC Tests

Test	Status	Time
COMP	Pass	6:58pm
CAL	Pass	6:58pm

mi-ma

Preventive Maintenance Status: Pass

h. C. Month

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

	INTUXIMETERS, MODEL INTUX EC/IR	
County /	BRUIDSWICK Instrument Location BAT 1	106ileunit6
Instrument Se	erial No. 008939 EZUNSWICK C	0. 5. 0.
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be force:	followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer show
2.	Verify instrument displays time and date;	
3,	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration of simulator solution is being changed every four months or after 125 Alcowhichever occurs first.	late, or the alcoholic breath sholic Breath Simulator tests,
procedures w	on the	going preventive maintenance regulations of the N.C.
TARRES OF THE STATE OF THE STAT	Signature of Certifying Official	Certificate Number

#### BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008939 Test Date: 12/30/2012

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: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

K.C. Phole

### BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008939

Test Record Number: 866

Test Date: 12/30/2012 Test Time: 9:14pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
ħΤD	Pass	9:16pm

#### Printer Tests

Test	Status	TIME
PRNT	Pass	9:16pm

#### CRC Tests

Test	Status	Time
COMP	Pass	9:16pm
CAL	Pass	9:16pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD

		INTOXIMETERS, MODEL INTOX EC/IR II
C	county N	INTOXIMETERS, MODEL INTOX ECTRONICAL INTOXIMETERS, MODEL INTOXICAL
		11No.008939 Wilmington P.D.
T f	The preventive our 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 o procedures we Department of	n the
	STATE STATE OF THE	Joseph Cod /
S. T		Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008939 Test Date: 12/29/2012

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	Pass	10:15pm 10:16pm
ACCY CHK	.07	10:17pm
AIR BLK	.00	10:18pm
SUB TEST	.00	10:18pm
AIR BLK	.00	10:19pm
SUB TEST	.00	10:21pm
AIR BLK	.00	10:21pm

Reported AC: .00/g/210L

Signature of Chemical Analyst

Court CVR

M.C. Modern

### NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008939 Test Date: 12/29/2012

Test Record Number: 860 Test Time: 10:24pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:25pm 10:25pm 10:25pm 10:25pm 10:25pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:25pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:26pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:26pm 10:26pm

Preventive Maintenance Status: Pass

## PREVENTIVE MAINTENANCE RECORD

County_	arteret Instrument Location BAT Mobile Unit
Instrument S	erial No. 008898 Emerg ( IS/e PD
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 v	on the 2 day of December, 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.
TATE STATE  TATE  TATE	5. C. Masch 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.

CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008898 Test Date: 12/21/2012

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 AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	11:02pm 11:03pm 11:04pm 11:05pm 11:06pm
AIR BLK	.00	11:06pm
SUB TEST	.00	11:08pm
AIR BLK	.00	11:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

K.C.Male Analyst

#### CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008898 Test Record Number: 894
Test Date: 12/21/2012 Test Time: 11:12pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:13pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:13pm
÷	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:13pm 11:13pm

Preventive Maintenance
Status: Pass

Analyst

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

C 4/	Ca) Hapover Instrument Location BAT Mobile Unite
•	erial No. 008898
The prevention	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on the 15 day of December, 20 12 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 OWN TO SEE THE CONTROL OF THE STATE OWN TO SEE THE STATE OWN TO SEE THE SEE	M. C. March
	Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

> Serial Number: 008898 Test Date: 12/15/2012

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 AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	8:27pm 8:28pm 8:29pm 8:30pm 8:30pm
AIR BLK	.00	8:31pm
SUB TEST	.00	8:33pm
AIR BLK	.00	8:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Knalyst Malyst

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008898 Test Record Number: 884
Test Date: 12/15/2012 Test Time: 8:34pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:35pm
FLO	Pass	8:35pm
FC	Pass	8:35pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:35pm
SRC	Pass	8:35pm
DET	Pass	8:35pm
BÀR	Pass	8:35pm
$\mathtt{BT}$	Pass	8:35pm

#### Blank Tests

Test	Status	Time
ΔTR	Pagg	8:35pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:35pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	8:36pm 8:36pm

Preventive Maintenance Status: Pass

Analyst

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

County 1	ed Hanover Instrument Location BAT Mobile Unit 6
Instrument Ser	ial No. 008939 5 AP
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures we Department of	n the 15 day of 1 e c e h 5 e 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.
STATE OF THE STATE	

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008939 Test Date: 12/15/2012

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	8:28pm
AIR BLK	.00	8:29pm
ACCY CHK	.08	8:29pm
AIR BLK	.00	8:30pm
SUB TEST	.00	8:31pm
AIR BLK	.00	8:32pm
SUB TEST	.00	8:33pm
ATR BLK	.00	8:34pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Serial Number: 008939 Test Date: 12/15/2012 Test Record Number: 850 Test Time: 8:35pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:35pm
FLO	Pass	8:35pm
FC	Pass	8:35pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:35pm
SRC	Pass	8:35pm
DET	Pass	8:35pm
BAR	Pass	8:35pm
$\mathtt{BT}$	Pass	8:35pm

#### Blank Tests

Test	Status	Time
AIR	Pass	8:36pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:36pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	8:36pm 8:36pm

Preventive Maintenance Status: Pass

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

County // e.	as Hanover Instrument Location BAT Mo	bile unit 6
Instrument Seria	Instrument Location <u>BAT Mo</u> al No. <u>008869</u> SHP	
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be foll:	lowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath si 34 degrees, plus or minus .2 degree centigrade;	mulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	•
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 Alcoh whichever occurs first.	te, or the alcoholic breath olic Breath Simulator tests,
I certify that or procedures we Department of	the <u>day of <u>December</u>, 20/2 the forgo re performed on the instrument indicated above, in accordance with current relation and Human Services, and the instrument is functioning properly.</u>	ing preventive maintenance egulations of the N.C.
STATE OF STA		601
	Signature of Certifying Official	Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008869 Test Date: 12/15/2012

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	Pass	8:28pm 8:29pm
ACCY CHK	.08	8:30pm 8:31pm
SUB TEST	.00	8:31pm
AIR BLK	.00	8:32pm
SUB TEST	.00	8:34pm
AIR BLK	.00	8:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008869

Test Record Number: 901

Test Date: 12/15/2012

Test Time: 8:35pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:36pm
FLO	Pass	8:36pm
FC	Pass	8:36pm

#### Temperature Tests

SRC Pass 8:36pm DET Pass 8:36pm BAR Pass 8:36pm	Test	Status	Time
D1 1.000	SRC DET	Pass Pass	8:36pm 8:36pm 8:36pm 8:36pm 8:36pm

#### Blank Tests

Test	Status	Time
AIR	Pass	8:37pm

#### Printer Tests

Test	Status	T'ime
PRNT	Pass	8:37pm
	CRC Tests	

Test	Status	Time
COMP	Pass	8:37pm
CAL	Pass	8:37pm

Preventive Maintenance Status: Pass

h. l. flhoch.
Analyst

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

	INTOXIMETERS, MODEL INTOX EC/IR II		
County	SIZUNSWICK Instrument Location BATMobile Unit		
Instrument S	Instrument Serial No. OOBS69 SHP		
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
I certify that procedures v Department	on the day of cmbor, 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.		
OF THE STAT	E or NO.		



Signature of Certifying Official

Certificate Number

# BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008869 Test Date: 12/14/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANC

Subject'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	.00 .00 r .00	11:03pm 11:04pm 11:05pm 11:05pm 11:06pm 11:07pm 11:08pm 11:09pm

Reported AC: .00 g/2/10L

Signature of Chemical Analyst

Court CVR

L. C. Shock

### BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008869

Test Record Number: 896

Test Date: 12/14/2012

Test Time: 11:11pm EST

System Check: Passed

#### Baseline Tests

Status	Time
Pass Pass	11:11pm 11:11pm 11:11pm
	Pass

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:12pm

#### Printer Tests

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

COMP	Pass	11:12pm
CAL	Pass	11:12pm

Preventive Maintenance Status: Pass

Analyst

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

County 15	INTOXIMETERS, MODEL INTOX ECTR II  RULL SWICK Instrument Location BAT MOSITE UNIT
	erial No. <u>008939</u> <u>540</u>
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures v	on theday of
STAIL 12. THE COLUMN T	

#### BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008939 Test Date: 12/14/2012

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	Pass .00 .08	11:01pm 11:02pm 11:03pm 11:04pm
SUB TEST	.00	11:04pm
AIR BLK	.00	11:05pm
SUB TEST	.00	11:07pm
AIR BLK	.00	11:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

K. C. Mallest
Analyst

#### BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008939 Test Record Number: 843 Test Date: 12/14/2012 Test Time: 11:11pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:12pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:12pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:13pm 11:13pm

Preventive Maintenance Status: Pass

#### Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County	BRUDSWICK Instrument Location BAT Mobile unit 6
Instrument	Serial No. <u>O 0 8 8 9 8</u> <u>5 14 P</u>
The preven	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify the procedure Department	that on theday ofbec_em_bec_20/2_ 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.
GREAT GR	Signature of Certifying Official  TARE OF TORREST TORR

BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008898 Test Date: 12/14/2012

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 AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00 .00	11:00pm 11:01pm 11:02pm 11:03pm 11:03pm 11:04pm 11:06pm 11:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

16. C. Ahod

Department of Health and Human Services Rev. 12/2007

### BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008898 Test Record Number: 875
Test Date: 12/14/2012 Test Time: 11:11pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:12pm 11:12pm 11:12pm 11:12pm 11:12pm
B.I.	rass	D

#### Blank Tests

Test	Status	Time
AIR	Pass	11:12pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:13pm
	CRC Tests	
Tėst	Status	Time
COMP	Pass Pass	11:13pm 11:13pm

Preventive Maintenance Status: Pass

Analyst

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

County	uniber Ariel Construment Location BAT Whele	
Instrument S	erial No. <u>DC 78</u> /7/	
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be fare:	ollowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer 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 desimulator solution is being changed every four months or after 125 Alco whichever occurs first.	ate, or the alcoholic breath holic Breath Simulator tests,
I certify that procedures v Department	on the	oing preventive maintenance regulations of the N.C.
TATE STATE OF THE CHEAT OF THE	Signature of Certifying Official	Certificate Number

CUMBERLAND COUNTY BAT MOBILE UNIT 4
250

Serial Number: 008871 Test Date: 12/21/2012

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 AIR BLK ACCY CHK	Pass .00 .07	10:40pm 10:41pm 10:41pm
AIR BLK	.00	10:42pm
SUB TEST	.00	10:43pm
AIR BLK	.00	10:44pm
SUB TEST	.00	10:46pm
AIR BLK	.00	10:47pm

Reported AC: .00\_g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch Department of Health and Human Services

Rev. 12/2007

### CUMBERLAND COUNTY BAT MOBILE UNIT 4 250

Serial Number: 008871

Test Record Number: 595

Test Date: 12/21/2012 Test Time: 10:49pm EST

System Check: Passed

#### Baseline Tests

Test	Status Tim	e ·
IR FLO	Pass 10:	49pm 49pm
FC	Pass 10:	

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:50pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:50pm
	CRC Tests	
Toat	Status	Time

Test	Status	LIME
COMP	Pass	10:50pm
CAL	Pass	10:50pm

Preventive Maintenance Status: Pass

Analyst

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

County	um bellared Instrument Location BAT Mobile UN. 74
Instrument S	erial No. <u>0088 1/</u>
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures v	on theday ofber, 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.
TANK OREAT OR THE STATE OF THE	Signature of Certifying Official  Certificate Number

CUMBERLAND COUNTY BAT MOBILE UNIT 4 250

> Serial Number: 008871 Test Date: 12/21/2012

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 AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	10:40pm 10:41pm 10:42pm 10:43pm
AIR BLK	.00	10:44pm
SUB TEST	.00	10:46pm
ATR BLK	.00	10:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CUMBERLAND COUNTY BAT MOBILE UNIT 4 250

Serial Number: 008871 Test Record Number: 595 Test Date: 12/21/2012 Test Time: 10:49pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:49pm
SRC	Pass	10:49pm
DET	Pass	10:49pm
BAR	Pass	10:49pm
$\mathtt{BT}$	Pass	10:49pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:50pm

#### Printer Tests

Status

Test

CAL

PRNT	Pass	10:50pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:50pm

Pass

Time

10:50pm

Preventive Maintenance Status: Pass

Analyst

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

County	un berland 6 Instrument Location BAT Mobile Usit 4
	erial No. <u>608917</u>
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures v	on the 2/12-day of <u>December</u> , 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.
STAT STATE CHARACTER OF THE STATE CHARACTER CH	

CUMBERLAND COUNTY BAT MOBILE UNIT 4 250

Serial Number: 008717 Test Date: 12/21/2012

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 AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00 .00	10:42pm 10:43pm 10:43pm 10:44pm 10:45pm 10:46pm 10:47pm 10:48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### CUMBERLAND COUNTY BAT MOBILE UNIT 4 250

Serial Number: 008717

Test Record Number: 313

Test Date: 12/21/2012

Test Time: 10:54pm EST

### System Check: Passed

#### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1	Pass	10:54pm
SRC	Pass	10:54pm
DET	Pass	10:54pm
BAR	Pass	10:54pm
BT	Pass	10:54pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:55pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:55pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:55pm

10:55pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

County	umberland Co Instrument Location But 1	Abbile Unit4
	erial No	
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to bare:	pe followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic brea 34 degrees, plus or minus .2 degree centigrade;	ath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 A whichever occurs first.	n date, or the alcoholic breath lcoholic Breath Simulator tests,
procedures v	on the	ent regulations of the N.C.
STAN 12.0 THE STAN 12.0 THE CORFE OF THE CORF OF THE C	Signature of Certifying Official	Certificate Number

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

CUMBERLAND COUNTY BAT MOBILE UNIT 4 250

> Serial Number: 008717 Test Date: 12/21/2012

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 AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00 .00 .00	10:42pm 10:43pm 10:43pm 10:44pm 10:45pm 10:46pm 10:47pm 10:48pm
ATK DUV		-

Reported AC: .09-g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CUMBERLAND COUNTY BAT MOBILE UNIT 4 250

Serial Number: 008717

Test Record Number: 313

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	10:54pm 10:54pm
DET	Pass	10:54pm
BAR	Pass	10:54pm
$\mathtt{BT}$	Pass	10:54pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:55pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:55pm
	CRC Tests	•
Test	Status	Time

lesc	bcacus	TIMO
COMP	Pass	10:55pm
$\mathtt{CAL}$	Pass	10:55pm

Preventive Maintenance Status: Pass

**Analyst** 

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

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

WILSON COUNTY BAT MOBILE UNIT 4 970

Serial Number: 008871 Test Date: 12/07/2012

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: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective: 02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00 .00 .00	10:16pm 10:17pm 10:17pm 10:18pm 10:19pm 10:20pm 10:21pm 10:22pm

Reported AC: .00 g/210

Signature of Chemical Analyst

Court CVR

Analyst

### WILSON COUNTY BAT MOBILE UNIT 4 970

Serial Number: 008871 Test Date: 12/07/2012 Test Record Number: 591 Test Time: 10:30pm EST

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:31pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:31pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:31pm 10:31pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

!	INTOXIMETERS, MODEL INTOX EC/IR II
County /	Isari Co. Instrument Location JAT Mapile Unit 4
	erial No. 2088/1/
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department of	on the
THE STATE OF THE S	

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

WILSON COUNTY BAT MOBILE UNIT 4 970

Serial Number: 008871 Test Date: 12/07/2012

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: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00 .00	10:16pm 10:17pm 10:17pm 10:18pm 10:19pm 10:20pm
SUB TEST	.00	10:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WILSON COUNTY BAT MOBILE UNIT 4 970

Serial Number: 008871

Test Record Number: 591

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:31pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:31pm
	CRC Tests	
Test	Status	Time

COMP	Pass	10:31pm
CAL	Pass	10:31pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Sory Co Instrument Location BAT Mobile Unity Instrument Serial No. 1087/17 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. Initiate breath test sequence; 3. Enter information as prompted; 4. Verify instrument accuracy; 5. When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. Print test record; 8. Verify Diagnostic Program; and 9. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, 10. whichever occurs first.

day of December, 20 12 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

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

WILSON COUNTY BAT MOBILE UNIT 4 970

Serial Number: 008717 Test Date: 12/07/2012

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: KEESLER, GRAYHAM C
Permit Number: 7682E
Effective:

02/01/2012-02/01/2014

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:17pm 10:18pm
ACCY CHK	.07	10:19pm 10:20pm
SUB TEST	.00	10:20pm
AIR BLK	.00	10:21pm
SUB TEST	.00	10:23pm
AIR BLK	.00	10:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Rev. 12/2007

#### WILSON COUNTY BAT MOBILE UNIT 4 970

Serial Number: 008717

Test Record Number: 310

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:25pm
SRC	Pass	10:25pm
DET	Pass	10:25pm
BAR	Pass	10:25pm
BT	Pass	10:25pm

#### Blank Tests

Test	Status	Time
ATR	Pass	10:26pm

#### Printer Tests

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

10:26pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

County_	PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II  Instrument Location SHT Mabile Unit 4
Instrument Ser	ial No. 008717
The preventive four months ar	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o procedures we Department of	n the
THE STATE OF THE S	

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

Certificate Number

#### WILSON COUNTY BAT MOBILE UNIT 4 970

Serial Number: 008717 Test Date: 12/07/2012

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

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

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

Test	g/210L	Time
DIAG	Pass	10:17pm
AIR BLK	.00	10:18pm
ACCY CHK	.07	10:19pm
AIR BLK	.00	10:20pm
SUB TEST	.00	10:20pm
AIR BLK	.00	10:21pm
SUB TEST	.00	10:23pm
ATR BLK	.00	10:23pm

Dignature of Chemical Analyst

•

Court CVR

Analyst

#### WILSON COUNTY BAT MOBILE UNIT 4 970

Serial Number: 008717 Test Record Number: 310 Test Date: 12/07/2012 Test Time: 10:25pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:25pm
SRC	Pass	10:25pm
DET	Pass	10:25pm
BAR	Pass	10:25pm
$\mathtt{BT}$	Pass	10:25pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:26pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County 6	EANUTE Instrument Location CREEDMOOR P.D.
Instrument Ser	rial No. 008641 III MASONIC ST. CREEDHOUR, N.C.
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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>VS</u> day of <u>DECEMBER</u> , 20 <u>12</u> the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
OF THE STATE OF TH	Signature of Certifying Official Certificate Number

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

GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641 Test Date: 12/18/2012

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: AG124903 Exp Date: 09/06/2013

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	1:11pm 1:12pm 1:13pm 1:14pm 1:14pm 1:15pm
SUB TEST	.00	1:17pm
AIR BLK	.00	1:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst (

#### GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641

Test Record Number: 722

Test Date: 12/18/2012

Test Time: 1:20pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:20pm 1:20pm
FC	Pass	1:20pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:20pm
SRC	Pass	1:20pm
DET	Pass	1:20pm
BAR	Pass	1:20pm
$\mathtt{BT}$	Pass	1:20pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:21pm

#### AIR Pass

Test	Status	$\mathtt{Time}$

Printer Tests

PRNT 1:21pm Pass

#### CRC Tests

Test	Status	Time
COMP	Pass	1:21pm
CAL	Pass	1:21pm

Preventive Maintenance Status: Pass

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

County	WAKE	Instrument Location CARY P.D.
Înstrumer	nt Serial No. <u>OO8587</u>	120 WIKINSON AVE. CAPY, N.C.
The preve		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	or displays pressure, or the alcoholic breath simulator thermometer shows degree centigrade;
2.	Verify instrument displays tin	ne and date;
3.	Initiate breath test sequence;	
4.	Enter information as prompte	pd;
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" ap	ppears, collect breath sample;
7.	When "PLEASE BLOW" ap	opears, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; a	and
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	anister is being changed before expiration date, or the alcoholic breath hanged every four months or after 125 Alcoholic Breath Simulator tests,
I certify procedur Departm	that on the O day of Series were performed on the instrument intent of Health and Human Services, an	the forgoing preventive maintenance indicated above, in accordance with current regulations of the N.C. and the instrument is functioning properly.
THE CHEAT OF STATES	THE COUNTY VIDE OF THE COUNTY VI	Signature of Certifying Official Certificate Number

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

WAKE COUNTY CARY PD 910

Serial Number: 008587 Test Date: 12/19/2012

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: AG206102 Exp Date: 03/01/2014

Test	g/210L	Time
DIAG	Pass	12:26pm
AIR BLK	.00	12:27pm
ACCY CHK	.08	12:28pm
AIR BLK	.00	12:29pm
SUB TEST	.00	12:29pm
AIR BLK	.00	12:30pm
SUB TEST	.00	12:32pm
AIR BLK	.00	12:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Änalyst

#### WAKE COUNTY CARY PD 910

Serial Number: 008587

Test Record Number: 2097

Test Date: 12/19/2012

Test Time: 12:34pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:34pm
FLO	Pass	12:34pm
FC	Pass	12:34pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:35pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:35pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	12:35pm 12:35pm

Preventive Maintenance Status: Pass

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

AUFAX	Instrum	nent Location_	P-	とするとって	E PAPIOS	<u>P.C</u>
rial No. <u>00</u> 86576	1040	ROANO	4E	AUE	REANOLE	- P.
e maintenance procedures for the l	Intoximeters	, Model Intox I	EC/IR	II to be follow	wed at least once ev	ery
Verify the ethanol gas canister 34 degrees, plus or minus .2 d	· displays pr egree centig	essure, or the a	lcohol	ic breath simu	lator thermometer s	shows
Verify instrument displays tim	ne and date;					
Initiate breath test sequence;						
Enter information as prompted	1;					
Verify instrument accuracy;						
When "PLEASE BLOW" app	pears, collec	t breath sample	;			
When "PLEASE BLOW" app	pears, collec	t breath sample	;			
Print test record;						
Verify Diagnostic Program; a	nd					
Verify that the ethanol gas can simulator solution is being ch whichever occurs first.	nister is beir anged every	ng changed before four months of	ore exp	piration date, 125 Alcoholi	or the alcoholic breac c Breath Simulator	ath tests,
ere performed on the instrument ir	ndicated abo	ve, in accordan	ce wi	th current regi	g preventive mainter ulations of the N.C.	nance
STORING CAROLING CARO	OA	Contifuing Office	ia1		650	·F
	Verify the ethanol gas canister 34 degrees, plus or minus .2 d Verify instrument displays tim Initiate breath test sequence; Enter information as prompted Verify instrument accuracy; When "PLEASE BLOW" apply when "PLEASE BLOW" apply Print test record; Verify Diagnostic Program; a Verify that the ethanol gas can simulator solution is being chewhichever occurs first.	Verify the ethanol gas canister displays pr 34 degrees, plus or minus .2 degree centig Verify instrument displays time and date; Initiate breath test sequence; Enter information as prompted; Verify instrument accuracy; When "PLEASE BLOW" appears, collect When "PLEASE BLOW" appears, collect Print test record; Verify Diagnostic Program; and Verify that the ethanol gas canister is being simulator solution is being changed every whichever occurs first.  The day of DEMBE are performed on the instrument indicated about the and Human Services, and the instrument instrument indicated about the services are performed on the instrument indicated about the services and the instrument indicated about the services are performed on the instrument indicated about the services and the instrument indicated about the services and the instrument indicated about the services are performed on the instrument indicated about the services are performed on the instrument indicated about the services are performed on the instrument indicated about the services are performed on the instrument indicated about the services are performed on the instrument indicated about the services are performed on the instrument indicated about the services are performed on the instrument indicated about the services are performed on the instrument indicated about the services are performed on the instrument indicated about the services are performed on the instrument indicated about the services are performed on the instrument indicated about the services are performed on the instrument indicated about the services are performed on the instrument indicated about the services are performed on the instrument indicated about the services are performed on the services are pe	remaintenance procedures for the Intoximeters, Model Intox Ee:  Verify the ethanol gas canister displays pressure, or the al 34 degrees, plus or minus .2 degree centigrade;  Verify instrument displays time and date;  Initiate breath test sequence;  Enter information as prompted;  Verify instrument accuracy;  When "PLEASE BLOW" appears, collect breath sample When "PLEASE BLOW" appears, collect breath sample Print test record;  Verify Diagnostic Program; and  Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months on whichever occurs first.  In the	remaintenance procedures for the Intoximeters, Model Intox EC/IR e:  Verify the ethanol gas canister displays pressure, or the alcohol 34 degrees, plus or minus .2 degree centigrade;  Verify instrument displays time and date;  Initiate breath test sequence;  Enter information as prompted;  Verify instrument accuracy;  When "PLEASE BLOW" appears, collect breath sample;  Print test record;  Verify Diagnostic Program; and  Verify that the ethanol gas canister is being changed before ex simulator solution is being changed every four months or after whichever occurs first.  In the	emaintenance procedures for the Intoximeters, Model Intox EC/IR II to be followe:  Verify the ethanol gas canister displays pressure, or the alcoholic breath simulated degrees, plus or minus .2 degree centigrade;  Verify instrument displays time and date;  Initiate breath test sequence;  Enter information as prompted;  Verify instrument accuracy;  When "PLEASE BLOW" appears, collect breath sample;  When "PLEASE BLOW" appears, collect breath sample;  Print test record;  Verify Diagnostic Program; and  Verify that the ethanol gas canister is being changed before expiration date, simulator solution is being changed every four months or after 125 Alcoholic whichever occurs first.  In the	remaintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever exercise the sample;  Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer of 34 degrees, plus or minus 2 degree centigrade;  Verify instrument displays time and date;  Initiate breath test sequence;  Enter information as prompted;  Verify instrument accuracy;  When "PLEASE BLOW" appears, collect breath sample;  When "PLEASE BLOW" appears, collect breath sample;  Print test record;  Verify Diagnostic Program; and  Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.  In the

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

DHHS 4080 (11/07)

HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656 Test Date: 12/20/2012

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: 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: AG203902 Exp Date: 02/08/2014

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00 .00	11:19am 11:20am 11:21am 11:22am 11:22am 11:23am
SUB TEST	.00	11:25am
ATR BLK	. 0.0	11:26am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656

Test Record Number: 443

Test Date: 12/20/2012

Test Time: 11:28am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:28am
SRC	Pass	11:28am
DET	Pass	11:28am
BAR	Pass	11:28am
${ t BT}$	Pass	11:28am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:29am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:29am
	CRC Tests	
		_

iest	Status	111116
COMP	Pass	11:29am
CAL	Pass	11:29am

Preventive Maintenance Status: Pass

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

County	HALIFAY	<u> </u>	Instrument	Location_P	AWKE	RAPIOS	P.O-
Instrument	Serial No	08635	1040	POAtoké	AUE,	POA-NOKE	PAPIOS, N.C
The prever		procedures for the	Intoximeters, M	odel Intox EC/	R II to be fol	lowed at least once e	every
1.	Verify the 34 degree	e ethanol gas caniste s, plus or minus .2 d	r displays pressu egree centigrade	ire, or the alcol	olic breath si	mulator thermomete	r shows
2.	Verify ins	strument displays tin	ne and date;				
3.	Initiate br	eath test sequence;					
4.	Enter info	ormation as prompte	d;				
5.	Verify ins	strument accuracy;					
6.	When "Pl	LEASE BLOW" ap	pears, collect bro	eath sample;			
7.	When "Pl	LEASE BLOW" ap	pears, collect br	eath sample;			
8.	Print test	record;					
9.	Verify Di	agnostic Program; a	nd				
10.	simulator	at the ethanol gas ca solution is being ch or occurs first.	nister is being cl anged every fou	nanged before or aft	expiration date er 125 Alcoho	e, or the alcoholic brolic Breath Simulato	reath or tests,
procedure	nat on the <u>OO</u> s were performed nt of Health and I	day of DE on the instrument in Human Services, and	ndicated above,	in accordance v	with current re	ng preventive maint egulations of the N.C	tenance C.
GREAT SE	TATE OF NO PLANTS	N.l.				65A	
****	<del></del>	(s)	gnature of Certi	fying Official		Certificate Num	ber

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

#### HALIFAX CO ROANOKE RAPIDS PD 410

Serial Number: 008635 Test Date: 12/20/2012

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:
QUARANTELLO, NICHOLAS J
Permit Number: 21536E
Effective:

09/01/2011-09/01/2013

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	11:12am 11:13am
ACCY CHK	.08	11:14am
AIR BLK	.00	11:15am
SUB TEST	.00	11:15am
AIR BLK	.00	11:16am
SUB TEST	.00	11:18am
ATR BLK	.00	11:19am

Reported AC: .00 g/210L

Signature of (hemical Analyst

Court CVR

Analyst

#### HALIFAX CO ROANOKE RAPIDS PD 410

Serial Number: 008635 Te

Test Record Number: 1132
Test Time: 11:21am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:21am
FLO	Pass	11:21am
FC	Pass	11:21am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:21am
SRC	Pass	11:21am
DET	Pass	11:21am
BAR	Pass	11:21am
BT	Pass	11:21am

#### Blank Tests

Test	Status	Time
7) TD	Dagg	11.00

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:22am
	CRC Tests	

Test	Status	Time
COMP	Pass	11:22am
CAL	Pass	11:22am

Preventive Maintenance Status: Pass

nalyst

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

County	NORTH AMPION Instrument Location NORTH AMPION CO. SHERIFS
Instrumen	t Serial No. OO 8607 105 W. TEFFERSON ST. JACKSON,
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	hat on theday of
GREATES	Signature of Certifying Official  Certificate Number

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

### NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008607 Test Date: 12/20/2012

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:

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: AG124201

Exp Date: 08/30/2013

Test

DIAG Pass 12:48pm AIR BLK .00 12:49pm

g/210L

Time

ACCY CHK .07 12:50pm AIR BLK .00 12:51pm

SUB TEST .00 12:51pm

AIR BLK .00 12:52pm SUB TEST .00 12:54pm

AIR BLK .00 12:54pm 12:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

gnature of Chemical Analyst

Court CVR

Analyst

#### NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008607 Test Date: 12/20/2012 Test Record Number: 687 Test Time: 12:56pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:56pm
FLO	Pass	12:56pm
FC	Pass	12:57pm

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	12:57pm 12:57pm
DET	Pass	12:57pm
BAR	Pass	12:57pm
$\mathtt{BT}$	Pass	12:57pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	12:57pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:57pm
	CRC Tests	
Test	Status	Time

12:57pm

12:57pm

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Analyst

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

County	UDERLAMPION Instrument Location NORTHAMPION Co. SHEFT
Instrument	Serial No. OO8688 105 W. JEFFERSW ST. JACKSON, M
The preven	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures	at on the
SEL TOPE OF SEL TO	Signature of Certifying Official Certificate Number

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

DHHS 4080 (11/07)

### NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008688 Test Date: 12/20/2012

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:

QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG206602

Exp Date: 03/06/2014

Test g/210L Time

DIAG		Pass	12:43pm
AIR	$\mathtt{BLK}$	.00	12:44pm
ACCY	CHK	.08	12:45pm
AIR	BLK	.00	12:46pm
SUB	TEST	.00	12:46pm
AIR	BLK	.00	12:47pm
SUB	TEST	.00	12:50pm
AIR	BLK	.00	12:51pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008688 Test Test Date: 12/20/2012 Test

Test Record Number: 623
Test Time: 12:53pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:54pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:54pm
	CRC Tests	
Test	Status	Time

COMP Pass 12:54pm CAL Pass 12:54pm

Preventive Maintenance Status: Pass

Analyst

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

	Instrument Location HALIFAY CO. SHIERIF DE FERRELL LN HAZIFAY, N.C.
four months are	
A. The contract of the second	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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 O day of CTTBC , 20 \2 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.
OF ILL STATE OF OTHER STATE OTHER STATE OF OTHER STATE OTHER STATE OF OTHER STATE OTHER STATE OF OTHER STATE OTHER STATE OF OTHER STATE OTHER STATE OF OTHER STATE	CAROLLI 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

HALIFAX CO. HALIFAX CO. SD 410

Serial Number: 008695 Test Date: 12/20/2012

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

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

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

Test	g/210L	Time
DIAG	Pass	2:14pm
AIR BLK	.00	2:15pm
ACCY CHK	.08	2:16pm
AIR BLK	.00	2:17pm
SUB TEST	.00	2:17pm
AIR BLK	.00	2:18pm
SUB TEST	.00	2:19pm
AIR BLK	.00	2:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

HALIFAX CO. HALIFAX CO. SD 410

Serial Number: 008695

Test Record Number: 1234

Test Date: 12/20/2012

Test Time: 2:21pm EST

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 SRC DET BAR BT	Pass Pass Pass Pass	2:22pm 2:22pm 2:22pm 2:22pm 2:22pm
	- 0.00	<u>-</u>

#### Blank Tests

Test	Status	Time
AIR	Pass	2:23pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:23pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:23pm

Preventive Maintenance Status: Pass

Pass

CAL

2:23pm

Analyst

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

County_	Johnston Instrument Location Clayton Holice Dept.
Instrume	nt Serial No. 008658 Clayton, NC
The prev	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every of the are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedui	that on the
STATE OREN'S STATE OF	STATE ON ORDER TO THE STATE OF

JOHNSTON COUNTY CLAYTON PD. 500

Serial Number: 008658 Test Date: 12/21/2012

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: AG206103 Exp Date: 03/01/2014

Test	g/210L	Time
DIAG AIR BLK	Pass .00	2:00pm 2:01pm
ACCY CHK	.08	2:01pm
AIR BLK	.00	2:02pm
SUB TEST	.00	2:03pm
AIR BLK	.00	2:04pm
SUB TEST	.00	2:05pm
ATR BIK	. 00	2:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### JOHNSTON COUNTY CLAYTON PD. 500

Serial Number: 008658

Test Record Number: 840
Test Time: 2:07pm EST

Test Date: 12/21/2012 Tes

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:08pm 2:08pm
FC	Pass	2:08pm

#### Temperature Tests

Status	Time
Pass	2:08pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	2:09pm

#### Printer Tests

rest	Status	Time
PRNT	Pass	2:09pm
	CRC Tests	
Test	Status	Time

Test	Status	Time
COMP	Pass	2:09pm
CAL	Pass	2:09pm

Preventive Maintenance Status: Pass

Analyst

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

County	Wake Instrument Location FAT MOBILE CO. IT
Instrument Seri	ial No. <u>008600</u> Connec
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. 7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures wer Department of	the day of day o
OT THE STATE OF	
GREAT STATE OF THE	Signature of Certificial Certificate Number

### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600

Test Record Number: 1138

Test Date: 12/14/2012

Test Time: 11:46pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:47pm 11:47pm 11:47pm 11:47pm 11:47pm
		_

#### Blank Tests

Test	Status	Time
AIR	Pass	11:47pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:47pm
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

11:47pm

11:47pm

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Date: 12/14/2012

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	11:09pm 11:10pm 11:11pm 11:12pm
AIR BLK SUB TEST	.00 .00	11:13pm 11:16pm
AIR BLK	.00	11:17pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Analyst

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

County	ash-Rocky mt Instrument Location Bot mobile Unit 2
Instrument S	erial No. 00860
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;
<b>6</b> .	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on theday 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.
OFFICE OF THE STATE OF THE STAT	ES NO CAROLINA CAROLI

NASH COUNTY BAT MOBILE UNIT 2 630

Serial Number: 008601 Test Date: 12/14/2012

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

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Onya B Stunion

#### NASH COUNTY BAT MOBILE UNIT 2 630

Serial Number: 008601 Test Reco Test Date: 12/14/2012 Test Tim

Test Record Number: 732 Test Time: 10:12pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:13pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:13pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:13pm 10:13pm

Preventive Maintenance Status: Pass

Ship B Skinn

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

Cou	inty Har	nett Co- (50) Instrument Location Bot mobile Unit 2
Inst	rument Seria	1 No. 00873(0
	preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
	1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	2.	Verify instrument displays time and date;
	3.	Initiate breath test sequence;
	4.	Enter information as prompted;
. 4	5	Verify instrument accuracy;
	6.	When "PLEASE BLOW" appears, collect breath sample;
	7.	When "PLEASE BLOW" appears, collect breath sample;
3	8.	Print test record;
	9.	Verify Diagnostic Program; and
	10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
proc		the day of
THE GREAT S	OF QUANTED TO A	OR THE STATE OF TH

#### HARNETT COUNTY BAT MOBILE UNIT 2 420

Serial Number: 008736 Test Date: 12/07/2012

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: XX

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: AG204603 Exp Date: 02/15/2014

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	10:50pm 10:51pm 10:52pm
AIR BLK	.00	10:52pm
SUB TEST	.00	10:55pm
AIR BLK	.00	10:55pm
SUB TEST AIR BLK	.00 .00	10:57pm
AIK DLK	.00	10:58pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Onya B Skinn

#### HARNETT COUNTY BAT MOBILE UNIT 2 420

Serial Number: 008736 Test Record Number: 545 Test Date: 12/07/2012 Test Time: 11:01pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:01pm
FLO	Pass	11:01pm
FC	Pass	11:01pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:02pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:02pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:02pm 11:02pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

<u> </u>	INTOXIMETERS, MODEL INTOX EC/IR II  Renett Co - (So) Instrument Location BA+ Mobile Unit
Instrument Se	rial No. 00860)
The preventiv 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, coilect breath sample;
<b>7.</b>	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on theday ofday ofday ofday of
THE STATE OF THE S	Signature of Certifying Official Certificate Number

#### HARNETT COUNTY BAT MOBILE UNIT 2 420

Serial Number: 008601 Test Date: 12/07/2012

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	10:50pm 10:50pm 10:51pm 10:52pm 10:53pm
AIR BLK	.00	10:53pm
SUB TEST AIR BLK	.00	10:55pm 10:56pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Jonya B Skynner Analyst

#### HARNETT COUNTY BAT MOBILE UNIT 2 420

Serial Number: 008601 Test Date: 12/07/2012 Test Record Number: 724
Test Time: 10:57pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

DET Pass 10:57pr BAR Pass 10:57pr	Test	Status	Time
SRC Pass 10:57pr DET Pass 10:57pr BAR Pass 10:57pr	TiC1	Dage	10 · 57 m
DET Pass 10:57pr BAR Pass 10:57pr			10:57pm
			10:57pm
BT Pass 10:57pr	BAR	Pass	10:57pm
	BT	Pass	10:57pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:58pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:58pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:58pm

Preventive Maintenance Status: Pass

Pass

CAL

Donya B Skin

10:58pm

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

County	PERSON	Instrument Location PERSON CO. LEC		
Instrument S	Serial No. <u>00</u> 8680	120 COURT ST. POXBORD, N.C.		
The prevent four months		e Intoximeters, Model Intox EC/IR II to be followed at least once every		
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	ter displays pressure, or the alcoholic breath simulator thermometer shows degree centigrade;		
2.	Verify instrument displays ti	ime and date;		
3.	Initiate breath test sequence;	•		
4.	Enter information as prompt	ted;		
5.	Verify instrument accuracy;	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 c simulator solution is being c whichever occurs first.	canister is being changed before expiration date, or the alcoholic breath changed every four months or after 125 Alcoholic Breath Simulator tests,		
procedures	were performed on the instrument	indicated above, in accordance with current regulations of the N.C. and the instrument is functioning properly.		
ATZ IN AT	CAROUN	Signature of Certifying Official Certificate Number		

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880 Test Date: 12/05/2012

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	12:18pm 12:19pm 12:19pm
AIR BLK SUB TEST	.00 .00	12:20pm 12:21pm
AIR BLK SUB TEST	.00 .00	12:22pm 12:24pm
AIR BLK	.00	12:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880 Test Date: 12/05/2012 Test Record Number: 504
Test Time: 12:27pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
ATR	Pass	12:28pm

### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County	PERSON	Instrument Loc	ation P	easons c	(U. L	.EC
Instrumen	t Serial No. <u>00</u> 8693	120 Car	<u> </u>	Persi	040	N.C.
The preve	ntive maintenance procedures for the	he Intoximeters, Model	Intox EC/IF	R II to be follow	ved at least	once every
1.	Verify the ethanol gas cani 34 degrees, plus or minus .		or the alcoho	olic breath simu	lator therm	nometer shows
2.	Verify instrument displays	time and date;				
3.	Initiate breath test sequence	e;				
4.	Enter information as promp	pted;				
	Verify instrument accuracy	/ <b>;</b>				
6.	When "PLEASE BLOW"	appears, collect breath	sample;			
7.	When "PLEASE BLOW"	appears, collect breath	sample;			
8.	Print test record;					
9.	Verify Diagnostic Program	n; and		•		
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is being change changed every four mo	ed before ex onths or after	xpiration date, or 125 Alcoholic	r the alcoh Breath Si	nolic breath mulator tests,
procedure	hat on the day of es were performed on the instrument ont of Health and Human Services, a		cordance wi	ith current regu	preventive lations of t	maintenance he N.C.
GREAT GREAT CO.		Signature of Certifying	Official		657a Certificate	Number

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693 Test Date: 12/05/2012

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:

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: AG106703 Exp Date: 03/08/2013

Test	g/210L	Time
DIAG	Pass	12:25pm
AIR BLK	.00	12:26pm
ACCY CHK	.07	12:26pm
AIR BLK	.00	12:27pm
SUB TEST	.00	12:28pm
AIR BLK	.00	12:29pm
SUB TEST	.00	12:30pm
AIR BLK	.00	12:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693

Test Record Number: 870

Test Date: 12/05/2012

治療等 日本五年本衛衛後有

Test Time: 12:32pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:32pm
FLO	Pass	12:32pm
FC	Pass	12:32pm

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass	12:32pm
DET	Pass Pass	12:32pm 12:32pm
BAR	Pass	12:32pm
BT	Pass	12:32pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:33pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:33pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:33pm

Preventive Maintenance Status: Pass

Pass

CAL

12:33pm

12:33pm

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

INTOXIM	ETERS, MODEL INTO		O #
VAKE	Instrument Location_ K	NIGHTDALE	P.S.
erial No. <u>00 8838</u>		SOLARE CT.	KNKHITOALE,
		R II to be followed at lea	ast once every
Verify the ethanol gas of 34 degrees, plus or min	anister displays pressure, or the alcohous .2 degree centigrade;	olic breath simulator the	rmometer shows
Verify instrument displ	ays time and date;		
Initiate breath test sequ	ence;		
Enter information as pr	ompted;		
Verify instrument accur	racy;		
When "PLEASE BLOV	V" appears, collect breath sample;		
When "PLEASE BLOV	V" appears, collect breath sample;		
Print test record;			
Verify Diagnostic Prog	ram; and		
simulator solution is be	ing changed every four months or afte	xpiration date, or the alc r 125 Alcoholic Breath	oholic breath Simulator tests,
were performed on the instru	ment indicated above, in accordance w	ith current regulations o	ive maintenance f the N.C.
THE OF NO.			
	ive maintenance procedures for are:  Verify the ethanol gas of 34 degrees, plus or minimoderate information as proverify instrument display and interest information as proverify instrument accurate when "PLEASE BLOW When "PLEASE BLOW Print test record;  Verify Diagnostic Programment Verify that the ethanol simulator solution is be whichever occurs first.  It on the	Instrument Location Kerial No. 008838 979 STEERE Serial NO. 008838 979 STE	Serial No. OO 8 838 979 STEEPIE SOUALE CI.  Ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at lea are:  Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator the 34 degrees, plus or minus .2 degree centigrade;  Verify instrument displays time and date;  Initiate breath test sequence;  Enter information as prompted;  Verify instrument accuracy;  When "PLEASE BLOW" appears, collect breath sample;  When "PLEASE BLOW" appears, collect breath sample;  Print test record;  Verify Diagnostic Program; and  Verify that the ethanol gas canister is being changed before expiration date, or the alc simulator solution is being changed every four months or after 125 Alcoholic Breath whichever occurs first.  It on the

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

DHHS 4080 (11/07)

WAKE COUNTY KNIGHTDALE PS 910

Serial Number: 008838 Test Date: 12/06/2012

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	1:18pm
AIR BLK ACCY CHK	.00 .07	1:19pm 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	1:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Ahalyst

#### WAKE COUNTY KNIGHTDALE PS 910

Serial Number: 008838 Test Record Number: 772

Test Date: 12/06/2012

Test Time: 1:25pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:25pm
FLO	Pass	1:25pm
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
BT	Pass	1:26pm

#### Blank Tests

Test	Status	Time	

AIR Pass 1:26pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:26pm

#### CRC Tests

Test	Status	Time
COMP	Pass	1:27pm
$\mathtt{CAL}$	Pass	1:27pm

Preventive Maintenance Status: Pass

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

County	RANGE	Instrument Location CHAPEL HILL P.D.	
Instrument Se	erial No. <u>(XXX8839</u>	828 MARTIN LUTHER KING JR. BIND CHAPEL HILL, N.C.	
The preventive four months a		ntoximeters, Model Intox EC/IR II to be followed at least once every	
1.	1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree 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" 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.		ister is being changed before expiration date, or the alcoholic breath nged every four months or after 125 Alcoholic Breath Simulator tests,	
procedures w	ere performed on the instrument ind	the forgoing preventive maintenance dicated above, in accordance with current regulations of the N.C. the instrument is functioning properly.	
AVAIDO ISSTA AVAIDO ISSTA AVAID	J. Carlo	nature of Certifying Official Certificate Number	

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008839 Test Date: 12/14/2012

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008839 Test Record Number: 952 Test Date: 12/14/2012 Test Time: 11:16am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:17am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:17am
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

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

County	ORANGE Instrument Location CHAPEL HILL P.D.	
Instrument	Serial No. 008856 838 MARTIN LUTHER KING TR. TSIUD	
	CHAPEL HILL, P.C.	
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 that on the day of		
COREATOR OF THE CREATOR OF THE CREAT		

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856 Test Date: 12/14/2012

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	10:57am 10:58am 10:59am
AIR BLK SUB TEST	.00	11:00am 11:01am
AIR BLK SUB TEST	.00	11:01am 11:03am
AIR BLK	.00	11:04am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Anglyst

#### ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856 Test Re Test Date: 12/14/2012 Test T

Test Record Number: 1053
Test Time: 11:07am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Status	Time
Pass	11:08am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	11:09am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:09am
	CRC Tests	

Test	Status	Time
COMP	Pass	11:09am
CAL	Pass	11:09am

Preventive Maintenance Status: Pass

Analyst

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

County	ORANGE Instrument Location + 1/1/15BOROUGH P.D.
Instrument	Serial No. 008799 127 N. CHUKTON ST. +11115301WUG+
	N-C
The preven	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures	t on the day of day of the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
AND SECTION OF SECTION	Signature of Certifying Official Certificate Number

ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799 Test Date: 12/14/2012

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	12:26pm 12:27pm 12:28pm 12:29pm 12:29pm
AIR BLK SUB TEST	.00	12:30pm
AIR BLK	.00	12:31pm 12:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799 Test Date: 12/14/2012

Test Record Number: 1268
Test Time: 12:35pm EST

System Check: Passed

#### Baseline Tests

Test	St <b>at</b> us	Time
IR	Pass	12:35pm
FLO	Pass	12:35pm
FC	Pass	12:36pm

#### Temperature Tests

Test	St <b>atu</b> s	Time
FC1	Pass	12:36pm
SRC	Pass	12:36pm
DET	Pass	12:36pm
BAR	Pass	12:36pm
BT	Pass	12:36pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:36pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:36pm
	CRC Tests	

COMP	Pass	12:36pm
CAL	Pass	12:36pm

Status

Time

Preventive Maintenance Status: Pass

Test

Analyst

PREVENTIVE MAINTENANCE RECORD

	INTOXIMETERS, MODEL INTOX EC/IR II
County C	Suilford Instrument Location High Point JAil
Instrument Se	rial No. 008655
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 procedures w Department of	on the
STATION OF	

#### GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008655 Test Date: 12/10/2012

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: AG200905 Exp Date: 01/09/2014

Test	g/210L	Time
DIAG	Pass	2:32pm
AIR BLK	.00	2:32pm
ACCY CHK	.07	2:33pm
AIR BLK	.00	2:34pm
SUB TEST	.00	2:35pm
AIR BLK	.00	2:36pm
SUB TEST	.00	2:37pm
AIR BLK	.00	2:38pm

Reported AC: .00\_g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008655 Test Date: 12/10/2012 Test Record Number: 1737
Test Time: 2:39pm EST

System Check: Passed

#### Baseline Tests

Test		Status	Time
IR	: '	Pass	2:39pm
FLO		Pass	2:39pm
FC		Pass	2:39pm

#### Temperature Tests

Test		Status	Time
FC1 SRC DET BAR BT	21 21	Pass Pass Pass Pass	2:39pm 2:39pm 2:39pm 2:39pm 2:39pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:40pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:40pm
	CRC Tests	
Teșt	Status	Time
COMP	Pass	2:40pm

2:40pm

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

#### RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791 Test Date: 12/10/2012

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: AG204603 Exp Date: 02/15/2014

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Scor

#### RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791

Test Record Number: 733

Test Date: 12/10/2012

Test Time: 12:25pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:26pm
FLO	Pass	12:26pm
FC	Pass	12:26pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:26pm
SRC	Pass	12:26pm
DET	Pass	12:26pm
BAR	Pass	12:26pm
BT	Pass	12:26pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:27pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:27pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:27pm

Preventive Maintenance Status: Pass

Pass

12:27pm

CAL

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

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



Signature of Certifying Official

Certificate Number

#### ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784 Test Date: 12/14/2012

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: DEAN, L K
Permit Number: 11598E

ermit Number: 115981 Effective:

06/01/2011-06/01/2013

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	Pass .00 .07	11:47am 11:48am 11:49am
AIR BLK	.00	11:50am
SUB TEST AIR BLK	.00 .00	11:50am 11:51am
SUB TEST	.00	11:51am
ATR RIK	0.0	11.5/Lam

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784

Test Record Number: 635 Test Time: 11:55am EST

Test Date: 12/14/2012

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:55am
FLO	Pass	11:55am
FC	Pass	11:55am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:55am
SRC	Pass	11:55am
DET	Pass	11:55am
BAR	Pass	11:55am
$\mathtt{BT}$	Pass	11:55am

#### Blank Tests

Test	Status	Time	
ΔTR	Pagg	11.56an	

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:56am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:56am

Preventive Maintenance Status: Pass

Pass

11:56am

CAL

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

Sounty Rockingham Instrument Location Rockingham Co Jai

Instrument Serial No. <u>608796</u>

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

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



Signature of Certifying Official

Certificate Number

ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

Serial Number: 008796 Test Date: 12/14/2012

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: 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: AG203903 Exp Date: 02/08/2014

Test	g/210L	Time
DIAG	Pass	1:17pm
AIR BLK ACCY CHK	.00 .07	1:18pm 1:18pm
AIR BLK	.00	1:19pm
SUB TEST	.00	1:20pm
AIR BLK	.00	1:21pm
SUB TEST	.00	1:22pm
AIR BLK	.00	1:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Analyst

#### ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

Serial Number: 008796 Test Date: 12/14/2012

Test Record Number: 1213
Test Time: 1:24pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:24pm
FLO	Pass	1:24pm
FC	Pass	1:24pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	1:25pm

#### Printer Tests

Test	Status	Time
יייות מס	Dagg	1 25 m

#### CRC Tests

Test	Status	Time
COMP	Pass	1:25pm
CAL	Pass	1:25pm

Preventive Maintenance Status: Pass

L'Hein Dean

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

#### ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802 Test Date: 12/14/2012

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: *X* 

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: AG206603 Exp Date: 03/06/2014

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	2:19pm 2:19pm 2:20pm
AIR BLK	.00	2:21pm
SUB TEST AIR BLK	.00 .00	2:22pm 2:23pm
SUB TEST	.00	2:24pm
AIR BLK	.00	2:250m

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802 Test Date: 12/14/2012 Test Record Number: 481
Test Time: 2:26pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:26pm
FLO	Pass	2:26pm
FC	Pass	2:26pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:26pm
SRC	Pass	2:26pm
DET	Pass	2:26pm
BAR	Pass	2:26pm
BT	Pass	2:26pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:27pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:27pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:27pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

	INTOXIMETERS, MODEL INTOX EC/IR II
County Gy	reene Instrument Location Greene (o. S.O.
Instrument Ser	ial No. <u>DO867D</u> <u>301 N. Greene St., Snow Hill, N.</u>
The preventive four months as	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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
	on the day of
THE STAIN SOLUTION OF	
The state of the s	Signature of Certifying Official Certificate Number
. •	and the second of the second o

GREENE COUNTY GREENE CO SO 390

Serial Number: 008670 Test Date: 12/03/2012

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: 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 AIR BLK	Pass	10:40am 10:40am
ACCY CHK	.07	10:41am
AIR BLK	.00	10:42am
SUB TEST	.00	10:43am
AIR BLK	.00	10:44am
SUB TEST	.00	10:45am
ATR BLK	.00	10:46am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Maintanance pr

#### GREENE COUNTY GREENE CO SO 390

Serial Number: 008670 Test Test Date: 12/03/2012 Test

Test Record Number: 1302 Test Time: 10:47am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:47am 10:47am
FC	Pass	10:47am

#### Temperature Tests

Status	Time
Pass	10:47am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	10:48am

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

	INTO A INTE LEAD, MODEL INTO A LOTTE
County Be	Instrument Location Bette Co. S.O.
Instrument Se	orial No. 008897 104 Dundee St., Windson, NC
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v	on the
STATE WAS TO SEE A	Signature of Certifying Official  Certificate Number

BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897 Test Date: 12/04/2012

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

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:27pm 12:28pm
ACCY CHK	.00	12:28pm
AIR BLK SUB TEST	.00 .00	12:30pm 12:30pm
AIR BLK	.00	12:30pm
SUB TEST	.00	12:33pm
AIR BLK	.00	12:34pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897 Test Record Number: 725 Test Date: 12/04/2012 Test Time: 12:35pm EST

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
$\mathtt{BT}$	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

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Welly S. L.

12:36pm

12:36pm

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

County Was	Tayle Instrument Location	on Watauge Co. J	fail_
Instrument Seri	erial No. <u>O() 87/5</u>	Boose, NE	<del></del>
The preventive four months are	ve maintenance procedures for the Intoximeters, Model Interes	tox EC/IR II to be followed at least	once every
. 1.	Verify the ethanol gas canister displays pressure, or t 34 degrees, plus or minus .2 degree centigrade;	he alcoholic breath simulator thermo	ometer shows
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
<b>5.</b>	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sar	mple;	
7.	When "PLEASE BLOW" appears, collect breath sar	mple;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed simulator solution is being changed every four month whichever occurs first.	before expiration date, or the alcoholis or after 125 Alcoholis Breath Sin	olic breath nulator tests,
I certify that or procedures we Department of	on the	rdance with current regulations of the	maintenance ne N.C.
STATE OF THE STATE		64	9
	Signature of Certifying O	Official Certificate	Number

#### WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008715 Test Date: 12/13/2012

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: 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: AG120101 Exp Date: 07/20/2013

Test	g/210L	Time
DIAG	Pass	3:14pm 3:15pm
AIR BLK	.00	
ACCY CHK	.08	3:16pm
AIR BLK		3:17pm
SUB TEST	•	3:18pm
AIR BLK	.00	3:19pm
SUB TEST	.00	3:20pm
AIR BLK	.00	3:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008715

Test Record Number: 1073

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:23pm
FLO FC	Pass Pass	3:23pm 3:23pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:23pm
SRC	Pass	3:23pm
DET	Pass	3:23pm
BAR	Pass	3:23pm
BT	Pass	3:23pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:23pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:24pm

#### CRC Tests

Test	Status	Time
COMP	Pass	3:24pm
CAL	Pass	3:24pm

Preventive Maintenance Status: Pass

Analyst

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

County Ja	ckson Instrument Location Jackson	n Co. Jail
Instrument Se	orial No. 008911 Sylva, NC	· · · · · · · · · · · · · · · · · · ·
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be are:	followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breat 34 degrees, plus or minus 2 degree centigrade;	h simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Al whichever occurs first.	date, or the alcoholic breath coholic Breath Simulator tests,
I certify that procedures v	on the	orgoing preventive maintenance ent regulations of the N.C.
		:
Or THE STAN	TE OF NO.	
ONE CARE	Signature of Certifying Official	Certificate Number

#### JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008911 Test Date: 12/13/2012

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: 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: AG205401 Exp Date: 02/23/2014

Test	g/210L	T'ime
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	11:38am 11:39am 11:40am 11:40am 11:41am 11:42am 11:43am
SUB TEST	.00	
AIR BLK	.00	11:44am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008911

Test Record Number: 88

Test Date: 12/13/2012

Test Time: 11:29am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:29am 11:29am
FC.	Pass	11:29am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:29am
SRC	Pass	11:29am
DET	Pass	11:29am
BAR	Pass	11:29am
$\mathtt{BT}$	Pass	11:29am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:30am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:30am
	CRC Tests	
Test	Status	Time

11:30am COMP Pass CAL Pass 11:30am

Preventive Maintenance Status: Pass

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

County Ja	Instrument Location Jackson	n Co. Jail
Instrument Se	rial No. 008722 Sylva, NC	
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be fure:	ollowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer 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;	
	Verify Diagnostic Program; and	er transport og skalende skal Det skalende skalend
9.	• •	t a standard hand
10.	Verify that the ethanol gas canister is being changed before expiration of simulator solution is being changed every four months or after 125 Alcoholms	oholic Breath Simulator tests,
	whichever occurs first.	
	/	
procedures v	on theday of	soing preventive maintenance t regulations of the N.C.
STAT	Fo	
Of THAN 20, 1		
RADA		1.5
2001.12		
WALLESTE QUAN	Emil R. Cuth	635
	Signature of Certifying Official	Certificate Number

#### JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008722 Test Date: 12/13/2012

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:22am 11:22am 11:23am
AIR BLK	.00	11:24am
SUB TEST	.00	11:25am
AIR BLK	.00	11:26am
SUB TEST	.00	11:27am
AIR BLK	.00	11:28am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008722 Test Record Number: 505 Test Date: 12/13/2012 Test Time: 11:29am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	11:30am 11:30am
DET	Pass	11:30am
BAR	Pass	11:30am
${ t BT}$	Pass	11:30am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:30am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:30am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:30am

11:30am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

	INTOXIMETERS, MODEL INTOX EC/II	
County 1	ansylvania Instrument Location Transyl	Vania Co. Jail
Instrument S	erial No. 008609 Brevard, NC	
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be are:	followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration a simulator solution is being changed every four months or after 125 Alc whichever occurs first.	date, or the alcoholic breath oholic Breath Simulator tests,
procedures v	on the 10 day of Decr mbcr, 20/2 the for were performed on the instrument indicated above, in accordance with current of Health and Human Services, and the instrument is functioning properly.	going preventive maintenance t regulations of the N.C.
TATE OF THE STATE OF THE CONTROL OF	Signature of Certifying Official	635 Certificate Number

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

> Serial Number: 008609 Test Date: 12/10/2012

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: AG102602 Exp Date: 01/26/2013

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00 .00	1:57pm 1:58pm 1:58pm 1:59pm 2:00pm
AIR BLK SUB TEST	.00 .00	2:01pm 2:02pm
AIR BLK	.00	2:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

Serial Number: 008609 Test For Test Date: 12/10/2012 Test

Test Record Number: 458
Test Time: 2:06pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time

AIR Pass 2:07pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:07pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II County Transylvania Instrument Location Transylvania Co. Jail Instrument Serial No. 008820 Brevard, NC The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. Initiate breath test sequence; 3. Enter information as prompted; 4. Verify instrument accuracy; 5. When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. Print test record; 8. Verify Diagnostic Program; and 9. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the 10 day of December, 20 12 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

ر کے کے \_\_\_\_\_ Certificate Number

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

> Serial Number: 008820 Test Date: 12/10/2012

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: AG102602 Exp Date: 01/26/2013

Test	g/210L	Time
DIAG AIR BLK	Pass	1:54pm 1:55pm
ACCY CHK	.07	1:56pm
AIR BLK	.00	1:57pm
SUB TEST	.00	1:57pm
AIR BLK	.00	1:58pm
SUB TEST	.00	2:00pm
AIR BLK	.00	2:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Luth

#### TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

Serial Number: 008820

Test Record Number: 584

Test Date: 12/10/2012

Test Time: 2:07pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:08pm
SRC	Pass	2:08pm
DET	Pass	2:08pm
BAR	Pass	2:08pm
BT	Pass	2:08pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:08pm

#### Printer Tests

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

2:08pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

County		Instrument Location Clay Co. Jail
Instrument S	Serial No. <u>008608</u>	Instrument Location Clay Co. Jail Hayesville, NC
The preventi four months		imeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister disp 34 degrees, plus or minus .2 degre	plays pressure, or the alcoholic breath simulator thermometer shows e centigrade;
2.	Verify instrument displays time an	d date;
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears	s, collect breath sample;
7.	When "PLEASE BLOW" appear	s, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas caniste simulator solution is being change whichever occurs first.	er is being changed before expiration date, or the alcoholic breath ed every four months or after 125 Alcoholic Breath Simulator tests,
I certify that procedures Department	at on the day ofec. were performed on the instrument indicate of Health and Human Services, and the	the forgoing preventive maintenance ated above, in accordance with current regulations of the N.C. instrument is functioning properly.
CREAT SECTION OF SECTI		R. Cuthouture of Certifying Official Certificate Number

#### CLAY COUNTY CLAY COUNTY JAIL 210

Serial Number: 008608 Test Date: 12/07/2012

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: 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

AIR BLK .00 12	:49pm :50pm
AIR BLK .00 12	:51pm :52pm
	:52pm :53pm
SUB TEST .00 12	:55pm :55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

R. Cuth-

#### CLAY COUNTY CLAY COUNTY JAIL 210

Serial Number: 008608

Test Record Number: 894

Test Date: 12/07/2012

Test Time: 1:02pm EST

#### System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	1:03pm 1:03pm
DET	Pass	1:03pm
BAR BT	Pass Pass	1:03pm 1:03pm
11 1	1 000	= <u>F</u>

#### Blank Tests

Test	Status	Time
AIR	Pass	1:04pm

#### Printer Tests

1CDC L	· · ·	
PRNT I	Pass	1:04pm

Status

Time

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

Preventive Maintenance Status: Pass

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

County Mc	
Instrument Ser	ial No. 008618 Franklin, NC
	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the day of
THE STATE OF THE S	
William Control	Signature of Certifying Official Certificate Number

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008618 Test Date: 12/03/2012

Citation Number: M0000000-0
Subject's Name:

PREVENIVE, MAINTENANCE
Subject'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 AIR BLK	Pass .00	2:02pm 2:03pm
ACCY CHK	.08	2:03pm
AIR BLK	.00	2:04pm
SUB TEST	.00	2:05pm
AIR BLK	.00	2:06pm
SUB TEST	.00	2:07pm
AIR BLK	.00	2:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008618
Test Date: 12/03/2012

Test Record Number: 1284
Test Time: 2:09pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:09pm
FLO	Pass	2:09pm
FC	Pass	2:09pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:09pm
SRC	Pass	2:09pm
DET	Pass	2:09pm
BAR	Pass	2:09pm
BT	Pass	2:09pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:10pm

#### Printer Tests

Status

Time

2:10pm

Test

CAL

PRNT	Pass	2:10pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:10pm

Preventive Maintenance Status: Pass

Pass

Anglyst

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

County Me	Pacon Instrume	ent Location Macon Ca. Jail
Instrument Se	<u>Nac d N</u> Serial No. <u>008789</u> Fran	nklin, NC
The preventive four months a	ive maintenance procedures for the Intoximeters, are:	Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pre 34 degrees, plus or minus .2 degree centigr	ssure, or the alcoholic breath simulator thermometer shows ade;
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect	breath sample;
7.	When "PLEASE BLOW" appears, collect	breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is bein simulator solution is being changed every whichever occurs first.	g changed before expiration date, or the alcoholic breath four months or after 125 Alcoholic Breath Simulator tests,
I certify that procedures v Department	at on the day of	the forgoing preventive maintenance ve, in accordance with current regulations of the N.C. ent is functioning properly.
MAND SETAL	The first of the f	ertifying Official  Certificate Number

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008789 Test Date: 12/03/2012

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: 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	Pass	2:01pm
AIR BLK ACCY CHK	.00 .07	2:02pm 2:03pm
AIR BLK	.00	2:04pm
SUB TEST	.00	2:04pm
AIR BLK	.00	2:05pm
SUB TEST	.00	2:06pm
AIR BLK	.00	2:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008789 Test Date: 12/03/2012 Test Record Number: 286
Test Time: 2:09pm EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass	2:09pm 2:09pm
FC:	Pass Pass	2:09pm
r	rass	とより3月間

#### Temperature Tests

Status	Time
Pass	2:09pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	2:10pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:10pm

#### CRC Tests

Test	Status	Time
COMP	Pass	2:10pm
CAL	Pass	2:10pm

Preventive Maintenance Status: Pass

Analyst

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



Signature of Certifying Official

Certificate Number

#### COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008875 Test Date: 12/05/2012

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: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	12:33pm 12:34pm 12:34pm
AIR BLK	.00	12:35pm
SUB TEST	.00	12:35pm
AIR BLK	.00	12:36pm
SUB TEST	.00	12:38pm
AIR BLK	.00	12:39pm

Reported AC: ..00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008875 Test Record Number: 1049
Test Date: 12/05/2012 Test Time: 12:45pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:46pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:47pm
	CRC Tests	
Test	Status	Time

12:47pm

12:47pm

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

K. C. Modus
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Bladen Instrument Location Bladen County
Instrument Se	erial No. 008818 Sheriff Departmen
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 procedures v Department	t on theday ofeero
STATE OF THE STATE	

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008818 Test Date: 12/05/2012

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: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:29am 11:29am
ACCY CHK	.08	11:30am
AIR BLK	.00	11:31am
SUB TEST	.00	11:31am
AIR BLK	.00	11:32am
SUB TEST	.00	11:34am
ATR RIK	. 0.0	11:35am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

K. L. Mhodes-Analyst

### BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008818

Test Record Number: 567

Test Date: 12/05/2012

Test Time: 11:35am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:35am
FLO	Pass	11:35am
FC	Pass	11:36am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:36am
SRC	Pass	11:36am
DET	Pass	11:36am
BAR	Pass	11:36am
BT	Pass	11:36am

#### Blank Tests

Test	Status	Time
ATR	Pass	11:36am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:36am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:36am 11:36am

Preventive Maintenance Status: Pass

K-C. Mooden
Analyst

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

· 40-2521/-)	" / CAMIETERS, NODEL INTOX EC/IR II
County 1	Sladen Instrument Location Bladen County
Instrument Se	rial No. 008894 Shoriff Dept.
***************************************	
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures we Department of	n the
STATE STATE OF STATE	The Management of the state of
	Signature of Certifying Official Certificate Number

#### BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008894 Test Date: 12/05/2012

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: 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: AG108202 Exp Date: 03/23/2013

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

K-C. Moclas

#### BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008894 Test Date: 12/05/2012

Test Record Number: 559

Test Time: 11:26am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:27am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:27am
e.	CRC Tests	
	<b></b>	1

rest	Status	Time
COMP	Pass	11:28am
CAL	Pass	11:28am

Preventive Maintenance Status: Pass

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

County	CARTERET Instrument Location EMERALS ISLE A.D.
Instrumen	t Serial No. 00 8620
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	nat on the
CREAT SEA	Signature of Certifying Official  Certificate Number

CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008620 Test Date: 12/11/2012

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:53am 10:54am 10:55am
AIR BLK	.00	10:56am
SUB TEST	.00	10:56am
AIR BLK	.00	10:57am
SUB TEST	.00	10:59am
AIR BLK	.00	10:59am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Karel E-Half
Analyst

#### CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008620 Test Record Number: 1414
Test Date: 12/11/2012 Test Time: 11:00am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:01am
SRC	Pass	11:01am
$\mathtt{DET}$	Pass	11:01am
BAR	Pass	11:01am
BT	Pass	11:01am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:01am

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County	)NSLOW	Instrument Location MCAS	New River PA
Instrument S	erial No. <u>008922</u>		
The preventi four months	ve maintenance procedures for the Intare:	toximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	isplays pressure, or the alcoholic broree centigrade;	eath simulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ars, collect breath sample;	
7.	When "PLEASE BLOW" appe	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	•	
10.		ter is being changed before expiration ged every four months or after 125 A	
procedures v	on the <u>day of</u> day of <u>de</u> were performed on the instrument indi of Health and Human Services, and the	cated above, in accordance with cur	rent regulations of the N.C.
THE STATE OF THE S	AROUN CAROLINA		· .
APRIL 12, 0	(CAE	u E Hall	354
	Sign	ature of Certifying Official	Certificate Number

ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: 008922 Test Date: 12/06/2012

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: HALL, RANDY E

Permit Number: 03462E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Karly E Half
Analyst

#### ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: 008922 Test Record Number: 209
Test Date: 12/06/2012 Test Time: 12:44pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:45pm

#### Printer Tests

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

12:45pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

County	ONSLOW Instrument Location ONSLOW COUNTY
Instrument	Serial No. 008931 SHERIFF'S OFFICE
The preven	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify tha procedures Department	on the day of day of deep note that 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	FOR NORTH AND THE PROPERTY OF
William III	Signature/of Certifying Official Certificate Number
	organical Certifying Official Certificate Number

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008931 Test Date: 12/06/2012

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: HALL, RANDY E

Permit Number: 03462E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG206102

Exp Date: 03/01/2014

Test

DIAG	Pass	12:00pm
AIR BLK	.00	12:01pm
ACCY CHK	.08	12:02pm
AIR BLK	.00	12:02pm

g/210L

Time

 SUB TEST .00
 12:03pm

 AIR BLK .00
 12:04pm

 SUB TEST .00
 12:05pm

 AIR BLK .00
 12:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Karl E-Half
Analyst

#### ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008931

Test Record Number: 1775
Test Time: 12:07pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test Status Time	2
FC1 Pass 12:0	7pm
SRC Pass 12:0	7pm
DET Pass 12:0	7pm
BAR Pass 12:0	7pm
BT Pass 12:0	7pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:08pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:08pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:08pm

Preventive Maintenance Status: Pass

Pass

12:08pm

CAL

Kary E Half
Analyst

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

County ON	5Low	Instrument Location ONSLOC	a County
Instrument Seria	al No. 008732	SHERIFFIS OFFIC	است
The preventive r	-	ximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degrees	splays pressure, or the alcoholic breatlee centigrade;	h simulator thermometer shows
2.	Verify instrument displays time a	nd date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	s, collect breath sample;	
7.	When "PLEASE BLOW" appear	s, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		er is being changed before expiration of ed every four months or after 125 Alc	
	the day of	cember, 20/12 the for ated above, in accordance with curren instrument is functioning properly.	going preventive maintenance t regulations of the N.C.
THE STATE OF A STATE O	Signatu	4 E Wald	S54 Certificate Number

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008932 Test Date: 12/06/2012

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Karl E-Hall
Analyst

#### ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008932

Test Record Number: 1651

Test Date: 12/06/2012

Test Time: 12:08pm EST

System Check: Passed

#### Baseline Tests

Test St	atus Time
FLO Pa	12:08pm 12:08pm 12:08pm 12:08pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:08pm
SRC	Pass	12:08pm
DET	Pass	12:08pm
BAR	Pass	12:08pm
BT	Pass	12:08pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:09pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:09pm
	CRC Tests	

Test	Status	Time
COMP	Pass	12:09pm
CAL	Pass	12:09pm

Preventive Maintenance Status: Pass

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

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

ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: 008930 Test Date: 12/06/2012

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:25am 11:25am 11:26am
AIR BLK	.00	11:27am
SUB TEST	.00	11:28am
AIR BLK	.00	11:29am
SUB TEST	.00	11:30am
AIR BLK	.00	11:31am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Karly E-Hall
Analyst

#### ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: 008930 Test Record Number: 1791 Test Date: 12/06/2012 Test Time: 11:32am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FIO	Pass Pass	11:32am 11:32am
FC ·	Pass	11:32am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:32am
SRC	Pass	11:32am
DET	Pass	11:32am
BAR	Pass	11:32am
$\mathtt{BT}$	Pass	11:32am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:33am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:33am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:33am 11:33am

Preventive Maintenance Status: Pass

Kard E-Hall
Analyst

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

County_	ONSLOW Instrument Location CAMP Lejeune PMO
Instrumen	nt Serial No. <u>008920</u>
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify the procedure Department	nat on the day of
SO SESTANDA	Signature of Certificing Official Certificate Number
	Signature of Certifying Official Certificate Number

ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008920 Test Date: 12/06/2012

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: HALL, RANDY E

Permit Number: 03462E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG202602

Exp Date: 01/26/2014

rest	9/2101	Time

DIAG	Pass	10:30am
AIR BLK	.00	10:30am
ACCY CHK	.08	10:31am
AIR BLK	.00	10:32am
SUB TEST	.00	10:32am
AIR BLK	.00	10:33am
SUB TEST	.00	10:35am
ATR BLK	. 0.0	10:36am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Karly E-Hall
Analyst

#### ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008920
Test Date: 12/06/2012

Test Record Number: 706
Test Time: 10:41am EST

Test Date: 12/06/2012 Test Time: 10:41ai

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:42am
SRC	Pass	10:42am
DET	Pass	10:42am
BAR	Pass	10:42am
$\mathtt{BT}$	Pass	10:42am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:42am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:43am
	CRC Tests	

Test	Status	Time
COMP	Pass	10:43am
CAL	Pass	10:43am

Preventive Maintenance Status: Pass

Analyst

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

Instrument Serial No. OO 8705 SHERIF'S OFFICE  The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once four months are:	every
	every
<ol> <li>Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermome 34 degrees, plus or minus .2 degree centigrade;</li> </ol>	er shows
2. Verify instrument displays time and date;	
3. Initiate breath test sequence;	
4. Enter information as prompted;	
5. Verify instrument accuracy;	
6. When "PLEASE BLOW" appears, collect breath sample;	
7. When "PLEASE BLOW" appears, collect breath sample;	
8. Print test record;	
9. Verify Diagnostic Program; and	
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic being simulator solution is being changed every four months or after 125 Alcoholic Breath Simulat whichever occurs first.	
I certify that on the day of day of certify that on the day of day of day of day of day of day of	tenance C.
THE STATE OF MODIFIES AND THE STATE OF MODIF	
Signature of Certifying Official Certificate Num	ber

JONES COUNTY JONES COUNTY SD 510

Serial Number: 008705 Test Date: 12/06/2012

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: HALL, RANDY E

Permit Number: 03462E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG203103

Exp Date: 01/31/2014

rest	9/2101	TIME
DIAG	Pass	2:11pm
AIR BLK	.00	2:12pm
ACCY CHK	.08	2:13pm
AIR BLK	.00	2:14pm
SUB TEST	.00	2:14pm
AIR BLK	.00	2:15pm
SIIB TEST	.00	2:16pm

2:17pm

.00 g/210LReported AC:

AIR BLK .00

Signature of Chemical Analyst

Court CVR

Karls E-Half
Analyst

#### JONES COUNTY JONES COUNTY SD 510

Serial Number: 008705

Test Record Number: 777

Test Date: 12/06/2012 Test Time: 2:18pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:18pm
FLO	Pass	2:18pm
FC	Pass	2:18pm

#### Temperature Tests

Status		Time		
Ρ		Pass	2	:18pm
₽		Pass	2	:18pm
P		Pass	2	:18pm
P		Pass	2	:18pm
P		Pass	2	:18pm
P P		Pass Pass	2 2	:18pr

#### Blank Tests

Test	Status	Time	
AIR	Pass	2:19pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:19pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:19pm 2:19pm

Preventive Maintenance Status: Pass

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

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

CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008785 Test Date: 12/11/2012

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: HALL, RANDY E

Permit Number: 03462E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	11:43am
AIR BĽK	.00	11:44am
ACCY CHK	.07	11:45am
AIR BLK	.00	11:45am
SUB TEST	.00	11:46am
AIR BLK	.00	11:47am
SUB TEST	.00	11:48am
ATR BLK	. 0.0	11:49am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Karly E-Half
Analyst

#### CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008785 Test Date: 12/11/2012 Test Record Number: 594
Test Time: 11:49am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Status	Time
Pass	11:50am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	11:51am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:51am
	CRC Tests	
Test	Status	Time

1000	blacus	TIME
COMP	Pass	11:51am
CAL	Pass	11:51am

Preventive Maintenance Status: Pass

Analyst

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

Cou	nty_ <i>CAR</i>	RARET Instrument Location CARTERET C	County
Instr	ument Seria	al No. 008882 SHERIF'S OFFICE	
	preventive r 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 simulat 34 degrees, plus or minus .2 degree centigrade;	or thermometer shows
	2.	Verify instrument displays time and date;	,
	3.	Initiate breath test sequence;	
	4.	Enter information as prompted;	
	5.	Verify instrument accuracy;	
	6.	When "PLEASE BLOW" appears, collect breath sample;	
• .	7.	When "PLEASE BLOW" appears, collect breath sample;	
	8.	Print test record;	
	9.	Verify Diagnostic Program; and	
	10.	Verify that the ethanol gas canister is being changed before expiration date, or the simulator solution is being changed every four months or after 125 Alcoholic Burnichever occurs first.	
I cer proc Depa	tify that on the edures were artment of H	theday ofderender, 20/2 the forgoing proper performed on the instrument indicated above, in accordance with current regulation and Human Services, and the instrument is functioning properly.	eventive maintenance ons of the N.C.
THE GREAT SEA	STATE OF A	Rang EHall	354
			rtificate Number

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008882 Test Date: 12/11/2012

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

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

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

Test	g/210L	Time
DIAG	Pass	12:24pm
AIR BLK	.00	12:25pm
ACCY CHK	.07	12:26pm
AIR BLK	.00	12:27pm
SUB TEST	.00	12:28pm
AIR BLK	.00	12:29pm
SUB TEST	.00	12:30pm
AIR BLK	.00	12:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Karls E-Half
Analyst

#### CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008882

Test Record Number: 654 

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:32pm
FLO	Pass	12:32pm
FC	Pass	12:32pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:32pm
SRC	Pass	12:32pm
DET	Pass	12:32pm
BAR	Pass	12:32pm
BT	Pass	12:32pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:33pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:33pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:33pm 12:33pm

Preventive Maintenance Status: Pass

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

	in I OAIME LERS, MODEL IN I OA EC	IR II
County CF	1Rteret Instrument Location CARLE	Ret County
Instrument Ser	tial No. 008605 SHERIFFY OFFE	ie
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to le:	be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic bre 34 degrees, plus or minus .2 degree centigrade;	ath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 A whichever occurs first.	n date, or the alcoholic breath lcoholic Breath Simulator tests,
procedures wer	theday of	orgoing preventive maintenance ent regulations of the N.C.
OF THE STATE OF TH	Signature of Certifying Official	Certificate Number

#### CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008605 Test Date: 12/11/2012

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	12:25pm 12:26pm 12:27pm 12:28pm 12:29pm
AIR BLK	.00	12:29pm
SUB TEST ATR BLK	.00	12:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Karls E-Half
Analyst

#### CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008605 Test Date: 12/11/2012

Test Record Number: 2662 Test Time: 12:32pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:33pm
SRC	Pass	12:33pm
DET	Pass	12:33pm
BAR	Pass	12:33pm
$\mathtt{B}\mathbf{T}$	Pass	12:33pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:34pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

CAL

12:34pm

12:34pm

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

County_	CARteret Instrument Location Morehead City P.D.
Instrume	nt Serial No. <u>00873/</u>
The pre-	rentive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every aths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4	Enter information as prompted;
5	Verify instrument accuracy;
6	When "PLEASE BLOW" appears, collect breath sample;
7	When "PLEASE BLOW" appears, collect breath sample;
8	Print test record;
9	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedu	that on the
STATE GREAT SEG	STATE OF TO STATE
	Signature of Certifying Official Certificate Number

#### CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008731 Test Date: 12/11/2012

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	1:17pm 1:17pm
ACCY CHK	.08	1:18pm
AIR BLK	.00	1:19pm
SUB TEST AIR BLK	.00 .00	1:19pm 1:20pm
SUB TEST	.00	1:22pm
AIR BLK	.00	1:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Karly E-Half
Analyst

#### CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008731 Test Record Number: 1261 Test Date: 12/11/2012 Test Time: 1:23pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:23pm
FLO	Pass	1:24pm
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
ATR	Pagg	1 · 24 mm

#### Printer Tests

Status

Time

1:25pm

Test

CAL

PRNT	Pass	1:24pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:25pm

Preventive Maintenance Status: Pass

Pass

Analyst

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

County	arteres Instrument Location BAT Mobile units
Instrument S	erial No. 008898 Cape Carteret P.D
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on the
THE STATE OF THE S	

CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008898 Test Date: 12/08/2012

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 AIR BLK	Pass .00	6:56pm 6:57pm
ACCY CHK	.07	6:57pm
AIR BLK	.00	6:58pm
SUB TEST	.00	6:59pm
AIR BLK	.00	7:00pm
SUB TEST	.00	7:01pm
AIR BLK	.00	7:02pm

Reported AC: .00 g/210L

Court CVR

#### CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008898 Test Record Number: 869
Test Date: 12/08/2012 Test Time: 7:03pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	7:03pm
FLO	Pass	7:03pm
FC	Pass	7:03pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	7:03pm
SRC	Pass	7:03pm
DET	Pass	7:03pm
BAR	Pass	7:03pm
BT	Pass	7:03pm

#### Blank Tests

Test	Status	Time
AÎR	Pass	7:04pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:04pm
	CRC Tests	
Test	Status	Time
COMP	Pass	7 · 04 mm

Pass

7:04pm

Preventive Maintenance Status: Pass

CAL

Analyst

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

County	Dosland Instrument Location BAT Mobileunith
Instrumen	t Serial No. 098898 Jack Sun Ville PD
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	hat on theday ofde, 20 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.
S S S S S S S S S S S S S S S S S S S	TATE OF THE PARTY

ONSLOW COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008898 Test Date: 12/07/2012

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: 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/210r	Time
DIAG AIR BLK	Pass	7:24pm 7:25pm
ACCY CHK AIR BLK	.07 .00	7:25pm 7:26pm
SUB TEST	.00	7:27pm
AIR BLK	.00	7:28pm
SUB TEST	.00	7:29pm
AIR BLK	.00	7:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

M. C. Maske

#### ONSLOW COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008898

Test Record Number: 866

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	7:38pm
FLO	Pass	7:38pm
FC	Pass	7:38pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	7:38pm
SRC	Pass	7:38pm
DĘT	Pass	7:38pm
BAR	Pass	7:38pm
BT	Pass	7:38pm

#### Blank Tests

Test	Status	Time
AIR	Pass	7:39pm

#### Printer Tests

rest	Status	TIME
PRNT	Pass	7:39pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	7:39pm 7:39pm

Preventive Maintenance Status: Pass

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

County	orastan Instrument Location Balmont PD
Instrument Se	201 Chronicle St., Belmont 70+825-3792
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 sho 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that of procedures we Department of	on the
TARE CULIM VIOLENTIA	

GASTON COUNTY BELMONT PD 350

Serial Number: 008733 Test Date: 12/07/2012

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

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

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

Test	g/210L	Time
DIAG	Pass	9:56am
AIR BLK	.00	9:57am
ACCY CHK	.08	9:58am
AIR BLK	.00	9:59am
SUB TEST	.00	9:59am
AIR BLK	.00	10:00am
SUB TEST	.00	10:02am
ATR BLK	በበ	10.03am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### GASTON COUNTY BELMONT PD 350

Serial Number: 008733

Test Record Number: 706

Test Date: 12/07/2012

Test Time: 10:04am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:04am
FLO	Pass	10:04am
FC	Pass	10:05am

#### Temperature Tests

Test Status Time	
FC1 Pass 10:05a	am
SRC Pass 10:05a	am
DET Pass 10:05a	ım
BAR Pass 10:05a	ım
BT Pass 10:05a	ım

#### Blank Tests

Test	Status	Time
AIR	Pass	10:05am

#### Printer Tests

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

COMP	Pass	10:05am
CAL	Pass	10.05am

Preventive Maintenance Status: Pass

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

		•	E INTOX EC/IR	Λ.
County(	<u>Siaston</u>	Instrument L	ocation <u>Gasdan</u> Co	U2 yfruu
Instrument Se	erial No. <u>OOK 706</u>		Marietta St.	,
		704-86	64-6800	
The preventive four months a	ve maintenance procedures for the are:	Intoximeters, Mod	lel Intox EC/IR II to be fol	lowed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 c		e, or the alcoholic breath sin	mulator thermometer show
2.	Verify instrument displays tir	ne and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompte	d;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" 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 ca simulator solution is being ch whichever occurs first.			
procedures w	on the day ofere performed on the instrument in of Health and Human Services, and	cember idicated above, in the instrument is	, 20/2 the forgoin accordance with current re- functioning properly.	ng preventive maintenance gulations of the N.C.
TAN STATE OF THE S	A CONTRACTOR OF THE PROPERTY O	gnature of Cernifyin	ng Official	€ S € Certificate Number

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008706 Test Date: 12/07/2012

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: HAYS, MARK D

Permit Number: 15924E Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:11am
AIR BLK	.00	9:12am
ACCY CHK	.08	9:13am
AIR BLK	.00	9:14am
SUB TEST	.00	9:14am
AIR BLK	.00	9:15am
SUB TEST	.00	9:17am
ATR BIK	. 00	9:17am

Reported AC:\ .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008706

Test Record Number: 2665

Test Date: 12/07/2012

Test Time: 9:19am EST

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

Pass

Pass

9:21am

9:21am

Preventive Maintenance Status: Pass

COMP

CAL

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

_	INTOAIMETERS, MODEL INTOA EC/IR II		
County C	eveland Instrument Location Kings Mountain PD		
Instrument Seria	11No. 008910 1125, P. edmont Ave. Kings Mountain 704-734-0444		
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	6. When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before 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 6th day of lecember, 2012 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. fealth and Human Services, and the instrument is functioning properly.		
THE STATE OF N. CO. THE ST	Signature of Certifying Official Certificate Number		

#### CLEVELAND COUNTY KINGS MOUNTAIN PD 220

Serial Number: 008910 Test Date: 12/06/2012

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CLEVELAND COUNTY KINGS MOUNTAIN PD 220

Serial Number: 008910

Test Record Number: 412

Test Date: 12/06/2012

Test Time: 10:19am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:19am
FLO	Pass	10:19am
FC	Pass	10:20am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:20am
SRC	Pass	10:20am
DET	Pass	10:20am
BAR	Pass	10:20am
$\mathtt{BT}$	Pass	10:20am

#### Blank Tests

Test	Status	Time	

AIR Pass 10:20am

#### Printer Tests

PRNT Pass 10:20am

#### CRC Tests

Test	Status	Time
COMP	Pass	10:21am

10:21am

Preventive Maintenance Status: Pass

Pass

CAL

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

	INTOXIMETERS, MODEL INTOX EC/IR II
County	Rutherford Instrument Location Rutherford County SD
	t Serial No. 008914 400 N. Washington St. Ruthenforton 828-627-6247
The preve	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time 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.	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify procedu Departr	that on the lost day of lecember, 20 12 the forgoing preventive maintenance ares were performed on the instrument indicated above, in accordance with current regulations of the N.C. nent of Health and Human Services, and the instrument is functioning properly.
CREAT ST.	STATE ON TOO THE STATE OF THE S

#### RUTHERFORD COUNTY RUTHERFORD COUNTY SD 800

Serial Number: 008914 Test Record Number: 1083
Test Date: 12/10/2012 Test Time: 9:18am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:19am
SRC	Pass	9:19am
DET	Pass	9:19am
BAR	Pass	9:19am
$\mathtt{BT}$	Pass	9:19am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:20am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:20am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:20am 9:20am

Preventive Maintenance Status: Pass

Analyst

RUTHERFORD COUNTY RUTHERFORD COUNTY SD 800

Serial Number: 008914 Test Date: 12/10/2012

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: AG120101 Exp Date: 07/20/2013

Test	g/210L	Time
DIAG	Pass	9:24am
AIR BLK	.00	9:24am
ACCY CHK	.07	9:25am
AIR BLK	.00	9:26am
SUB TEST	.00	9:27am
AIR BLK	.00	9:28am
SUB TEST	.00	9:29am
AIR BLK	.00	9:30am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

INTOXIMETERS, MODEL INTOX EC/IR II
Polk Instrument Location Polk Canty SD
erial No. 008832 46 Ward St. Columbus
ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
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;
Initiate breath test sequence;
Enter information as prompted;
Verify instrument accuracy;
When "PLEASE BLOW" appears, collect breath sample;
When "PLEASE BLOW" appears, collect breath sample;
Print test record;
Verify Diagnostic Program; and
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
t on theday oflecender, 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.
Signature of Certifying Official Certificate Number

POLK COUNTY POLK COUNTY SD 740

Serial Number: 008832 Test Date: 12/10/2012

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: AG123502 Exp Date: 08/23/2013

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	10:27am 10:28am 10:29am 10:30am
SUB TEST	.00	10:30am
AIR BLK	.00	10:31am
SUB TEST	.00	10:33am
AIR BLK	.00	10:34am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### POLK COUNTY POLK COUNTY SD 740

Serial Number: 008832

Test Record Number: 716

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:24am

#### Printer Tests

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

Preventive Maintenance Status: Pass

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

	INTOXIMETERS, MODEL INTOX EC/IR II
County Ra	modelph Instrument Location Libertly Police Dood
Instrument Seri	ial No. <u>008830</u> hiberty, NC
The preventive 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.
I certify that procedures w Department o	on the 13 had a of 100000000000000000000000000000000000
SSS CTAT	
STALL CREAT SE. O.S. STALL SE. STALL SE. O.S. STALL SE. STALL	CAROLL
EQE QUAN	Signature of Certifying Official Certificate Number
5.8	~ · · · · · · · · · · · · · · · · · · ·

RANDOLPH LIBERTY POLICE DEPT 750

Serial Number: 008830 Test Date: 12/13/2012

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: AG124904 Exp Date: 09/06/2013

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00 .00	9:23am 9:23am 9:24am 9:25am 9:25am 9:26am 9:28am 9:29am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### RANDOLPH LIBERTY POLICE DEPT 750

Serial Number: 008830

Test Record Number: 374
Test Time: 9:30am EST

Test Date: 12/13/2012

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:30am
FLO	Pass	9:30am
FC	Pass	9:30am

#### Temperature Tests

Status	Time
Pass	9:30am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	9:31am

#### Printer Tests

Test	Status	T'ime
PRNT	Pass	9:31am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:31am 9:31am

Preventive Maintenance Status: Pass

Analyst

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

tomer	INTO A MODEL INTO A ECONOMIC
County Ka	wdolph Instrument Location Randolph Co. Jail
Instrument Ser	ial No. <u>CO8899</u> Asheboro, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the 14th day of December, 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.
OF THE STATE OF TH	Signature of Certifying Official Certificate Number

RANDOLPH COUNTY RANDOLPH CO. JAIL 750

Serial Number: 008899 Test Date: 12/14/2012

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: 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: AG203902 Exp Date: 02/08/2014

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	9:29am 9:30am 9:31am
AIR BLK	.00	9:32am
SUB TEST	.00	9:32am
AIR BLK	.00	9:33am
SUB TEST	.00	9:35am
AIR BLK	.00	9:36am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### RANDOLPH COUNTY RANDOLPH CO. JAIL 750

Serial Number: 008899 Test Record Number: 1306 Test Date: 12/14/2012 Test Time: 9:37am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:38am 9:38am
FC	Pass	9:38am

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	9:38am 9:38am
DET	Pass	9:38am
BAR	Pass	9:38am
BT	Pass	9:38am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:38am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:39am
	CRC Tests	•
Test	Status	Time
COMP CAL	Pass Pass	9:39am 9:39am

Preventive Maintenance Status: Pass

Analyst

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

	ii (I OMIVIE I BIO) NOBEL II (I OII 20/2212
County Ray	wdolph Instrument Location Randolph Co. Jail
Instrument Seri	al No. <u>008860</u> Ashehoro, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer	the 14th day of Decrey by 2012 the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
TOTAL P. C.	Signature of Certifying Official Certificate Number

RANDOLPH COUNTY RANDOLPH COUNTY JAIL 750

Serial Number: 008860 Test Date: 12/14/2012

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: TRUDELL, SR., DANIEL T

Permit Number: 21535E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:27am
AIR BLK	.00	9:28am
ACCY CHK	.08	9:29am
AIR BLK	.00	9:30am
SUB TEST	.00	9:30am
AIR BLK	.00	9:31am
SUB TEST	.00	9:33am
AIR BLK	.00	9:34am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### RANDOLPH COUNTY RANDOLPH COUNTY JAIL 750

Serial Number: 008860

Test Record Number: 1734

Test Date: 12/14/2012

Test Time: 9:36am EST

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	9:37am

#### 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

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

County R		Instrument Location Rowal	leman Police Dep
Instrument S	erial No. <u>CO 8737</u>	Randleman , MC	
The preventi		ntoximeters, Model Intox EC/IR II t	o be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic begree centigrade;	reath 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 sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; an	d	
10.		ister is being changed before expiratinged every four months or after 125	
procedures v	ere performed on the instrument inc	the instrument is functioning proper	arrent regulations of the N.C.
LINES AND SERVICE OF THE CAREAT SERVICE OF T	Warne	nature of Certifying Official	CGT

#### RANDOLPH COUNTY RANDLEMAN PD 750

Serial Number: 008737 Test Date: 12/13/2012

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: AG206603 Exp Date: 03/06/2014

Test	g/210L	Time
DIAG AIR BLK	Pass	10:37am 10:38am
ACCY CHK AIR BLK	.08 .00	10:39am 10:39am
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

#### RANDOLPH COUNTY RANDLEMAN PD 750

Serial Number: 008737

Test Record Number: 566

Test Date: 12/13/2012

Test Time: 10:45am EST

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 Pass	10:45am 10:45am
SRC DET	Pass Pass	10:45am
BAR	Pass	10:45am
$\mathtt{BT}$	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	Pass	10:46am

10:46am

Preventive Maintenance Status: Pass

Pass

CAL

Wario Tracella
Analyst

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

_	INTOXIME	TERS, MODEL INTOX EC	AIN II
County /	PONTEDMERY	Instrument Location MONT	TERMERY CO. JAIL
Instrument Seri	ial No. <u>008863</u>	TROY, NO	
The preventive four months are	-	the Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas car 34 degrees, plus or minus	nister displays pressure, or the alcoholic bre .2 degree centigrade;	eath simulator thermometer show
2.	Verify instrument display	s time and date;	
3.	Initiate breath test sequen	ce;	
4.	Enter information as pron	npted;	
5.	Verify instrument accurac	ру;	
6.	When "PLEASE BLOW"	appears, collect breath sample;	
7.	When "PLEASE BLOW"	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program	m; and	
10.		s canister is being changed before expiration g changed every four months or after 125 A	
	e persormed on the instrume	nt indicated above, in accordance with curr and the instrument is functioning properly	ent regulations of the N.C.
THE STATE OF THE S	SOUTH CAROLINA	Signature of Certifying Official	Certificate Number

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008863 Test Date: 12/14/2012

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: 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: AG026603 Exp Date: 03/06/2014

Test	g/210L	Time
DIAG	Pass	12:28pm
AIR BLK	.00	12:29pm
ACCY CHK	.08	12:29pm
AIR BLK	.00	12:30pm
SUB TEST	.00	12:31pm
AIR BLK	.00	12:32pm
SUB TEST	.00	12:33pm
AIR BLK	.00	12:34pm

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

#### MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008863 Test Record Number: 125

Test Date: 12/14/2012 Test Time: 12:35pm EST

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	12:36pm
SRC	Pass	12:36pm
$\operatorname{DET}$	Pass	12:36pm
BAR	Pass	12:36pm
BT	Pass	12:36pm

#### Blank Tests

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Test	Status	Time
ATP	Dacc	12.36pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:36pm
	CRC Tests	
Test	Status	Time

COMP	Pass	12:36pm
CAL	Pass	12:36pm

Preventive Maintenance Status: Pass

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

County	TONTESMERY Instrument Location MONTESMERY CO. JAIL
Instrument Seria	11No. 008721 TROY NC
The preventive r four months are:	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	theday of
ENE CITAL DE LE STATE ON THE STATE OF THE ST	Signature of Certifying Official Certificate Number

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008721 Test Date: 12/14/2012

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: 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: AG206603 Exp Date: 03/06/2014

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

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

Revell

#### MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008721

Test Record Number: 713

Test Date: 12/14/2012

Test Time: 12:05pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
		i vi vi
IR	Pass	12:06pm
FLO	Pass	12:06pm
FC	Pass	12:06pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:06pm
SRC	Pass	12:06pm
DET	Pass	12:06pm
BAR	Pass	12:06pm
$\mathtt{BT}$	Pass	12:06pm

#### Blank Tests

Test	Status	Time
ATR	Pass	12:07pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:07pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:07pm

Preventive Maintenance Status: Pass

Pass

CAL ·

12:07pm

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

County	Dualton Instrument Location BAT HIBBILE LINIT
Instrument	Serial No. CO 8600 Dun 44m
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 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.
	at on the
THE COREATOR OF THE COREATOR O	Signature of Certifying Official Certificate Number

#### DURHAM COUNTY BAT MOBILE UNIT 5 310

Serial Number: 008600 Test Date: 12/08/2012

Test Record Number: 1132

Test Time: 10:00pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:01pm
${ t FLO}$	Pass	10:01pm
FC	Pass	10:01pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:01pm
SRC	Pass	10:01pm
DET	Pass	10:01pm
BAR	Pass	10:01pm
BT	Pass	10:01pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:02pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:02pm

#### CRC Tests

Test	Status	Time
COMP	Pass	10:02pm
CAL	Pass	10:02pm

Preventive Maintenance Status: Pass

DURHAM COUNTY BAT MOBILE UNIT 5 310

Serial Number: 008600 Test Date: 12/08/2012

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: AG203102 Exp Date: 01/31/2014

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

DIAG	Pass	9:50pm
AIR BLK	.00	9:51pm
ACCY CHK	.08	9:52pm
AIR BLK	.00	9:52pm
SUB TEST	.00	9:54pm
AIR BLK	.00	9:54pm
SUB TEST	.00	9:56pm
AIR BLK	.00	9:57pm

Signature of Chemical Analyst

Court CVR

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

County	DUIZ HAM Instrument Location 547 MOBILE USIT
Instrument S	erial No. COSG 98 Duen HAM
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on theday of
STAN STAN	E OS NOGEL

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

Certificate Number

### DURHAM COUNTY BAT MOBILE UNIT 5 310

Serial Number: 008698 Test Date: 12/08/2012

Test Record Number: 905 Test Time: 10:13pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:13pm
FLO	Pass	10:13pm
FC	Pass	10:14pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:14pm
SRC	Pass	10:14pm
DET	Pass	10:14pm
BAR	Pass	10:14pm
BT	Pass	10:14pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:14pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:14pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:15pm

Preventive Maintenance Status: Pass

Pass

10:15pm

CAL

Analyst

#### DURHAM COUNTY BAT MOBILE UNIT 5 310

Serial Number: 008698 Test Date: 12/08/2012

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	Pass	9:59pm 10:00pm
ACCY CHK	.07	10:01pm
AIR BLK	.00	10:02pm
SUB TEST	.00	10:02pm
AIR BLK	.00	10:03pm
SUB TEST	.00	10:05pm
AIR BLK	.00	10:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County D	UR HAM Instrument Location BAT MOBILE LENIT
Instrument Seria	al No CO8388 Dur49an
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;
<b>7.</b> ,	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on to procedures were Department of H	the
STATE O'AN TO THE STATE O'AN THE STA	Signature of Certifying Official Certificate Number

#### DURHAM COUNTY BAT MOBILE UNIT 5 310

Serial Number: 008788
Test Date: 12/08/2012

Test Record Number: 755
Test Time: 10:12pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:14pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

CAL

Analyst Moyan

10:14pm

#### DURHAM COUNTY BAT MOBILE UNIT 5 310

Serial Number: 008788 Test Date: 12/08/2012

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

AIR BLK .00 9:57pm	Test	g/210L	Time
11001 C1111 . 0 / 2 . 0 / 2 !!	and the second s		9:56pm 9:57pm 9:57pm

ACCY CHK .07 9:57pm
AIR BLK .00 9:58pm
SUB TEST .00 9:58pm
AIR BLK .00 9:59pm

 SUB TEST .00
 10:01pm

 AIR BLK .00
 10:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

The prevents 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;
<b>5</b> .	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures v	on theday ofDEC, 20/12 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.

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647 Test Date: 12/07/2012

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: AG203903 Exp Date: 02/08/2014

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	10:37pm 10:38pm 10:39pm 10:40pm 10:40pm 10:41pm 10:43pm
AIR BLK	.00	10:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Cilum Ray Bens

#### MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647 Test Date: 12/07/2012 Test Record Number: 1538
Test Time: 10:44pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:45pm 10:45pm
ГЦО	rass	10:45bm
FC	Pass	10:45pm

#### Temperature Tests

Status	Time
Pass	10:45pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	10:46pm

#### Printer Tests

Status	Time
Pass	10:46pm
CRC Tests	
Status	Time
	Pass CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County M	ECKLENBURG Instrument Location BAT MOBILE UNIT
Instrument Se	ECKLENBURG Instrument Location BAT MOBILE UNIT CONTROL CHARLOTTE, 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 day of, 20 1 Z the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	

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

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008707 Test Date: 12/07/2012

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: AG203902 Exp Date: 02/08/2014

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass	10:44pm 10:45pm 10:45pm 10:46pm 10:47pm 10:48pm 10:49pm
AIR BLK	.00	10:50pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008707 Test Date: 12/07/2012

Test Record Number: 1601 Test Time: 10:51pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:52pm
FLO	Pass	10:52pm
FC	Pass	10:52pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:52pm
SRC	Pass	10:52pm
DET	Pass	10:52pm
BAR	Pass	10:52pm
BT	Pass	10:52pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:53pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:53pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	10:53pm 10:53pm

Preventive Maintenance Status: Pass

Analyst

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

County ME	CKLENBURG Instrument Location BAT MOBILE UNIT
Instrument Seria	CKLENBURG Instrument Location BAT MOBILE UNIT.  CHARLOTTE, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
THE COMMUNICATION OF THE PARTY	alu Ray Bernes 648

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

Signature of Certifying Official

Certificate Number

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616 Test Date: 12/07/2012

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: AG203903 Exp Date: 02/08/2014

rest	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	.08 .00 .00	10:59pm 11:00pm 11:01pm 11:02pm 11:02pm
	.00	11:03pm
SUB TEST	.00	11:05pm
AIR BLK	.00	11:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Mun Kay Dens Analyst

#### MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616

Test Record Number: 1527

Test Date: 12/07/2012

Test Time: 11:06pm EST

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 SRC DET BAR	Pass Pass Pass Pass	11:07pm 11:07pm 11:07pm 11:07pm
$\mathtt{BT}$	Pass	11:07pm

#### Blank Tests

Test	Status	Time
AIR	Pass	11:08pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:08pm
	CRC Tests	
Test	Status	Time
COMP	Pass	11:08pm

Pass

11:08pm .

Preventive Maintenance Status: Pass

CAL

Analyst

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

County	GRANVILLE	Instrument Location BAT	MOBILE UNIT
Instrument So	erial No. 008614	OXF	DRD, NC
The preventive four months a	-	toximeters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	lisplays pressure, or the alcoholic brea ree centigrade;	th simulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;	·	
6.	When "PLEASE BLOW" appear	ars, collect breath sample;	
7.	When "PLEASE BLOW" appear	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ater is being changed before expiration ged every four months or after 125 Al	date, or the alcoholic breath coholic Breath Simulator tests,
procedures w	on theday ofere performed on the instrument indicate the Health and Human Services, and the	, 20 12 the forcated above, in accordance with current is functioning properly.	orgoing preventive maintenance nt regulations of the N.C.
THE STATE OF THE S	Al Signal	Lacy Barres  ature of Certifying Official	Certificate Number

GRANVILLE COUNTY BAT MOBILE UNIT 3 380

Serial Number: 008616 Test Date: 12/14/2012

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: AG203903 Exp Date: 02/08/2014

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	9:37pm 9:38pm 9:38pm
AIR BLK	.00	9:39pm
SUB TEST	.00	9:40pm
AIR BLK	.00	9:41pm
SUB TEST	.00	9:42pm
ATR BLK	.00	9:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### GRANVILLE COUNTY BAT MOBILE UNIT 3 380

Serial Number: 008616

Test Record Number: 1533

Test Date: 12/14/2012

Test Time: 9:44pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:44pm 9:44pm
FC	Pass	9:44pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:44pm
SRC	Pass	9:44pm
DET	Pass	9:44pm
BAR	Pass	9:44pm
BT	Pass	9:44pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:45pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:45pm
	CRC Tests	
Test	Status .	Time
COMP	Pass Pass	9:45pm 9:45pm

Preventive Maintenance Status: Pass

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

County	FORSYTH	Instrument Loc	ation_BA	r 110	BILE	UNIT
Instrument	Serial No. <u>008707</u>	Instrument Loc	Wix	15 TO 1	BAL.	EM, D
The prevent	tive maintenance procedures for t	the Intoximeters, Model	Intox EC/IR II t	o be follow	ed at least	once every
1.	Verify the ethanol gas can 34 degrees, plus or minus	ister displays pressure, c .2 degree centigrade;	or the alcoholic b	reath simul	ator therm	ometer shows
2.	Verify instrument displays	time and date;				
3.	Initiate breath test sequence	e;				
4.	Enter information as prom	pted;	•			
5.	Verify instrument accuracy	<b>/</b> ;				
6.	When "PLEASE BLOW"	appears, collect breath s	ample;			
7.	When "PLEASE BLOW"	appears, collect breath s	ample;			
8.	Print test record;					
9.	Verify Diagnostic Program	; and				
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is being change changed every four mor	d before expirate this or after 125	on date, or Alcoholic E	the alcoho Breath Sim	lic breath ulator tests,
procedures v	on the <u>Zl</u> day of <u>J</u> vere performed on the instrument of Health and Human Services, a	t indicated above, in acc	ordance with cur	rent regular	eventive r	naintenance N.C.
TANK CA. OF THE STANK C	CASO					
AND ON THE OWNER.	1 llun	Kay Ban	40		648	3
		Signature of Certifying (	Official	Ce	rtificate N	umber

#### FORSYTH COUNTY BAT MOBILE UNIT 3 330

Serial Number: 008707 Test Date: 12/21/2012

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: AG203902 Exp Date: 02/08/2014

Test	g/210L	Time
DIAG AIR BLK	Pass	9:58pm 9:59pm
ACCY CHK	.08	10:00pm
AIR BLK	.00	10:00pm
SUB TEST	.00	10:01pm
AIR BLK	.00	10:02pm
SUB TEST	.00	10:03pm
AIR BLK	.00	10:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## FORSYTH COUNTY BAT MOBILE UNIT 3 330

Serial Number: 008707

Test Record Number: 1608

Test Date: 12/21/2012

Test Time: 10:05pm EST

System Check: Passed

### Baseline Tests

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

## Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	10:06pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:06pm
	CRC Tests	

Test	Status	Time
COMP	Pass	10:06pm
CAL	Pass	10:06pm

Preventive Maintenance Status: Pass

Analyst

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

County	FORSYTH	Instrument Location BAT MOBILE UNIT 3
Instrument	Serial No. <u>008616</u>	Instrument Location BAT MOBILE UNIT 3 WINSTON SALEMA
The preven		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" appo	ears, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; and	d
10.		ster is being changed before expiration date, or the alcoholic breath nged every four months or after 125 Alcoholic Breath Simulator tests,
I certify tha procedures Department	were performed on the instrument ind t of Health and Human Services, and t	icated above, in accordance with current regulations of the N.C. he instrument is functioning properly.
STAN CONTACT OF THE C		ature of Certifying Official Certificate Number

## FORSYTH COUNTY BAT MCBILE UNIT 3 330

Serial Number: 008616 Test Date: 12/21/2012

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: AG203903 Exp Date: 02/08/2014

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00 .00	10:00pm 10:01pm 10:01pm 10:02pm 10:03pm
AIR BLK	.00	10:04pm
SUB TEST	.00	10:05pm
AIR BLK	.00	10:06pm

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

#### FORSYTH COUNTY BAT MOBILE UNIT 3 330

Serial Number: 008616 Test Test Date: 12/21/2012 Tes

Test Record Number: 1536 Test Time: 10:07pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:07pm
FLO	Pass	10:07pm
FC	Pass	10:07pm

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:08pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:08pm
	CRC Tests	·
Test	Status	Time

COMP	Pass	10:08pm
CAL	Pass	10:08pm

Preventive Maintenance Status: Pass

Analyst

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

	INTOAIMETERS, MODEL INTOA EC/IR II
County	ncoln Instrument Location Lincoln County Courtho
nstrument Seri	al No. 008827 #1 Courthouse Square, Lincolnton
•	704 - 732 - 9020
The preventive our 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.
certify that on rocedures wer Department of	the <u>21st</u> day of <u>December</u> , 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.
OTHE STATE OF	Signature of Certifying Official Certificate Number

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008827 Test Date: 12/21/2012

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: AG203102 Exp Date: 01/31/2014

Test	g/210L	Time
DIAG AIR BLK	Pass	10:38am 10:39am
ACCY CHK	.08	10:39am 10:40am
SUB TEST	.00	10:41am
AIR BLK	.00	10:42am
SUB TEST	.00	10:43am
AIR BLK	.00	10:44am

Reported AC: 1.00 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

#### LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008827 Test Record Number: 1396

Test Date: 12/21/2012 Test Time: 10:45am EST

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	10:47am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:47am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:47am 10:47am

Preventive Maintenance Status: Pass

Analyst

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

Count	y <u>Ca</u>	ballus Instrument Location Caballus	County SD
Instru	ment Seria	100. 008590 30 Corban Ave., Care	rold
	reventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed	owed at least once every
	1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath sin 34 degrees, plus or minus .2 degree centigrade;	nulator thermometer show
	2.	Verify instrument displays time and date;	
	3.	Initiate breath test sequence;	
	4.	Enter information as prompted;	
	5.	Verify instrument accuracy;	
	6.	When "PLEASE BLOW" appears, collect breath sample;	
	7.	When "PLEASE BLOW" appears, collect breath sample;	
	8.	Print test record;	
	9.	Verify Diagnostic Program; and	
1	<b>0.</b>	Verify that the ethanol gas canister is being changed before expiration date, simulator solution is being changed every four months or after 125 Alcohol whichever occurs first.	
proced	dures were	the 20-10 day of 10 com to 20 12 the forgoin performed on the instrument indicated above, in accordance with current reglealth and Human Services, and the instrument is functioning properly.	g preventive maintenance gulations of the N.C.
THE CIREAT SEA	STATE OF A	CAROUNA ###	
April 1	ESTE QUAM VIDERLY	Wall bloom	656
No.	έγ.	Signature of Certifying Official	Certificate Number

## CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008590 Test Date: 12/20/2012

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: AG202602 Exp Date: 01/26/2014

Test	g/210L	Time
DIAG AIR BLK	Pass	10:59am 11:00am
ACCY CHK	.07	11:00am
AIR BLK SUB TEST	.00 .00	11:02am 11:03am
AIR BLK	.00	11:03am
SUB TEST	.00	11:05am
AIR BLK	.00	11:06am

Reported AC: ..00 g/210L

Signature of Chemical Analyst

Court CVR

Änalvst

#### CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008590 Test Re

Test Record Number: 1944
Test Time: 11:07am EST

System Check: Passed

## Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
ATR	Pass	1.1:09am

## Printer Tests

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

11:09am

Preventive Maintenance Status: Pass

Pass

Analyst

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

	INTOXIMETERS, MODEL INTOX EC/IR II
County	atquba Instrument Location Hickory PD
Instrument Ser	
· .	878-374-9060
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 1915 day of 12cember , 2017 the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF STA	Signature of Certifying Official Certificate Number

### CATAWBA COUNTY HICKORY PD 170

Serial Number: 008841 Test Record Number: 1148
Test Date: 12/19/2012 Test Time: 1:17pm EST

System Check: Passed

Baseline Tests

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

### 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	1:19pm
P	rinter Tes	ts

Test	Status	Time
PRNT	Pass	1:19pm
	•	

#### CRC Tests

tus Time
s 1:19pm s 1:19pm

Preventive Maintenance Status: Pass

Analyst /

CATAWBA COUNTY HICKORY PD 170

Serial Number: 008841 Test Date: 12/19/2012

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: AG203903 Exp Date: 02/08/2014

Test	g/210L	Time
DIAG AIR BLK	Pass	1:21pm
ACCY CHK	.00	1:22pm 1:23pm
AIR BLK	.00	1:24pm
SUB TEST	.00	1:25pm
AIR BLK	.00	1:26pm
SUB TEST	.00	1:27pm
AIR BLK	.00	1:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

_	IIII OXIIIE I EI	RD, MODEL INTOX EC/	
County Co	7-19wb9	Instrument Location Colawbo	County SD
Instrument Seria	al No. <u>OO8841</u>	100 B Southwest Blv.	1. Newton
		828-464-5241	
The preventive four months are		toximeters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	displays pressure, or the alcoholic brea gree centigrade;	th simulator thermometer show
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and	I	
10.		ster is being changed before expiration ged every four months or after 125 Al	
procedures were	e performed on the instrument indi	nLor , 20/2 the foicated above, in accordance with curre he instrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
TO THE STATE OF TH	Manager Sign:	ature of Certifying Official	656 Certificate Number

#### CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008821 Test Record Number: 964

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass	3:20pm
FLO	Pass	3:20pm
FC	Pass	3:20pm

### Temperature Tests

Status	Time
Pass	3:21pm
	Pass Pass Pass Pass

### Blank Tests

Test	Status	Time	
AIR	Pass	3:21pm	

### Printer Tests

Test

Status Time

PRNT	Pass	3:21pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:21pm 3:21pm

Preventive Maintenance Status: Pass

Analyst

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008821 Test Date: 12/19/2012

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: AG203102 Exp Date: 01/31/2014

Test	g/210L	Time
DIAG AIR BLK	Pass	3:27pm 3:27pm
ACCY CHK	.07	3:28pm
AIR BLK	.00	3:29pm
SUB TEST	.00	3:29pm
AIR BLK	.00	3:30pm
SUB TEST	.00	3:32pm
ATR BLK	0.0	3 • 3 3 mm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst/

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

County C	Hawba Instrument Location Catawba County SD		
Instrument Serie	11 No. 008687 100 B Southwest Blod. Newton		
	828-464-5241		
The preventive of four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
procedures were	the 19th day of 2 con become, 2012 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.		
THE STATE OF A PARTY OF THE STATE OF A PARTY OF THE STATE OF A PARTY OF THE STATE O	Signature of Certifying Official Certificate Number		

## CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008687 Test Record Number: 1570 Test Date: 12/19/2012 Test Time: 3:09pm EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	3:09pm
FLO	Pass	3:09pm
FC	Pass	3:09pm

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
		医二甲酰基
AIR	Pass	3:10pt

#### Printer Tests

ICDC	Scacus:	TTHE
PRNT	Pass	3:10pm
	CRC Tests	

Tect

Test	Status	Tlme
COMP	Pass Pass	3:10pm 3:10pm

Preventive Maintenance Status: Pass

Analyst

### CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008687 Test Date: 12/19/2012

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: AG203102 Exp Date: 01/31/2014

Test	g/210L	Time
DIAG AIR BLK	Pass	3:15pm
ACCY CHK	.08	3:15pm 3:16pm
AIR BLK SUB TEST	.00°	3:17pm <b>3:17pm</b>
AIR BLK	.00	3:18pm
SUB TEST AIR BLK	.00 .00	3:20pm 3:21pm

Reparted AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County (	evelond Instrument Location Kings Mountain PD	
Instrument Ser		
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
<b>7.</b>	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.	
procedures wer	the <u>J 7<sup>±b</sup></u> day of <u>lecember</u> , 20 <u>J 2</u> the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.	
CREATE OF THE STATE OF THE STAT	Signature of Certifying Official Certificate Number	

## CLEVELAND COUNTY KINGS MOUNTAIN PD 220

Serial Number: 008900 Test Record Number: 392 Test Date: 12/27/2012 Test Time: 10:20am EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	10:21am
FLO	Pass	10:21am
FC	Pass	10:21am

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:22am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:22am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:22am 10:22am

Preventive Maintenance Status: Pass

Analyst

#### CLEVELAND COUNTY KINGS MOUNTAIN PD 220

Serial Number: 008900 Test Date: 12/27/2012

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: 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 AIR BLK	Pass	10:25am 10:26am
ACCY CHK	.07	10:26am
AIR BLK	.00	10:27am
SUB TEST	.00	10:28am
AIR BLK	.00	10:29am
SUB TEST	.00	10:30am
AIR BLK	.00	10:31am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County	Instrument Location Martin Co. S.O.
Instrument Se	erial No. 008912 305 E. Main St., Williamston, N.
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the day of <u>December</u> , 20 17— the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATE STATE OF THE	E O A O A C A ROUN

#### MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Date: 12/20/2012

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: 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: AG123502 Exp Date: 08/23/2013

Test	g/210L	Time
DIAG AIR BLK	Pass	11:28am 11:29am
ACCY CHK	.07	11:30am
AIR BLK	.00	11:31am
SUB TEST	.00	11:31am
AIR BLK	.00	11:32am
SUB TEST	.00	11:34am
AIR BLK	.00	11:34am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Record Number: 588
Test Date: 12/20/2012 Test Time: 11:35am EST

System Check: Passed

### Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:36am

## Printer Tests

Test	Status	Time
PRNT	Pass	11:37am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:37am 11:37am

Preventive Maintenance Status: Pass

Analyst

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

, married married and a second	INTOANIETERS, MODEL INTOX EC/IR II
County T	Instrument Location Pitt ( Detertion Len
Instrument So	erial No. 008662 124 Detention D1, Greenville
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 procedures w Department of	on the
TATE STATE OF THE CORE AT 10 TO 10 T	7 Joll S 645
•	Signature of Certifying Official Certificate Number

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008662 Test Date: 12/19/2012

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: AG206103 Exp Date: 03/01/2014

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	11:09am 11:10am 11:11am 11:11am
AIR BLK SUB TEST	.00	11:13am 11:14am
ATR BLK	0.0	11 · 15am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### PITT COUNTY PITT CO DETENTION 730

Serial Number: 008662

Test Record Number: 731 Test Time: 11:19am EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	11:20am
FLO	Pass	11:20am
FC	Pass	11:20am

## Temperature Tests

Test Status Time	
FC1 Pass 11:20ar	n
SRC Pass 11:20ar	n
DET Pass 11:20ar	n
BAR Pass 11:20ar	n
BT Pass 11:20ar	n

#### Blank Tests

Test	Status	Time
AIR	Pass	11:21am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:21am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:21am

Preventive Maintenance Status: Pass

Pass

11:21am

CAL

Zell Analyst

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

County_	H Instrument Location Pitt (a Datentian	(ent
Instrument Seri	rial No. 008668 124 Detention Dr. Greenulle	NC
The preventive four months are	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ere:	very
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 34 degrees, plus or minus .2 degree centigrade;	r shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic brosimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.	
	on the day of December, 20 2 the forgoing preventive maintenere 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.	enance
	$\mathfrak{R}_{0}$	
OF AN STATE OF AN	The care of the ca	
* ESSE QUAM VIDER	76K SL 643	
	Signature of Certifying Official Certificate Number	er

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668 Test Date: 12/19/2012

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: AG203902 Exp Date: 02/08/2014

Test g/210L Time DIAG Pass 10:43am AIR BLK .00 10:44am ACCY CHK .07 10:45am AIR BLK .00 10:46am SUB TEST .00 10:46am AIR BLK .00 10:47am

10:49am

Reported AC: .00 g/210L

.00

SUB TEST .00

AIR BLK

Signature of Chemical Analyst

Court CVR

Analyst

#### PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668

Test Record Number: 2059

Test Date: 12/19/2012

Test Time: 10:52am EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	10:52am
FLO	Pass	10:52am
FC	Pass	10:53am

### Temperature Tests

Test	Status	Time
FC1	Pass	10:53am
SRC	Pass	10:53am
DET	Pass	10:53am
BAR	Pass	10:53am
BT	Pass	10:53am

### Blank Tests

Test	Status	Time
AIR	Pass	10:53am

### Printer Tests

Test	Status	Time
PRNT	Pass	10:53am
	CRC Tests	
Test	Status	Time

COMP	Pass	10:54am
CAL	Pass	10:54am

Preventive Maintenance Status: Pass

Analyst

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

County	WARE Instrument Location BAT MIDE CAN.	The State of
Instrument	nt Serial No. Octoo RALEIGH	
The preven	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least ths are:	once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator therm 34 degrees, plus or minus .2 degree centigrade;	ometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcohosimulator solution is being changed every four months or after 125 Alcoholic Breath Sin whichever occurs first.	olic breath nulator tests,
I certify tha procedures Department	that on the	maintenance ne N.C.
OF ME STANDER OF	Signature of Certifying Official Certificate	Number

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Date: 12/22/2012

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: AG203102 Exp Date: 01/31/2014

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	12:09am 12:10am 12:11am
AIR BLK	.00	12:11am
SUB TEST	.00	12:14am
AIR BLK	.00	12:15am
SUB TEST	.00	12:16am
AIR BLK	.00	12:17am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Date: 12/22/2012

Test Record Number: 1143
Test Time: 12:26am EST

System Check: Passed

## Baseline Tests

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

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	12:27am

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:28am
	CPC Tests	

Test	Status	Time
COMP	Pass	12:28am
CAL	Pass	12:28am

Preventive Maintenance Status: Pass

Analyst

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

County	Wake Instrument Location Batthio Bile Con T #5
Instrument	Serial No. Dostoge Delerby
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 show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures	at on the day of, 20_/ > the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. tof Health and Human Services, and the instrument is functioning properly.
CREAT SECOND	100 0 1/100 V WOL
	Signature of Certifying Official Certificate Number

#### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Date: 12/22/2012

Test Record Number: 912 Test Time: 1:14am EST

System Check: Passed

### Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	1:15am

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:15am
	CRC Tests	

1000	beacus	TIME
COMP	Pass	1:15am
CAL	Pass	1:15am

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Date: 12/22/2012

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	Pass	1:05am
AIR BLK	.00	1:06am
ACCY CHK	.07	1:06am
AIR BLK	.00	1:07am
SUB TEST	.00	1:08am
AIR BLK	.00	1:09am
SUB TEST	.00	1:11am
AIR BLK	.00	1:12am

Reported AC: .00 g/210L Signature of Chemical Analyst

Court CVR

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

County	WAKE	Instrument Location B.47 /	Hobite was y	
Instrument S	Serial No. <u>008985</u>	RALEio	<del>//</del>	
The prevent four months		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	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time	Verify instrument displays time and date;		
3.	Initiate breath test sequence;	Initiate breath test sequence;		
4.	Enter information as prompted	Enter information as prompted;		
5.	Verify instrument accuracy;	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appo	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appo	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and	d		
10.	Verify that the ethanol gas can simulator solution is being char whichever occurs first.	ister is being changed before expiration on a ster 125 Alcoholectric four months or after 125 Alcoholectric four four four four four four four four	late, or the alcoholic breath oholic Breath Simulator tests,	
procedures v	vere performed on the instrument ind	the for licated above, in accordance with currenthe instrument is functioning properly.	going preventive maintenance t regulations of the N.C.	
LANGE STATE OF THE	For No.	Sature of Certifying Official	Certificate Number	

#### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Date: 12/22/2012 Test Record Number: 761 Test Time: 12:48am EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FĽO	Pass Pass	12:48am 12:48am
FC	Pass	12:48am

### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:49am

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:49am

#### CRC Tests

Test	Status	Time
COMP	Pass	12:49am
CAL	Pass	12:49am

Preventive Maintenance Status: Pass

Analyst

#### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Date: 12/22/2012

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: NC

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

Exp Date: 08/23/2013

Test	g/210L	Time
DIAG AIR BLK	Pass	12:37am 12:38am
ACCY CHK	.07	12:39am
AIR BLK	.00	12:40am
SUB TEST	.00	12:41am
AIR BLK	.00	12:42am
SUB TEST	.00	12:43am

12:44am

Reported AC: .00 g/210L

AIR BLK .00

Signature of Chemical Analyst

Court CVR