PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County Wa | erial No. 008716 Instrument Location Boone, NC |
|--|---|
| Instrument So | erial No. <u>0087/6</u> <u>Boone, NC</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. |
| | on the <u>27</u> day of <u>February</u> , 20 <u>12</u> the forgoing preventive maintenance vere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly. |
| THE IZE OF THE CONTROL OF THE CONTRO | Signature of Certifying Official Certificate Number |

WATAUGA COUNTY BOONE P D 940

Serial Number: 008716 Test Date: 02/27/2012

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: 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: AG124201 Exp Date: 08/30/2013

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WATAUGA COUNTY BOONE P D 940

Serial Number: 008716

Test Record Number: 1206

Test Date: 02/27/2012

Test Time: 2:04pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|------------------|
| IR FLO | Pass Pass | 2:05pm 2:05pm |
| FC | Pass | 2:05pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 2:05pm |
| SRC | Pass | 2:05pm |
| DET | Pass | 2:05pm |
| BAR | Pass | 2:05pm |
| BT | Pass | 2:05pm |

Blank Tests

| Test | Status | Time |
|------|--------|------------|
| ΔTP | Dagg | 2 • 0 6 00 |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 2:06pm |
| | CRC Tests | |
| Test | Status | Time |
| | | |

2:06pm

2:06pm

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County Ave | Instrument Location Avery Co. Jail |
|--|---|
| Instrument Seria | Instrument Location Avery Co. Jail 1 No. 00 8664 Newland |
| <u> </u> | |
| The preventive r four months are: | naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that on procedures were Department of I | the <u>20</u> day of <u>February</u> , 20 12 the forgoing preventive maintenance experformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly. |
| WE STATE OF THE ST | Signature of Certifying Official Certificate Number |

AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664 Test Date: 02/20/2012

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: AG200401 Exp Date: 01/04/2014

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664

Test Record Number: 470

Test Date: 02/20/2012

Test Time: 11:11am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:11am |
| FLO | Pass | 11:12am |
| FC | Pass | 11:12am |

Temperature Tests

| Test | Status | Time |
|---------------|--------|---------|
| FC1 | Pass | 11:12am |
| SRC | Pass | 11:12am |
| DET | Pass | 11:12am |
| BAR | Pass | 11:12am |
| \mathtt{BT} | Pass | 11:12am |

Blank Tests

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

AIR Pass 11:12am

Printer Tests

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

PRNT Pass 11:12am

CRC Tests

Test Status Time

COMP Pass 11:13am CAL Pass 11:13am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County_ | Guilford Instrument Location High Point 14:1 |
|-----------|--|
| Instrumer | nt Serial No. 00 8828 |
| · . | |
| The preve | entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| procedur | that on theday ofbruAry, 20/2_ the forgoing preventive maintenance es were performed on the instrument indicated above/in accordance with current regulations of the N.C. ent of Health and Human Services, and the instrument is functioning properly. |
| ORENI SE | STATE OF NORTH OF THE PROPERTY |
| | Signature of Certifying Official Certificate Number |

GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008828 Test Date: 02/07/2012

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: 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: AG106703 Exp Date: 03/08/2013

| Test | g/210L | Time |
|---------------------|-------------|------------------|
| DIAG AIR BLK | Pass .00 | 1:27pm |
| ACCY CHK | .00 | 1:28pm 1:28pm |
| AIR BLK SUB TEST | .00 .00 | 1:30pm |
| AIR BLK | .00 | 1:30pm 1:31pm |
| SUB TEST | .00 | 1:32pm |
| AIR BLK | .00 | 1:33pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008828

Test Record Number: 812

Test Date: 02/07/2012

Test Time: 1:34pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|------------------|
| IR FLO | Pass Pass | 1:35pm 1:35pm |
| FC | Pass | 1:35pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 1:35pm |
| SRC | Pass | 1:35pm |
| DET | Pass | 1:35pm |
| BAR | Pass | 1:35pm |
| BT | Pass | 1:35pm |

Blank Tests

| Test | Status | Time |
|------|--------|----------|
| ATR | Pass | 1 · 35pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|------------------|
| PRNT | Pass | 1:35pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 1:36pm 1:36pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County (| dyelombe | Instrument Location Villetonne Co. Mayistaku 0 |
|--|---|---|
| Instrument Se | rial No. 004443 | 300 S. Anabada Rd., Tarbio, NC |
| The preventiv | | Intoximeters, Model Intox EC/IR II to be followed at least once every |
| 1. | Verify the ethanol gas canisto 34 degrees, plus or minus .2 | er displays pressure, or the alcoholic breath simulator thermometer shows degree centigrade; |
| 2. | Verify instrument displays ti | me and date; |
| 3. | Initiate breath test sequence; | |
| 4. | Enter information as prompto | ed; |
| 5. | Verify instrument accuracy; | · · · · · · · · · · · · · · · · · · · |
| 6. | When "PLEASE BLOW" ap | ppears, collect breath sample; |
| 7. | When "PLEASE BLOW" ap | ppears, collect breath sample; |
| 8. | Print test record; | |
| 9. | Verify Diagnostic Program; | and |
| 10. | Verify that the ethanol gas consimulator solution is being considered 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 that of procedures we Department of | ere performed on the instrument | februare, 20 /2 the forgoing preventive maintenance indicated above, in accordance with current regulations of the N.C. and the instrument is functioning properly. |
| STATE OUR STATE OF THE STATE OF | A RECORD TO THE | Ind A face (64) Gentifying Official Certificate Number |

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008663 Test Date: 02/29/2012

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: 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: AG023701 Exp Date: 08/25/2012

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 1:49pm |
| AIR BLK | .00 | 1:50pm |
| ACCY CHK | .07 | 1:50pm |
| AIR BLK | .00 | 1.51pm |
| SUB TEST | .00 | 1:52pm |
| AIR BLK | .00 | 1:53pm |
| SUB TEST | .00 | 1:54pm |
| ATD DIV | 0.0 | 1.55pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008663 Test Date: 02/29/2012 Test Record Number: 1683
Test Time: 2:00pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time | |
|------|--------|---------|--|
| | • | | |
| ATR | Pagg | 2:01 pm | |

Printer Tests

| Test | Status | Time | |
|------|-----------|------|----|
| PRNT | Pass | 2:01 | pm |
| | CRC Tests | | |

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:01pm |
| CAL | Pass | 2:01pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County Villy | Instrument Location Why Co. May Shill b |
|--------------------------------|--|
| Instrument Seria | 11 NO. 008603 300 S. Annionala Rl., TALSOO, NC |
| The preventive four months are | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| procedures wer | the 29th day of Frank, 20 2 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. |
| ASSE OF THE | Signature of Certifying Official Certificate Number |

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008603 Test Date: 02/29/2012

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: 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: AG023701 Exp Date: 08/25/2012

| Test | g/210L | Time |
|-----------------|--------|------------------|
| DIAG AIR BLK | Pass | 1:50pm 1:51pm |
| ACCY CHK | .07 | 1:52pm |
| AIR BLK | .00 | 1:53pm |
| SUB TEST | .00 | 1:54pm |
| AIR BLK | .00 | 1:54pm |
| SUB TEST | .00 | 1:56pm |
| ATR BLK | .00 | 1:57pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Sh. l. A. lless (Analyst

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008603

Test Record Number: 1141

Test Date: 02/29/2012 T

Test Time: 2:01pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

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

AIR Pass 2:02pm

Printer Tests

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

PRNT Pass 2:02pm

CRC Tests

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

COMP Pass 2:02pm CAL Pass 2:02pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Instrument Location 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;

four months are:

- 4. Enter information as prompted;
- 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
- Verify that the ethanol gas canister is being changed before 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 29th day of FROCUCY, 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

Certificate Number

HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906 Test Date: 02/29/2012

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: 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: AG108202 Exp Date: 03/23/2013

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst A. Kuge

HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906 Test Record Number: 361 Test Date: 02/29/2012 Test Time: 12:19pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

| Status | Time |
|--------|------------------------------|
| Pass | 12:19pm |
| | Pass Pass Pass Pass |

Blank Tests

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

Printer Tests

| Test | Status | Time |
|------|--------------|---------|
| PRNT | Pass | 12:20pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass Pass | 12:20pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| V | INTOXIMETERS, MODEL INTOX EC/IR II |
|--|---|
| County VA | Instrument Location & ASQUOTANK CO. PUBLIC SALLY |
| Instrument Seri | al No. DD 8950 Bldg. 200 E. Colonial Dul., Elizabeth Carry |
| 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; |
| ¹ 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before 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 | the 28th day of 4850455, 20 2 the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly. |
| THE CULTURE STATE OF THE COLE AND THE COLE A | Signature of Certifying Official Certificate Number |

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008950 Test Date: 02/28/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG120101

Exp Date: 07/20/2013

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

| DIAG | Pass | 12:42pm |
|----------|------|---------|
| AIR BLK | .00 | 12:43pm |
| ACCY CHK | .07 | 12:44pm |
| AIR BLK | .00 | 12:45pm |
| SUB TEST | .00 | 12:46pm |
| AIR BLK | .00 | 12:47pm |
| SUB TEST | .00 | 12:48pm |
| ATR BLK | .00 | 12:49pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008950 Test Test Date: 02/28/2012 Test

Test Record Number: 663 Test Time: 12:52pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | 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 | 12:53pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|--------------------|
| PRNT | Pass | 12:53pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 12:54pm 12:54pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| U. | INTUXIMETERS, MODEL INTUX EC/IR II |
|--|---|
| County WY | Instrument Location VXX vo X UN Co. Public Soxx CY |
| Instrument Ser | ial No. DOGGEY 200 E. Colonial Avery & Travelly Circu |
| 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 o procedures we Department of | n theday of |
| TO STATE OF THE PART OF THE PA | CANOL CONTROL |

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

Signature of Certifying Official

Certificate Number

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008941 Test Date: 02/28/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, LINDA A
Permit Number: 11646E
Effective:

09/01/2011-09/01/2013

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

Test Type: Breath Test

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

| 'l'est | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 12:44pm |
| AIR BLK | .00 | 12:45pm |
| ACCY CHK | .08 | 12:45pm |
| AIR BĽK | .00 | 12:46pm |
| SUB TEST | .00 | 12:47pm |
| AIR BLK | .00 | 12:48pm |
| SUB TEST | .00 | 12:49pm |
| ATR BLK | . 00 | 12:50pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008941

Test Record Number: 706

System Check: Passed

Baseline Tests

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

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | 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 |
| CAT. | Dagg | 12.54pm |

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County (| Instrument Location High Poin | TJA: L |
|--|--|--|
| Instrument Ser | rial No. <u>0086.55</u> | |
| The preventive four months as | re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followers: | ved at least once every |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simu 34 degrees, plus or minus .2 degree centigrade; | lator thermometer shows |
| 2. | Verify instrument displays time and date; | |
| 3. | Initiate breath test sequence; | |
| 4. | Enter information as prompted; | |
| 5. | Verify instrument accuracy; | |
| 6. | When "PLEASE BLOW" appears, collect breath sample; | |
| 7. | When "PLEASE BLOW" appears, collect breath sample; | |
| 8. | Print test record; | |
| 9. | Verify Diagnostic Program; and | |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, a simulator solution is being changed every four months or after 125 Alcoholic whichever occurs first. | or the alcoholic breath c Breath Simulator tests, |
| ¥ | A CONTRACTOR OF THE CONTRACTOR | |
| I certify that of procedures w Department of | on theday of | preventive maintenance plations of the N.C. |
| THE ISLAND SEED TO SEED THE STATE OF THE SEED TH | CAROLLE A LA CAROL | 642 |
| | Signature of Certifying Official | Certificate Number |

GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008655 Test Date: 02/07/2012

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: 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: AG106703 Exp Date: 03/08/2013

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

Reported, AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008655 Test Record Number: 1546
Test Date: 02/07/2012 Test Time: 1:58pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 1:59pm |
| SRC | Pass | 1:59pm |
| DET | Pass | 1:59pm |
| BAR | Pass | 1:59pm |
| BT | Pass | 1:59pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| | | 1 |
| AIR | Pass | 1:59pm |

Printer Tests

| | Test | Status | Time |
|---|------|-----------|--------|
| | PRNT | Pass | 1:59pr |
| : | | CRC Tests | |
| | Test | Status | Time |

| 11 | | |
|-------------|--------------|------------------|
| COMP CAL | Pass Pass | 2:00pm 2:00pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | Randolph Instrument Location Azchdalp Po | lice |
|-------------|--|-----------------------------------|
| Instrument | nt Serial No. 008896 Department | |
| | | |
| The prevent | entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at leaths are: | ast once every |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator the 34 degrees, plus or minus .2 degree centigrade; | rmometer 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 date, or the alc simulator solution is being changed every four months or after 125 Alcoholic Breath whichever occurs first. | oholic breath Simulator tests, |
| procedure | that on the | ive maintenance of the N.C. |
| GREAT CA | CLAM VIDEA X GOOD GOOD GOOD GOOD GOOD GOOD GOOD GO | A Qate Number |

RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008896 Test Date: 02/09/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: 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: AG023701 Exp Date: 08/25/2012

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 12:49pm |
| AIR BLK | .00 | 12:50pm |
| ACCY CHK | .07 | 12:50pm |
| AIR BLK | .00 | 12:51pm |
| SUB TEST | .00 | 12:52pm |
| AIR BLK | .00 | 12:53pm |
| SUB TEST | .00 | 12:54pm |
| AIR BLK | .00 | 12:55pm |

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

RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008896 Test Date: 02/09/2012

Test Record Number: 262 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 | Pass | 12:57pm |
| SRC | Pass | 12:57pm |
| DET | Pass | 12:57pm |
| BAR | Pass | 12:57pm |
| BT | Pass | 12:57pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| ATR | Pagg | 12.57nm |

Printer Tests

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

12:58pm

12:58pm

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

A Sein Jaon

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| | County Rut | her ford | Instrum | ent Location Forest | City | PD | |
|----|--|---|---|----------------------------|------------|----------------------|----|
| | Instrument Seria | INO. <u>008889</u> | <u> 187</u> | 5. Church 51 28-245-555 | treet, | Forest City | |
| | The preventive i | naintenance procedures for the In | | | | | |
| | 1. | Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg | | | eath simul | ator thermometer sho | ws |
| | 2. | Verify instrument displays time | and date; | | | | |
| | 3. | Initiate breath test sequence; | | | | | |
| | 4. | Enter information as prompted; | | | | | |
| | 5. | Verify instrument accuracy; | | | | | |
| · | 6. | When "PLEASE BLOW" appear | ars, collect | breath sample; | | | |
| i. | 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. | | | | | s, |
| | I certify that on the 28th day of February 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. | | | | | | |
| | THE STATE OF MENT OF THE STATE OF MENT OF THE STATE OF TH | Octivication of the second of | | | | 65¢ | |
| | | Signa | ature of Ce | ertifying Official | | Certificate Number | - |

RUTHERFORD COUNTY FOREST CITY PD 800

Serial Number: 008889 Test Date: 02/28/2012

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: 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: AG123501 Exp Date: 08/23/2013

| Test | g/210L | Time |
|-----------------------------|--------------|----------------------------|
| DIAG AIR BLK ACCY CHK | Pass .00 .08 | 2:25pm 2:26pm 2:26pm |
| AIR BLK SUB TEST | .00 .00 | 2:27pm 2:27pm |
| AIR BLK | .00 | 2:28pm |
| SUB TEST | .00 | 2:30pm |
| AIR BLK | .00 | 2:31pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

RUTHERFORD COUNTY FOREST CITY PD 800

Serial Number: 008889 Test Record Number: 391

Test Date: 02/28/2012

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 | Pass | 2:22pm |
| SRC | Pass | 2:22pm |
| DET | Pass | 2:22pm |
| BAR | Pass | 2:22pm |
| \mathtt{BT} | Pass | 2:22pm |

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 CALPass 2:23pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County_ | Gaston | Instrument Location Gaston County 50 |
|--------------|--|--|
| Instrumer | nt Serial No. OOS881 | 425 N. Marietta Street, Gastonia 704 - 864-6800 |
| The preve | entive maintenance procedures for the ths are: | Intoximeters, Model Intox EC/IR II to be followed at least once every |
| 1. | Verify the ethanol gas caniste 34 degrees, plus or minus .2 d | r displays pressure, or the alcoholic breath simulator thermometer show legree centigrade; |
| 2. | Verify instrument displays tin | ne and date; |
| 3. | Initiate breath test sequence; | |
| 4. | Enter information as prompted | d; |
| 5. | Verify instrument accuracy; | |
| 6. | When "PLEASE BLOW" app | pears, collect breath sample; |
| 7. | When "PLEASE BLOW" app | pears, collect breath sample; |
| 8. | Print test record; | |
| 9. | Verify Diagnostic Program; a | nd |
| 10. | Verify that the ethanol gas car simulator solution is being cha whichever occurs first. | nister is being changed before expiration date, or the alcoholic breath anged every four months or after 125 Alcoholic Breath Simulator tests, |
| procedure | es were performed on the instrument in | the forgoing preventive maintenance dicated above, in accordance with current regulations of the N.C. the instrument is functioning properly. |
| COREAT GREAT | TATE OF TO THE PARTY OF THE PAR | E. Hatchinson 650 |
| eli. Lie | Sig | nature of Certifying Official Certificate Number |

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008881 Test Date: 02/23/2012

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: AG108203 Exp Date: 03/23/2013

| Test | g/210L | Time |
|---------------------|------------|------------------|
| DIAG AIR BLK | Pass | 1:20pm 1:20pm |
| ACCY CHK AIR BLK | .07 .00 | 1:21pm 1:22pm |
| SUB TEST | .00 | 1:22pm |
| AIR BLK | .00 | 1:23pm |
| SUB TEST | .00 | 1:25pm |
| AIR BLK | .00 | 1:26pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008881 Test Record Number: 500 Test Date: 02/23/2012 Test Time: 1:15pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:16pm |
| FLO | Pass | 1:16pm |
| FC | Pass | 1:16pm |

Temperature Tests

| Test | Status | Time |
|--------------------------------|--------------------------------------|--|
| FC1 SRC DET BAR BT | Pass Pass Pass Pass Pass | 1:16pm 1:16pm 1:16pm 1:16pm 1:16pm |
| | 1 000 | op |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:17pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|------------------|
| PRNT | Pass | 1:17pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 1:17pm 1:17pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| CountyG | Faston Instrument Location Gaston County 50 |
|---|--|
| Instrument Se | rial No. 008643 425 N. Marietta Street, Gastonia |
| The preventiv | re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| procedures we | on the 18 H day of February, 20 12 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly. |
| STATE CREAT STATE | CAROLLI CAROLL |

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008643 Test Record Number: 1377
Test Date: 02/18/2012 Test Time: 4:54pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 4:55pm |
| FLO | Pass | 4:55pm |
| FC | Pass | 4:55pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 4:55pm |
| SRC | Pass | 4:55pm |
| DET | Pass | 4:55pm |
| BAR | Pass | 4:55pm |
| BT | Pass | 4:55pm |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 4:56pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|------------------|
| PRNT | Pass | 4:56pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 4:56pm 4:56pm |

Preventive Maintenance Status: Pass

Analyst

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008643 Test Date: 02/18/2012

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: 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: AG016501 Exp Date: 06/14/2012

| Test | g/210L | Time |
|--|--------------------|--------------------------------------|
| DIAG AIR BLK ACCY CHK AIR BLK | Pass .00 .08 | 4:59pm 5:00pm 5:01pm 5:01pm |
| SUB TEST | .00 | 5:02pm |
| AIR BLK | .00 | 5:03pm |
| SUB TEST | .00 | 5:05pm |
| AIR BLK | .00 | 5:06pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| | III OMINISTERS, NIOD | EL III OA ECA | |
|--|--|--------------------------|--|
| County I | redell Instrument | Location <u>Trede</u> | 11 County 50 |
| Instrument Seria | ial No. 008809 221 1 | | reet, Statesville |
| The preventive if four months are | maintenance procedures for the Intoximeters, M | | |
| 1. | Verify the ethanol gas canister displays pressu 34 degrees, plus or minus .2 degree centigrade | | th simulator thermometer shows |
| 2. | Verify instrument displays time and date; | | |
| 3. | Initiate breath test sequence; | | |
| 4. | Enter information as prompted; | | |
| 5. | Verify instrument accuracy; | | |
| 6. | When "PLEASE BLOW" appears, collect broaders | eath sample; | |
| 7. | When "PLEASE BLOW" appears, collect broaders | eath sample; | |
| 8. | Print test record; | | |
| 9. | Verify Diagnostic Program; and | | |
| 10. | Verify that the ethanol gas canister is being cl simulator solution is being changed every fou whichever occurs first. | | |
| procedures were | the 1740 day of February re performed on the instrument indicated above, in Health and Human Services, and the instrument | in accordance with curre | rgoing preventive maintenance nt regulations of the N.C. |
| OF THE STATE OF TH | CAROLIN | fying Official | Certificate Number |

IREDELL COUNTY IREDELL COUNTY SD 480

Serial Number: 008809 Test Date: 02/17/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG106701 Exp Date: 03/08/2013

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 6:32pm |
| AIR BLK | .00 | 6:33pm |
| ACCY CHK | .07 | 6:33pm |
| AIR BLK | .00 | 6:34pm |
| SUB TEST | .00 | 6:35pm |
| AIR BLK | .00 | 6:36pm |
| SUB TEST | .00 | 6:37pm |
| AIR BLK | .00 | 6:39pm |

Reported, AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

IREDELL COUNTY IREDELL COUNTY SD 480

Serial Number: 008809

Test Record Number: 1859

Test Date: 02/17/2012

Test Time: 6:39pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 6:40pm |
| FLO | Pass | 6:40pm |
| FC | Pass | 6:40pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 6:40pm |
| SRC | Pass | 6:40pm |
| DET | Pass | 6:40pm |
| BAR | Pass | 6:40pm |
| BT | Pass | 6:40pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 6:41pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 6:41pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 6:41pm |

Preventive Maintenance Status: Pass

Pass

6:41pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County I | redell Instrument Location Moores ville PD |
|--|--|
| Instrument Se | rial No. 008685 750 W. Iredell Avenue, Mooresvil |
| 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, collect breath sample; |
| | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| | on the |
| THE STATE OF THE S | |

IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008685 Test Date: 02/17/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG201801 Exp Date: 01/18/2014

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 5:38pm |
| AIR BLK | .00 | 5:39pm |
| ACCY CHK | .08 | 5:40pm |
| AIR BLK | .00 | 5:41pm |
| SUB TEST | .00 | 5:41pm |
| AIR BLK | .00 | 5:42pm |
| SUB TEST | .00 | 5:44pm |
| ATR BLK | . 0.0 | 5:45pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

Rev. 12/2007

IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008685 Test Date: 02/17/2012

Test Record Number: 1528

Test Time: 5:46pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|------------------|
| IR FLO | Pass Pass | 5:46pm 5:46pm |
| FC | Pass | 5:46pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 5:46pm |
| SRC | Pass | 5:46pm |
| DET | Pass | 5:46pm |
| BAR | Pass | 5:46pm |
| BT | Pass | 5:46pm |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 5:47pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|------------------|
| PRNT | Pass | 5:47pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 5:47pm 5:47pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County L | incoln | Instrument Location Lincoln | |
|--|--|---|--|
| Instrument S | erial No. 008827 | # 1 Courthouse Squ 704-732-902 | uare Lincolnton |
| The preventi- four months | | Intoximeters, Model Intox EC/IR II to be | e followed at least once every |
| 1. | Verify the ethanol gas canister 34 degrees, plus or minus .2 d | r displays pressure, or the alcoholic brea egree centigrade; | th simulator thermometer shows |
| 2. | Verify instrument displays tim | ne and date; | |
| 3. | Initiate breath test sequence; | | |
| 4. | Enter information as prompted | d; | |
| 5. | Verify instrument accuracy; | | |
| 6. | When "PLEASE BLOW" appears, collect breath sample; | | |
| 7. | When "PLEASE BLOW" app | pears, collect breath sample; | |
| 8. | Print test record; | | |
| 9. | Verify Diagnostic Program; a | nd | |
| 10. | | nister is being changed before expiration anged every four months or after 125 Al | |
| procedures v | vere performed on the instrument in | the following properly. | orgoing preventive maintenance ent regulations of the N.C. |
| OF THE STATE OF TH | See | gnature 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)

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008827 Test Date: 02/17/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE
Subject to Date of Birth: 11/11/19

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

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

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG109703 Exp Date: 04/07/2013

| Test | g/210L | Time |
|-----------------------------|-------------------|----------------------------|
| DIAG AIR BLK ACCY CHK | Pass .00 .07 | 3:43pm 3:44pm 3:45pm |
| AIR BLK SUB TEST | .00 .00 | 3:46pm 3:47pm |
| AIR BLK | .00 | 3:48pm 3:49pm |
| SUB TEST AIR BLK | .00 .00 | 3:49pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008827

Test Record Number: 1199

Test Date: 02/17/2012

Test Time: 3:52pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:52pm |
| FLO | Pass | 3:52pm |
| FC | Pass | 3:52pm |

Temperature Tests

| Test | Status | Time |
|----------------|--------|--------|
| FC1 | Pass | 3:52pm |
| SRC | Pass | 3:52pm |
| \mathtt{DET} | Pass | 3:52pm |
| BAR | Pass | 3:52pm |
| BT | Pass | 3:52pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:53pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 3:53pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 3:53pm |

Pass

3:53pm

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County L | in columnation Linguin County Courthous |
|------------------------------|--|
| | erial No. 008823 Instrument Location Lincoln County Courthouse Square, Lincolnto |
| 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 | tion the 1744 day of Fobruary, 2012 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. |
| TABLE STAFF | Sales Carlos Car |

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008823 Test Date: 02/17/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test | g/210L | Time |
|---|----------------------------------|--|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK | Pass .00 .08 .00 .00 | 3:42pm 3:43pm 3:44pm 3:45pm 3:45pm 3:46pm |
| SUB TEST | .00 | 3:48pm |
| AIR BLK | .00 | 3:49pm |

Reported AC: .00 g/210L

igrature of Chemical Analyst

Court CVR

Analyst

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008823 Test Date: 02/17/2012 Test Record Number: 829

Test Time: 3:49pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:50pm |
| FLO | Pass | 3:50pm |
| FC | Pass | 3:50pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 3:50pm |
| SRC | Pass | 3:50pm |
| DET | Pass | 3:50pm |
| BAR | Pass | 3:50pm |
| BT | Pass | 3:50pm |

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 Pass | 3:51pm |

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | redell Instrument Location Statesville PD |
|--|---|
| Instrument Ser | ial No. 008619 330 S. Tradd Street, Statesville |
| The preventive four months ar | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| procedures we | in the 9th day of February, 2012 the forgoing preventive maintenance are performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly. |
| STATE OF THE STATE | Signature of Certifying Official Cost |

TREDELL COUNTY STATESVILLE PD 480

Serial Number: 008619 Test Date: 02/09/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG120101 Exp Date: 07/20/2013

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 7:28pm |
| AIR BLK | .00 | 7:29pm |
| ACCY CHK | .08 | 7:30pm |
| AIR BLK | .00 | 7:31pm |
| SUB TEST | .00 | 7:31pm |
| AIR BLK | .00 | 7:32pm |
| SUB TEST | .00 | 7:34pm |
| AIR BLK | .00 | 7:35pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services Rev. 12/2007

IREDELL COUNTY STATESVILLE PD 480

Serial Number: 008619 Test Date: 02/09/2012

Test Record Number: 729
Test Time: 7:36pm EST

Test IIme: 7:30pm E31

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|------------------|
| IR FLO | Pass Pass | 7:37pm 7:37pm |
| FC | Pass | 7:37pm |

Temperature Tests

| Status | Time |
|--------|------------------------------|
| Pass | 7:37pm |
| | Pass Pass Pass Pass |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 7:38pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|------------------|
| PRNT | Pass | 7:38pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 7:38pm 7:38pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | ecklenburg Instrument Location Cornelius PD |
|--|---|
| Instrument Sei | rial No. 008692 21440 Catawba Avenue, Cornelius |
| | 704-892-1363 |
| The preventive four months as | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| procedures we | n the 9 th day of February , 20 10 the forgoing preventive maintenance per performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly. |
| THE STATE OF THE S | Signature of Certifying Official Certificate Number |

MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: 008692 Test Date: 02/09/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG201801 Exp Date: 01/18/2014

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 6:23pm |
| AIR BLK | .00 | 6:24pm |
| ACCY CHK | .08 | 6:25pm |
| AIR BLK | .00 | 6:26pm |
| SUB TEST | .00 | 6:27pm |
| AIR BLK | .00 | 6:28pm |
| SUB TEST | .00 | 6:30pm |
| AIR BLK | .00 | 6:31pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: 008692

Test Record Number: 1513

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|------------------|
| IR FLO | Pass Pass | 6:32pm 6:32pm |
| FC | Pass | 6:32pm |

Temperature Tests

| Test | Status | Time |
|---------------|--------|--------|
| FC1 | Pass | 6:32pm |
| SRC | Pass | 6:32pm |
| DET | Pass | 6:32pm |
| BAR | Pass | 6:32pm |
| \mathtt{BT} | Pass | 6:32pm |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 6:33pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 6:33pm |
| | CRC Tests | |
| Test | Status | Time |

| COMP | Pass | 6:33pm |
|------|------|--------|
| CAL | Pass | 6:33pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | Union Instrument Location Union County 50 |
|--|--|
| Instrumen | t Serial No. 008876 3344 Presson Rd. Monroe |
| | 704-283-3770 |
| The preve | ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every his are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| procedure | nat on the 946 day of February , 20 12 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. |
| SE S | Mach & Hull |
| 1 | Signature of Certifying Official Certificate Number |

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008876 Test Date: 02/09/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG201801 Exp Date: 01/18/2014

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 3:12pm |
| AIR BLK | .00 | 3:12pm |
| ACCY CHK | .08 | 3:13pm |
| AIR BLK | .00 | 3:14pm |
| SUB TEST | .00 | 3:15pm |
| AIR BLK | .00 | 3:16pm |
| SUB TEST | .00 | 3:17pm |
| AIR BLK | .00 | 3:18pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008876

Test Record Number: 2283

Test Date: 02/09/2012 Test Time: 3:19pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:20pm |
| FLO | Pass | 3:20pm |
| FC | Pass | 3:20pm |

Temperature Tests

| Test | Status | Time |
|------|--------|----------|
| FC1 | Pass | 3:20pm |
| SRC | Pass | 3:20pm |
| DET | Pass | 3:20pm |
| BAR | Pass | 3:20pm |
| BT | Pass | - 3:20pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:20pm |

Printer Tests

COMP

CAL

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 3:21pm |
| | CRC Tests | |
| Test | Status | Time |
| | | |

3:21pm

3:21pm

Preventive Maintenance Status: Pass

Pass

Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| CountyC | atawba Instrument Location Hickory PD |
|--|---|
| Instrument Ser | ial No. 008841 347 2nd Ave SW, Hickory 828-324-2060 |
| The preventive four months ar | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| procedures we | in the 5th day of February , 20 12 the forgoing preventive maintenance per performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly. |
| STATE OF THE STATE | |

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

Signature of Certifying Official

CATAWBA COUNTY HICKORY PD 170

Serial Number: 008841 Test Date: 02/05/2012

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: 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: AG108202 Exp Date: 03/23/2013

| Test | g/210 L | Time |
|----------|----------------|--------|
| DIAG | Pass | 2:40pm |
| AIR BLK | .00 | 2:41pm |
| ACCY CHK | .07 | 2:41pm |
| AIR BLK | .00 | 2:42pm |
| SUB TEST | .00 | 2:43pm |
| AIR BLK | .00 | 2:44pm |
| SUB TEST | .00 | 2:45pm |
| ATR BLK | .00 | 2:46pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CATAWBA COUNTY HICKORY PD 170

Serial Number: 008841 Test Date: 02/05/2012

Test Record Number: 1006
Test Time: 2:36pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:36pm |
| FLO | Pass | 2:36pm |
| FC | Pass | 2:37pm |

Temperature Tests

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

Blank Tests

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

AIR Pass 2:37pm

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 2:37pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:37pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County C | atawba Instrument Location Catawba County 50 |
|--|--|
| Instrument Ser | rial No. 008821 100 B Southwest Blvd, Newton 828-464-5241 |
| The preventive four months ar | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. |
| procedures we | on the 44h day of February, 2012 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 | |
| ESE QUAM VI | Signature of Certifying Official Certificate Number |
| | Signature of Certifying Official Confidence Number |

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008821 Test Date: 02/04/2012

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: 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: AG023702 Exp Date: 08/25/2012

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 8:49pm |
| AIR BLK | .00 | 8:50pm |
| ACCY CHK | .07 | 8:50pm |
| AIR BLK | .00 | 8:51pm |
| SUB TEST | .00 | 8:52pm |
| AIR BLK | .00 | 8:53pm |
| SUB TEST | .00 | 8:54pm |
| ATR RIK | 0.0 | 8:55pm |

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

er of parties of the region of the

Department of Health and Human Services Rev. 12/2007

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008821

Test Record Number: 835

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 8:45pm |
| FLO | Pass | 8:45pm |
| FC | Pass | 8:45pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 8:45pm |
| SRC | Pass | 8:45pm |
| DET | Pass | 8:45pm |
| BAR | Pass | 8:45pm |
| BT | Pass | 8:45pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 8:46pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|------------------|
| PRNT | Pass | 8:46pm |
| | CRC Tests | • |
| Test | Status | Time |
| COMP CAL | Pass Pass | 8:46pm 8:46pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County C | atawba | Instrument L | ocation Catawha | County so |
|--|---|----------------------|----------------------------|---|
| Instrument Ser | rial No. <u>008687</u> | | Southwest 1 | |
| | | 828 | - 464-5241 | |
| The preventive four months are | e maintenance procedures for the Into: re: | ximeters, Mod | lel Intox EC/IR II to be f | ollowed at least once every |
| 1. | Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degre | | e, or the alcoholic breath | simulator thermometer show |
| 2. | Verify instrument displays time ar | nd date; | | |
| 3. | Initiate breath test sequence; | | | |
| 4. | Enter information as prompted; | | | |
| 5. | Verify instrument accuracy; | | | |
| 6. | When "PLEASE BLOW" appears | s, collect brea | th sample; | |
| 7. | When "PLEASE BLOW" appears | s, collect brea | th 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. | | | |
| | n the <u>44h</u> day of <u>February</u> re performed on the instrument indicary. Health and Human Services, and the | | | oing preventive maintenance regulations of the N.C. |
| THE STATE OF THE S | Section 1 C ++ | <u>andre</u> facture | | 105M |
| *: | Signatu | re of Certifyi | ng Official | Certificate Number |

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008687 Test Date: 02/04/2012

Citation Number: M000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG120101 Exp Date: 07/20/2013

| Test | g/210L | Time |
|-----------------|--------|------------------|
| DIAG AIR BLK | Pass | 8:47pm 8:48pm |
| ACCY CHK | .07 | 8:48pm |
| AIR BLK | .00 | 8:50pm |
| SUB TEST | .00 | 8:50pm |
| AIR BLK | .00 | 8:51pm |
| SUB TEST | .00 | 8:53pm |
| AIR BLK | . 00 | 8:54pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008687

Test Record Number: 1326

Test Date: 02/04/2012

Test Time: 8:42pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 8:43pm |
| FLO | Pass | 8:43pm |
| FC | Pass | 8:43pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 8:43pm |
| SRC | Pass | 8:43pm |
| DET | Pass | 8:43pm |
| BAR | Pass | 8:43pm |
| BT | Pass | 8:43pm |

Blank Tests

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

AIR Pass 8:45pm

Printer Tests

| Test St | atus Time |
|---------|-----------|
|---------|-----------|

PRNT Pass 8:45pm

CRC Tests

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

COMP Pass 8:45pm CAL Pass 8:45pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shor 34 degrees, plus or minus 2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before 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 24 day of February 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 | Wake Co | Instrument Location BAT 1 | Mobile Unit 4 |
|--|------------|--------------------------------------|--------------------------------------|----------------------------------|
| four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shor 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before 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 24 day of Felicians 1, 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 | Serial No. <u>008841</u> | CARY | |
| 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before 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 24 day of February 20 22 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. | • | • | toximeters, 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. 1 certify that on the 24 day of February 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. | 1. | | | eath 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 24 day of February 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 | 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. 1 certify that on the 24 day of Felhamy, 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. | 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. 1 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. 1 certify that on the 24 day of February , 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. | 6. | When "PLEASE BLOW" appe | ears, 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" appe | ears, 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 | 1 | · |
| 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 chan | | |
| Top quantion to the state of th | procedures | were performed on the instrument ind | icated above, in accordance with cur | rent regulations of the N.C. |
| Signature of Certifying Official Certificate Number | ONE A SE | (_ V | Setup of Contifuing Official | |

WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008871 Test Date: 02/24/2012

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, GRAYHAM C
Permit Number: 7682E
Effective:
03/01/2010-03/01/2012

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

Lot Number: AG011703 Exp Date: 04/27/2012

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

Reported AC: /.00 g/210L

signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008871

Test Record Number: 440

System Check: Passed

Baseline Tests

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

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:08pm |
| SRC | Pass | 11:08pm |
| DET | Pass | 11:08pm |
| BAR | Pass | 11:08pm |
| BT | Pass | 11:08pm |

Blank Tests

| Test | Status | Time | |
|------|--------|---------|--|
| AIR | Pass | 11:09pm | |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 11:09pm |
| | CRC Tests | |
| Teat | Status | Time |

| COMP | Pass | 11:09pm |
|------|------|---------|
| CAL | Pass | 11:09pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County_ | White Co Instrument Location BAT Mobile Unit 4 |
|---|--|
| Instrumer | at Serial No. 20 3717 CARY |
| 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 show 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| procedure | nat on the |
| CONTRACTOR OF THE PROPERTY OF | |

WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008717 Test Record Number: 255 Test Date: 02/24/2012 Test Time: 11:22pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:23pm |
| FLO | Pass | 11:23pm |
| FC | Pass | 11:23pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:23pm |
| SRC | Pass | 11:23pm |
| DET | Pass | 11:23pm |
| BAR | Pass | 11:23pm |
| BT | Pass | 11:23pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:24pm |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 11:24pm |
| | CRC Tests | |

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:24pm |
| CAL | Pass | 11:24pm |

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008717 Test Date: 02/24/2012

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

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

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

Analyst's Name: KEESLER, GRAYHAM C
Permit Number: 7682E
Effective:
03/01/2010-03/01/2012

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 | Pass .00 .07 | 11:10pm 11:11pm 11:12pm |
| AIR BLK | .00 | 11:12pm |
| SUB TEST | .00 | 11:13pm |
| AIR BLK | .00 | 11:14pm |
| SUB TEST | .00 | 11:16pm |
| AIR BLK | .00 | 11:17pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County / | Jake Co Instrument Location BAT Mobile Unit 4 |
|--|--|
| <u> </u> | rial No. OOBH34 CARY |
| The preventive four months ar | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that or procedures we Department of | n the |
| STATE OF THE STATE | CARO |

WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008734 Test Date: 02/24/2012

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, GRAYHAM C
Permit Number: 7682E
Effective:
03/01/2010-03/01/2012

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 | 10:59pm 11:00pm |
| ACCY CHK | .07 | 11:00pm |
| AIR BLK | .00 | 11:01pm |
| SUB TEST | .00 | 11:02pm |
| AIR BLK | .00 | 11:03pm |
| SUB TEST | .00 | 11:05pm |
| AIR BLK | .00 | 11:06pm |

Reported AC; __00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008734 Test Record Number: 478 Test Date: 02/24/2012 Test Time: 11:08pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

| Status | Time |
|--------|------------------------------|
| Pass | 11:08pm |
| | Pass Pass Pass Pass |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:09pm |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 11:09pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 11:09pm |

Preventive Maintenance Status: Pass

Pass

11:09pm

CAL

Analyst

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

I certify that on the day of horizon, 20 the forgoing preventive maintenance procedures were performed on the instrument indicated above, infaccordance 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

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668 Test Date: 02/14/2012

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: 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: AG108202 Exp Date: 03/23/2013

| Test | g/210L | Time |
|--|--------------------|--|
| DIAG AIR BLK ACCY CHK AIR BLK | Pass .00 .07 | 12:15pm 12:16pm 12:16pm 12:17pm |
| SUB TEST | .00 | 12:18pm |
| AIR BLK | .00 | 12:19pm |
| SUB TEST | .00 | 12:21pm |
| ATR BLK | - 00 | 12:22pm |

Reported AC: /00

√00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668

Test Record Number: 1865

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 |
| BT | 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 |
| CAL | Pass | 12:34pm |

Preventive Maintenance Status: Pass



PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | Pir Instrument Location Pir W. Dukunhin Ck |
|--|---|
| Instrument Se | rial No. DO 8 442 124 Detention Dr., Granville, |
| The preventiv | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that of procedures we Department of | on theday of, 20 /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 | Signature of Certifying Official Certificate Number |

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008662 Test Date: 02/14/2012

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: 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 | Pass | 12:41pm 12:42pm |
| ACCY CHK | .07 | 12:42pm |
| AIR BLK | .00 | 12:44pm |
| SUB TEST | .00 | 12:44pm |
| AIR BLK | .00 | 12:45pm |
| SUB TEST | .00 | 12:47pm |
| ATR BLK | . 00 | 12:47pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

First A Mees

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008662

Test Record Number: 642

Test Date: 02/14/2012

Test Time: 12:48pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|----------------------|-------------------------------|
| IR FLO | Pass Pass Pass | 12:49pm 12:49pm 12:49pm |

Temperature Tests

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

Blank Tests

| Test | Status | $\mathtt{Tim} \in$ |
|------|--------|--------------------|
| Test | Status | Time |

AIR Pass 12:49pm

Printer Tests

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

PRNT Pass 12:50pm

CRC Tests

Test Status Time

COMP Pass 12:50pm CAL Pass 12:50pm

Preventive Maintenance Status: Pass

Analyst



| County P | Instrument Location Ayden Blice Dopt |
|--|--|
| Instrument Se | erial No. 008/ololo 4144 West Ave., Ayden, N.C. |
| The preventive four months a | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. |
| I certify that of procedures we Department of | on the day of <u>February</u> , 20/Z- 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 |

PITT AYDEN PD 730

Serial Number: 008666 Test Date: 02/27/2012

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: 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: AG102701 Exp Date: 01/27/2013

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 9:50am |
| AIR BLK | .00 | 9:51am |
| ACCY CHK | .07 | 9:51am |
| AIR BLK | .00 | 9:52am |
| SUB TEST | .00 | 9:53am |
| AIR BLK | .00 | 9:54am |
| SUB TEST | .00 | 9:56am |
| ATR BLK | . 00 | 9:56am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PITT AYDEN PD 730

Test Date: 02/27/2012

Serial Number: 008666 Test Record Number: 550 Test Time: 9:58am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:58am |
| FLO | Pass | 9:58am |
| FC | Pass | 9:58am |

Temperature Tests

| Test | Status | Time |
|---------------|--------|--------|
| FC1 | Pass | 9:58am |
| SRC | Pass | 9:58am |
| DET | Pass | 9:58am |
| BAR | Pass | 9:58am |
| \mathtt{BT} | Pass | 9:58am |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:59am |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 9:59am |
| | CRC Tests | |
| Test | Status | Time |

| COMP | Pass | 9:59am |
|------|------|--------|
| CAL | Pass | 9:59am |

Preventive Maintenance Status: Pass



| | INTOXINETERS, MODEL INTOX EC/IR II |
|--|--|
| County Por | quimans Instrument Location OGUINGAS (U.S.O. |
| Instrument Ser | ial No. DO8971 110 N. Church Sty Hertford, |
| 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. |
| I certify that o procedures we Department of | n theday of |
| Of THE STATE OF TH | |

THE CHAM WITH A STATE OF NO CHAMPER A STATE

Signature of Certifying Official

Certificate Number

PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921 Test Date: 02/14/2012

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: 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: AG011702 Exp Date: 04/27/2012

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 11:30am |
| AIR BLK | .00 | 11:30am |
| ACCY CHK | .08 | 11:31am |
| AIR BLK | .00 | 11:32am |
| SUB TEST | .00 | 11:32am |
| AIR BLK | .00 | 11:34am |
| SUB TEST | .00 | 11:35am |
| ATR BLK | . 0.0 | 11:36am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921 Test Date: 02/14/2012 Test Record Number: 321
Test Time: 11:37am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:37am |
| FLO | Pass | 11:37am |
| FC | Pass | 11:37am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:37am |
| SRC | Pass | 11:37am |
| DET | Pass | 11:37am |
| BAR | Pass | 11:37am |
| BT | Pass | 11:37am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:38am |

Printer Tests

Test

| PRNT | Pass | 11:38am |
|------|-----------|---------|
| | CRC Tests | |
| Test | Status | Time |

Status

Time

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:38am |
| CAL | Pass | 11:38am |

Preventive Maintenance Status: Pass

Analyst



| County (1) | ashington Instrument Location Washington Co. S.O. |
|--|---|
| Instrument S | erial No. 008829 Adams St., Plymouth, NC |
| The preventi | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that procedures v Department | on the 15 day of to bruary, 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. |
| WYND SECTION OF THE CREAT OF TH | 1011 093 |
| | Signature of Certifying Official Certificate Number |

WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829 Test Date: 02/15/2012

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: 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: AG011702 Exp Date: 04/27/2012

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829 Test Date: 02/15/2012 Test Record Number: 379 Test Time: 11:32am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|--------------------|
| IR FLO | 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 |
| 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 | Pass | 11:33am |
|------|------|---------|
| CAL | Pass | 11:33am |

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | ECKLENBURG | Instrument Location BAT N | WILE UNIT 3 |
|--|---|--|--|
| Instrument Se | rial No. <u>008707</u> | CHAF | SLOTTE, NC |
| The preventive four months as | | ntoximeters, 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 degrees. | displays pressure, or the alcoholic brea gree centigrade; | ath simulator thermometer show |
| 2. | Verify instrument displays time | e and date; | |
| 3. | Initiate breath test sequence; | | |
| 4. | Enter information as prompted; | } | • |
| 5. | Verify instrument accuracy; | | |
| 6. | When "PLEASE BLOW" appe | ears, collect breath sample; | |
| · 7. | When "PLEASE BLOW" appe | ears, collect breath sample; | |
| 8. | Print test record; | | |
| 9., | Verify Diagnostic Program; and | d | |
| 10. | Verify that the ethanol gas can simulator solution is being charwhichever occurs first. | ister is being changed before expiration nged every four months or after 125 A | n date, or the alcoholic breath lcoholic Breath Simulator tests, |
| procedures we | on the <u>23</u> day of <u>F8</u> ere performed on the instrument ind f Health and Human Services, and t | E 3 , 20 12 the finance with current is functioning properly. | orgoing preventive maintenance ent regulations of the N.C. |
| COETALS OF THE STATE OF THE STA | Clu_ | Ray Bands | Certificate Number |

MECKLENBURG COUNTY BAT MOBILE UNIT 3
590

Serial Number: 008707 Test Date: 02/23/2012

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

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

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alun Kay Bens Analyst

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008707 Test Record Number: 1347
Test Date: 02/23/2012 Test Time: 11:28pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|--------------------|
| IR FLO | Pass Pass | 11:28pm 11:28pm |
| FC | Pass | 11:28pm |

Temperature Tests

| Test | Status | Time |
|---------------|--------|---------|
| FC1 | Pass | 11:29pm |
| SRC | Pass | 11:29pm |
| DET | Pass | 11:29pm |
| BAR | Pass | 11:29pm |
| \mathtt{BT} | Pass | 11:29pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:29pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|--------------------|
| PRNT | Pass | 11:29pm |
| • | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 11:29pm 11:29pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| | Instrument Location BAT MOBILE UNIT 3 CHARLOTTE, NC TOTAL OF THE PROPERTY OF |
|--|--|
| The preventiv 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 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 tes whichever occurs first. |
| ngoodures v | on the <u>23</u> day of <u>FEB</u> , 20 12 the forgoing preventive maintenar 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. |
| LELS THE CREAT OF THE CONTROL OF THE CREAT O | |
| AND SEE OLIVIA | Signature of Certifying Official Certificate Number |

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647 Test Date: 02/23/2012

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

10/01/2011-10/01/2013

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

Lot Number: AG011703 Exp Date: 04/27/2012

| Test | g/210L | Time |
|---|----------------------------------|---|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST | Pass .00 .07 .00 .00 | 11:25pm 11:26pm 11:26pm 11:27pm 11:28pm 11:29pm 11:30pm |
| | | _ |
| AIR BLK | .00 | 11:31pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alu Ray Benez Analyst

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647

Test Record Number: 1293

Test Date: 02/23/2012

Test Time: 11:32pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:32pm |
| FLO | Pass | 11:32pm |
| FC | Pass | 11:33pm |

Temperature Tests

| Test | Status | Time |
|-------------------|----------------------|-------------------------------|
| FC1 SRC DET | Pass Pass Pass | 11:33pm 11:33pm 11:33pm |
| BAR | Pass | 11:33pm |
| \mathtt{BT} | Pass | 11:33pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:33pm |

Printer Tests

| Test | Status | Time |
|------|-----------------|---------|
| PRNT | Pass | 11:33pm |
| | CRC Tests | |
| Test | St at us | Time |
| COMP | Pass Pass | 11:34pm |

Preventive Maintenance Status: Pass

alm Ray Banas Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County M | ECKLENBURG Instr | rument Location BAT MOBILE UNIT 3 | |
|---|--|--|--|
| Instrument Se | rial No. <u>008616</u> | CHARLOTTE, NC | |
| | | | |
| The preventive four months a | • | ers, Model Intox EC/IR II to be followed at least once every | |
| 1. | Verify the ethanol gas canister displays 34 degrees, plus or minus .2 degree cen | pressure, or the alcoholic breath simulator thermometer sho tigrade; | |
| 2. | Verify instrument displays time and da | re; | |
| 3. | Initiate breath test sequence; | | |
| 4. | Enter information as prompted; | | |
| 5. | Verify instrument accuracy; | | |
| 6. | When "PLEASE BLOW" appears, collect breath sample; | | |
| 7. | When "PLEASE BLOW" appears, col | lect breath sample; | |
| 8. | Print test record; | | |
| 9. | Verify Diagnostic Program; and | | |
| 10. | Verify that the ethanol gas canister is b simulator solution is being changed even whichever occurs first. | eing changed before expiration date, or the alcoholic breath ery four months or after 125 Alcoholic Breath Simulator tests | |
| | on the <u>33</u> day of <u>FEB</u> ere performed on the instrument indicated a f Health and Human Services, and the instru | , 20 the forgoing preventive maintenance bove, in accordance with current regulations of the N.C. ument is functioning properly. | |
| OF STATE OF | | 1 116 | |
| VI MANO SACTOR | " Cilum Kay | Barres 648 Certifying Official Certificate Number | |

MECKLENBURG COUNTY BAT MOBILE UNIT 3
590

Serial Number: 008616 Test Date: 02/23/2012

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

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

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

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

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

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

| Test | g/210 L | Time |
|---|--------------------------|--|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST | Pass .00 .07 .00 .00 .00 | 11:19pm 11:20pm 11:21pm 11:22pm 11:23pm 11:24pm |
| AIR BLK | .00 | 11:25pm |

Reported AC: .00 q/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616 Test Date: 02/23/2012

Test Record Number: 1282 Test Time: 11:26pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:27pm |
| FLO | Pass | 11:27pm |
| FC | Pass | 11:27pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:28pm |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 11:28pm |
| | CRC Tests | • |
| Test | Status | Time |
| | | |

COMP Pass 11:28pm CAL Pass 11:28pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | ONSLOW Instrument Location JACKSON UILLE P.O. |
|----------------------------------|--|
| Instrumen | t Serial No |
| The preve | ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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. |
| l certify the procedure Departme | that on the |
| COREAT SE | TATE OF NO. 1778 |
| A COSE OF | Signature of Certifying Official Certificate Number |

ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: 008819 Test Date: 02/24/2012

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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 ACCY CHK AIR BLK SUB TEST | Pass .00 .08 .00 | 12:16pm 12:17pm 12:17pm 12:18pm 12:19pm |
| AIR BLK | .00 | 12:20pm |
| SUB TEST | .00 | 12:21pm |
| AIR BLK | .00 | 12:22pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Manalyst Analyst

ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: 008819 Test Record Number: 338

Test Date: 02/24/2012

Test Time: 12:23pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:24pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|--------------------|
| PRNT | Pass | 12:24pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 12:24pm 12:24pm |

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | VANCE | Instrument Location VANE | CO. SHELLIFS DE |
|-----------------|---|---|---|
| Instrumen | nt Serial No. <u>() 0</u> 8937 | 156 CHURCH ST. 1 | HENDERSON, NC |
| The preve | entive maintenance procedures for the In | ntoximeters, Model Intox EC/IR II to b | e followed at least once every |
| 1. | Verify the ethanol gas canister 34 degrees, plus or minus .2 de | displays pressure, or the alcoholic brea gree 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" app | ears, collect breath sample; | |
| 7. | When "PLEASE BLOW" app | ears, collect breath sample; | |
| 8. | Print test record; | | |
| 9. | Verify Diagnostic Program; an | d | |
| 10. | Verify that the ethanol gas can simulator solution is being cha whichever occurs first. | ister is being changed before expiration nged every four months or after 125 A | n date, or the alcoholic breath Icoholic Breath Simulator tests, |
| procedure | that on the day of day of day of the swere performed on the instrument incent of Health and Human Services, and | dicated above, in accordance with current the instrument is functioning properly. | ent regulations of the N.C. |
| CHARLE GREAT SE | STATE OF NO STATE | nature of Certifying Official | Certificate Number |

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937 Test Date: 02/23/2012

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937 Test Record Number: 1189
Test Date: 02/23/2012 Test Time: 2:05pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:06pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|------------------|
| PRNT | Pass | 2:07pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 2:07pm 2:07pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | VANCE | Instrument Location VANU | E CO. SHELIFFS DE |
|--|--|---|-----------------------------------|
| Instrument | Serial No | 10 156 CHURCH ST. 4 | HENDERSON, N.C |
| The prever | | es for the Intoximeters, Model Intox EC/IR II to | be followed at least once every |
| 1. | | as canister displays pressure, or the alcoholic br ninus .2 degree centigrade; | reath simulator thermometer shows |
| 2. | Verify instrument dis | isplays time and date; | |
| 3. | Initiate breath test se | equence; | |
| 4. | Enter information as | prompted; | |
| 5. | Verify instrument ac | ceuracy; | |
| . 6. | When "PLEASE BL | OW" appears, collect breath sample; | |
| · 7. | When "PLEASE BL | OW" appears, collect breath sample; | |
| 8. | Print test record; | | |
| 9. | Verify Diagnostic Pr | rogram; and | |
| 10. | | nol gas canister is being changed before expirati being changed every four months or after 125 est. | |
| procedures | were performed on the instr | of TERPOARY, 20 12 the trument indicated above, in accordance with curvices, and the instrument is functioning properly | rrent regulations of the N.C. |
| SCHOOL STATE OF STATE | ATE OF NORTH CAROLINA TO THE OF NORTH AND THE OF NORTH AN | Signature of Certifying Official | 652- Certificate Number |



VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870 Test Date: 02/23/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name:

QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Exp Date: 00/23/2012

Test g/210L Time

DIAG Pass 2:02pm AIR BLK .00 2:03pm

ACCY CHK .08 2:04pm

AIR BLK .00 2:05pm SUB TEST .00 2:05pm

AIR BLK .00 2:06pm

SUB TEST .00 2:08pm

AIR BLK .00 2:08pm

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

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870 Test Record Number: 319
Test Date: 02/23/2012 Test Time: 2:10pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:11pm |
| FLO | Pass | 2:11pm |
| FC | Pass | 2:11pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 2:11pm |
| SRC | Pass | 2:11pm |
| DET | Pass | 2:11pm |
| BAR | Pass | 2:11pm |
| BT | Pass | 2:11pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:11pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 2:11pm |
| | CRC Tests | |
| Test | Status | Time |
| | | |

Preventive Maintenance Status: Pass

Pass

Pass

2:12pm

2:12pm

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| | INTOXIMETERS, MODEL INTOX ECAR II |
|--|---|
| County > | Instrument Location PEVESON CO. LEC. |
| Instrument Seria | 11 No. 008880 120 COURT ST. PUXBORU, M.C. |
| The preventive r | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that on procedures were Department of I | the 13 day of FRIUAU , 20 12 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly. |
| O'THE STATE OF THE | Signature of Certifying Official Certificate Number |

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880 Test Date: 02/13/2012

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

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

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

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 2:07pm |
| AIR BLK | .00 | 2:08pm |
| ACCY CHK | .08 | 2:08pm |
| AIR BLK | .00 | 2:09pm |
| SUB TEST | .00 | 2:10pm |
| AIR BLK | .00 | 2:11pm |
| SUB TEST | .00 | 2:12pm |
| ATR BLK | - 00 | 2:14pm |

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

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880

Test Record Number: 420

Test Date: 02/13/2012

Test Time: 2:15pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:15pm |
| FLO | Pass | 2:15pm |
| FC | Pass | 2:15pm |

Temperature Tests

| Test | Status | Time |
|------------|--------------|------------------|
| FC1 | Pass | 2:16pm |
| SRC DET | Pass Pass | 2:16pm 2:16pm |
| BAR | Pass | 2:16pm |
| BT | Pass | 2:16pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:16pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 2:16pm |
| | CRC Tests | |
| | | |

| TESC | Status | True |
|------|--------|--------|
| COMP | Pass | 2:16pm |
| CAL | Pass | 2:16pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| | INTOXIMETERS, MODEL INTOX EC/IK II |
|--|--|
| County | ELSON Instrument Location PERSON CO. LEC |
| Instrument Seria | al No. 008693 120 COURT ST. PEXBORD, N.C. |
| The preventive four months are | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that on procedures were Department of I | the 12 day of TEBRUARY, 20 12—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. |
| OTH 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.

DHHS 4080 (11/07)

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693 Test Date: 02/13/2012

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:
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 AIR BLK | Pass | 2:11pm 2:12pm |
| ACCY CHK | .07 | 2:13pm |
| AIR BLK | .00 | 2:13pm |
| SUB TEST | .00 | 2:14pm |
| AIR BLK | .00 | 2:15pm |
| SUB TEST | .00 | 2:16pm |
| AIR BLK | .00 | 2:17pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693 Test Record Number: 780

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:19pm |
| FLO | Pass | 2:19pm |
| FC | Pass | 2:19pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 2:19pm |
| SRC | Pass | 2:19pm |
| DET | Pass | 2:19pm |
| BAR | Pass | 2:19pm |
| BT | Pass | 2:19pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:20pm |

Printer Tests

Test

CAL

Status Time

2:20pm

| TCDC | Deacab | 11110 |
|------|-----------|--------|
| PRNT | Pass | 2:20pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 2:20pm |

Preventive Maintenance Status: Pass

Pass

Analyst



| County W | AKE Instrument Location CCBI | | |
|--|--|--|--|
| Instrument Ser | ial No. 008615 330 S. SALISBURY ST. RALEIGH, | | |
| 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. | | |
| | theday of | | |
| CHANGE OF THE STATE OF THE STAT | | | |

WAKE COUNTY CCBI 910

Serial Number: 008615 Test Date: 02/09/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name:
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 AIR BLK | Pass | 12:25pm 12:26pm |
| ACCY CHK | .07 | 12:27pm |
| AIR BLK SUB TEST | .00 | 12:28pm 12:28pm |
| AIR BLK SUB TEST | .00 .00 | 12:29pm 12:31pm |
| AIR BLK | .00 | 12:32pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY CCBI 910

Serial Number: 008615 Test Record Number: 2918
Test Date: 02/09/2012 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

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

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 | 12:35pm |
| CAL | Pass | 12:35pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | WAKE Instrument Location CCBI |
|--|--|
| Instrument | Serial No. OO 8826 330 S. SALISBURY ST. RALETCH, N. |
| The prevent | tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. _; | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that procedures Department | at on theday of, 20, 20 |
| THE CREAT SECTION OF 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.

DHHS 4080 (11/07)

WAKE COUNTY CCBI 910 Serial Number: 008826

Test Date: 02/09/2012

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name:
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: AG201802 Exp Date: 01/18/2014

| Test | g/210L | Time |
|----------|--------|---------|
| | | |
| DIAG | Pass | 12:13pm |
| AIR BLK | .00 | 12:14pm |
| ACCY CHK | .08 | 12:15pm |
| AIR BLK | .00 | 12:16pm |
| SUB TEST | .00 | 12:17pm |
| AIR BLK | .00 | 12:18pm |
| SUB TEST | .00 | 12:20pm |
| AIR BLK | .00 | 12:21pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

WAKE COUNTY CCBI 910

Serial Number: 008826 Test Record Number: 4536 Test Date: 02/09/2012 Test Time: 12:23pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:24pm |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:25pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 12:25pm |
| CAL | Pagg | 12:25pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

NC

| County | WAKE Instrument Location | on CCBI |
|---------------------------------------|--|--|
| Instrument | nent Serial No. <u>008816</u> 330 5 . S | AUSBURY ST. RALEIGH |
| The prever | eventive maintenance procedures for the Intoximeters, Model Intonths are: | tox EC/IR II to be followed at least once every |
| 1. | . Verify the ethanol gas canister displays pressure, or the 34 degrees, plus or minus .2 degree centigrade; | he 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. | 6. When "PLEASE BLOW" appears, collect breath san | nple; |
| 7. | 7. When "PLEASE BLOW" appears, collect breath san | nple; |
| 8. | Print test record; | |
| 9. | O. 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 alcoholic breath hs or after 125 Alcoholic Breath Simulator tests, |
| procedure | y that on theday of, ures were performed on the instrument indicated above, in accordant of Health and Human Services, and the instrument is function. | 20 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| S S S S S S S S S S S S S S S S S S S | Signature of Certifying O | official Certificate Number |

WAKE COUNTY CCBI 910

Serial Number: 008816 Test Date: 02/09/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name:
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: AG202602 Exp Date: 01/26/2014

| Test | g/210L | Time |
|-----------------|--------|--------------------|
| DIAG AIR BLK | Pass | 11:59am 12:00pm |
| ACCY CHK | .08 | 12:01pm |
| AIR BLK | .00 | 12:02pm |
| SUB TEST | .00 | 12:02pm |
| AIR BLK | .00 | 12:03pm |
| SUB TEST | .00 | 12:05pm |
| AIR BLK | .00 | 12:06pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

WAKE COUNTY CCBI 910

Serial Number: 008816 Test Date: 02/09/2012 Test Record Number: 4960 Test Time: 12:09pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

| FC1 Pass SRC Pass DET Pass BAR Pass BT Pass | 12:10pm 12:10pm 12:10pm 12:10pm 12:10pm |
|---|---|
| Di rass | TZ:TOPIII |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:11pm |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 12:11pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 12:11pm |

Preventive Maintenance Status: Pass

Pass

12:11pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | WAKE Instrument Location CCRI |
|-----------|--|
| Instrumen | t Serial No. 008686 330 S. SALISBURY ST. RALEIGH, N |
| 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 the |
| GREAT ST | TATE OF NO. |
| * 1551 C | WA CANEY 652 |
| | 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)

WAKE COUNTY CCBI 910

Serial Number: 008686 Test Date: 02/09/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Driver's License Number: NONE

Analyst's Name:
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 | Pass | 11:52am 11:53am |
| ACCY CHK | .07 | |
| AIR BLK | .00 | 11:55am |
| SUB TEST | .00 | 11:55am |
| AIR BLK | .00 | 11:56am |
| SUB TEST | .00 | 11:58am |
| AIR BLK | .00 | 11:59am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services Rev. 12/2007

WAKE COUNTY CCBI 910

Serial Number: 008686 Test Date: 02/09/2012 Test Record Number: 3101 Test Time: 12:01pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:01pm |
| FLO | Pass | 12:01pm |
| FC | Pass | 12:01pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:01pm |
| SRC | Pass | 12:01pm |
| DET | Pass | 12:01pm |
| BAR | Pass | 12:01pm |
| BT | Pass | 12:01pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:02pm |

Printer Tests

| Test | Status | True |
|------|-----------|---------|
| PRNT | Pass | 12:02pm |
| | CRC Tests | |

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 12:02pm |
| CAL | Pass | 12:02pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County_ | WAKE I | nstrument Location_ | KNIGHTD | ALE | PS- |
|--------------|--|---|---|-----------------------------|--|
| Instrume | ent Serial No. OS838 9 | 19 STEEPI | E SQUAR | EC | - 木 - 木 - 木 - 木 - 木 - 木 - 木 - 木 - 木 木 |
| The previous | ventive maintenance procedures for the Intoxinths are: | neters, Model Intox | EC/IR II to be follo | wed at least | once every |
| 1. | Verify the ethanol gas canister displ 34 degrees, plus or minus .2 degree | | coholic breath sime | ulator thern | nometer 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 simulator solution is being changed whichever occurs first. | is being changed before every four months o | ore expiration date, after 125 Alcoholi | or the alcol c Breath Si | nolic breath mulator tests, |
| procedu | that on theday ofBR_ ures were performed on the instrument indicate ment of Health and Human Services, and the in | JARY , 20 ed above, in accordar estrument is function | ce with current reg | g preventive ulations of | e maintenance the N.C. |
| CREAT SE | STATE OF TOOLS AND STATE OF TOOL | QAATZ e of Certifying Offic | ial | 65c | |

WAKE COUNTY KNIGHTDALE PS 910

Serial Number: 008838 Test Date: 02/08/2012

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:
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 AIR BLK | Pass | 12:02pm 12:03pm |
| ACCY CHK AIR BLK | .07 | 12:04pm 12:05pm |
| SUB TEST AIR BLK | .00 .00 | 12:05pm 12:06pm |
| SUB TEST | .00 | 12:07pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY KNIGHTDALE PS 910

Serial Number: 008838

Test Record Number: 616

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-------|--------|---------|
| IR | Pass | 12:10pm |
| FLO . | Pass | 12:10pm |
| FC | Pass | 12:10pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:11pm |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:11pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 12:11pm |
| CAL | Pass | 12:11pm |

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County_ | WAKE Instrument Location CARY P.D. |
|------------------------------------|---|
| Instrumer | Serial No. 008587 120 WIKINSON ANE CAPY NO |
| The preve | ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| | at on the day of, 20 _Z the forgoing preventive maintenance is were performed on the instrument indicated above, in accordance with current regulations of the N.C. at of Health and Human Services, and the instrument is functioning properly. |
| THE CONTRACTOR AND A SECOND PARTY. | Signature of Certifying Official Certificate Number |

WAKE COUNTY CARY PD 910

Serial Number: 008587 Test Date: 02/07/2012

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 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 | 10:55am |
| AIR BLK | .00 | 10:56am |
| ACCY CHK | .08 | 10:57am |
| AIR BLK | .00 | 10:58am |
| SUB TEST | .00 | 10:59am |
| AIR BLK | .00 | 11:00am |
| SUB TEST | .00 | 11:02am |
| AIR BLK | .00 | 11:03am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY CARY PD 910

Serial Number: 008587 Test Date: 02/07/2012

Test Record Number: 1707
Test Time: 11:05am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

| Status | Time |
|--------|------------------------------|
| Pass | 11:05am |
| | Pass Pass Pass Pass |

Blank Tests

AIR Pass 11:06am

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:06am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:06am |
| CAL | Pass | 11:06am |

Preventive Maintenance Status: Pass

Analyst



PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | HALIFAY Instrument Location HALIFAY CO. SHERIF [|
|-----------|--|
| Instrumer | t Serial No. 008695 FERREU UN. HALIFAK, N.C. |
| 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, 20 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. |
| GREAT SE | Signature of Certifying Official Certificate Number |

HALIFAX CO. HALIFAX CO. SD 410

Serial Number: 008695 Test Date: 02/03/2012

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:

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: AG201802

Test

Exp Date: 01/18/2014

| DIAG | Pass | 2:09pm |
|-----------|------|---------|
| AIR BLK | .00 | 2:10pm |
| ACCY CHK | .08 | 2:11pm |
| AIR BLK | .00 | 2:12pm |
| GTTD MMGM | 0.0 | 2 . 1 2 |

g/210L

Time

.00 g/210L

 SUB TEST .00
 2:12pm

 AIR BLK .00
 2:13pm

SUB TEST .00 2:15pm

AIR BLK .00 2:16pm

WX Dave

Reported, AC:

Signature (of Chemical Analyst

Court CVR

Analyst

HALIFAX CO. HALIFAX CO. SD 410

Serial Number: 008695

Test Record Number: 966

Test Date: 02/03/2012

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

| Test | Status | Time |
|---------------|--------|--------|
| FC1 | Pass | 2:18pm |
| SRC | Pass | 2:18pm |
| DET | Pass | 2:18pm |
| BAR | Pass | 2:18pm |
| \mathtt{BT} | Pass | 2:18pm |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:19pm |

Printer Tests

| rest | Status | TTIIG |
|------|-----------|--------|
| PRNT | Pass | 2:19pm |
| | CRC Tests | |
| Test | Status | Time |
| | | |

2:19pm

2:19pm

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County_ | JORTHAMPTON Instrument Location NORTHAMPTON CO. SHERIF |
|---|--|
| Instrument S | Serial No. 008607 105 W. JEFFERSON ST. JACKSON, 1 |
| The prevent four months | ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| procedures | at on the day of day of, 20 \ the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. to f Health and Human Services, and the instrument is functioning properly. |
| GREAT | CARD TO THE PART OF THE PART O |

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008607 Test Date: 02/03/2012

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:
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: AG016501 Exp Date: 06/14/2012

| Test | g/210L | Time |
|-----------------------------|--------------------|----------------------------|
| DIAĠ AIR BLK ACCY CHK | Pass .00 .08 | 1:13pm 1:14pm 1:14pm |
| AIR BLK | .00 | 1:16pm |
| SUB TEST | .00 | 1:16pm |
| AIR BLK | .00 | 1:17pm |
| SUB TEST | .00 | 1:19pm |
| AIR BLK | .00 | 1:20pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008607

Test Record Number: 641

Test Date: 02/03/2012 Test Time: 1:21pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:21pm |
| FLO | Pass | 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 | 1:22pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 1:22pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 1:22pm |

Preventive Maintenance Status: Pass

Pass

CAL

1:22pm

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County NOR | THAMPTON Instrument Location NORTHAMPTON CO. SHERIFF |
|--|--|
| Instrument Seria | INO. O08688 105 W. JEFFERSON ST. JACKSON, |
| The preventive r | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| | the |
| STATE OF THE STATE | Signature of Certifying Official Certificate Number |

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008688 Test Date: 02/03/2012

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008688 Test Record Number: 591 Test Date: 02/03/2012 Test Time: 1:15pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:15pm |
| FLO | Pass | 1:15pm |
| FC | Pass | 1:15pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 1:16pm |
| SRC | Pass | 1:16pm |
| DET | Pass | 1:16pm |
| BAR | Pass | 1:16pm |
| BT | Pass | 1:16pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:16pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 1:16pm |
| | CRC Tests | |
| Test | Status | Time |
| | | |

Pass

Pass

1:16pm

1:16pm

Preventive Maintenance Status: Pass

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County - | ALIFAX | _ Instrur | nent Location 2 | LOANULE | RAPIOS | <u> </u> |
|--|---|---------------|--------------------|--------------------|--------------------|---------------|
| Instrument Ser | ial No. <u>8635</u> | 1040 | POANOKE | AUE, | ROMORE | RAP |
| The preventive four months ar | e maintenance procedures for the | Intoximeter | s, Model Intox EC | /IR II to be follo | owed at least once | every |
| 1. | Verify the ethanol gas caniste 34 degrees, plus or minus 2. | | | holic breath sin | nulator thermomet | er shows |
| 2. | Verify instrument displays tin | ne and date; | | | | |
| 3. | Initiate breath test sequence; | | | | | |
| 4. | Enter information as prompte | d; | | | | |
| 5. | Verify instrument accuracy; | | | | | |
| 6. | When "PLEASE BLOW" ap | pears, collec | t breath sample; | | | |
| 7. | When "PLEASE BLOW" ap | pears, collec | t 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. | | | | | |
| | n the day of \frac{1}{500} day of \frac{1}{5 | ndicated abo | ve, in accordance | with current reg | g preventive main | tenance C. |
| OF THE STATE OF THE COME AND 20, 1775 APPLICATE OF THE COME AND 2 | NA. | | AMAU Official | | 652 | hor |
| | Si | gnature of C | ertifying Official | • | Certificate Num | per |

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: 008635 Test Date: 02/03/2012

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

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

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

| Test | g/210L | Time |
|-----------------|--------|--------------------|
| DIAG AIR BLK | Pass | 11:43am 11:44am |
| ACCY CHK | .07 | 11:45am |
| AIR BLK | .00 | 11:46am |
| SUB TEST | .00 | 11:46am |
| AIR BLK | .00 | 11:47am |
| SUB TEST | .00 | 11:49am |
| AIR BLK | .00 | 11:50am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HALIFAX CO ROANOKE RAPIDS PD 410

Serial Number: 008635

Test Record Number: 1019

Test Date: 02/03/2012

Test Time: 11:50am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|--------------------|
| IR | Pass | 11:51am |
| FLO FC | Pass Pass | 11:51am 11:51am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:51am |
| SRC | Pass | 11:51am |
| DET | Pass | 11:51am |
| BAR | Pass | 11:51am |
| BT | Pass | 11:51am |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:52am |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 11:52am |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 11.52am |

Preventive Maintenance Status: Pass

Pass

11:52am

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | HALIFA | -¥ | Instrum | nent Location | POMO | KE | RAPIOS | P.D. |
|---|--|--|-------------------------------|--|---------------------------------|--------------------|-----------------------------------|-----------------------|
| Instrument | Serial No | 008656 | 1040 | PORNOLE | E AVE, | Ro | ANOKE | P.D. RAPIOS, |
| | | | | · | | <u></u> | | <u> </u> |
| The prever | | nce procedures for the l | ntoximeters | , Model Intox I | EC/IR II to be | follow | red at least onc | e every |
| 1. | | the ethanol gas canister grees, plus or minus .2 de | | | lcoholic breat | th simu | lator thermome | eter shows |
| 2. | Verify | instrument displays tim | e and date; | | | | | |
| 3. | Initiate | e breath test sequence; | | | | | | |
| 4. | Enter | information as prompted | l; | | | | | |
| 5. | Verify | instrument accuracy; | | | | | | |
| 6. | When | "PLEASE BLOW" app | ears, collec | t breath sample | ; | | | |
| 7. | When | "PLEASE BLOW" app | ears, collec | t breath sample | ; | | | |
| 8. | Print t | est record; | | | | | | _ |
| 9. | Verify | Diagnostic Program; a | nd | | | | | |
| 10. | simula | that the ethanol gas car ator solution is being cha ever occurs first. | nister is bein anged every | g changed befo four months or | ore expiration after 125 Ale | date, o coholic | r the alcoholic Breath Simula | breath ator tests, |
| I certify the procedure: Department | s were perforn | day of TEB ned on the instrument in ad Human Services, and | dicated abo | ₹ , 20 \ve, in accordan ent is functioni | ce with curre | rgoing nt regul | preventive mai ations of the N | intenance I.C. |
| SO SE | TATE OF NO PIN CAROLINA CAROLI | - Notes | gnature of C | Auc-certifying Offici |) al | _ | 652 Certificate Nu | mber |

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: 02/03/2012

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: 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: AG104104 Exp Date: 02/09/2013

Test

| DIAG | Pass | 11:45am |
|----------|------|---------|
| AIR BLK | .00 | 11:46am |
| ACCY CHK | .07 | 11:47am |
| AIR BLK | .00 | 11:48am |
| SUB TEST | .00 | 11:49am |
| | | |

g/210L

Time

11:52am

AIR BLK .00 11:49am SUB TEST .00 11:51am AIR BLK .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656

Test Record Number: 390

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

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

Printer Tests

| Test | Status | Time |
|-------------|--------------|--------------------|
| PRNT | Pass | 11:54am |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 11:55am 11:55am |

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County_ | WAKE | Instrument Location | NAKETOREST D.D. |
|--------------|--|---|---|
| Instrume | nt Serial No. <u>OOR 700</u> | 401 OWEN ST. | WAKE FOREST, N.C |
| The preve | | for the Intoximeters, Model Intox EC/I | R II to be followed at least once every |
| 1. | | canister displays pressure, or the alcohous .2 degree centigrade; | olic breath simulator thermometer show |
| 2. | Verify instrument disp | lays time and date; | |
| 3. | Initiate breath test sequ | ence; | |
| 4. | Enter information as pr | ompted; | |
| 5. | Verify instrument accu | racy; | |
| 6. | When "PLEASE BLO" | W" appears, collect breath sample; | |
| 7. | When "PLEASE BLO" | W" appears, collect breath sample; | |
| 8. | Print test record; | | |
| 9. | Verify Diagnostic Prog | gram; and | |
| 10. | | | xpiration date, or the alcoholic breath or 125 Alcoholic Breath Simulator tests, |
| | | ment indicated above, in accordance wees, and the instrument is functioning p | the forgoing preventive maintenance rith current regulations of the N.C. roperly. |
| THE GREAT OF | STATE OF TOO PARTY OF THE PARTY | Signature of Certifying Official | 652 Certificate Number |

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700 Test Date: 02/02/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

| Test | g/210L | Time |
|--|---------------------------|--------------------------------------|
| DIAG AIR BLK ACCY CHK AIR BLK | Pass .00 .08 .00 | 2:27pm 2:28pm 2:29pm 2:30pm |
| SUB TEST | .00 | 2:31pm |
| AIR BLK | .00 | 2:32pm |
| SUB TEST | .00 | 2:33pm |
| ATR BLK | .00 | 2:340m |

Reported AC: .00_g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700

Test Record Number: 534

Test Date: 02/02/2012

Test Time: 2:36pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:36pm |
| FLO | Pass | 2:36pm |
| FC | Pass | 2:37pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:38pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|------------------|
| PRNT | Pass | 2:38pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 2:39pm 2:39pm |

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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

CUMBERLAND COUNTY FORT BRAGG, LEC. 250

Serial Number: 008908 Test Date: 02/23/2012

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

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

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

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

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

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

| Test | g/210L | Time |
|-----------------|--------|--------------------|
| DIAG AIR BLK | Pass | 11:58am 11:58am |
| ACCY CHK | .08 | 11:59am |
| AIR BLK | .00 | 11:59am |
| SUB TEST | .00 | 12:01pm |
| AIR BLK | .00 | 12:02pm |
| SUB TEST | .00 | 12:03pm |
| AIR BLK | .00 | 12:04pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

CUMBERLAND COUNTY FORT BRAGG, LEC. 250

Serial Number: 008908 Test Date: 02/23/2012

Test Record Number: 1005

Test Time: 12:05pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|--------------------|
| IR FLO | Pass Pass | 12:06pm 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 |
|------|--------|---------|
| AIR | Pass | 12:06pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|--------------------|
| PRNT | Pass | 12:06pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 12:07pm 12:07pm |

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County Cum | Denland Instrument Location FT Bragg PMO |
|--|--|
| Instrument Seria | ul No. <u>008903</u> |
| The preventive if four months are | naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| procedures were | the <u>23vol</u> day of <u>February</u> , 20\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |
| OTHE STATE OF A CONTROL OF A CO | Signature of Certifying Official Certificate Number |

CUMBERLAND COUNTY FORT BRAGG LEC. 250

Serial Number: 008903 Test Date: 02/23/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

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

Permit Number: 21535E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test | g/210L | Time |
|-----------------|-------------|--------------------|
| DIAG AIR BLK | Pass .00 | 11:57am 11:58am |
| ACCY CHK | .07 | 11:59am |
| AIR BLK | .00 | 12:00pm |
| SUB TEST | .00 | 12:00pm |
| AIR BLK | .00 | 12:01pm |
| SUB TEST | .00 | 12:04pm |
| AIR BLK | .00 | 12:05pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Wand Thusall r

Anaiyst

CUMBERLAND COUNTY FORT BRAGG LEC. 250

Serial Number: 008903

Test Record Number: 785

System Check: Passed

Baseline Tests

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

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:07pm |
| SRC | Pass | 12:07pm |
| DET | Pass | 12:07pm |
| BAR | Pass | 12:07pm |
| BT | Pass | 12:07pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:08pm |

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County C | instrument Location fort Brage PMO |
|--|--|
| Instrument Se | rial No |
| 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 13 rec day of record , 20 ° the forgoing preventive maintenance 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 TO STATE T | |

CUMBERLAND CO. FORT BRAGG LEC. 250

Serial Number: 008787 Test Date: 02/23/2012

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: AG108202 Exp Date: 03/23/2013

| Test | g/210L | Time |
|-----------------|--------|--------------------|
| DIAG AIR BLK | Pass | 11:50am 11:50am |
| ACCY CHK | .07 | 11:51am |
| AIR BLK | .00 | 11:52am |
| SUB TEST | .00 | 11:53am |
| AIR BLK | .00 | 11:54am |
| SUB TEST | .00 | 11:55am |
| AIR BLK | .00 | 11:56am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CUMBERLAND CO. FORT BRAGG LEC. 250

Serial Number: 008787 Test Record Number: 194
Test Date: 02/23/2012 Test Time: 11:59am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:59am |
| FLO | Pass | 11:59am |
| FC | Pass | 12:00pm |

Temperature Tests

| Test | Status | Time |
|------------|--------------|--------------------|
| FC1 SRC | Pass Pass | 12:00pm 12:00pm |
| DET | Pass | 12:00pm |
| BAR | Pass | 12:00pm |
| BT | Pass | 12:00pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:00pm |

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County_ | RICHMOND Instrument Location RICHMOND Co. MAGISTRAS |
|-----------|---|
| Instrume | nt Serial No. 008840 RockINGMAM NC |
| The preve | entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| procedu | that on the <u>22</u> day of <u>FEBRUARY</u> , 20 <u>12</u> the forgoing preventive maintenance res were performed on the instrument indicated above, in accordance with current regulations of the N.C. tent of Health and Human Services, and the instrument is functioning properly. |
| GREAT S | STATE OF TO STATE OF THE STATE |

RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008840 Test Date: 02/22/2012

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

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

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

| Test | g/210L | Time |
|-----------------|--------|------------------|
| DIAG AIR BLK | Pass | 8:35am 8:36am |
| ACCY CHK | .07 | 8:36am |
| AIR BLK | .00 | 8:38am |
| SUB TEST | .00 | 8:38am |
| AIR BLK | .00 | 8:39am |
| SUB TEST | .00 | 8:41am |
| AIR BLK | .00 | 8:42am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008840 Test Date: 02/22/2012

Test Record Number: 795
Test Time: 8:42am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 8:43am |
| FLO | Pass | 8:43am |
| FC | Pass | 8:43am |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 8:43am |
| SRC | Pass | 8:43am |
| DET | Pass | 8:43am |
| BAR | Pass | 8:43am |
| BT | Pass | 8:43am |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|----------|
| ΆTR | Pagg | 8 · 44an |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 8:44am |
| | CRC Tests | |
| Test | Status | Time |
| | | |

8:44am

8:44am

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County_ | Instrument Location RCHMOUD Co. MAGISTRATE'S |
|--|---|
| Instrument Seri | ial No. 008701 ROCKINGHAM, NC |
| The preventive four months are | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| procedures wer | the <u>22</u> day of <u>FRIQUADY</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. |
| THE STATE OF THE S | |

RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008701 Test Date: 02/22/2012

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: 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: AG108202 Exp Date: 03/23/2013

| Test | g/210L | Time |
|-----------------|--------|------------------|
| DIAG ATR BLK | Pass | 8:37am 8:38am |
| ACCY CHK | .08 | 8:38am |
| AIR BLK | .00 | 8:40am |
| SUB TEST | .00 | 8:40am |
| AIR BLK | .00 | 8:41am |
| SUB TEST | .00 | 8:43am |
| AIR BLK | .00 | 8:44am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008701 Test Date: 02/22/2012 Test Record Number: 977

Test Time: 8:44am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|------------------|
| IR FLO | Pass Pass | 8:45am 8:45am |
| FC | Pass | 8:45am |

Temperature Tests

| Test | Status | Time |
|---------------|--------|--------|
| FC1 | Pass | 8:45am |
| SRC | Pass | 8:45am |
| DET | Pass | 8:45am |
| BAR | Pass | 8:45am |
| \mathtt{BT} | Pass | 8:45am |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 8:46am |

Printer Tests

| Test | Status | Time |
|-------------|--------------|------------------|
| PRNT | Pass | 8:46am |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 8:46am 8:46am |

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County / | Rockingham Instrument Location Eden PD |
|--|--|
| Instrument S | erial No. <u>008636</u> |
| The preventi | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that of procedures we Department of | on theday of |
| OF THE STATE OF TH | Signature of Certifying Official Certificate Number |

ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636 Test Date: 02/14/2012

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

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

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

Analyst's Name: WEAVER, GEORGE A
Permit Number: 09442E
Effective:
09/01/2011-09/01/2013

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

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

| Test | g/210L | Time |
|-----------------|-------------|------------------|
| DIAG AIR BLK | Pass .00 | 1:50pm 1:51pm |
| ACCY CHK | .07 | 1:51pm |
| AIR BLK | .00 | 1:52pm |
| SUB TEST | .00 | 1:53pm |
| AIR BLK | .00 | 1:54pm |
| SUB TEST | .00 | 1:55pm |
| AIR BLK | .00 | 1:56pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636

Test Record Number: 1082

Test Date: 02/14/2012

Test Time: 1:57pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

| Test | Status | Time |
|---------------|--------|--------|
| FC1 | Pass | 1:57pm |
| SRC | Pass | 1:57pm |
| DET | Pass | 1:57pm |
| BAR | Pass | 1:57pm |
| \mathtt{BT} | Pass | 1:57pm |

Blank Tests

Test Status Time

AIR Pass 1:58pm

Printer Tests

Test Status Time

PRNT Pass 1:58pm

CRC Tests

Test Status Time

COMP Pass 1:58pm CAL Pass 1:58pm

Preventive Maintenance Status: Pass

Analyst

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

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County_ | Rockingham Ins | trument Location_ | Reinsuille | PD |
|--|--|---|--|---|
| Instrument S | Serial No. <u>OO 8784</u> | | · · · · · · · · · · · · · · · · · · · | |
| The preventi | ive maintenance procedures for the Intoxime are: | eters, Model Intox E | C/IR II to be follower | d at least once every |
| 1. | Verify the ethanol gas canister display 34 degrees, plus or minus .2 degree ce | s pressure, or the al | coholic breath simula | or thermometer show |
| 2. | Verify instrument displays time and da | ıte; | | |
| 3. | Initiate breath test sequence; | | | |
| 4. | Enter information as prompted; | | | |
| 5. | Verify instrument accuracy; | | | |
| 6. | When "PLEASE BLOW" appears, col | lect breath sample; | | |
| 7. | When "PLEASE BLOW" appears, col | lect breath sample; | | |
| 8. | Print test record; | | | |
| 9. | Verify Diagnostic Program; and | | | |
| 10. | Verify that the ethanol gas canister is b simulator solution is being changed even whichever occurs first. | eing changed before ery four months or a | e expiration date, or the first three thre | ne alcoholic breath reath Simulator tests, |
| I certify that of procedures we Department of | on the day of brush evere performed on the instrument indicated a of Health and Human Services, and the instru | ooye, in accordance | With current regulation | ventive maintenance ons of the N.C. |
| THE STATE OF THE S | Signature of | Certifying Official | —————————————————————————————————————— | 632 |
| | 5 Signature of | Cornty mg Official | Cer | incate Number |
| A signed origi | inal of the preventive maintenance record sh | all be kept on file f | or at least three years. | |

ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784 Test Date: 02/14/2012

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: WEAVER, GEORGE A Permit Number: 09442E Effective: 09/01/2011-09/01/2013

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

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

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 12:58pm |
| AIR BLK | .00 | 12:59pm |
| ACCY CHK | .07 | 1:00pm |
| AIR BLK | .00 | 1:01pm |
| SUB TEST | .00 | 1:01pm |
| AIR BLK | .00 | 1:02pm |
| SUB TEST | .00 | 1:04pm |
| AIR BLK | .00 | 1:05pm |

Reported AC: .00 g/210L

ignature 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

ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784

Test Record Number: 540

Test Date: 02/14/2012 Test Time: 1:05pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:05pm |
| FLO | Pass | 1:05pm |
| FC | Pass | 1:06pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 1:06pm |
| SRC | Pass | 1:06pm |
| DET | Pass | 1:06pm |
| BAR | Pass | 1:06pm |
| BT | Pass | 1:06pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| 1000 | Diacus | T T !!! |

AIR Pass 1:06pm

Printer Tests

PRNT Pass 1:06pm

CRC Tests

| Test | Status | Time |
|------|--------|-------|
| COMP | Dage | 1.070 |

1:07pm CALPass 1:07pm

Preventive Maintenance Status: Pass

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

Department of Health and Human Services Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | Surry Instrument Location Elkin P. D. |
|---|--|
| Instrument : | Serial No. <u>008926</u> |
| The prevent four months | 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 that procedures v Department | on the |
| STATI STATE STATI STATE OF THE STATE OF THE | Formation (63 2 |
| | Signature of Certifying Official Certificate Number |
| A signed orig | ginal of the preventive maintenance record shall be kept on file for at least three years. |

SURRY COUNTY ELKIN PD 850

Serial Number: 008926 Test Date: 02/07/2012

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: WEAVER, GEORGE A
Permit Number: 09442E
Effective:
09/01/2011-09/01/2013

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

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

| Test | g/210L | Time |
|-----------------|--------|------------------|
| DIAG AIR BLK | Pass | 4:06pm 4:07pm |
| ACCY CHK | .07 | 4:08pm |
| AIR BLK | .00 | 4:09pm |
| SUB TEST | .00 | 4:10pm |
| AIR BLK | .00 | 4:11pm |
| SUB TEST | .00 | 4:13pm |
| AIR BLK | .00 | 4:13pm |

Reported AC:

,00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

SURRY COUNTY ELKIN PD 850

Serial Number: 008926

Test Record Number: 484

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 4:14pm |
| FLO | Pass | 4:14pm |
| FC | Pass | 4:15pm |

Temperature Tests

| Test | Status | Time |
|----------------|--------|--------|
| FC1 | Pass | 4:15pm |
| SRC | Pass | 4:15pm |
| \mathbf{DET} | Pass | 4:15pm |
| BAR | Pass | 4:15pm |
| BT | Pass | 4:15pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 4:15pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 4:15pm |
| | CRC Tests | |

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 4:16pm |
| CAL | Pass | 4:16pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County S | URRY | Instrument Location_ | SURRY | Co JA:1 |
|--|---|--|--|---|
| Instrument Se | rial No. <u>008934</u> | | | |
| The preventiv | e maintenance procedures for the In | ntoximeters, Model Intox | EC/IR II to be foll | owed at least once every |
| 1. | Verify the ethanol gas canister 34 degrees, plus or minus .2 de | displays pressure, or the a gree centigrade; | lcoholic breath sin | nulator thermometer show |
| 2. | Verify instrument displays time | e and date; | | |
| 3. | Initiate breath test sequence; | | | |
| 4. | Enter information as prompted | | | |
| 5. | Verify instrument accuracy; | | | |
| 6. | When "PLEASE BLOW" appe | ears, collect breath sample | · | |
| 7. | When "PLEASE BLOW" appe | ears, collect breath sample | , | |
| 8. | Print test record; | | | |
| 9. | Verify Diagnostic Program; and | d | | |
| 10. | Verify that the ethanol gas cani simulator solution is being char whichever occurs first. | | | |
| I certify that of procedures we Department of | n the day of | ECLAIZ W., 20 licated above, in accordance the instrument is functioni | / Z_ the forgoin the with current reging properly. | g preventive maintenance gulations of the N.C. |
| STATE STATE OF THE | NOTE THE CAROLINA TO THE PARTY OF THE PARTY | 0 1 1 | | |
| TOP QUAM VID | | allen | naga. Tahina pa | 632 |
| | Sign | eature of Certifying Official | al | Certificate Number |

SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934 Test Date: 02/07/2012

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: WEAVER, GEORGE A

Permit Number: 09442E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG102602 Exp Date: 01/26/2013

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 2:43pm |
| AIR BLK | .00 | 2:44pm |
| ACCY CHK | .07 | 2:44pm |
| AIR BLK | .00 | 2:45pm |
| SUB TEST | .00 | 2:46pm |
| AIR BLK | .00 | 2:47pm |
| SUB TEST | .00 | 2:49pm |
| AIR BLK | .00 | 2:50pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934 Test Date: 02/07/2012

Test Record Number: 843 Test Time: 2:51pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:52pm |
| FLO | Pass | 2:52pm |
| FC | Pass | 2:52pm |

Temperature Tests

| Test | Status | Time |
|---------------|--------|--------|
| FC1 | Pass | 2:52pm |
| SRC | Pass | 2:52pm |
| DET | Pass | 2:52pm |
| BAR | Pass | 2:52pm |
| \mathtt{BT} | Pass | 2:52pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:52pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|------------------|
| PRNT | Pass | 2:52pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 2:53pm 2:53pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | Surry Instrument Location Mount Airy P) |
|--|---|
| Instrument So | erial No. <u>008943</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 should degree, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. |
| I certify that of procedures we Department o | on the |
| THE STATE OF THE S | |
| OSE QUAM VIO | Jun 632 |
| | Signature of Certifying Official Certificate Number |

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943 Test Date: 02/07/2012

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: WEAVER, GEORGE A

Permit Number: 09442E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test | g/210L | Time |
|-----------------------------|--------------------|----------------------------|
| DIAG AIR BLK ACCY CHK | Pass .00 .08 | 1:30pm 1:30pm 1:31pm |
| AIR BLK | .00 | 1:32pm |
| SUB TEST | .00 | 1:32pm |
| AIR BLK | .00 | 1:33pm |
| SUB TEST | .00 | 1:35pm |
| AIR BLK | .00 | 1:36pm |

Reported AC:

Signature of Chemical Analyst

Court CVR

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943 Test Date: 02/07/2012

Test Record Number: 1163 Test Time: 1:37pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

| FC1 Pass 1:38pt SRC Pass 1:38pt DET Pass 1:38pt BAR Pass 1:38pt BT Pass 1:38pt | om om om |
|--|----------------|

Blank Tests

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

AIR Pass 1:39pm

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 1:39pm |

CRC Tests

| Test | Status | Time |
|-------------|--------------|--------|
| COMP CAL | Pass Pass | 1:39pm |

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | Surry Instrument Location Pilot Mauntain P. 1 |
|---|--|
| Instrument Se | erial No. <u>008938</u> |
| The preventiv | re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 o procedures we Department of | n the |
| STATE OF LAND TO STATE | |
| William III | Jan 100 100 100 100 100 100 100 100 100 10 |
| | Signature of Certifying Official Certificate Number |

SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938 Test Date: 02/07/2012

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: WEAVER, GEORGE A Permit Number: 09442E Effective: 09/01/2011-09/01/2013

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

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

| rest | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 12:39pm |
| AIR BLK | .00 | 12:40pm |
| ACCY CHK | .07 | 12:41pm |
| AIR BLK | .00 | 12:42pm |
| SUB TEST | .00 | 12:42pm |
| AIR BLK | .00 | 12:43pm |
| SUB TEST | .00 | 12:45pm |
| AIR BLK | .00 | 12:46pm |
| | | |

Reported AC: .00 g/210L

gnature of Chemical Analyst

Court CVR

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

Department of Health and Human Services

Rev. 12/2007

SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938

Test Record Number: 338

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:47pm |
| FLO | Pass | 12:47pm |
| FC | Pass | 12:47pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:47pm |
| SRC | Pass | 12:47pm |
| DET | Pass | 12:47pm |
| BAR | Pass | 12:47pm |
| BT | Pass | 12:47pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:48pm |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 12:48pm |
| | CRC Tests | |
| | | |

| COMP Pass 12:48pm CAL Pass 12:48pm | |
|---------------------------------------|--|

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | Rockingham Instrument Location Madison P.D. |
|--|--|
| Instrument Se | erial No |
| The preventiv | re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that of procedures we Department of | on the, 20_12 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly. |
| THE STATE OF THE S | Signature of Certifying Official Certificate Number |

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802 Test Date: 02/03/2012

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: WEAVER, GEORGE A
Permit Number: 09442E
Effective:
09/01/2011-09/01/2013

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

Lot Number: AG102602 Exp Date: 01/26/2013

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

Reported AC: ..00 g/210L

ignature of Chemical Analyst

Court CVR

Analyst

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802 Test Date: 02/03/2012

Test Record Number: 402 Test Time: 12:49pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:50pm |
| FLO | Pass | 12:50pm |
| FC | Pass | 12:50pm |

Temperature Tests

| Test | Status | Time |
|--------------------------|------------------------------|--|
| FC1 SRC DET BAR | Pass Pass Pass Pass | 12:50pm 12:50pm 12:50pm 12:50pm |
| BT | Pass | 12:50pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:51pm |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 12:51pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 12:51pm |

Preventive Maintenance Status: Pass

Pass

12:51pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | Cocking ham Instrument Location Rocking ham Co Jo! |
|--|--|
| Instrument Ser | rial No. <u>008796</u> |
| | |
| 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. |
| I certify that or procedures we Department of | the |
| | |
| STATE OF STA | 100 miles (2) (2) (2) (2) (2) (2) (3) (2) (3) (2) (3) (2) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3 |
| | Signature of Certifying Official Certificate Number |

ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

Serial Number: 008796 Test Date: 02/03/2012

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: WEAVER, GEORGE A
Permit Number: 09442E
Effective:
09/01/2011-09/01/2013

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

Lot Number: AG102602 Exp Date: 01/26/2013

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 1:35pm |
| AIR BLK | .00 | 1:36pm |
| ACCY CHK | .07 | 1:36pm |
| AIR BLK | .00 | 1:37pm |
| SUB TEST | .00 | 1:38pm |
| AIR BLK | .00 | 1:39pm |
| SUB TEST | .00 | 1:40pm |
| AIR BLK | .00 | 1.41pm |

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Analyst

ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

Serial Number: 008796 Test Date: 02/03/2012

Test Record Number: 989 Test Time: 1:42pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:42pm |
| FLO | Pass | 1:42pm |
| FC | Pass | 1:42pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 1:42pm |
| SRC | Pass | 1:42pm |
| DET | Pass | 1:42pm |
| BAR | Pass | 1:42pm |
| BT | Pass | 1:42pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:43pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 1:43pm |
| | CRC Tests | |

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 1:43pm |
| CAL | Pass | 1:43pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| i | INTOXIMETERS, MODEL INTOX EC/IR II |
|---|--|
| County | OHNSTON Instrument Location BENSON BLICE OF |
| Instrument Seri | al No. 008885 BENSON, NC |
| The preventive four months are | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| procedures were | the |
| OTHE STATE OF THE | Signature of Certifying Official Certificate Number |

JOHNSTON COUNTY BENSON POLICE DEPT. 500

Serial Number: 008885 Test Date: 02/17/2012

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

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: AG125602 Exp Date: 09/13/2013

| Test | g/210L | Time |
|-----------------|-------------|--------------------|
| DIAG AIR BLK | Pass .00 | 10:32am 10:32am |
| ACCY CHK | .07 | 10:33am |
| AIR BLK | .00 | 10:34am |
| SUB TEST | .00 | 10:34am |
| AIR BLK | .00 | 10:35am |
| SUB TEST | .00 | 10:37am |
| AIR BLK | .00 | 10:38am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

JOHNSTON COUNTY BENSON POLICE DEPT. 500

Serial Number: 008885

Test Record Number: 246

Test Date: 02/17/2012

Test Time: 10:39am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:40am |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 10:40am |
| | CRC Tests | |

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County Sco | than a Instrument Location Scathand Co. Shen Eks 2 |
|---|--|
| Instrument Ser | ial No. 00 8861 haunin burg, 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 on procedures wer Department of | the 21 5th day of 40 ruck 4, 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. |
| | Ç. |
| OTHE STATE OF THE | Daniel Truco 00 and 651 |
| - | Signature of Certifying Official Certificate Number |

SCOTLAND COUNTY SHERIFF'S OFFICE 820

Serial Number: 008861 Test Date: 02/21/2012

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: AG102602 Exp Date: 01/26/2013

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 11:28am |
| AIR BLK | .00 | 11:29am |
| ACCY CHK | .08 | 11:29am |
| AIR BLK | .00 | 11:30am |
| SUB TEST | .00 | 11:31am |
| AIR BLK | .00 | 11:32am |
| SUB TEST | .00 | 11:33am |
| אדם סדע | ΛΛ | 11.3/am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Manu O Treas Olas
Analyst

SCOTLAND COUNTY SHERIFF'S OFFICE 820

Serial Number: 008861 Test Date: 02/21/2012

Test Record Number: 571
Test Time: 11:36am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|--------------------|
| IR FLO | Pass | 11:36am 11:36am |
| FC FC | Pass 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 |
|------|--------|---------|
| AIR | Pass | 11:37am |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 11:37am |
| | CRC Tests | |

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:37am |
| CAL | Pass | 11:37am |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| < | | ers, Model INTO | LEC/IR II | - |
|--|--|--|----------------------------|--------------------------------|
| County Kan | soloh | Instrument Location Kay | walteman | Holice (|
| Instrument Seria | INo. \$08737 | Randonan | NC | |
| The preventive n four months are: | | Intoximeters, Model Intox EC/I | R II to be followed at le | east once every |
| 1. | Verify the ethanol gas canisto 34 degrees, plus or minus .2 o | er displays pressure, or the alcoholegree centigrade; | olic breath simulator the | ermometer shows |
| 2. | Verify instrument displays tin | me and date; | | |
| 3. | Initiate breath test sequence; | d | | · · |
| 4. | Enter information as prompte | ed; | | |
| 5. | Verify instrument accuracy; | | | |
| 6,4 | When "PLEASE BLOW" ap | ppears, collect breath sample; | · | |
| | When "PLEASE BLOW" ap | ppears, collect breath sample; | | • |
| 8 | Print test record; | er. | | , |
| | Verify Diagnostic Program; a | and | | |
| 40.7 | | unister is being changed before ex nanged every four months or afte | | |
| ************************************** | ŵ. | | 1 04 at a | tor, |
| | performed on the instrument in | ndicated above, in accordance w | ith current regulations of | ive maintenance of the N.C. |
| | | | | |
| THE STATE OF N | Se la companya de la | | | |
| GREATS | W CAROL | | | |
| * CEE OTTOM ANDERIA | (N) - CA | TTN:0000 | 051 | |
| | Si | gnature of Certifying Official | Certific | ate Number |
| | | ī T | | |

RANDOLPH COUNTY RANDLEMAN PD 750

Serial Number: 008737 Test Date: 02/20/2012

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: TRUDELL, SR., DANIEL T

Permit Number: 21535E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

. Test Type: Breath Test

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

| Test | g/210L | Time |
|----------|--------|-----------|
| DIAG | Pass | 2:00pm |
| AIR BLK | .00 | 2:01pm |
| ACCY CHK | .07 | 2:02pm |
| AIR BLK | .00 | 2:02pm |
| SUB TEST | .00 | 2:03pm |
| AIR BLK | .00 | 2:04pm |
| SUB TEST | .00 | 2:06pm |
| ATR BLK | . 00 | 2 • 0.7pm |

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

RANDOLPH COUNTY RANDLEMAN PD 750

Serial Number: 008737

Test Record Number: 467

Test Date: 02/20/2012

Test Time: 2:08pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:09pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 2:09pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 2:09pm |

Preventive Maintenance Status: Pass

Pass

2:09pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| | 11 TOMETHO, WODEL INTOX EC/IN | |
|--|---|---|
| County Ran | dolph Instrument Location Liberty R | plice Dept |
| Instrument Seria | INO. 008830 Liberty, NC | · · |
| The preventive n | naintenance procedures for the Intoximeters, Model Intox EC/IR II to be fol | lowed at least once every |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath single 34 degrees, plus or minus .2 degree centigrade; | mulator thermometer show |
| 2. | Verify instrument displays time and date; | |
| 3. | Initiate breath test sequence; | |
| 4. | Enter information as prompted; | |
| 5. | Verify instrument accuracy; | |
| 6. | When "PLEASE BLOW" appears, collect breath sample; | |
| 7 | When "PLEASE BLOW" appears, collect breath sample; | |
| 87 | Print test record; | |
| 9 | Verify Diagnostic Program; and | |
| 10% | Verify that the ethanol gas canister is being changed before expiration date simulator solution is being changed every four months or after 125 Alcoho whichever occurs first. | |
| | , | "Maria |
| I certify that on t procedures were Department of H | he <u>20</u> day of <u>rebruary</u> , 2011 the forgoing performed on the instrument indicated above, in accordance with current regalth and Human Services, and the instrument is functioning properly. | ng preventive maintenance gulations of the N.C. |
| | Marie and the second | · · · · · · · · · · · · · · · · · · · |
| OF THE STATE OF AV | 35. | * |
| 1 175 NO. 1775 NO. 17 | | |
| NA PARAMETER STATE OF THE STATE | ASOLITION AND THE PROPERTY OF | |
| APRIL 12, 1776 * ESTE QUAM VIDER! * | | |
| CASE QUAM VIDEN | (ubmil) Trus War | G51 |
| | Signature of Certifying Official | Certificate Number |

RANDOLPH LIBERTY POLICE DEPT 750

Serial Number: 008830 Test Date: 02/20/2012

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: 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: AG016501 Exp Date: 06/14/2012

| Test | g/210L | Time |
|-----------------|--------|--------------------|
| DIAG AIR BLK | Pass | 12:26pm 12:27pm |
| ACCY CHK | .08 | 12:27pm |
| AIR BLK | .00 | 12:28pm |
| SUB TEST | .00 | 12:29pm |
| AIR BLK | .00 | 12:30pm |
| SUB TEST | .00 | 12:31pm |
| AIR BLK | .00 | 12:32pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

RANDOLPH LIBERTY POLICE DEPT 750

Serial Number: 008830

Test Record Number: 320

Test Date: 02/20/2012

Test Time: 12:33pm 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 SRC DET BAR BT | Pass Pass Pass Pass Pass | 12:33pm 12:33pm 12:33pm 12:33pm 12:33pm |
| | · · | |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| rest | Status | 'I'ıme |

AIR Pass 12:34pm

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| | | |
| PRNT | Dagg | 12.34mm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 12:34pm |
| CAL | Pass | 12:34pm |

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. 1 certify that on the 21 day of February 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. | County Sco | Hawol | Instrument Location Laur | inbury Police Dep |
|--|--------------------------------|---|--|--|
| 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 21 day of February 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. | Instrument Seria | 11 No. (2) 5834 | La mara branca da | |
| 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus 2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the 21 day of February 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. | | | | Apraum. |
| 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before 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 21 day of 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. | The preventive four months are | naintenance procedures for the In | atoximeters, Model Intox EC/IR II t | 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 Alay of London | 1. | Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg | displays pressure, or the alcoholic b gree centigrade; | preath 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 21 4 day of 1000 000 000 000 000 000 000 000 000 0 | 2. | Verify instrument displays time | and date; | |
| 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. 1 certify that on the 2 day of 2 day of 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. | 3. | Initiate breath test sequence; | | |
| 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. I certify that on the Aday of | 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. 1 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 | 6. | When "PLEASE BLOW" appe | ars, collect breath sample; | |
| 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. I certify that on the 2 day of day o | 7. | When "PLEASE BLOW" appe | ars, 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; | | |
| Verify that the ethanol gas canister is being changed before 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 | 9. | Verify Diagnostic Program; and | l | |
| I certify that on the | | simulator solution is being chan | ster is being changed before expirat ged every four months or after 125 | ion date, or the alcoholic breath Alcoholic Breath Simulator tests, |
| | procedures were | he <u>all</u> day of <u>tebro</u> performed on the instrument indi | cated above, in accordance with cu | rrent regulations of the N C |
| Signature of Certifying Official Certificate Number | OF THE STATE OF N. COREY. | Lami OT | Truck Ol 3a | G51 |

SCOTLAND COUNTY LAURINBURG PD. 820

Serial Number: 008834 Test Date: 02/21/2012

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: AG124904 Exp Date: 09/06/2013

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 10:40am |
| AIR BLK | .00 | 10:41am |
| 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 |
| AIR BLK | .00 | 10:46am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

SCOTLAND COUNTY LAURINBURG PD. 820

Serial Number: 008834

Test Record Number: 441

Test Date: 02/21/2012

Test Time: 10:47am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

| Test | Status | Time |
|---------------|--------|-----------------|
| FC1 | Pass | 10:48am |
| SRC | Pass | 10: 48am |
| DET | Pass | 10:48am |
| BAR | Pass | 10:48am |
| \mathtt{BT} | Pass | 10:48am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:48am |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:48am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:49am |
| CAL | Pass | 10:49am |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | DAVIDSON Instrument Location BAT MOBILE UNIT |
|--|--|
| Instrument Ser | rial No. 008616 THOMASVILLE, DC |
| The preventive four months ar | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that on procedures wer Department of | the |
| THE STATE OF THE S | Alun Ray Barnes 648 |
| | Signature of Certifying Official Certificate Number |

DAVIDSON COUNTY BAT MOBILE UNIT 3 280

Serial Number: 008616 Test Date: 02/17/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 8:56pm |
| AIR BLK | .00 | 8:57pm |
| ACCY CHK | .08 | 8:58pm |
| AIR BLK | .00 | 8:59pm |
| SUB TEST | .00 | 8:59pm |
| AIR BLK | 0.0 | 9:00pm |
| SUB TEST | .00 | 9:01pm |
| AIR BLK | .00 | 9:02pm |

/01 OT TI- mo

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alun Ray Bernes
Analyst

DAVIDSON COUNTY BAT MOBILE UNIT 3 280

Serial Number: 008616 Test Record Number: 1276
Test Date: 02/17/2012 Test Time: 9:03pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|------------------|
| IR FLO | Pass Pass | 9:04pm 9:04pm |
| FC | Pass | 9:04pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| | _ | |
| AIR | Pass | 9:05pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|------------------|
| PRNT | Pass | 9:05pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 9:05pm 9:05pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County DA | AVIDSON | Instrument Location_ | BAT | MOBILE | UNITE |
|--|--|--|----------------------------|---|-----------------------------------|
| Instrument Ser | rial No. 00 8707 | | THOM | AOVILLE, | NC_ |
| The preventive four months ar | e maintenance procedures for the In | toximeters, Model Intox | EC/IR II to | be followed at lea | ast once every |
| 1. | Verify the ethanol gas canister of 34 degrees, plus or minus .2 degrees. | displays pressure, or the agree centigrade; | lcoholic bro | eath simulator the | rmometer shows |
| 2. | Verify instrument displays time | and date; | | | |
| 3. | Initiate breath test sequence; | | | | |
| 4. | Enter information as prompted; | | | | |
| 5. | Verify instrument accuracy; | | | | , |
| 6. | When "PLEASE BLOW" appe | ars, collect breath sample | ; | | |
| 7. | When "PLEASE BLOW" appe | ars, collect breath sample | ; | | |
| 8. | Print test record; | | | | |
| 9. | Verify Diagnostic Program; and | I | | | |
| 10. | Verify that the ethanol gas canisimulator solution is being charwhichever occurs first. | ster is being changed before ged every four months of | ore expiration after 125 A | on date, or the alc Alcoholic Breath | oholic breath Simulator tests, |
| I certify that of procedures we Department of | n the | , 20_ icated above, in accordance the instrument is function | the ce with cur | forgoing preventi rent regulations o | ve maintenance f the N.C. |
| STATE OF THE STATE | L CAROLLI CARO | Ray Ban | ~e<>> | Lot | 48 |

DAVIDSON COUNTY BAT MOBILE UNIT 3 280

Serial Number: 008707 Test Date: 02/17/2012

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

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

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

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

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

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

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 9:01pm |
| AIR BLK | .00 | 9:02pm |
| ACCY CHK | .08 | 9:03pm |
| AIR BLK | .00 | 9:03pm |
| SUB TEST | .00 | 9:04pm |
| AIR BLK | .00 | 9:05pm |
| SUB TEST | | 9:06pm |
| AIR BLK | .00 | 9:07pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

DAVIDSON COUNTY BAT MOBILE UNIT 3 280

Serial Number: 008707

Test Record Number: 1343 Test Time: 9:08pm EST

Test Date: 02/17/2012

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:09pm |
| FLO | Pass | 9:09pm |
| FC | Pass | 9:09pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:09pm |
| SRC | Pass | 9:09pm |
| DET | Pass | 9:09pm |
| BAR | Pass | 9:09pm |
| BT | Pass | 9:09pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:10pm |

Printer Tests

| Test | Status | Time |
|------|--------------|------------------|
| PRNT | Pass | 9:10pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass Pass | 9:10pm 9:10pm |

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County B | uke | Instrument Location Morganton DPS | |
|--|--|---|---------|
| Instrument Se | erial No. <u>()() &&3/</u> | Instrument Location Morganton DPS Morganton, NC | |
| The prevention four months a | | ntoximeters, Model Intox EC/IR II to be followed at least once eve | ery |
| 1. | Verify the ethanol gas canister 34 degrees, plus or minus .2 de | displays pressure, or the alcoholic breath simulator thermometer segree centigrade; | how |
| 2. | Verify instrument displays tim | e and date; | |
| 3. | Initiate breath test sequence; | | |
| 4. | Enter information as prompted | . · | |
| 5. | Verify instrument accuracy; | | |
| 6. | When "PLEASE BLOW" app | ears, collect breath sample; | |
| 7. | When "PLEASE BLOW" app | ears, collect breath sample; | |
| 8. | Print test record; | | |
| 9. | Verify Diagnostic Program; an | ıd | |
| 10. | | ister is being changed before expiration date, or the alcoholic breat inged every four months or after 125 Alcoholic Breath Simulator to | |
| I certify that of procedures we Department of | on the <u>S</u> day of <u>Fest</u> vere performed on the instrument in of Health and Human Services, and | dicated above, in accordance with current regulations of the N.C. the instrument is functioning properly. | ance |
| THE STATE OF THE S | CAROUN | 640 | |

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

Signature of Certifying Official

Certificate Number

BURKE COUNTY MORGANTON DPS 110

Serial Number: 008831 Test Date: 02/08/2012

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: 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: AG023601 Exp Date: 08/24/2012

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 4:09pm |
| AIR BLK | .00 | 4:10pm |
| ACCY CHK | .08 | 4:11pm |
| AIR BLK | .00 | 4:12pm |
| SUB TEST | .00 | 4:13pm |
| AIR BLK | .00 | 4:14pm |
| SUB TEST | .00 | 4:15pm |
| AIR BLK | .00 | 4:16pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BURKE COUNTY MORGANTON DPS 110

Serial Number: 008831

Test Record Number: 1157

Test Date: 02/08/2012

Test Time: 4:18pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 4:18pm |
| FLO | Pass | 4:18pm |
| FC | Pass | 4:18pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 4:18pm |
| SRC | Pass | 4:18pm |
| DET | Pass | 4:18pm |
| BAR | Pass | 4:18pm |
| BT | Pass | 4:18pm |

Blank Tests

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

AIR Pass 4:19pm

Printer Tests

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

PRNT Pass 4:19pm

CRC Tests

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

COMP Pass 4:19pm CAL Pass 4:19pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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

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

WAYNE COUNTY BAT MOBILE UNIT 4 950

Serial Number: 008871

Test Record Number: 433

Test Date: 02/03/2012

Test Time: 9:55pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:56pm |
| FLO | Pass | 9:56pm |
| FC | Pass | 9:56pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:56pm |
| SRC | Pass | 9:56pm |
| DET | Pass | 9:56pm |
| BAR | Pass | 9:56pm |
| BT | Pass | 9:56pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:57pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|------------------|
| PRNT | Pass | 9:57pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 9:57pm 9:57pm |

Preventive Maintenance Status: Pass

Analyst

WAYNE COUNTY BAT MOBILE UNIT 4 950

Serial Number: 008871 Test Date: 02/03/2012

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, GRAYHAM C Permit Number: 7682E Effective:

03/01/2010-03/01/2012

Officer's Name: NONE, NONE N

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG011703 Exp Date: 04/27/2012

| Test | g/210L | Time |
|-----------------|--------|------------------|
| DIAG AIR BLK | Pass | 9:47pm 9:48pm |
| ACCY CHK | .07 | 9:49pm |
| AIR BLK | .00 | 9:49pm |
| SUB TEST | 00 | 9:50pm |
| AIR BLK | .00 | 9:51pm |
| SUB TEST | .00 | 9:53pm |
| AIR BLK | .00 | 9:54pm |

Reported Ag: 90 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County AV | ial No. 008724 Instrument Location Bance EIK, NC |
|--|--|
| Instrument Ser | ial No. <u>008724</u> Banner ElK, 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. |
| | the |
| THE CURE OF THE STATE OF THE ST | CAROUND STATE OF THE PARTY OF T |

AVERY COUNTY BANNER ELK PD 050

Serial Number: 008724 Test Date: 02/13/2012

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: AG023702 Exp Date: 08/25/2012

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 3:06pm |
| AIR BLK | .00 | 3:07pm |
| ACCY CHK | 07 | 3:07pm |
| AIR BLK | .00 | 3:08pm |
| SUB TEST | .00 | 3:09pm |
| AIR BLK | .00 | 3:10pm |
| SUB TEST | .00 | 3:11pm |
| AIR BLK | .00 | 3:12pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

AVERY COUNTY BANNER ELK PD 050

Serial Number: 008724 Test Record Number: 262
Test Date: 02/13/2012 Test Time: 3:13pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 3:13pm |
| SRC | Pass | 3:13pm |
| DET | Pass | 3:13pm |
| BAR | Pass | 3:13pm |
| BT | Pass | 3:13pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:14pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 3:14pm |
| | CRC Tests | • |
| Test | Status | Time |
| COMP | Pass | 3:14pm |

3:14pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County Mc | |
|--|--|
| Instrument Seria | INO. 008892 Marion, Ne |
| | |
| 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 <u>day of <u>February</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.</u> |
| STATE OF STA | Signature of Certifying Official Certificate Number |

MCDOWELL COUNTY JAIL 580

Serial Number: 008892 Test Date: 02/10/2012

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: 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 | Pass | 4:19pm 4:20pm |
| ACCY CHK | .08 | 4:21pm |
| AIR BLK | .00 | 4:21pm |
| SUB TEST | .00 | 4:22pm |
| AIR BLK | .00 | 4:23pm |
| SUB TEST | .00 | 4:24pm |
| AIR BLK | .00 | 4:25pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MCDOWELL COUNTY JAIL 580

Serial Number: 008892 Test Date: 02/10/2012

Test Record Number: 286
Test Time: 4:26pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 4:27pm |
| FLO | Pass | 4:27pm |
| FC | Pass | 4:27pm |

Temperature Tests

| Test | Status | Time |
|--------------------------------|--------------------------------------|--|
| FC1 SRC DET BAR BT | Pass Pass Pass Pass Pass | 4:27pm 4:27pm 4:27pm 4:27pm 4:27pm |
| | | Т |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 4:28pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|------------------|
| PRNT | Pass | 4:28pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 4:28pm 4:28pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | BRichmond Co Instrument Location Bot Mobile Unit 4 |
|------------------------------------|--|
| Instrument | Serial No. 008871 Rockingham |
| | |
| The prever four month | ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify the procedures Departmen | at on the |
| STATE CHEAT | |

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

RICHMOND COUNTY BAT MOBILE UNIT 4 760

Serial Number: 008871 Test Date: 02/10/2012

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: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

03/01/2010-03/01/2012

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG011703 Exp Date: 04/27/2012

| Test | g/210L | Time |
|-----------------|--------|------------------|
| DIAG AIR BLK | Pass | 9:08pm 9:09pm |
| ACCY CHK | .08 | 9:09pm |
| AIR BLK | .00 | 9:10pm |
| SUB TEST | .00 | 9:11pm |
| AIR BLK | .00 | 9:12pm |
| SUB TEST | .00 | 9:13pm |
| AIR BLK | .00 | 9:14pm |

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

RICHMOND COUNTY BAT MOBILE UNIT 4 760

Serial Number: 008871

Test Record Number: 437

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:16pm |
| FLO | Pass | 9:16pm |
| FC | Pass | 9:16pm |

Temperature Tests

| Test | Status | Time |
|---------------|--------|--------|
| FC1 | Pass | 9:16pm |
| SRC | Pass | 9:16pm |
| DET | Pass | 9:16pm |
| BAR | Pass | 9:16pm |
| \mathtt{BT} | Pass | 9:16pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:16pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|------------------|
| PRNT | Pass | 9:16pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 9:17pm 9:17pm |

Preventive Maintenance Status: Pass

Ānalyst

| | TREVENTIVE MAINTENANCE RECORD ¬, INTOXIMETERS, MODEL INTOX EC/IR II |
|--|--|
| County | anteret Instrument Location BAT Mabile 44 |
| Instrument Ser | rial No. 008939 Cape Carteret |
| The preventive four months ar | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that or procedures we Department of | n the |
| ON ESTATE OF THE CORE OF THE CONTROL | J.C./Mode 6d |
| | 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: 008939

Test Record Number: 711

Test Date: 02/04/2012

Test Time: 7:21pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 7:21pm |
| FLO | Pass | 7:21pm |
| FC | Pass | 7:21pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 7:21pm |
| SRC | Pass | 7:21pm |
| DET | Pass | 7:21pm |
| BAR | Pass | 7:21pm |
| BT | Pass | 7:21pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 7:22pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 7:22pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 7:22pm |
| CAL | Pass | 7:22pm |

Preventive Maintenance Status: Pass

CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008939 Test Date: 02/04/2012

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: 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 | Pass .00 .08 | 7:14pm 7:14pm 7:15pm |
| AIR BLK | .00 | 7:16pm |
| SUB TEST | .00 | 7:16pm |
| AIR BLK | .00 | 7:17pm |
| SUB TEST | .00 | 7:19pm |
| AIR BLK | .00 | 7:20pm |
| | | |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

M. C. Males
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| ~~~ | INTOXIMETERS, MODEL INTOX EC/IR II |
|--|--|
| County_/ | PRUNSWICK Instrument Location BAT M66') & UI |
| Instrument S | erial No. 008869 Boiling Springs 1914 |
| | |
| 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 o procedures we Department of | on the |
| THE STATE OF THE S | |
| | Signature of Certifying Official Certificate Number |

BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008869 Test Date: 02/05/2012

Test Record Number: 673
Test Time: 9:05pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:05pm |
| SRC | Pass | 9:05pm |
| DET | Pass | 9:05pm |
| BAR | Pass | 9:05pm |
| BT | Pass | 9:05pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:06pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|------------------|
| PRNT | Pass | 9:06pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 9:06pm 9:06pm |

Preventive Maintenance Status: Pass

S. C. Shock

BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008869 Test Date: 02/05/2012

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: AG123501 Exp Date: 08/23/2013

| Test | g/210L | Time |
|-----------------------------|--------------------|----------------------------|
| DIAG AIR BLK ACCY CHK | Pass .00 .08 | 8:52pm 8:53pm 8:54pm |
| AIR BLK | .00 | 8:54pm |
| SUB TEST | .00 | 8:55pm |
| AIR BLK | .00 | 8:56pm |
| SUB TEST | .00 | 8:57pm |
| AIR BLK | .00 | 8:58pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| مستعرم | | |
|--|--|--|
| County_/ | Runswice Instrument Location BATMO | bile Unit 6 |
| Instrument Serie | ial No. 008939 Boiling Spin | g/aice_ |
| | | |
| The preventive four months are | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be follow: | 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 shows |
| 2. | Verify instrument displays time and date; | |
| 3. | Initiate breath test sequence; | |
| 4. | Enter information as prompted; | |
| 5. | Verify instrument accuracy; | |
| 6. | When "PLEASE BLOW" appears, collect breath sample; | |
| 7. | When "PLEASE BLOW" appears, collect breath sample; | |
| 8. | Print test record; | |
| 9. | Verify Diagnostic Program; and | |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, simulator solution is being changed every four months or after 125 Alcohol whichever occurs first. | |
| I certify that on procedures wer Department of | the forgoin the performed on the instrument indicated above, in accordance with current regions. Health and Human Services, and the instrument is functioning properly. | g preventive maintenance sulations of the N.C. |
| THE STATE OF THE COMPANY OF THE COMPANY AND TH | Signature of Certifying Official | Certificate Number |

BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008939

Test Record Number: 715

Test Date: 02/05/2012 Test Time: 9:00pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:00pm |
| FLO | Pass | 9:00pm |
| FC | Pass | 9:00pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:00pm |
| SRC | Pass | 9:00pm |
| DET | Pass | 9:00pm |
| BAR | Pass | 9:00pm |
| BT | Pass | 9:00pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:01pr |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 9:01pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 9:01pm |

9:01pm

Preventive Maintenance Status: Pass

Pass

CAL

BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008939 Test Date: 02/05/2012

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: AG123501 Exp Date: 08/23/2013

| Test | = . | g/210L | Time |
|------|-------|--------|--------|
| DIA | | Pass | 8:50pm |
| AIR | BLK | .00 | 8:51pm |
| ACC: | Y CHK | .08 | 8:52pm |
| AIR | BLK | .00 | 8:53pm |
| SUB | TEST | .00 | 8:54pm |
| AIR | BLK | .00 | 8:55pm |
| SUB | TEST | .00 | 8:56pm |
| AIR | BLK | .00 | 8:57pm |
| | | | |

Reported AC: ____00 g/210L

Signature of Chemical Analyst

Court CVR

Arralyst Arralyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County(| CABARRUS Instrument Location BA | T MOBILE UNIT |
|---|--|--|
| Instrument S | Gerial No. 008707 <u>Co</u> | NCORD, NC |
| | | |
| The preventi four months | ive maintenance procedures for the Intoximeters, Model Intox EC/IR are: | It to be followed at least once every |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholi 34 degrees, plus or minus .2 degree centigrade; | c breath simulator thermometer shows |
| 2. | Verify instrument displays time and date; | ~ |
| 3. | Initiate breath test sequence; | |
| 4. | Enter information as prompted; | |
| 5. | Verify instrument accuracy; | |
| 6. | When "PLEASE BLOW" appears, collect breath sample; | •• . |
| 7. | When "PLEASE BLOW" appears, collect breath sample; | |
| 8. | Print test record; | |
| 9. | Verify Diagnostic Program; and | |
| 10. | Verify that the ethanol gas canister is being changed before expi simulator solution is being changed every four months or after 1 whichever occurs first. | |
| I certify that procedures w Department of | on the | the forgoing preventive maintenance current regulations of the N.C. perly. |
| STATI | CAROLINA CAR | |
| ARRIES QUAMY | alu Ray Baines | 648 |
| | Signature of Certifying Official | Certificate Number |

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008707 Test Date: 02/03/2012

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: BARNES, ALVIN R Permit Number: 15671E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

| | and the second second | |
|----------|-----------------------|---------|
| Test | g/210L | Time |
| DIAG | Pass | 10:04pm |
| AIR BLK | .00 | 10:06pm |
| ACCY CHK | .08 | 10:06pm |
| AIR BLK | .00 | 10:07pm |
| SUB TEST | 00 | 10:08pm |
| AIR BLK | .00 | 10:09pm |
| SUB TEST | .00 | 10:10pm |
| AIR BLK | .00 | 10:11pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alun Ray Bar Analyst

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008707 Test Record Number: 1340
Test Date: 02/03/2012 Test Time: 10:12pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:12pm |
| FLO | Pass | 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 |
| BT | Pass | 10:12pm |
| | | |

Blank Tests

| Test | Status | Time |
|-------|----------|---------|
| 4 _ 4 | <u>_</u> | 40.40 |
| AIR | Pass | 10:13pm |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:13pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:13pm |
| CAL | Pass | 10:13pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | CABARRUS Instrument Location BAT MOBILE UNIT |
|--|--|
| Instrument Se | erial No. 008647 CONCORD, 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. |
| procedures w | on the 3 day of FEB, 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. |
| TATION OF THE STATE OF THE STAT | |
| AFRI 12. TO | alum Ray Barnes 648 |
| | Signature of Certifying Official Certificate Number |

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008647 Test Date: 02/03/2012

Citation Number: M000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

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

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

> Lot Number: AG011703 Exp Date: 04/27/2012

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alun Ray Barnes
Analyst

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008647 Test Record Number: 1287
Test Date: 02/03/2012 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

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:14pm |

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | Instrument Location DetAM Co. JAIL |
|--|--|
| Instrument Se | rial No. 008891 217 S. MANGUM ST. DURLHAM, N |
| The preventive four months a | re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| procedures we | on the day of TEBLUARY, 20_12 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly. |
| THE STATE OF THE S | |
| The state of the s | Signature of Certifying Official Certificate Number |
| . • | Alguments of contribute official continued |

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891 Test Date: 02/02/2012

Citation Number: M0000000-0 Subject's Name:

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

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

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

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

Lot Number: AG109703 Exp Date: 04/07/2013

| Test | g/210L | Time |
|---|----------------------------------|--|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST | Pass .00 .07 .00 .00 | 11:30am 11:31am 11:32am 11:33am 11:34am 11:34am |
| AIR BLK | .00 | 11:37am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Maintenance

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891

Test Record Number: 1628

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:39am |
| FLO | Pass | 11:39am |
| FC | Pass | 11:39am |

Temperature Tests

| Test | Status | Time |
|--------------------------------|------------------------------|---|
| FC1 SRC DET BAR BT | Pass Pass Pass Pass | 11:39am 11:39am 11:39am 11:39am 11:39am |
| | | ==:050 |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:40am |

Printer Tests

| Test | Status | Time |
|-------------|--------------|--------------------|
| PRNT | Pass | 11:40am |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 11:40am 11:40am |

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| | INTOXIMET | ERS, MODI | | | | |
|--|---|--|--|----------------------------|---|------------------|
| County | WRHAM | Instrument | Location |) Rithau | CO. JAIL | |
| Instrument Se | rial No. <u>008878</u> | <u>205.</u> | MANGUM | ST | DURHAM. | <u>_</u> h.(|
| The preventive four months a | | | | | | |
| 1. | Verify the ethanol gas cani 34 degrees, plus or minus. | ster displays pressu 2 degree centigrad | ire, or the alcoholice; | breath sim | ulator thermometer | shows |
| 2. | Verify instrument displays | time and date; | | | | |
| 3. | Initiate breath test sequence | e; | | | | |
| 4. | Enter information as prom | pted; | | | | |
| 5. | Verify instrument accurac | у; | | | | |
| 6. | When "PLEASE BLOW" | appears, collect br | eath sample; | | | |
| 7. | When "PLEASE BLOW" | appears, collect be | eath sample; | | | |
| 8. | Print test record; | | | | | |
| 9. | Verify Diagnostic Program | | | | | |
| 10. | Verify that the ethanol gas simulator solution is being whichever occurs first. | s canister is being of g changed every fo | changed before exp ur months or after | iration date 125 Alcoho | , or the alcoholic brolic Breath Simulator | eath r tests, |
| | on theday of were performed on the instrume of Health and Human Services | | | | ng preventive maint gulations of the N.C | enance |
| VI 18 STATE OF THE COLOR OF THE | THE OF NORTH CAROLINA AND AND AND AND AND AND AND AND AND A | Signature of Cer | | | 650 Certificate Num | ber |
| A signed or | riginal of the preventive mainte | nance record shall | be kept on file for a | at least thre | e years. | |
| - | | | | | | |

DHHS 4080 (11/07)

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878 Test Date: 02/02/2012

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

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

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

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

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878

Test Record Number: 1627

Test Date: 02/02/2012

Test Time: 11:34am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:35am |
| FLO | Pass | 11:35am |
| FC | Pass | 11:35am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:35am |
| SRC | Pass | 11:35am |
| DET | Pass | 11:35am |
| BAR | Pass | 11:35am |
| BT | Pass | 11:35am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:36am |

Printer Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| | INTOXIMETER | KS, MODE | L INTOX ECIT | X 11 |
|---|---|--|--|---|
| County | WRHAM | Instrument L | ocation DRHAM | 1 CO. JAIL |
| Instrument Ser | rial No. <u>00885°3</u> | 27 S. | MANGUM 5 | J. DUCHAM, N |
| The preventive four months ar | | | | |
| 1. | Verify the ethanol gas canister 34 degrees, plus or minus .2 de | displays pressure gree centigrade; | e, or the alcoholic breat | h 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 brea | nth sample; | |
| 7. | When "PLEASE BLOW" app | ears, collect brea | ath sample; | |
| 8. | Print test record; | | | |
| 9. | Verify Diagnostic Program; ar | | | |
| 10. | Verify that the ethanol gas car simulator solution is being chawhichever occurs first. | nister is being ch anged every four | anged before expiration months or after 125 Al | date, or the alcoholic breath coholic Breath Simulator tests, |
| I certify that of procedures we Department of | on the 2 day of FEF were performed on the instrument in of Health and Human Services, and | idicated above, i | n accordance with curre | orgoing preventive maintenance ent regulations of the N.C. |
| TANK STATE OF THE | | gnature of Certif | ying Official | 650 Certificate Number |

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859 Test Date: 02/02/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859

Test Record Number: 963

Test Date: 02/02/2012

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 |
| 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 |
| | | |

Preventive Maintenance Status: Pass

Pass

Pass

11:30am

11:30am

COMP

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| \sim | INTOXIMETERS, MODEL INTOX ECON II |
|--|--|
| County (e | Instrument Location BAT Mobile 49. + |
| Instrument Se | erial No. 008869 Cape Carteret |
| | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every |
| four months a | 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 |
| TATE STATE OF THE CAREAT CO. O | |
| | Signature of Certifying Official Certificate Number |

CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008869

Test Record Number: 668

Test Date: 02/04/2012

Test Time: 7:09pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 7:10pm |
| FLO | Pass | 7:10pm |
| FC | Pass | 7:10pm |

Temperature Tests

| Test | Status | Time |
|----------------|--------|--------|
| FC1 | Pass | 7:10pm |
| SRC | Pass | 7:10pm |
| \mathtt{DET} | Pass | 7:10pm |
| BAR | Pass | 7:10pm |
| BT | Pass | 7:10pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 7:11pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 7:11pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 7:11pm |

Preventive Maintenance Status: Pass

Pass

7:11pm

CAL

CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008869 Test Date: 02/04/2012

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: 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 | 6:36pm |
| AIR BLK | .00 | 6:37pm |
| ACCY CHK | .08 | 6:38pm |
| AIR BLK | .00 | 6:39pm |
| SUB TEST | .00 | 6:40pm |
| AIR BLK | .00 | 6:41pm |
| SUB TEST | .00 | 6:42pm |
| ATP BLK | 0.0 | 6:43pm |

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | Brunswick Instrument Location Brunswick Count |
|---|--|
| Instrument Ser | 0-0- |
| 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 a procedures were Department of H | theday of |
| THE STATE OF N. TO THE STATE OF | Signature of Certifying Official Certificate Number |

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008585 Test Date: 02/07/2012

Citation Number: M000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: *RIVERA, ANTHONY* Permit Number: 08259E Effective:

08/01/2011-08/01/2013

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

Agency: DHHS

Test Type: Breath Test

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

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 5:19pm |
| AIR BLK | .00 | 5:20pm |
| ACCY CHK | .07 | 5:20pm |
| AIR BLK | .00 | 5:22pm |
| SUB TEST | .00 | 5:22pm |
| AIR BLK | .00 | 5:23pm |
| SUB TEST | .00 | 5:26pm |
| ATR BLK | 00 . | 5:27pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Unthony/Cules -

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008585 Test Date: 02/07/2012 Test Record Number: 2029
Test Time: 5:28pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| ÎR | Pass | 5:28pm |
| FLO | Pass | 5:28pm |
| FC | Pass | 5:29pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 5:29pm |
| SRC | Pass | 5:29pm |
| DET | Pass | 5:29pm |
| BAR | Pass | 5:29pm |
| BT | Pass | 5:29pm |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 5:29pm |

Printer Tests

Status

Test

CAL

Time

5:30pm

| | • | |
|------|-----------|--------|
| PRNT | Pass | 5:29pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 5:30pm |

Preventive Maintenance Status: Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | BRUNSWICK Instrument Location Oak 151 | and |
|--|--|---|
| Instrument Se | Serial No. 8648 Blice | Sept. |
| The preventiv | | |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simu 34 degrees, plus or minus .2 degree centigrade; | lator thermometer shows |
| 2. | Verify instrument displays time and date; | |
| 3. | Initiate breath test sequence; | |
| 4. | Enter information as prompted; | |
| 5. | Verify instrument accuracy; | |
| 6. | When "PLEASE BLOW" appears, collect breath sample; | |
| 7. | When "PLEASE BLOW" appears, collect breath sample; | |
| 8. | Print test record; | |
| 9. | Verify Diagnostic Program; and | |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, simulator solution is being changed every four months or after 125 Alcoholi whichever occurs first. | or the alcoholic breath c Breath Simulator tests, |
| I certify that procedures v Department | hat on theday ofb/ua/y, 20_/2 the forgoing es were performed on the instrument indicated above, in accordance with current regions of Health and Human Services, and the instrument is functioning properly. | g preventive maintenance ulations of the N.C. |
| STAIN STAIN TO CHEEN THE STAIN TO CHEEN THE STAIN TO CHEEN THE STAIN TO CHEEN THE STAIN THE STAI | | Certificate Number |

BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648 Test Date: 02/07/2012

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: RIVERA, ANTHONY

Permit Number: 08259E

Effective:

08/01/2011-08/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS Test Type: Breath Test

Lot Number: AG102701

Exp Date: 01/27/2013

Test g/210L Time

4:24pm DIAG Pass 4:25pm AIR BLK .00 ACCY CHK .08 4:26pm 4:27pm AIR BLK .00 SUB TEST .00 4:28pm AIR BLK .00 4:28pm

SUB TEST .00 4:30pm

AIR BLK .00 4:31pm

Reported AC: .00 g/210L

14hory Tueso Signature of Chemical Analyst

Court CVR

BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648 Test Date: 02/07/2012 Test Record Number: 901 Test Time: 4:32pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 4:33pm |
| FLO | Pass | 4:33pm |
| FC | Pass | 4:33pm |

Temperature Tests

| Test | Status | Time |
|---------------|--------------|------------------|
| FC1 SRC | Pass Pass | 4:33pm 4:33pm |
| DET | Pass | 4:33pm |
| BAR | Pass Pass | 4:33pm 4:33pm |
| \mathtt{BT} | rass | 4.00pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 4:33pm |

Printer Tests

| Test | Status | Time |
|------|--------------|------------------|
| PRNT | Pass | 4:34pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass Pass | 4:34pm 4:34pm |

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| | County_ | NEW Handler | Instrument Location_ | New Ha | nover | County |
|---|---------------------------------|--|--|--|-------------------------------------|-------------------------------|
| | Instrume | nt Serial No. 8626 | | Sherits | Dept | |
| | | | | | | |
| | The prev | rentive maintenance procedures for the Int | oximeters, Model Intox | EC/IR II to be followed | owed at least o | nce every |
| | 1. | Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg | isplays pressure, or the ree centigrade; | alcoholic breath sir | nulator thermo | meter 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 samp | le; | | |
| | 7. | . When "PLEASE BLOW" appe | ars, collect breath samp | le; | | |
| | 8. | . Print test record; | | | | |
| | 9 | . Verify Diagnostic Program; and | | | | |
| • | 10. | Verify that the ethanol gas cani simulator solution is being char whichever occurs first. | ster is being changed be aged every four months | fore expiration date or after 125 Alcoho | e, or the alcoho olic Breath Sim | olic breath nulator tests, |
| | I certify procedu Departr | that on the day ofires were performed on the instrument indinent of Health and Human Services, and t | YNA/Y, 20 icated above, in accorda he instrument is function | the forgoi ance with current re ning properly. | ing preventive egulations of th | maintenance ne N.C. |
| | GREAT CREAT CASE | E STATE OF NO BLEE CAROLINA STATE OF THE IS ST | Row Rive | <u>Ua</u> | 639 | 4 |
| | | Sign | nature of Certifying Off | icial | Certificate | Number |

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008626 Test Date: 02/07/2012

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: RIVERA, ANTHONY
Permit Number: 08259E
Effective:
08/01/2011-08/01/2013

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

Lot Number: AG108202 Exp Date: 03/23/2013

| Test | g/210L | Time |
|-----------------------------|--------------------|----------------------------|
| DIAG AIR BLK ACCY CHK | Pass .00 .07 | 2:50pm 2:51pm 2:52pm |
| AIR BLK | .00 | 2:53pm |
| SUB TEST | .00 | 2:53pm |
| AIR BLK | .00 | 2:54pm |
| SUB TEST | .00 | 2:56pm |
| AIR BLK | .00 | 2:57pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008626

Test Record Number: 3453

Test Date: 02/07/2012 Test Time: 2:58pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|------------------|
| IR FLO | Pass Pass | 2:59pm 2:59pm |
| FC | Pass | 2:59pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 2:59pm |
| SRC | Pass | 2:59pm |
| DET | Pass | 2:59pm |
| BAR | Pass | 2:59pm |
| BT | Pass | 2:59pm |

Blank Tests

| Test | Status | Time | |
|--------------|--------|--------------|--|
| 7. TD | Pagg | 3 • 0 0 1011 | |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 3:00pm |
| - | CRC Tests | |

| Test | Status | Time |
|--------|--------------|------------------|
| COMP . | Pass Pass | 3:00pm 3:00pm |

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | INTOXINETERS, MODEL Instrument Location NEW HAIVOVER COUNTY Fial No. 8617 Strength Dept. |
|------------------------------------|--|
| | |
| Instrument Ser | rial No. 8617 Sher, As Dept. |
| * | |
| 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 the procedures Departmen | at on theday ofthe forgoing preventive maintenance swere performed on the instrument indicated above, in accordance with current regulations of the N.C. and the instrument is functioning properly. |
| | |
| CREAT SEATON | Signature of Certifying Official Certificate Number |

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008617 Test Date: 02/07/2012

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: RIVERA, ANTHONY
Permit Number: 08259E
Effective:

08/01/2011-08/01/2013

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

Test Type: Breath Test

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

| Test | g/210L | Time |
|-----------------------------|--------------------|----------------------------|
| DIAG AIR BLK ACCY CHK | Pass .00 .08 | 2:50pm 2:51pm 2:51pm |
| AIR BLK | .00 | 2:52pm |
| SUB TEST | .00 | 2:53pm |
| AIR BLK | .00 | 2:54pm |
| SUB TEST | .00 | 2:56pm |
| AIR BLK | .00 | 2:56pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008617 Test Record Number: 1743 Test Date: 02/07/2012

Test Time: 2:58pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|------------------|
| IR FLO | Pass Pass | 2:58pm 2:58pm |
| FC | Pass | 2:58pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 2:58pm |
| SRC | Pass | 2:58pm |
| DET | Pass | 2:58pm |
| BAR | Pass | 2:58pm |
| BT | Pass | 2:58pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:59pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 2:59pm |
| | CRC Tests | |
| Test | Status | Time |
| | | |

Preventive Maintenance Status: Pass

Pass

Pass

2:59pm 2:59pm

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County NE | -WHONOVER | Instrument Location_ | Wilmin | aton |
|---|---|---|--|--|
| Instrument Se | rial No. <u>8628</u> | Instrument Location_ | Police | Sept. |
| The preventiv | e maintenance procedures for the In | ntoximeters, Model Intox | EC/IR II to be foll | owed at least once every |
| 1. | Verify the ethanol gas canister 34 degrees, plus or minus .2 de | displays pressure, or the egree centigrade; | alcoholic breath sir | nulator thermometer shows |
| 2. | Verify instrument displays tim | e and date; | | |
| 3. | Initiate breath test sequence; | | | |
| 4. | Enter information as prompted | l; | | |
| 5. | Verify instrument accuracy; | | | |
| 6. | When "PLEASE BLOW" appears, collect breath sample; | | | |
| 7. | When "PLEASE BLOW" app | pears, collect breath samp | le; | |
| 8. | Print test record; | | | • |
| 9. | Verify Diagnostic Program; at | nd | | |
| 10. | Verify that the ethanol gas car simulator solution is being chawhichever occurs first. | nister is being changed be anged every four months | fore expiration date or after 125 Alcoho | e, or the alcoholic breath blic Breath Simulator tests, |
| I certify that procedures w Department of | on theday ofday of were performed on the instrument in of Health and Human Services, and | ndicated above, in accordate the instrument is function | the forgoi ince with current re ning properly. | ng preventive maintenance gulations of the N.C. |
| CORPARISON OF THE STATE OF THE | LO NOSTINI CAROLINI SI | hi) y kiil | (a) | 634 Certificate Number |

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628 Test Date: 02/07/2012

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: RIVERA, ANTHONY

Permit Number: 08259E

Effective:

08/01/2011-08/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG108202 Exp Date: 03/23/2013

| Test | g/210L | Time |
|-----------------|--------|------------------|
| DIAG AIR BLK | Pass | 2:03pm 2:04pm |
| ACCY CHK | .07 | 2:04pm |
| AIR BLK | .00 | 2:05pm |
| SUB TEST | .00 | 2:06pm |
| AIR BLK | .00 | 2:07pm |
| SUB TEST | .00 | 2:10pm |
| ATD BIK | 0.0 | 2:11pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Anthony Cules
Analyst

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628

Test Record Number: 2225

Test Date: 02/07/2012 Test Time: 2:11pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:12pm |
| FLO | Pass | 2:12pm |
| FC | Pass | 2:12pm |

Temperature Tests

| Test | Status | Time |
|--------------------------------|--------------------------------------|--|
| FC1 SRC DET BAR BT | Pass Pass Pass Pass Pass | 2:12pm 2:12pm 2:12pm 2:12pm 2:12pm |
| דים | 1455 | 2,12,11 |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:13pm |

Printer Tests

| Test | Status | TTIIIC |
|------|-----------|--------|
| PRNT | Pass | 2:13pm |
| | CRC Tests | |
| Test | Status | Time |

| COMP | Pass | 2:13pm |
|------|------|--------|
| CAL | Pass | 2:13pm |

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County_// | EW Han over Instrument Location Carolina Beach |
|--|--|
| Instrument Se | P.L. ~ |
| 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 day of |
| THE STATION OF THE ST | Signature of Certifying Official Certificate Number |

NEW HANOVER COUNTY CAROLINA BEACH PD 640

> Serial Number: 008661 Test Date: 02/07/2012

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: RIVERA, ANTHONY Permit Number: 08259E Effective: 08/01/2011-08/01/2013

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

Agency: DHHS

Test Type: Breath Test

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

| Test | g/210L | Time |
|-----------------------------|------------|------------------------------|
| DIAG AIR BLK ACCY CHK | | 12:58pm 12:59pm 1:00pm |
| AIR BLK sub TEST | .00 .00 | 1:00pm 1:01pm |
| AIR BLK SUB TEST | .00 .00 | 1:02pm 1:04pm |
| AIR BLK | .00 | 1:04pm |

.00 g/210L Reported AC:

nthoutwee Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

NEW HANOVER COUNTY CAROLINA BEACH PD 640

Serial Number: 008661

Test Record Number: 1292

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|------------------|
| IR FLO | Pass Pass | 1:06pm 1:06pm |
| FC | Pass | 1:06pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 1:06pm |
| SRC | Pass | 1:06pm |
| DET | Pass | 1:06pm |
| BAR | Pass | 1:06pm |
| BT | Pass | 1:06pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:07pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 1:07pm |
| | CRC Tests | |

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 1:07pm |
| CAL | Pass | 1:07pm |

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County_/\/ | EW Hanover Instrument Location WRIGHTSVILLE BEACH |
|--|--|
| Instrument So | erial No. 8667 Instrument Location WRIGHTSVILLE BEACH. |
| 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 day of |
| STATE OF THE STATE | |

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008667 Test Date: 02/07/2012

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: RIVERA, ANTHONY

Permit Number: 08259E

Effective:

08/01/2011-08/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG011701 Exp Date: 04/27/2012

| Test | g/210L | Time |
|-----------------------------|--------------|-------------------------------|
| DIAG AIR BLK ACCY CHK | Pass .00 .08 | 11:49am 11:50am 11:51am |
| AIR BLK SUB TEST | .00 .00 | 11:51am 11:53am |
| AIR BLK | .00 | 11:54am |
| SUB TEST | .00 | 11:55am |
| AIR BLK | .00 | 11:56am |

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

Kivera

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008667 Test Date: 02/07/2012

Test Record Number: 979

Test Time: 11:57am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:58am |
| FLO | Pass | 11:58am |
| FC | Pass | 11:58am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:58am |
| SRC | Pass | 11:58am |
| DET | Pass | 11:58am |
| BAR | Pass | 11:58am |
| BT . | Pass | 11:58am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:59am |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:59am |

CRC Tests

| Test S | Status | Time |
|--------|--------|--------------------|
| - | | 11:59am 11:59am |

Preventive Maintenance Status: Pass

Inshory K

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EÇ/IR II

| County / | A | Instrument Location_ | <u> </u> | County - |
|--|--|---|---|--|
| Instrument Se | erial No. <u>8948</u> | Instrument Location_ | Sherifs | Dept Ann |
| The preventive four months a | ve maintenance procedures for the In are: | toximeters, Model Intox I | EC/IR II to be follow | ved at least once every |
| 1. | Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg | lisplays pressure, or the a ree centigrade; | lcoholic breath simu | lator thermometer shows |
| 2. | Verify instrument displays time | and date; | | |
| 3. | Initiate breath test sequence; | | | |
| 4. | Enter information as prompted; | | | |
| 5. | Verify instrument accuracy; | | | |
| 6. | When "PLEASE BLOW" appe | ars, collect breath sample | ; | |
| 7. | When "PLEASE BLOW" appe | ars, collect breath sample | ;; | |
| 8. | Print test record; | | | |
| 9. | Verify Diagnostic Program; and | l , | | |
| 10. | Verify that the ethanol gas canic simulator solution is being chan whichever occurs first. | ster is being changed before ged every four months or | ore expiration date, or after 125 Alcoholic | or the alcoholic breath Breath Simulator tests, |
| I certify that of procedures we Department of | on the day of Health and Human Services, and t | icated above, in accordan he instrument is functioni | /Z the forgoing ce with current reguing properly. | preventive maintenance lations of the N.C. |
| THE STATE OF THE S | In 46 | 10 W in ature of Certifying Offici | esa _ | Certificate Number |

PENDER COUNTY SHERIFF DEPT ANNEX 700

Serial Number: 008948 Test Date: 02/07/2012

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

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

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

Analyst's Name: RIVERA, ANTHONY
Permit Number: 08259E
Effective:
08/01/2011-08/01/2013

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

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

| Test | g/210L | Time |
|---------------------|------------|---------------------------|
| DIAG AIR BLK | Pass | 10:52am 10:53am |
| ACCY CHK | .08 | 10:53am |
| AIR BLK SUB TEST | .00 .00 | 10:54am 10:55am |
| AIR BLK | .00 | 10:55am |
| SUB TEST | .00 | 10:57am |
| AIR BLK | .00 | 10:58am |

Reported AC: .00 g/210L in thou (una Signature of Chemical Analyst

Court CVR

Hony Kinera

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

PENDER COUNTY SHERIFF DEPT ANNEX

Serial Number: 008948

Test Record Number: 472

Test Date: 02/07/2012

Test Time: 10:59am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:59am |
| FLO | Pass | 10:59am |
| FC | Pass | 10:59am |

Temperature Tests

| Test | Status | Time |
|------------|--------------|--------------------|
| FC1 SRC | Pass Pass | 10:59am 10:59am |
| DET | Pass | 10:59am |
| BAR | Pass | 10:59am |
| BT | Pass | 10:59am |

Blank Tests

| Test | Status | Time |
|------|--------|------|
| rest | Status | TTME |

AIR Pass 11:00am

Printer Tests

| Test | Status | Time |
|------|--------|------|
| 20 | | |

PRNT Pass 11:00am

CRC Tests

| Test | Status | Time |
|------|--------|------------|
| 1000 | Deacas | T -T-111C- |

COMP Pass 11:00am CAL Pass 11:00am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | in No. 8858 Instrument Location Wallace Solve Deat. |
|--|--|
| Instrument Ser | ial No. 8858 Police Ded. |
| 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 of procedures we Department of | on the |
| OSE GUANAMA SAN SAN SAN SAN SAN SAN SAN SAN SAN SA | CAROLL CA |

DUPLIN COUNTY WALLACE PD 300

Serial Number: 008858 Test Date: 02/06/2012

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: RIVERA, ANTHONY

Permit Number: 08259E

Effective:

08/01/2011-08/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 5:29pm |
| AIR BLK | .00 | 5:30pm |
| ACCY CHK | .07 | 5:31pm |
| AIR BLK | .00 | 5:32pm |
| SUB TEST | .00 | 5:32pm |
| AIR BLK | .00 | 5:33pm |
| SUB TEST | .00 | 5:35pm |
| ATR BLK | . 0.0 | 5:36pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

DUPLIN COUNTY WALLACE PD 300

Serial Number: 008858

Test Record Number: 509

System Check: Passed '

Baseline Tests

| Test | Status | Time |
|-----------|--------------|------------------|
| IR FLO | Pass Pass | 5:37pm 5:37pm |
| FC | Pass | 5:37pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass . | 5:38pm |
| SRC | Pass | 5:38pm |
| DET | Pass | 5:38pm |
| BAR | Pass | 5:38pm |
| BT . | Pass | 5:38pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 5:38pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 5:38pm |
| | CRC Tests | |

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 5:38pm |
| CAL | Pass | 5:38pm |

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | PENDER Instrument Location ENDER County |
|--|--|
| Instrument Se | erial No. 8946 Sherith Dept. |
| 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 | on the day of Ebruary, 20/2 the forgoing preventive maintenance vere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly. |
| STATE STATE OF THE | |

PENDER PENDER COUNTY SD 700

Serial Number: 008946 Test Date: 02/06/2012

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: RIVERA, ANTHONY

Permit Number: 08259E

Effective:

08/01/2011-08/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test | g/210L | Time |
|----------|--------|----------|
| DIAG | Pass | 4:41pm |
| AIR BLK | .00 | 4:42pm |
| ACCY CHK | .08 | 4:43pm |
| AIR BLK | .00 | 4:44pm |
| SUB TEST | .00 | 4:44pm |
| AIR BLK | .00 | 4:45pm |
| SUB TEST | .00 | 4:47pm |
| ATP BI.K | 0.0 | 4 · 48pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

PENDER PENDER COUNTY SD 700

Serial Number: 008946 Test Date: 02/06/2012

Test Record Number: 620 Test Time: 4:50pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 4:50pm |
| FLO | Pass | 4:50pm |
| FC | Pass | 4:50pm |

Temperature Tests

| Test | Status | Time |
|------------|--------------|------------------|
| FC1 SRC | Pass Pass | 4:50pm 4:50pm |
| DET | Pass | 4:50pm |
| BAR | Pass | 4:50pm |
| BT | Pass | 4:50pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 4:51pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 4:51pm |
| | CRC Tests | • |

Test Status Time

| COMP | Pass | 4:51pm |
|------|------|--------|
| CAL | Pass | 4:51pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD

| County E | INTUATIVETERS, MODEL INTOX ECTR II I den Instrument Location PeruDen County |
|--|--|
| Instrument Seria | Instrument Location PeruDerz Country Shearth DEPC. |
| The preventive i | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| | theday of |
| STATE OF N. O. THE STATE OF N. O | Signature of Certifying Official Certificate Number |

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

PENDER PENDER CO SD 700

Serial Number: 008935 Test Date: 02/06/2012

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: RIVERA, ANTHONY

Permit Number: 08259E

Effective:

08/01/2011-08/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG106701 Exp Date: 03/08/2013

| rest | g/210L | Time |
|--|---------------------------|--------------------------------------|
| DIAG AIR BLK ACCY CHK AIR BLK | Pass .00 .07 .00 | 4:36pm 4:37pm 4:38pm 4:39pm |
| SUB TEST | .00 | 4:40pm |
| AIR BLK | .00 | 4:41pm |
| SUB TEST | .00 | 4:42pm |
| AIR BLK | .00 | 4:43pm |
| | | |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

PENDER PENDER CO SD 700

Serial Number: 008935

Test Record Number: 944

Test Date: 02/06/2012

Test Time: 4:45pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 4:45pm |
| FLO | Pass | 4:45pm |
| FC | Pass | 4:45pm |

Temperature Tests

| Status | Time |
|--------|------------------------------|
| Pass | 4:45pm |
| | Pass Pass Pass Pass |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 4:46pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 4:46pm |
| | CRC Tests | |
| | Ctatus | Timo |

| 1000 | Beacab | 110 |
|------|--------|--------|
| COMP | Pass | 4:46pm |
| CAL | Pass | 4:46pm |

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| | ' INTOXIMETERS, MODEL INTOXICATION |
|--|--|
| County | chumbus Instrument Location Columbus County |
| Instrument Seri | ial No. 8875 Sherill Dept. |
| <u> </u> | |
| The preventive four months are | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that o procedures we Department of | n the |
| STATE OF THE STATE | without Kiver 634 |

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008875 Test Date: 02/06/2012

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: RIVERA, ANTHONY

Permit Number: 08259E

Effective:

08/01/2011-08/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test: g/210L Time

3:05pm DIAG Pass AIR BLK .00 3:06pm ACCY CHK .07 3:07pmAIR BLK .00 3:08pm SUB TEST .00 3:10pm AIR BLK .00 3:11pmSUB TEST .00 3:12pm AIR BLK .00 3:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008875 Test Date: 02/06/2012

Test Record Number: 809
Test Time: 3:15pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-------|--------|--------|
| IR | Pass | 3:15pm |
| FLO . | Pass | 3:15pm |
| FC | Pass | 3:15pm |

Temperature Tests

| Test | Status | Time |
|--------------------------------|--------------------------------------|--|
| FC1 SRC DET BAR BT | Pass Pass Pass Pass Pass | 3:15pm 3:15pm 3:15pm 3:15pm 3:15pm |
| | | |

Blank Tests

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

Printer Tests

| 4.7 | | |
|------|--------------|------------------|
| Test | Status | Time |
| PRNT | Pass | 3:16pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass Pass | 3:16pm 3:16pm |

Preventive Maintenance Status: Pass

In thory Lucic
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008886 Test Date: 02/06/2012

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: RIVERA, ANTHONY

Permit Number: 08259E

Effective:

08/01/2011-08/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test | g/210L | Time |
|-----------------|--------|------------------|
| DIAG AIR BLK | Pass | 3:05pm 3:06pm |
| ACCY CHK | .07 | 3:07pm |
| AIR BLK | .00 | 3:08pm |
| SUB TEST | .00 | 3:09pm |
| AIR BLK | .00 | 3:10pm |
| SUB TEST | .00 | 3:11pm |
| ATR BLK | .00 | 3:12pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008886

Test Record Number: 549

Test Date: 02/06/2012

Test Time: 3:13pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:14pm |
| FLO | Pass | 3:14pm |
| FC | Pass | 3:14pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 3:14pm |
| SRC | Pass | 3:14pm |
| DET | Pass | 3:14pm |
| BAR | Pass | 3:14pm |
| BT | Pass | 3:14pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:15pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|------------------|
| PRNT | Pass | 3:15pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 3:15pm 3:15pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| | INTOXIMETERS, MODEL INTOX EC/IR II |
|--|---|
| County 5 | adEN Instrument Location Blader County |
| Instrument Seria | INO. 8818 Sherillo Dopt. |
| The preventive r | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. |
| I certify that on procedures wer Department of | theday of |
| THE STATE OF THE S | Signature of Certifying Official Certificate Number |

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008818 Test Date: 02/06/2012

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: RIVERA, ANTHONY

Permit Number: 08259E

Effective:

08/01/2011-08/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG106701 Exp Date: 03/08/2013

| Test | g/210L | Time |
|-----------------|-------------|------------------|
| DIAG AIR BLK | Pass .00 | 2:08pm 2:09pm |
| ACCY CHK | .07 | 2:09pm |
| AIR BLK | .00 | 2:10pm |
| SUB TEST | .00 | 2:11pm |
| AIR BLK | .00 | 2:12pm |
| SUB TEST | .00 | 2:13pm |
| ATR BLK | . 0.0 | 2:14pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008818

Test Record Number: 429 Test Date: 02/06/2012 Test Time: 2:16pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:16pm |
| FLO | Pass | 2:16pm |
| FC | Pass | 2:16pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 2:17pm |
| SRC | Pass | 2:17pm |
| DET | Pass | 2:17pm |
| BAR | Pass | 2:17pm |
| BT | Pass | 2:17pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:17pm |

CAL

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 2:17pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:17pm |

Preventive Maintenance Status: Pass

Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County & | Sladen Instrument Location BLaden County |
|---|---|
| Instrument Se | 8894 Phan Doch |
| The preventiv | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that of procedures we Department of | on the day of FERNALY, 20/2 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. |
| TALES TATE OF CONTROL OF THE CONTROL OF T | |

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008894 Test Date: 02/06/2012

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: RIVERA, ANTHONY

Permit Number: 08259E

Effective:

08/01/2011-08/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG108202 Exp Date: 03/23/2013

| Test | g/210L | Time |
|----------|--------|----------|
| DIAG | Pass | 2:07pm |
| AIR BLK | .00 | 2:08pm |
| ACCY CHK | .07 | 2:09pm |
| AIR BLK | .00 | 2:10pm |
| SUB TEST | .00 | 2:11pm |
| AIR BLK | .00 | 2:12pm |
| SUB TEST | .00 | 2:13pm |
| ATR BLK | . 0:0 | 2 · 14 m |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008894 Test Date: 02/06/2012 Test Record Number: 515
Test Time: 2:17pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------|--------|
| IR | Pass | 2:17pm |
| FLO FC | Pass | 2:17pm |
| FC | Pass | 2:17pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 2:17pm |
| SRC | Pass | 2:17pm |
| DET | Pass | 2:17pm |
| BAR | Pass | 2:17pm |
| BT | Pass | 2:17pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:18pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 2:18pm |
| | CRC Tests | |
| Test | Status | Time |
| | | |

Preventive Maintenance Status: Pass

Pass

Pass

2:18pm

2:18pm

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | Instrument Location Sampson County Shen As Dept. |
|--|--|
| Instrument Seri | ial No. 8877 Shen As Dept. |
| 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 of procedures we Department of | n the |
| STATE OF THE STATE | |

SAMPSON COUNTY SAMPSON COUNTY SD 810

Serial Number: 008877 Test Date: 02/06/2012

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: RIVERA, ANTHONY Permit Number: 08259E Effective:

08/01/2011-08/01/2013

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

> Lot Number: AG106701 Exp Date: 03/08/2013

| Test · | g/210L | Time |
|----------|--------|----------------------------|
| DIAG | Pass | 12:55pm |
| AIR BLK | .00 | 12:56pm |
| ACCY CHK | .08 | 12:57pm |
| AIR BLK | .00 | 12:58pm |
| SUB TEST | .00 | 12:58pm |
| AIR BLK | .00 | 12:59pm |
| SUB TEST | .00 | 1:01pm |
| ATR RIK | 0.0 | $1 \cdot 0.2 \mathrm{rpm}$ |

Reported AC: .00 g/210L

n thony twee Signature of Chemical Analyst

Court CVR

SAMPSON COUNTY SAMPSON COUNTY SD 810

Serial Number: 008877

Test Record Number: 962

Test Date: 02/06/2012 Test Time: 1:04pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:04pm |
| FLO | Pass | 1:04pm |
| FC | Pass | 1:04pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 1:04pm |
| SRC | Pass | 1:04pm |
| DET | Pass | 1:04pm |
| BAR | Pass | 1:04pm |
| BT | Pass | 1:04pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR. | Pass | 1:05pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 1:05pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 1:05pm |

Preventive Maintenance Status: Pass

Pass

CAL

1:05pm

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | Sampson Instrument Location Sampson County |
|--|--|
| Instrument Ser | ial No. 8825 Sheriff Dept. |
| The preventive four months ar | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that of procedures we Department of | n theday ofto |
| TO THE STATE OF TH | |

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

Signature of Certifying Official

Certificate Number

SAMPSON COUNTY SAMPSON CO SD 810

Serial Number: 008825 Test Date: 02/06/2012

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: RIVERA, ANTHONY
Permit Number: 08259E
Effective:

08/01/2011-08/01/2013

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

Lot Number: AG106701 Exp Date: 03/08/2013

| Test | g/210L | Time |
|-----------------|------------|--------------------|
| DIAG AIR BLK | Pass | 12:56pm 12:57pm |
| ACCY CHK | .00 .07 | 12:57pm |
| AIR BLK | .00 | 12:58pm |
| SUB TEST | .00 | 12:59pm |
| AIR BLK | .00 | 1:00pm |
| SUB TEST | .00 | 1:01pm |
| AIR BLK | .00 | 1:02pm |

Reported AC: ..00 g/210L

Signature of Chemical Analyst

Court CVR

SAMPSON COUNTY SAMPSON CO SD 810

Serial Number: 008825

Test Record Number: 1308

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:04pm |
| FLO | Pass | 1:04pm |
| FC | Pass | 1:04pm |

Temperature Tests

| Test | Status | Time |
|---------------|--------|--------|
| FC1 | Pass | 1:04pm |
| SRC | Pass | 1:04pm |
| DET | Pass | 1:04pm |
| BAR | Pass | 1:04pm |
| \mathtt{BT} | Pass | 1:04pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:05pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 1:05pm |

CRC Tests

| Test | Status | Time | |
|------|--------|--------|--|
| COMP | Pass | 1:05pm | |
| CAL | Pass | 1:05pm | |

Preventive Maintenance Status: Pass

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

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | Supl Instrument Location WAR Saw |
|--|--|
| Instrument Seri | ial No. 8874 Police Dept. |
| The preventive four months are | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that or procedures we Department of | n the day of |
| STATE ON THE STATE OF THE OWNER OWNER OF THE OWNER OWNER OF THE OWNER OWN | |

DUPLIN COUNTY WARSAW PD 300

Serial Number: 008874 Test Date: 02/06/2012

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: RIVERA, ANTHONY

Permit Number: 08259E

Effective:

08/01/2011-08/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test | g/210L | Time |
|----------|--------|-----------|
| DIAG | Pass | 12:10pm |
| AIR BLK | .00 | 12:11pm |
| ACCY CHK | .08 | 12:11pm |
| AIR BLK | .00 | 12:12pm |
| SUB TEST | .00 | 12:13pm |
| AIR BLK | .00 | 12:14pm |
| SUB TEST | .00 | 12:15pm |
| ATP RIK | nn | 12 · 16pm |

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

DUPLIN COUNTY WARSAW PD 300

Serial Number: 008874 Test Date: 02/06/2012 Test Record Number: 238
Test Time: 12:17pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:18pm |
| FLO | Pass | 12:18pm |
| FC | Pass | 12:18pm |

Temperature Tests

| Test | Status | Time |
|-------|--------|---------|
| FC1 | Pass | 12:18pm |
| SRC 1 | Pass | 12:18pm |
| DET 1 | Pass | 12:18pm |
| BAR 1 | Pass | 12:18pm |
| BT 1 | Pass | 12:18pm |

Blank Tests

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

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 12:18pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 12:19pm |

12:19pm

Preventive Maintenance Status: Pass

Pass

CAL

Chrkny July Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | Instrument Location Duplin County erial No. 8864 Shurts Dept |
|--|--|
| Instrument Se | erial No. 8864 Sherits Dept |
| 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 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. |
| WWD 945 AVE CREATER OF THE CREATER O | |

DUPLIN COUNTY DUPLIN CO SD 300

Serial Number: 008864 Test Date: 02/06/2012

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: RIVERA, ANTHONY

Permit Number: 08259E

Effective:

08/01/2011-08/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test | g/210L | Time |
|---------------------|--------|--------------------|
| DIAG | Pass | 11:30am |
| AIR BLK ACCY CHK | .00 | 11:31am 11:32am |
| AIR BLK | .00 | 11:33am |
| SUB TEST | .00 | 11:34am |
| AIR BLK | .00 | 11:35am |
| SUB TEST | .00 | 11:36am |
| ATR BLK | . 00 | 11:37am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Inthony/cuera

DUPLIN COUNTY DUPLIN CO SD 300

Serial Number: 008864 Test Date: 02/06/2012 Test Record Number: 1393
Test Time: 11:38am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:39am |
| FLO | Pass | 11:39am |
| FC | Pass | 11:39am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:39am |
| SRC | Pass | 11:39am |
| DET | Pass | 11:39am |
| BAR | Pass | 11:39am |
| BT | Pass | 11:39am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:40am |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:40am |
| | | |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:40am |
| CAL | Pass | 11:40am |

Preventive Maintenance Status: Pass

Inthony/auera

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County_ <i>W</i> | AKE | _ Instrument Location <u>//</u> | AKE FOREST | PD |
|--|---|---|--|------------------------------------|
| Instrument Ser | rial No. <u>008738</u> | 401 UWEN ST. | | |
| | | | | |
| The preventive four months ar | e maintenance procedures for the | Intoximeters, Model Intox EC | /IR II to be followed at le | east once every |
| 1. | Verify the ethanol gas caniste 34 degrees, plus or minus .2 d | r displays pressure, or the alco legree centigrade; | holic breath simulator the | ermometer shows |
| 2. | Verify instrument displays tin | ne and date; | | |
| 3. | Initiate breath test sequence; | | · | |
| 4. | Enter information as prompte | d; | | |
| 5. | Verify instrument accuracy; | | | |
| 6. | When "PLEASE BLOW" ap | pears, collect breath sample; | | |
| 7. | When "PLEASE BLOW" app | pears, collect breath sample; | | |
| 8. | Print test record; | · · · · | | |
| 9. | Verify Diagnostic Program; a | nd | | |
| 10. | Verify that the ethanol gas can | nister is being changed before a anged every four months or aft | expiration date, or the alc er 125 Alcoholic Breath | coholic breath Simulator tests, |
| procedures wer | n the <u>29</u> day of FEE re performed on the instrument in Health and Human Services, and | idicated above, in accordance v | with current regulations o | ive maintenance of the N.C. |
| O'THE STATE OF THE | NORTH CAROLLA STA | D. Smith | 63 | 7 |
| | ŞIE | musus or contrying official | Certifica | ite Number |

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008738 Test Date: 02/29/2012

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: SMITH, BRIAN D

Permit Number: 08937E

Effective:

08/01/2011-08/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test | g/210L | Time |
|--|----------------------------------|--|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK | Pass .00 .07 .00 .00 | 2:28pm 2:29pm 2:29pm 2:30pm 2:30pm 2:31pm |
| SUB TEST | .00 | 2:33pm |
| AIR BLK | .00 | 2:34pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analysi

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008738

Test Record Number: 211

Test Date: 02/29/2012

Test Time: 2:35pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:35pm |
| FLO | Pass | 2:35pm |
| FC | Pass | 2:35pm |

Temperature Tests

| Test | Status | Time |
|---------------|--------|--------|
| | | |
| FC1 | Pass | 2:36pm |
| SRC | Pass | 2:36pm |
| DET | Pass | 2:36pm |
| BAR | Pass | 2:36pm |
| \mathtt{BT} | Pass | 2:36pm |

Blank Tests

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

AIR Pass 2:36pm

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 2:36pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:36pm |
| CAL | Pass | 2:36pm |

Preventive Maintenance Status: Pass