PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

`	INTOXINETERS, WODEL INTOX ECONO
County Wen	Instrument Location Warne (o. Detention)
Instrument Seria	11No. 008851 207 E. Chestnut St., Goldsboro
The preventive is four months are:	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6,	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the
OR STATE OF THE ST	100 July 643
	Signature of Certifying Official Certificate Number

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008851 Test Date: 05/31/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Test	g/210L	Time
DIAG	Pass	12:12pm
AIR BLK	.00	12:13pm
ACCY CHK	.07	12:13pm
AIR BLK	.00	12:14pm
SUB TEST	.00	12:15pm
AIR BLK	.00	12:16pm
SUB TEST	.00	12:17pm
ATR BLK	. 0.0	12:18m

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008851 Test Date: 05/31/2012 Test Record Number: 366
Test Time: 12:19pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:20pm

Printer Tests

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

12:20pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County /	ANDOCPH Instrument Location ARCHDALE BLICE DEA
Instrument Se	erial No. DO8791 ARCHDALE, NC
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the 3 day of 74, 20 12 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATE OF STA	

RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791 Test Date: 05/31/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG023701 Exp Date: 08/25/2012

Test	g/210L	Time
DIAG AIR BLK	Pass	12:50pm 12:51pm
ACCY CHK	.08	12:52pm
AIR BLK	.00	12:53pm
SUB TEST	.00	12:53pm
AIR BLK	.00	12:54pm
SUB TEST	.00	12:56pm
ATR RIK	0.0	12.57mm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791

Test Record Number: 633

Test Date: 05/31/2012

Test Time: 1:01pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
TD.	Dagg	1 01 ~~
IR	Pass -	1:01pm
FLO	Pass	1:01pm
FC	Pass	1:01pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:01pm
SRC	Pass	1:01pm
DET	Pass	1:01pm
BAR	Pass	1:01pm
BT	Pass	1:01pm

Blank Tests

Test	Status	Time
AIR	Pass	1:02pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:02pm
	CRC Tests	
Test	Status	Time

COMP	Pass	1:02pm
CAL	Pass	1:02pm

Preventive Maintenance Status: Pass

) Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	INTOXIMETERS, MODEL INTOX EC/IR II RANDOC PH Instrument Location ARCHDALE BLICE DEP
Instrument S	erial No. 008629 ARCHDALE, NC
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures v	on the 31 day of MAY, 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.
STATE STATE OF THE	CAROLLIS

RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008629 Test Date: 05/31/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG203903 Exp Date: 02/08/2014

Test	g/210L	Time
DIAG AIR BLK	Pass	12:46pm 12:46pm
ACCY CHK AIR BLK	.08 .00	12:47pm 12:48pm
SUB TEST	.00	12:49pm
AIR BLK	.00	12:50pm
SUB TEST	.00	12:51pm
AIR BLK	.00	12:52pm

Reported ACs .00 g/210L

Signature of Chemical Analyst

Court CVR

RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008629

Test Record Number: 229

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:57pm 12:57pm
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
\mathtt{BT}	Pass	12:57pm

Blank Tests

Test	Status	Time
AIR	Pass	12:58pm

Printer Tests

rest	Status	Time
PRNT	Pass	12:58pm
	CRC Tests	

Test	Status	Time
COMP	Pass	12:58pm
CAL	Pass	12:58pm

Preventive Maintenance Status: Pass

	PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR J. / //
County	uprituck Co Instrument Location BAT Mabile Warth
Instrument S	erial No. <u>(10887)</u>
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on the
STATION OF THE STATIO	CAROLL CA

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

Signature of Certifying Official

Certificate Number

CURRITUCK COUNTY BAT MOBILE UNIT 4 260

Serial Number: 008871 Test Date: 05/31/2012

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

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

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	6:26pm
AIR BLK	.00	6:27pm
ACCY CHK	.07	6:27pm
AIR BLK	.00	6:28pm
SUB TEST	.00	6:29pm
AIR BLK	.00	6:30pm
SUB TEST	.00	6:31pm
AIR BĻK	.00	6:32pm

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

CURRITUCK COUNTY BAT MOBILE UNIT 4 260

Serial Number: 008871

Test Record Number: 497
Test Time: 6:35pm EDT

Test Date: 05/31/2012 Test

System Check: Passed

Baseline Tests

Status	Time
Pass	6:35pm 6:35pm
	6:36pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:36pm
SRC	Pass	6:36pm
DET	Pass	6:36pm
BAR	Pass	6:36pm
\mathtt{BT}	Pass	6:36pm

Blank Tests

Test	Status	Time
AIR	Pass	6:36pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:36pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	6:36pm 6:36pm

Preventive Maintenance Status: Pass

Ánalyst

and the state of the control of the

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location 154 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. , 20____ the forgoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

CURRITUCK COUNTY BAT MOBILE UNIT 4 260

Serial Number: 008734 Test Date: 05/31/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	6:28pm 6:29pm 6:29pm
AIR BLK SUB TEST	.00	6:30pm 6:31pm
AIR BLK	.00	6:32pm 6:33pm
SUB TEST AIR BLK	.00 .00	6:34pm

Reported AC: ,00 g/21

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

CURRITUCK COUNTY BAT MOBILE UNIT 4 260

Serial Number: 008734

Test Record Number: 526

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:36pm
FLO	Pass	6:36pm
FC	Pass	6:36pm

Temperature Tests

Status	Time
Pass	6:36pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	6:37pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:37pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	6:37pm 6:37pm

Preventive Maintenance Status: Pass

Analyst

CETTIT

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTUATIVE LERS, WIODEL INTUA EC/IR II
County_/	Very Instrument Location Baner Elk PO
Instrument S	erial No. 008724 Banner Elk, NC
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted,
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the 3/ day of May, ,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.
INTERNAL SECTION OF THE CORE AT THE CORE A	Marie 649
	Signature of Certifying Official Certificate Number

AVERY COUNTY BANNER ELK PD 050

Serial Number: 008724 Test Date: 05/31/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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	4:35pm
AIR BLK	.00	4:36pm
ACCY CHK	.07	4:36pm
AIR BLK	.00	4:37pm
SUB TEST	.00	4:38pm
AIR BLK	.00	4:38pm
SUB TEST	.00	4:40pm
ATR BLK	0.0	4 · 41 mm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

AVERY COUNTY BANNER ELK PD 050

Serial Number: 008724

Test Record Number: 284

Test Date: 05/31/2012

Test Time: 4:42pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:42pm
FLO	Pass	4:42pm
FC	Pass	4:42pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:42pm
SRC	Pass	4:42pm
DET	Pass	4:42pm
BAR	Pass	4:42pm
BT	Pass	4:42pm

Blank Tests

Test	Status	Time
AIR	Pass	4:43pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:43pm
	CRC Tests	

Test	Status	Time
COMP	Pass	4:43pm
CAL	Pass	4:43pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County $M_{\mathcal{C}}$	
Instrument Seria	al No. <u>OOB888</u> Marion, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of H	the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

MCDOWELL COUNTY JAIL 580

Serial Number: 008888 Test Date: 05/25/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2011-06/01/2013

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG124202 Exp Date: 08/30/2013

Test	g/210L	Time
DIAG AIR BLK	Pass .00	3:11pm 3:12pm
ACCY CHK	.07	3:13pm
AIR BLK	.00	3:14pm
SUB TEST	.00	3:14pm
AIR BLK	.00	3:15pm
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

MCDOWELL COUNTY JAIL 580

Serial Number: 008888

Test Record Number: 717
Test Time: 3:18pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:19pm
FLO	Pass	3:19pm
FC	Pass	3:19pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:19pm
SRC	Pass	3:19pm
DET	Pass	3:19pm
BAR	Pass	3:19pm
\mathtt{BT}	Pass	3:19pm

Blank Tests

Test	Status	Time
AIR	Pass	3:20pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:20pm
	CRC Tests	

Test	Status	Time
COMP	Pass	3:20pm
CAL	Pass	3:20pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County M	cDovell In	nstrument Location <u>Marion</u>	well Co Jail	
Instrument Ser	rial No. <u>100</u> 8892	Marion	, NC	
The preventive four months ar	e maintenance procedures for the Intoxire:	meters, Model Intox EC/IR II to be	followed at least once every	
1.	Verify the ethanol gas canister displaced and degrees, plus or minus .2 degree		simulator thermometer shows	
2.	Verify instrument displays time and	date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears,	collect breath sample;		
7.	When "PLEASE BLOW" appears,	collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canister is simulator solution is being changed whichever occurs first.	is being changed before expiration of every four months or after 125 Alcohol.	late, or the alcoholic breath bholic Breath Simulator tests,	
I certify that o procedures we Department of	on the <u>25</u> day of <u>May</u> ere performed on the instrument indicate of Health and Human Services, and the in	, 20 / 2 the forged above, in accordance with current strument is functioning properly.	going preventive maintenance regulations of the N.C.	
ON PAINT OF THE PA	NORTH CAROLING	**************************************	644	
· :	And the second of the second o	e of Certifying Official	Certificate Number	

MCDOWELL COUNTY JAIL 580

Serial Number: 008892 Test Date: 05/25/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: 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	3:10pm 3:11pm
ACCY CHK	.07	3:11pm
AIR BLK	.00	3:12pm
SUB TEST	.00	3:13pm
AIR BLK	.00	3:13pm
SUB TEST	.00	3:15pm
AIR BLK	.00	3:16pm

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

MCDOWELL COUNTY JAIL 580

Serial Number: 008892

Test Record Number: 301

Test Date: 05/25/2012

Test Time: 3:17pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:17pm
FLO	Pass	3:17pm
FC	Pass	3:18pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	3:18pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:18pm
	CRC Tests	
	~ , , ,	

Test	Status	Time
COMP	Pass Pass	3:18pm 3:18pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Wate	avga	Instrument Location_	Boone	PD
Instrument Seria	il No. <u>OO 87/6</u>		Восле ,	W.C.
The preventive i	maintenance procedures for the Int	oximeters, Model Intox	EC/IR II to be fol	lowed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg		alcoholic breath si	mulator thermometer shows
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appear	ars, collect breath sample	e;	
7.	When "PLEASE BLOW" appears, 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.	ter is being changed bef ged every four months o	ore expiration date or after 125 Alcoho	e, or the alcoholic breath blic Breath Simulator tests,
I certify that on procedures were Department of I	theday ofday of	, 20 cated above, in accordance instrument is function	12 the forgoi nce with current re ing properly.	ng preventive maintenance gulations of the N.C.
COE QUANTOS AT THE COE QUENT OF THE COE	OR THE SIGNAL SI	ature of Certifying Offic	ial .	649 Certificate Number

WATAUGA COUNTY BOONE P D 940

Serial Number: 008716 Test Date: 05/11/2012

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2011-06/01/2013

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

Agency: DHHS

Test Type: Breath Test

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

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

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

WATAUGA COUNTY BOONE P D 940

Serial Number: 008716

Test Record Number: 1219

Test Date: 05/11/2012

Test Time: 3:57pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:58pm
FLO	Pass	3:58pm
FC	Pass	3:58pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:58pm
SRC	Pass	3:58pm
DET	Pass	3:58pm
BAR	Pass	3:58pm
BT	Pass	3:58pm

Blank Tests

Test	Status	Time
AIR	Pass	3:59pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:59pm
	CRC Tests	

Test	Status	Time
COMP	Pass	3:59pm
CAL	Pass	3:59pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	MACEY	Instrument Location Yancey Co. Jail
Instrument S	erial No. <u>0089/6</u>	Instrument Location <u>Vancey Co. Jail</u> Bunsville, NC
The preventi four months		Intoximeters, Model Intox EC/IR II to be followed at least once ever
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic breath simulator thermometer she degree centigrade;
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" app	pears, collect breath sample;
7.	When "PLEASE BLOW" app	pears, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; as	nd
10.		nister is being changed before expiration date, or the alcoholic breath anged every four months or after 125 Alcoholic Breath Simulator tes
I certify that procedures v	on the day ofday ofday ofday ofday ofday of Health and Human Services, and	, 20 / 2 the forgoing preventive maintenant adjusted above, in accordance with current regulations of the N.C. the instrument is functioning properly.
	No.	
OREAT STATE	E ON O CAR	
TEST QUANT		33

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

Signature of Certifying Official

Certificate Number

YANCEY COUNTY YANCEY COUNTY JAIL 990

Serial Number: 008916 Test Date: 05/02/2012

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: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2011-06/01/2013

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:01pm
AIR BLK	.00	2:02pm
ACCY CHK	.07	2:03pm
AIR BLK	.00	2:04pm
SUB TEST	.00	2:04pm
AIR BLK	.00	2:05pm
SUB TEST	.00	2:07pm
ATR RIK	0.0	2:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

YANCEY COUNTY YANCEY COUNTY JAIL 990

Serial Number: 008916

Test Record Number: 191

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:10pm
FLO	Pass	2:10pm
FC	Pass	2:10pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:10pm
SRC	Pass	2:10pm
DET	Pass	2:10pm
BAR	Pass	2:10pm
BT	Pass	2:10pm

Blank Tests

Test	Status	Time
AIR	Pass	2:10pm

Printer Tests

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

2:11pm COMP Pass Pass 2:11pm CAL

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County B_{ℓ}	Instrument Location Morganton DPS
Instrument Se	rial No. 008831 Instrument Location Morganton DDS Writing No. 008831
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department of	on the
OF CHAPTO	Signature of Certifying Official Certificate Number

BURKE COUNTY MORGANTON DPS 110

Serial Number: 008831 Test Date: 05/03/2012

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: 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 AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	12:06pm 12:07pm 12:08pm 12:09pm 12:09pm
AIR BLK	.00	12:10pm
SUB TEST	.00	12:11pm
AIR BLK	.00	12:12pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BURKE COUNTY MORGANTON DPS 110

Serial Number: 008831 Test Record Number: 1178
Test Date: 05/03/2012 Test Time: 12:13pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:14pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:14pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:14pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County R		Instrument Location Marca + 770	
Instrument Ser	rial No. <u>008904</u>	Instrument Location Morgan tra	NC
The preventive four months are	•	eximeters, Model Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degre	splays pressure, or the alcoholic breath see centigrade;	simulator thermometer shows
2.	Verify instrument displays time a	nd date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	rs, collect breath sample;	
7.	When "PLEASE BLOW" appear	s, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		er is being changed before expiration da ed every four months or after 125 Alcoh	
procedures wer	n the <u>3</u> day of <u>May</u> re performed on the instrument indica Health and Human Services, and the	, 20 / 2 the forgo ated above, in accordance with current reinstrument is functioning properly.	oing preventive maintenance regulations of the N.C.
ONE STATE OF COMMUNICATION OF THE COMMUNICATION OF	SARON CONTRACTOR OF THE PARTY O	ure of Certifying Official	649 Certificate Number

BURKE COUNTY MORGANTON DPS 110

Serial Number: 008904 Test Date: 05/03/2012

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: 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: AG108203 Exp Date: 03/23/2013

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BURKE COUNTY MORGANTON DPS 110

Serial Number: 008904

Test Record Number: 820

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:14pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:14pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:14pm

12:14pm

Preventive Maintenance Status: Pass

Pass

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Mit	chell	Instrument Location_	Sprice	Pine	PD
Instrument Seria	al No. <u>008726</u>	Instrument Location_	Spruce F	Dine , NO	- Settle
The preventive i	maintenance procedures for the Into:	ximeters, Model Intox	EC/IR II to be fol	lowed at least o	nce every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degre		ilcoholic breath si	mulator thermo	meter 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 breath sample	;		
7.	When "PLEASE BLOW" appears	s, collect breath sample	; ;		
8.	Print test record;				
9.	Verify Diagnostic Program; and				
10.	Verify that the ethanol gas caniste simulator solution is being change whichever occurs first.				
I certify that on procedures were Department of I	the day of	, 20_ ted above, in accordan instrument is function	12 the forgoice with current reing properly.	ng preventive m gulations of the	naintenance N.C.
THE STATE OF MAN 10, 177 AND 17 AND 1	Signatu	ire of Certifying Offici	al	649 Certificate N	umber

MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008726 Test Date: 05/07/2012

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: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2011-06/01/2013

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG124202 Exp Date: 08/30/2013

Test	g/210L	Time
DIAG AIR BLK	Pass	8:12pm 8:13pm
ACCY CHK	.08	8:13pm
AIR BLK	.00	8:14pm
SUB TEST	.00	8:15pm
AIR BLK	.00	8:15pm
SUB TEST	.00	8:17pm
AIR BLK	.00	8:18pm

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 Samigas

Department of Health and Human Services Rev. 12/2007

MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008726 Test Date: 05/07/2012

Test Record Number: 533
Test Time: 8:19pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:19pm
FLO	Pass	8:19pm
FC	Pass	8:20pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:20pm
SRC	Pass	8:20pm
DET	Pass	8:20pm
BAR	Pass	8:20pm
BT	Pass	8:20pm

Blank Tests

Test	Status	Time
AIR	Pass	8:20pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:20pm
	CRC Tests	
Test	Status	Time
COMP	Pass	8:21pm

Preventive Maintenance Status: Pass

Pass

8:21pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C	ald well Instrument Location Cald well Co. Jail
Instrument S	erial No. 008719 Lenoir, NC
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
STATI STATION OF THE CAREAN SECTION OF THE C	SACRO GARAGE
	Signature of Certifying Official Certificate Number

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008719 Test Date: 05/21/2012

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2011-06/01/2013

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

Agency: DHHS

Test Type: Breath Test

Lot Number: AG124202 Exp Date: 08/30/2013

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	5:42pm 5:43pm 5:43pm 5:44pm 5:45pm 5:46pm
SUB TEST	.00	5:47pm
AIR BLK	.00	5:48pm

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

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008719

Test Record Number: 1063

Test Date: 05/21/2012

Test Time: 5:50pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:51pm
FLO	Pass	5:51pm
FC	Pass	5:51pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:51pm
SRC	Pass	5:51pm
DET	Pass	5:51pm
BAR	Pass	5:51pm
\mathtt{BT}	Pass	5:51pm

Blank Tests

Test	Status	Time
AIR	Pass	5:51pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:52pm
	CRC Tests	
Test	Status	Time
COMP	Pass	5:52pm

Preventive Maintenance Status: Pass

Pass

5:52pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Co	ldwell	Instrument Location Caldwell	Co. Juil
Instrument Se	erial No. <u>00880.3</u>	henoir	NC
The preventive four months a		ntoximeters, Model Intox EC/IR II to be f	ollowed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath egree centigrade;	simulator thermometer show
.2.	Verify instrument displays tim	e and date;	
3.	Initiate breath test sequence;		•
4.	Enter information as prompted	! ;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; an	nd	
10.		nister is being changed before expiration d anged every four months or after 125 Alco	
	ere performed on the instrument in	dicated above, in accordance with current the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
STATE IN OUR TO STATE IN OUR T	S. VOJA		649
*	Sig	nature of Certifying Official	Certificate Number

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008803 Test Date: 05/21/2012

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

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

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

Analyst's Name: BURNETTE, ANTHONY J
Permit Number: 11304E
Effective:
06/01/2011-06/01/2013

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

Lot Number: AG124202 Exp Date: 08/30/2013

Test	g/210L	Time
DIAG AIR BLK	Pass	5:42pm 5:43pm
ACCY CHK	.07	5:44pm
AIR BLK	.00	5:45pm
SUB TEST	.00	5:45pm
AIR BLK	.00	5:46pm
SUB TEST	.00	5:48pm
AIR BLK	.00	5:49pm

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

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008803 Test Date: 05/21/2012

Test Record Number: 290
Test Time: 5:50pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:51pm
FLO	Pass	5:51pm
FC	Pass	5:51pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:51pm
SRC	Pass	5:51pm
DET .	Pass	5:51pm
BAR	Pass	5:51pm
BT	Pass	5:51pm

Blank Tests

Test	Status	Time
AIR	Pass	5:51pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:51pm
	CRC Tests	
Test	Status	Time

COMP	Pass	5:52pm
CAL	Pass	5:52pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C	erial No. <u>008869</u> <u>Carteret 5.0.</u>
Thou amone of	
The prevention four months	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures we Department of	on the
THE STATE OF THE CORE AT THE C	

CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008869 Test Date: 05/10/2012 Test Record Number: 711
Test Time: 8:29pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	8:30pm 8:30pm
FC	Pass	mq08:8

Temperature Tests

Test	Status	Time
FC1	Pass	8:30pm
SRC	Pass	8:30pm
DET	Pass	8:30pm
BAR	Pass	8:30pm
BT	Pass	8:30pm

Blank Tests

Test	Status	Time
AIR	Pass	8:30pm

Printer Tests

Test

Status

Time

Pass	8:31pm
CRC Tests	
Status	Time
Pass Pass	8:31pm 8:31pm
	CRC Tests Status Pass

Preventive Maintenance Status: Pass

K. C. Malyst

CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008869 Test Date: 05/10/2012

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: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	8:22pm
AIR BLK	.00	8:23pm
ACCY CHK	.07	8:23pm
AIR BLK	.00	8:24pm
SUB TEST	.00	8:25pm
AIR BLK	.00	8:26pm
SUB TEST	.00	8:27pm
AIR BLK	.00	8:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

K-C-Mool

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location JSAT W	166ileunite
Instrument Se	rial No. <u>068869</u>	
The preventiv	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be force:	ollowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
_. 7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration desimulator solution is being changed every four months or after 125 Alcowhichever occurs first.	
	on the	oing preventive maintenance regulations of the N.C.
TABLE OF CHANGE	A. Mallana	<u> (a 0/</u>
	Signature of Certifying Official	Certificate Number

BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008869

Test Record Number: 720

Test Date: 05/25/2012

Test Time: 7:27pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:27pm
FLO	Pass	7:27pm
FC	Pass	7:28pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:28pm
SRC	Pass	7:28pm
DET	Pass	7:28pm
BAR	Pass	7:28pm
BT	Pass	7:28pm

Blank Tests

Test	Status	Time
AIR	Pass	7:28pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:28pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	7:29pm 7:29pm

Preventive Maintenance Status: Pass

BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008869 Test Date: 05/25/2012

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	7:19pm
AIR BLK	.00	7:20pm
ACCY CHK	.08	7:21pm
AIR BLK	.00	7:21pm
SUB TEST	.00	7:22pm
AIR BLK	.00	7:23pm
SUB TEST	.00	7:24pm
ATR BIK	.00	7:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Ahalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /5	RINSWICK Instrument Location BAT W	106ile Un. 1+1
Instrument Ser	ial No. 608898	
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be fe:	followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
· 7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration desimulator solution is being changed every four months or after 125 Alco whichever occurs first.	
I certify that or procedures were Department of	theday of, 20	oing preventive maintenance regulations of the N.C.
OT THE STATE OF THE ORE OF THE OR	Signature of Certifying Official	Certificate Number

BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008898

Test Record Number: 697

Test Date: 05/25/2012

Test Time: 7:28pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:28pm
FLO	Pass	7:29pm
FC	Pass	7:29pm

Temperature Tests

Test	Status	Time .
FC1	Pass	7:29pm
SRC	Pass	7:29pm
DET	Pass	7:29pm
BAR	Pass	7:29pm
BT	Pass	7:29pm

Blank Tests

Test	Status	Time

AIR 7:29pm Pass

Printer Tests

Test	Status	Time
PRNT	Pass	7:29pm

CRC Tests

Test	Status	Time
COMP	Pass	7:30pm

Preventive Maintenance Status: Pass

BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008898 Test Date: 05/25/2012

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

10/01/2011-10/01/2013

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

Lot Number: AG201802

Exp Date: 01/18/2014

Test

a/210T, Time

ICSC	9/2101	TIME
DIAG	Pass	7:20pm
AIR BLK	.00	7:21pm
ACCY CHK	.08	7:21pm
AIR BLK	.00	7:22pm
SUB TEST	.00	7:23pm
AIR BLK	.00	7:24pm
SUB TEST	.00	7:26pm
AIR BLK	.00	7:27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

K.C.Mode

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_5	RIVISAIRE Instrument Location / SAT Mobile Uni.
Instrument Se	erial No. <u>008939</u>
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the
STATE ORBENT	

BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008939

Test Record Number: 758

Test Date: 05/25/2012

Test Time: 7:25pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	7:25pm 7:25pm
FC FC	Pass	7:25pm 7:26pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:26pm
SRC	Pass	7:26pm
DET	Pass	7:26pm
BAR	Pass	7:26pm
BT	Pass	7:26pm

Blank Tests

Test	Status	Time
AIR	Pass	7:26pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:26pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	7:27pm 7:27pm

Preventive Maintenance Status: Pass

K. C. Moode

BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008939 Test Date: 05/25/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG123501

Exp Date: 08/23/2013

Test	g/210L	Time
DIAG	Pass	7:18pm
AIR BLK	.00	7:19pm
ACCY CHK	.08	7:20pm
AIR BLK	.00	7:21pm
SUB TEST	.00	7:21pm
AIR BLK	.00	7:22pm
SUB TEST	.00	7:23pm

AIR BLK .00 7:24pm

.00 g/210L

Reported AC:

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	ew Hanover Instrument Location BAT Mobile Chrith
Instrument Se	rial No. 608898 NCWRC
The preventiv	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department o	on the 2 day of May, 20 2 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
SEE GUAN WE STATE	Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008898

Test Record Number: 702

Test Date: 05/26/2012

Test Time: 3:36pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
ΪR	Pass	3:36pm
FLO	Pass	3:36pm
FC	Pass	3:36pm

Temperature Tests

Test	Status	Time
FC1	Pass	3;37pm
SRC	Pass	3:37pm
DET .	Pass	3:37pm
BAR	Pass	3:37pm
BT	Pass	3:37pm

Blank Tests

Test	Status	Time

AIR Pass 3:37pm

Printer Tests

Test	Status	Time

PRNT Pass 3:37pm

CRC Tests

Test	Status	Time
てにひて	status	TTIII

COMP Pass 3:37pm CAL Pass 3:37pm

Preventive Maintenance Status: Pass

Analyst

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008898 Test Date: 05/26/2012

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	3:28pm
AIR BLK	.00	3:29pm
ACCY CHK	.08	3:30pm
AIR BLK	.00	3:31pm
SUB TEST	.00	3:31pm
AIR BLK	.00	3:32pm
SUB TEST	.00	3:34pm
ATR BLK	0.0	$3 \cdot 35 \text{pm}$

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

K.C. Shoot

PREVENTIVE MAINTENANCE RECORD

	INTOXIMETERS, MODEL INTOX EC/IR II
County_	EUNSWICK Instrument Location 15 AT MOS; I PUNIT
Instrument S	erial No. Oo 2869 New IZC
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department of	on the day of, 20 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE CHEAT OF THE C	Signature of Certifying Official Certificate Number

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

BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008869 Test Date: 05/27/2012 Test Record Number: 726
Test Time: 4:34pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	4:34pm 4:34pm
FC	Pass	4:35pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:35pm
SRC	Pass	4:35pm
DET	Pass	4:35pm
BAR	Pass	4:35pm
BT	Pass	4:35pm

Blank Tests

Test	Status	Time
AIR	Pass	4:35pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:35pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:35pm 4:35pm

Preventive Maintenance Status: Pass

Analyst

BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008869 Test Date: 05/27/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	4:24pm
AIR BLK	.00	4:25pm
ACCY CHK	.08	4:26pm
AIR BLK	.00	4:27pm
SUB TEST	.00	4:28pm
AIR BLK	.00	4:28pm
SUB TEST	.00	4:30pm
ATP BIK	ሰበ	$4 \cdot 31 \text{ nm}$

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	BUILFORD Instrument Location BAT MOBILE UNIT
Instrument Seria	GREENSBORO, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the day of MAY, 2012 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF STA	Signature of Certifying Official Certificate Number

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008616 Test Date: 05/04/2012

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: 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

g/210L	Time
Pass	8:43pm 8:45pm
.00	8:45pm
.00	8:46pm 8:47pm
.00	8:48pm
	8:49pm 8:50pm
	Pass .00 .07 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008616

Test Record Number: 1348

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:51pm
FLO	Pass	8:51pm
FC	Pass	8:51pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:51pm
SRC	Pass	8:51pm
DET	Pass	8:51pm
BAR	Pass	8:51pm
BT	Pass	8:51pm

Blank Tests

Test	Status	Time
AIR	Pass	8:52pm
	Labb	

Printer Tests

Test	Status	Time
PRNT	Pass	8:52pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	8:52pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	GUILFORD	Instrument Location BA	MOBILE UNIT 3
Instrument Se	erial No. <u>008647</u>	GF	REENSBORD, NC
The preventiv		Intoximeters, Model Intox EC/IR I	I to be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d		breath simulator thermometer shows
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, 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 simulator solution is being cha whichever occurs first.	nister is being changed before expinanced every four months or after 1	ration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
I certify that of procedures we Department o	on the 4 day of Mere performed on the instrument in the Health and Human Services, and	ndicated above, in accordance with the instrument is functioning prop	the forgoing preventive maintenance current regulations of the N.C. erly.
A STATE OF THE STA	AROLL	Ray Bours	1.UO
With the Control of t		gnature of Certifying Official	Certificate Number

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008647 Test Date: 05/04/2012

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: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	8:45pm
AIR BLK	. 0 0	8:46pm
ACCY CHK	.08	8:46pm
AIR BLK	.00	8:47pm
SUB TEST	.00	8:48pm
AIR BLK	00	8:49pm
SUB TEST	.00	8:50pm
ATR BLK	.00	8:51pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008647

Test Record Number: 1347

Test Date: 05/04/2012

Test Time: 8:51pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:52pm
FLO	Pass	8:52pm
FC	Pass	8:52pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:52pm
SRC	Pass	8:52pm
DET	Pass	8:52pm
BAR	Pass	8:52pm
BT	Pass	8:52pm

Blank Tests

Test	Status	Time
AIR	Pass	8:53pn

Printer Tests

Test	Status	Time
PRNT	Pass	8:53pm
	CRC Tests	
Test	Status	Time
COMP	Pass	8:53pm

Preventive Maintenance Status: Pass

Pass

8:53pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	GUILFURD Instrument Location BAT MOBILE UNI	<u>T</u> 3
Instrumen	Serial No. 008707 GREENSBORD, N	٥
The prever	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever are:	ery
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sad degrees, plus or minus .2 degree centigrade;	shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breasimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator twhichever occurs first.	ith ests,
I certify the procedure Department	at on the	iance
A STATE OF THE CREAT SET OF THE S	Signature of Certifying Official Certificate Number	

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008707 Test Date: 05/04/2012

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00 .08	9:11pm 9:12pm 9:13pm
ACCY CHK AIR BLK	.00	9:14pm
SUB TEST AIR BLK	.00 .00	9:14pm 9:15pm
SUB TEST	.00	9:17pm
AIR BLK	.00	9:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Collin Kay Bons
Analyst

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008707 Test Record Number: 1416
Test Date: 05/04/2012 Test Time: 9:18pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:20pm

Printer Tests

Status

Time

Test

PRNT	Pass	9:20pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:20pm 9:20pm

Preventive Maintenance Status: Pass

^JAnalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	DAVIE	Instrument Location_	BAT MOBILE UNIT 3
Instrument Se	rial No. 008647		BAT MOBILE UNIT 3 MOCKSVILLE, DC
The preventive four months a		ntoximeters, Model Intox	EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the egree centigrade;	alcoholic breath simulator thermometer show
2.	Verify instrument displays tim	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	1;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sampl	e;
7.	When "PLEASE BLOW" app	ears, collect breath sampl	e;
8.	Print test record;		
9.	Verify Diagnostic Program; ar	nd	
10.	Verify that the ethanol gas can simulator solution is being chawhichever occurs first.	nister is being changed bei anged every four months o	fore expiration date, or the alcoholic breath or after 125 Alcoholic Breath Simulator tests,
I certify that of procedures we Department o	on the <u>5</u> day of <u>H</u> ere performed on the instrument in f Health and Human Services, and	, 20 dicated above, in accorda the instrument is function	the forgoing preventive maintenance maintenance with current regulations of the N.C. sing properly.
THE STATE OF THE S	alu (ay Banes	648 Certificate Number

DAVIE COUNTY BAT MOBILE UNIT 3 290

Serial Number: 008647 Test Date: 05/05/2012

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: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:20pm
AIR BLK	00	9:21pm
ACCY CHK	. 0.8	9:21pm
AIR BLK	.00	9:22pm
SUB TEST	.00	9:23pm
AIR BLK	.00	9:23pm
SUB TEST	.00	9:25pm
AIR BLK	.00	9:26pm

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

alm Ruy Ban

DAVIE COUNTY BAT MOBILE UNIT 3 290

Serial Number: 008647 Test Record Number: 1351
Test Date: 05/05/2012 Test Time: 9:27pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:27pm 9:27pm
FC	Pass	9:27pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:27pm
SRC	Pass	9:27pm
DET	Pass	9:27pm
BAR	Pass	9:27pm
BT	Pass	9:27pm

Blank Tests

Test	Status	Time
AIR	Pass	9:28pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:28pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:28pm
CAL	Pass	9:28pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CABARRUS	Instrument Location_	BAT MOB	ILE UNIT 3
Instrument	Serial No. <u>008707</u>		CONCORD	NC
The preven	tive maintenance procedures for the	Intoximeters, Model Intox	EC/IR II to be follow	wed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	er displays pressure, or the degree centigrade;	alcoholic breath simu	ulator thermometer shows
2.	Verify instrument displays ti	me and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompt	ed;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" a	ppears, collect breath samp	ile;	
7.	When "PLEASE BLOW" a	ppears, collect breath samp	ole;	
8.	Print test record;			
9.	Verify Diagnostic Program;	and		
10.	Verify that the ethanol gas of simulator solution is being of whichever occurs first.	anister is being changed be changed every four months	efore expiration date, or after 125 Alcoholi	or the alcoholic breath ic Breath Simulator tests,
procedure	nat on the day of	indicated above, in accord	ance with current reg	g preventive maintenance ulations of the N.C.
CREATER OREATER	ATE OF AO	- Ray Ben	*>	Lo 48
		Signature of Certifying Off	ricial	Certificate Number

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008707 Test Date: 05/11/2012

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:59pm
AIR BLK	.00	10:00pm
ACCY CHK	.08	10:00pm
AIR BLK	00	10:01pm
SUB TEST	.00	10:02pm
AIR BLK	.00	10:02pm
SUB TEST	.00	10:04pm
ATR BLK	.00	10:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Ulm Ray Bus
Analyst

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008707 Test Date: 05/11/2012 Test Record Number: 1420 Test Time: 10:06pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:06pm
FLO	Pass	10:06pm
FC	Pass	10:06pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:06pm
SRC	Pass	10:06pm
DET	Pass	10:06pm
BAR	Pass	10:06pm
BT	Pass	10:06pm
	the state of the s	· · · · · · · · · · · · · · · · · · ·

Blank Tests

Test	Status	Time
AIR	Pass	10:07pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:07pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:07pm 10:07pm

Preventive Maintenance Status: Pass

alm Ray Bans Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C	ABARRUS Instrument Location BAT MOBILE UNIT 3
Instrument Serial	No. 008616 Instrument Location BAT MOBILE UNIT 3 CONCORD NC
The preventive m four months are:	aintenance 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 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 test whichever occurs first.
I certify that on procedures were Department of I	theday of
TAN STATE OF THE S	Signature of Certifying Official Certificate Number

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008616 Test Date: 05/11/2012

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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/21.0L	Time
DIAG	Pass	9:55pm
AIR BLK	.00	9:56pm
ACCY CHK	.08	9:56pm
AIR BLK	.00	9:57pm
SUB TEST	.00	9:58pm
AIR BLK	.00	9:59pm
SUB TEST	.00	10:01pm
AIR BLK	.00	10:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alm Ray Bens

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

a a film a grape a hardination and the second

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008616

Test Record Number: 1353

Test Date: 05/11/2012

Test Time: 10:03pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:03pm
SRC	Pass	10:03pm
DET	Pass	10:03pm
BAR	Pass	10:03pm
BT	Pass	10:03pm

Blank Tests

Test	Status	Time
AIR	Pass	10:04pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:04pm

CRC Tests

Test	Status	Time
COMP	Pass	10:04pm
CAL	Pass	10:04pm

Preventive Maintenance Status: Pass

alm Ray Bens

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CA	B	ARRUS	Instrument Loca	tion_	BAT	MoBI	LE	UNIT 3
Instrument	Serial N	lo	008647			Co.	NCORD	<u>، </u>	UNIT 3
The preven	tive mai	inter	ance procedures for th	e Intoximeters, Model	Intox	EC/IR II	to be follow	ved at le	east once every
1.	\ 3	erif 4 de	y the ethanol gas canis egrees, plus or minus .2	ter displays pressure, o degree centigrade;	r the	alcoholic	breath simu	lator th	ermometer shows
2.	1	/erif	y instrument displays	ime and date;					
3.	I	nitia	te breath test sequence	,					
4.	H	Ente	r information as promp	ted;					
5.	,	Veri:	fy instrument accuracy	;					
6.	,	Whe	n "PLEASE BLOW"	appears, collect breath s	sampl	ie;			
7.	4	Whe	n "PLEASE BLOW"	appears, collect breath	sampl	le;			
8.	ì	Print	test record;						
9.	•	Veri	fy Diagnostic Program	; and					
10.	5	simu	fy that the ethanol gas ilator solution is being thever occurs first.	canister is being chang changed every four mo	ed be	fore expi or after 1	ration date, 25 Alcoholi	or the a	lcoholic breath h Simulator tests,
I certify th procedures Departmen	at on the s were p nt of He	e erfo alth	day ofday of rmed on the instrumen and Human Services, a	May t indicated above, in ac and the instrument is fu	, 20 corda nctio	1Z ince with ning prop	the forgoing current regu erly.	g prever alations	ntive maintenance of the N.C.
THE GREAT SEA	LE, ETALLAND VIOLENT V	CAN CAROLINA	alm	Ray Ban Signature of Certifying	g Offi	• icial			o 48 icate Number

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008647 Test Date: 05/11/2012

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:56pm
AIR BLK	.00	9:57pm
ACCY CHK	.08	9:58pm
AIR BLK	.00	9:59pm
SUB TEST	.00	10:00pm
AIR BLK	.00	10:01pm
SUB TEST	.00	10:02pm
AIR BLK	.00	10:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Ulun Ray Bans
Analyst

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008647 Test Date: 05/11/2012 Test Record Number: 1355
Test Time: 10:04pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
		The Street St.
AIR	Pass	10:05pm

Printer Tests

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

Preventive Maintenance Status: Pass

Lan Kay Benes

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	1ECKLENBURG Instrument Location BAT MOBILE UNIT.
Instrument Se	erial No. 008616 CHARLOTTE, NC
The preventive four months a	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
- procedures v	on theday ofHAY
THE STATE OF THE S	Alm Ray Bans 648 Signature of Certifying Official Certificate Number

MECKLENBURG COUNTY BAT MOBILE UNIT 3
590

Serial Number: 008616 Test Date: 05/17/2012

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: AG023601 Exp Date: 08/24/2012

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alum Ray Bans
Analyst

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616

Test Record Number: 1358 Test Date: 05/17/2012 Test Time: 11:28pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

SRC Pass 11:29pm DET Pass 11:29pm BAR Pass 11:29pm	Test	Status	Time
R.L. ropp ++r.	SRC DET	Pass Pass	11:29pm 11:29pm 11:29pm 11:29pm 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	Pass Pass	11:29pm 11:29pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	MECKLENBURG	Instrument Location BAT MOBILE UNIT 3
Instrument	Serial No. <u>008647</u>	CHARLOTTE, NC
The preven		ntoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	displays pressure, or the alcoholic breath simulator thermometer show gree centigrade;
2.	Verify instrument displays time	e and date;
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" 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.	ister is being changed before expiration date, or the alcoholic breath nged every four months or after 125 Alcoholic Breath Simulator tests
I certify the procedures Department	at on the 12 day of 44 s were performed on the instrument indicate of Health and Human Services, and t	the forgoing preventive maintenance with current regulations of the N.C. the instrument is functioning properly.
SO SESTANDES OF SESTAND SESTAN	ATE OF NORTH AND	Ray Bens 648

MECKLENBURG COUNTY BAT MOBILE UNIT 3

Serial Number: 008647 Test Date: 05/17/2012

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: AG203903 Exp Date: 02/08/2014

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:21pm 11:22pm 11:23pm
AIR BLK	.00	11:24pm
SUB TEST	.00	11:25pm
AIR BLK	.00	11:25pm
SUB TEST	.00	11:27pm
AIR BLK	.00	11:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Alem Ray Banas

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647

Test Record Number: 1357 Test Time: 11:29pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:29pm
SRC	Pass	11:29pm
DET	Pass	11:29pm
BAR	Pass	11:29pm
BT	Pass	11:29pm

Blank Tests

Test	Status	Time
AIR	Pass	11:30pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:30pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:30pm 11:30pm

Preventive Maintenance Status: Pass

Clan Ray Bans

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C	ABARRUS .	Instrument Location_	BAT MOBILE UNIT 5
Instrument Seria	No. 008707		BAT MOBILE UNIT 3 CONCORD, NC
The preventive n four months are:		•	EC/IR II to be followed at least once every
1.	Verify the ethanol gas canisted 34 degrees, plus or minus .2 d	displays pressure, or the egree centigrade;	alcoholic breath simulator thermometer show
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath samp	·le;
7.	When "PLEASE BLOW" ap	pears, collect breath samp	ile;
8.	Print test record;		
9.	Verify Diagnostic Program;		
10.	Verify that the ethanol gas ca simulator solution is being co whichever occurs first.	nister is being changed be nanged every four months	efore expiration date, or the alcoholic breath or after 125 Alcoholic Breath Simulator tests
I certify that or procedures we Department of	the 19 day of μ re performed on the instrument Health and Human Services, ar	indicated above, in accorded the instrument is function	the forgoing preventive maintenand lance with current regulations of the N.C. oning properly.
STATE OF THE STATE	A CAROLINA SARANA SARAN	Rey Be	648
10A 100 m m 11b .	r. 18	()	

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008707 Test Date: 05/19/2012

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: AG203902 Exp Date: 02/08/2014

Test	a\sin	Time
DIAG	Pass	5:31pm
AIR BLK	.00	5:32pm
ACCY CHK	.08	5:33pm
AIR BLK	.00	5:34pm
SUB TEST	.00	5:34pm
AIR BLK	.00	5:35pm
SUB TEST	.00	5:37pm
AIR BLK	.00	5:38pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008707 Test Record Number: 1425 Test Date: 05/19/2012 Test Time: 5:38pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	5:39pm 5:39pm
FC	Pass	5:39pm

Temperature Tests

Status	Time
Pass Pass	5:39pm 5:39pm
Pass	5:39pm
Pass	5:39pm
Pass	5:39pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	5:40pm

Pr	rinter Test	S
Test	Status	Time
PRNT	Pass	5:40pm
•	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	5:40pm 5:40pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 6	INTOXIMETERS, WIDDEL INTOXICE UNIT 3
Instrument Ser	INTOXINETERS, MODEL III OR BAT MOBILE UNIT 3 Fial No. 008666 HIGH POINT, NC
The preventive four months ar	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
	on the
THE STATE OF THE S	Certificate Number

GUILFORD COUNTY BAT MOBILE UNIT 3 401

Serial Number: 008616 Test Date: 05/25/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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/21:0L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	11:28pm 11:29pm 11:29pm 11:30pm 11:31pm 11:32pm
AIR BLK	.00	11:33pm
SUB TEST	.00	11:33pm
AIR BLK	.00	TT: 24biii

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GUILFORD COUNTY BAT MOBILE UNIT 3 401

Serial Number: 008616 Test Date: 05/25/2012

Test Record Number: 1366 Test Time: 11:38pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:38pm
SRC	Pass	11:38pm
DET	Pass	11:38pm
BAR	Pass	11:38pm
ВТ	Pass	11:38pm

Blank Tests

Test	Status	Time
	5	11 - 20mm
AIR	Pass	11:39pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:39pm

CRC Tests

Test	Status	Time
COMP	Pass	11:39pm
CAL	Pass	11:39pm

Preventive Maintenance Status: Pass

Celu Ray Bus Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

V	ABARRU5 Instrume	CONCORD, NC
msu ument se	, ital 110	
The preventiv	re:	Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pre 34 degrees, plus or minus .2 degree centigr	ssure, or the alcoholic breath simulator thermometer show ade;
2.	Verify instrument displays time and date;	· · ·
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect	breath sample;
7.	When "PLEASE BLOW" appears, collec-	t breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being simulator solution is being changed every whichever occurs first.	ng changed before expiration date, or the alcoholic breath four months or after 125 Alcoholic Breath Simulator tests
I certify that procedures Department	t on the 27 day of May were performed on the instrument indicated about of Health and Human Services, and the instrum	the forgoing preventive maintenance, in accordance with current regulations of the N.C. nent is functioning properly.
GREAT SC.	TE O A O S. T. CAROLI	
TEN QUA	Um Ray 13	, 648

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008707 Test Date: 05/27/2012

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

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

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

Test	g/210L	Time
DIAG	Pass	5:09pm
AIR BLK	.00	5:10pm
ACCY CHK	.08	5:11pm
AIR BLK	.00	5:12pm
SUB TEST	.00	5:12pm
AIR BLK	.00	5:13pm
SUB TEST	.00	5:14pm
AIR BLK	.00	5:15pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alm Ray Bas

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008707 Test Date: 05/27/2012 Test Record Number: 1430
Test Time: 5:17pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:17pm
FLO	Pass	5:17pm
FC	Pass	5:17pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:17pm
SRC	Pass	5:17pm
DET	Pass	5:17pm
BAR	Pass	5:17pm
BT	Pass	5:17pm

Blank Tests

Test	Status	Time
AIR	Pass	5:18pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:18pm
	CRC Tests	
Test	Status	Time

CAL Pass 5:18pm

Pass

COMP

5:18pm

Preventive Maintenance Status: Pass

Olen Ray Ban Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C	ABARRUS	Instrument Location	BATM	OBILE	UNIT 3
Instrument Seria	al No. 008647		BAT M CONCO	RD N	<u> </u>
The preventive four months are	maintenance procedures for the In	toximeters, Model Intox E	EC/IR II to be fo	llowed at leas	st once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	displays pressure, or the algree centigrade;	coholic breath s	imulator ther	mometer shows
2.	Verify instrument displays time	and date;			
3.	Initiate breath test sequence;				
4.	Enter information as prompted;				:
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" appe	ears, collect breath sample	;		
7.	When "PLEASE BLOW" appe	ears, collect breath sample	;		
8.	Print test record;				
9.	Verify Diagnostic Program; and	d		•	
10.	Verify that the ethanol gas cani simulator solution is being char whichever occurs first.	ster is being changed befonged every four months or	ore expiration da after 125 Alcoh	te, of the alco rolic Breath S	cholic breath imulator tests,
procedures wer	the <u>27</u> day of <u>M</u> e performed on the instrument ind Health and Human Services, and t	ilcated above, ill accordant	l Z the forgo ce with current in ng properly.	oing preventiv	ve maintenance the N.C.
OTHE STATE OF THE	Alu F	Cay Bans nature of Certifying Offici	al	Certifica	te Number

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008647 Test Date: 05/27/2012

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: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	5:07pm 5:09pm
ACCY CHK AIR BLK	.08	5:09pm 5:10pm
SUB TEST	.00	5:11pm
AIR BLK	.00	5:12pm 5:13pm
SUB TEST AIR BLK	.00	5:14pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Che Ray Bens

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008647 Test Date: 05/27/2012 Test Record Number: 1364 Test Time: 5:14pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:15pm
FLO	Pass	5:15pm
FC	Pass	5:15pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	5:15pm 5:15pm 5:15pm 5:15pm 5:15pm

Blank Tests

Test	Status	Time
AIR	Pass	5:15pm

Printer Tests

Test	Status	TTME
PRNT	Pass	5:15pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	5:16pm 5:16pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	CREDELL Instrument Location BAT erial No. 008707 Moore	ESVILLE, NC
instrument Se	erial No	
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to bare:	pe followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic brea 34 degrees, plus or minus .2 degree centigrade;	ath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 A whichever occurs first.	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify that procedures v Department	on the <u>28</u> day of <u>Ay</u> , 20 12 the swere performed on the instrument indicated above, in accordance with current of Health and Human Services, and the instrument is functioning properly	forgoing preventive maintenance rent regulations of the N.C.
THE STATE OF THE PROPERTY OF T	Ray Banes Signature of Certifying Official	Certificate Number

IREDELL COUNTY BAT MOBILE UNIT 3 480

Serial Number: 008707 Test Date: 05/28/2012

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: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:54pm
AIR BLK	.00	1:55pm
ACCY CHK	.08	1:56pm
AIR BLK	.00	1:57pm
SUB TEST	.00	1:57pm
AIR BLK	.00	1:58pm
SUB TEST	.00	2:00pm
AIR BLK	. 0.0	2:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Chu Rey B-

IREDELL COUNTY BAT MOBILE UNIT 3 480

Serial Number: 008707 Test Record Number: 1433 Test Date: 05/28/2012 Test Time: 2:01pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	2:01pm
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

Status

Time

2:02pm

Test

CAL

PRNT	Pass	2:02pm
	CRC Tests	. 4.1
Test	Status	Time
COMP	Pass	2:02pm

Preventive Maintenance Status: Pass

Pass

Celm Ray Banalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County DRA	NGE Instrument Location CHAPEL HILL PD
Instrument Seria	INO. 008839 828 MARTIN LUTHER KING, JR BLVD CHAPEL HILL, NC
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
.5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the 29 day of MAY, 2012 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Italih and Human Services, and the instrument is functioning properly.
OF STATE OF A STATE OF	Signature of Certifying Official Certificate Number

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008839 Test Date: 05/29/2012

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: AG203903 Exp Date: 02/08/2014

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	11:34am 11:34am 11:35am 11:36am 11:37am
AIR BLK	.00	11:38am
SUB TEST	.00	11:39am
ATR RIK	. 0.0	11:40am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008839

Test Record Number: 835

Test Date: 05/29/2012

Test Time: 11:41am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:41am
FLO	Pass	11:41am
FC	Pass	11:41am

Temperature Tests

Test	Status	Time
FC1	Pass	11:41am
SRC	Pass	11:41am
DET	Pass	11:41am
BAR	Pass	11:41am
BT	Pass	11:41am

Blank Tests

Test	Status	Time
AIR	Pass	11:42am

Printer Tests

Test	Status	Time
PRNT	Pass	11:42am
	CRC Tests	
Test	Status	Time

11:42am Pass CAL

Pass

COMP

11:42am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County OR	ANGE Instrument Location CHAPEL HILL PD
Instrument Seria	INO. 008856 828 MANTIN LUTHEN KING, JR. BLUE CHAPEL HILL, NC
The preventive n 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 29 day of MAY, 20 /2 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OF THE STATE OF TH	Signature of Certifying Official Certificate Number

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856 Test Date: 05/29/2012

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: AG108203 Exp Date: 03/23/2013

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	11:30am 11:31am 11:31am 11:33am 11:34am 11:35am
AIR BLK	.00	11:37am

Reported AC: .00, g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856

Test Record Number: 940 Test Time: 11:38am EDT

Test Date: 05/29/2012

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 Pass	11:39am 11:39am 11:39am 11:39am 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

11:40am

Preventive Maintenance Status: Pass

Pass

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

•	INTOXIMETERS, MODEL INTOX EC/IR II
County HA	ILIFAX Instrument Location HALIFAX Co. SHERIFF DEPT
Instrument Ser	ial No. 008695 FERREU LN HALIFAX, NC
The preventive four months ar	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
STAT OF CHEAT STATE OF THE STATE OF CHEAT STATE OF	Signature of Certifying Official Certificate Number

HALIFAX CO. HALIFAX CO. SD 410

Serial Number: 008695 Test Date: 05/18/2012

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: 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: AG201802 Exp Date: 01/18/2014

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

11:12am

Reported AC:

SUB TEST .00

AIR BLK .00

Signature of Chemical Analyst

Court CVR

HALIFAX CO. HALIFAX CO. SD 410

Serial Number: 008695

Test Record Number: 1059

Test Date: 05/18/2012

Test Time: 11:14am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:15am

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

11:15am

COMP

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

		INTOXIMETERS, MODEL INTOX ECORT
County	HALLE	AX Instrument Location ROANOKE RAPIDS PD
Instrun	nent Serial No.	008656 1040 ROANONE AVE ROANONE RAPIDS,
The pr	onths are:	nance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
	1. Veri	fy the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows egrees, plus or minus .2 degree centigrade;
	2. Veri	fy instrument displays time and date;
	3. Initi	ate breath test sequence;
	4. Ente	er information as prompted;
		ify instrument accuracy;
		en "PLEASE BLOW" appears, collect breath sample;
	7. Wh	en "PLEASE BLOW" appears, collect breath sample;
	8. Pri	nt test record;
		rify Diagnostic Program; and
	sin	rify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath rulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, ichever occurs first.
		day of
CREAT SEC	OF THE STATE OF NO.	Buan Anth 637 Signature of Certifying Official Certificate Number

HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656 Test Date: 05/18/2012

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: 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: AG104104 Exp Date: 02/09/2013

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	3:30pm 3:30pm 3:31pm
AIR BLK	.00	3:32pm
SUB TEST	.00	3:32pm
AIR BLK	.00	3:33pm
SUB TEST	.00	3:35pm
AIR BLK	.00	3:36pm

Reported AC: .00, g/210L

Signature of Chemical Analyst

Court CVR

Analys

HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656 Test Date: 05/18/2012

Test Record Number: 419
Test Time: 3:37pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:38pm
FLO	Pass	3:38pm
FC	Pass	3:38pm

Temperature Tests

Test	Status	Time	
FC1	Pass	3:38pm	
SRC	Pass	3:38pm	
DET	Pass	3:38pm	
BAR ·	Pass	3:38pm	
BT	Pass	3:38pm	

Blank Tests

Test	Status	Time		
AIR	Pass	3:39pm		

Printer Tests

Test	Status	Time	
PRNT	Pass	3:39pm	
•	CRC Tests		
Test	Status	Time	
COMP CAL	Pass Pass	3:39pm 3:39pm	

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County H	COANGUE RAPIDS PD
Instrument Ser	ial No. 008635 1040 ROANOICE AVE ROANOICE RAPIOS,
The preventive four months ar	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on the
•	
STATE OF THE STATE	E OS NORTH CONTROL OF THE CONTROL OF
APRIL 12.	Signature of Certifying Official Certificate Number

HALIFAX CO ROANOKE RAPIDS PD 410

Serial Number: 008635 Test Date: 05/18/2012

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: 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: AG104101 Exp Date: 02/10/2013

9/21.013	Time
Pass .00 .07	3:36pm 3:37pm 3:37pm
.00	3:39pm
.00	3:39pm
.00	3:40pm
.00	3:42pm
.00	3:43pm
	.00 .07 .00 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

HALIFAX CO ROANOKE RAPIDS PD 410

Serial Number: 008635

Test Record Number: 1048

Test Date: 05/18/2012

Test Time: 3:45pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	3:46pm

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

CAL

3:46pm

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

. 1	INTOXIMETE				D	,
County No R	THAMPTON	Instrumer	nt Location Nort	HAMPTON	<u>6. s</u>	HIERIFFS
Instrument Seria	INO. 00 86017	105 W	. JEFFER	SUN ST	DACK	SON, NO
	<u> </u>			A ²		
The preventive r	naintenance procedures for the I	ntoximeters, I	Model Intox EC/IR	II to be follow	ed at least	once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pres egree centigra	sure, or the alcoho de;	lic breath simu	lator thermo	ometer show
2.	Verify instrument displays tim	e and date;				
3.	Initiate breath test sequence;					
4.	Enter information as prompted	;				
5.	Verify instrument accuracy;				•	
6.	When "PLEASE BLOW" app	ears, collect i	oreath sample;			
7.	When "PLEASE BLOW" app	ears, collect l	oreath sample;			
8.	Print test record;			•		
9.	Verify Diagnostic Program; as	nd		·		
10.	Verify that the ethanol gas car simulator solution is being cha whichever occurs first.	nister is being anged every f	changed before ex our months or after	piration date, o	or the alcohor Breath Sin	olic breath nulator tests,
I certify that on	the 18 day of MA	· · (, 20 <u>/2</u>	the forgoing	preventive	maintenance
procedures wer Department of	e performed on the instrument in Health and Human Services, and	the instrume	nt is functioning pr	operly.	nanons of th	110 11.0.
en e			· · · · · · · · · · · · · · · · · · ·			
OF THE STATE OF	NOA	·				
			•		•	• .
			n de la companya de La companya de la co			
APRIL 12, 1776	Zu	> I	Snoot		63	
•	Si	gnature of Ce	rtifying Official		Certificate	Number

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008607 Test Date: 05/18/2012

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: NNE

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: AG124201 Exp Date: 08/30/2013

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	2:05pm 2:05pm 2:06pm 2:07pm 2:08pm 2:09pm
	.00	2:10pm
SUB TEST		2:10pm 2:11pm
AIR BLK	.00	2 · ± ± • • · · ·

Reperted AC: 1.00 #/210L

Signature of Chemical Analyst

Court CVR

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008607

Test Record Number: 652

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time

2:15pm Pass AIR

Printer Tests

Test	Status	Time
PRNT	Pass	2:15pm

CRC Tests

Test	Status	Time
COMP	Pass Pass	2:15pm 2:15pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_NO	RTHAMPTUN		ON CO. SHERIFFS DEP
Instrument Se	rial No. <u>008688</u>	105 W. JEFFERSON	ST JACKSON, NC
	re maintenance procedures for th	e Intoximeters, Model Intox EC/IR II to be	
1.	Verify the ethanol gas canis 34 degrees, plus or minus 2	ster displays pressure, or the alcoholic breath 2 degree centigrade;	simulator thermometer shows
2.	Verify instrument displays	time and date;	
3.	Initiate breath test sequence) ;	
4.	Enter information as promp	oted;	
5.	Verify instrument accuracy	' '	
6.	When "PLEASE BLOW"	appears, collect breath sample;	
7.	When "PLEASE BLOW"	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program	i; and	
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is being changed before expiration changed every four months or after 125 Alc	date, or the alcoholic breath coholic Breath Simulator tests,
necondurac u	on the 18 day of 18 day of 18 day of 19 day of 18 day of	1A4 , 20 / 2 the form the indicated above, in accordance with current and the instrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
STAT	E OF A COLUMN CAROLINA CAROLIN		
4PRIL 12. T	A A A A A A A A A A A A A A A A A A A	wo d Amoth	637

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008688 Test Date: 05/18/2012

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: 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: AG104101 Exp Date: 02/10/2013

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008688

Test Record Number: 612

Test Date: 05/18/2012

Test Time: 2:08pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	2:09pm
SRC	Pass	2:09pm
DET	Pass	2:09pm
BAR	Pass	2:09pm
\mathtt{BT}	Pass	2:09pm

Blank Tests

Test	Status	Time
AIR	Pass	2:10pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:10pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Stanly Instrument Location Stanly County 50		
Instrumen	126 5. 3rd Street, Albemarle		
The preve	entive 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, coilect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before 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 14th day of May, 2012 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.		
CREAT SEA	Signature of Certifying Official Certificate Number		

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008842 Test Date: 05/14/2012

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: 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: AG124201 Exp Date: 08/13/2013

Test	g/210L	Time
DIAG AIR BLK	Pass	1:58pm 1:59pm
ACCY CHK	.07	2:00pm
AIR BLK	.00	2:01pm
SUB TEST	.00	2:01pm
AIR BLK	.00	2:02pm
SUB TEST	.00	2:04pm
ATR BLK	. 00	2:05pm

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

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008842 Test Record Number: 1040

Test Date: 05/14/2012

Test Time: 2:05pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 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	2:06pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:07pm 2:07pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	instrument Location Cherokee P.D. crial No. 008782 Cherokee, NC
Instrument Se	orial No. 008782 cherokee, 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 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
TO THE CAREAT SEA OF THE CAREA	E CONTROLLE SERVICE SE
William P.	Signature of Certifying Official Certificate Number

SWAIN COUNTY CHEROKEE INDIAN PD 860

Serial Number: 008782 Test Date: 05/11/2012

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	9:59am 10:00am 10:01am 10:01am
SUB TEST	.00	10:02am
AIR BLK	.00	10:03am
SUB TEST	.00	10:04am
AIR BLK	.00	10:05am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

SWAIN COUNTY CHEROKEE INDIAN PD 860

Serial Number: 008782 Test Date: 05/11/2012 Test Record Number: 555
Test Time: 10:06am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:06am
FLO	Pass	10:06am
FC	Pass	10:06am

Temperature Tests

Test	Status	Time
FC1	Pass	10:07am
SRC	Pass	10:07am
DET	Pass	10:07am
BAR	Pass	10:07am
BT	Pass	10:07am

Blank Tests

Test	Status	Time
AIR	Pass	10:07am

Printer Tests

Test	Status	Time
PRNT	Pass	10:07am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:07am

10:07am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County <u>Tr</u>	rial No. 008820 Brevard, NC
Instrument Se	rial No. 008820 /3 /2007 /5
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6,	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on theday of
WATER STATE OF THE	CAROLL

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

> Serial Number: 008820 Test Date: 05/07/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: CUTLER, DANIEL R

Permit Number: 8457E

Effective:

10/01/2011-10/01/2013

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

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

Serial Number: 008820 Test Date: 05/07/2012 Test Record Number: 531
Test Time: 12:33pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:33pm
FLO	Pass	12:33pm
FC	Pass	12:34pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:34pm
SRC	Pass	12:34pm
DET	Pass	12:34pm
BAR	Pass	12:34pm
BT	Pass	12:34pm

Blank Tests

Test	Status	Time
AIR	Pass	12:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:34pm
	CDC 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 /	Macon Instrument Location Macon Co. Jail	
Instrument Ser	Macon Instrument Location Macon Co. Tail erial No. 008789 Franklin, NC	
The preventive four months as	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ev are:	ery
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 34 degrees, plus or minus .2 degree centigrade;	shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.	ath tests,
I certify that of procedures we Department of	t on the	nance
CONTRACTOR AND STATE AND S	STE OS NORTH CAROLING TO THE C	
	Signature of Certifying Official Certificate Numb	er

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008789 Test Date: 05/04/2012

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: CUTLER, DANIEL R

Permit Number: 8457E

Effective:

10/01/2011-10/01/2013

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	11:00am 11:01am 11:02am 11:03am
SUB TEST	.00	11:03am
AIR BLK	.00	11:04am
SUB TEST	.00	11:06am
ATR BLK	.00	11:06am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Pail R. Little

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008789

Test Record Number: 268

Test Date: 05/04/2012

Test Time: 11:07am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:08am
SRC	Pass	11:08am
DET	Pass	11:08am
BAR	Pass	11:08am
\mathtt{BT}	Pass	11:08am

Blank Tests

Test	Status	Time
AIR	Pass	11:08am

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

11:08am

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ma	Instrument Location Macon Co., Jail
Instrument Seria	al No. 008618 Franklin, NC
· <u> </u>	A A A A A A A A A A A A A A A A A A A
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	theday of, 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.
STATE OF CARACTER STATE OF THE STATE OF CHEAT STATE OF THE STATE OF TH	Deif R. Cull- 635
	Signature of Certifying Official Certificate Number

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008618 Test Date: 05/04/2012

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:59am
AIR BLK	.00	11:00am
ACCY CHK	.08	11:00am
AIR BLK	.00	11:01am
SUB TEST	.00	11:02am
AIR BLK	.00	11:03am
SUB TEST	.00	11:04am
ATR BLK	. 0.0	11:05am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MACÔN COUNTY MACON COUNTY JAIL 550

Serial Number: 008618

Test Record Number: 1201

Test Date: 05/04/2012

Test Time: 11:06am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:06am
FLO	Pass	11:06am
FC	Pass	11:06am

Temperature Tests

Test	Status	Time
FC1	Pass	11:07am
SRC	Pass	11:07am
\mathtt{DET}	Pass	11:07am
BAR	Pass	11:07am
\mathtt{BT}	Pass	11:07am

Blank Tests

Test	Status	Time
AIR	Pass	11:07am

Printer Tests

Test	Status	Time
PRNT	Pass	11:07am
	CRC Tests	
Test	Status	Time

COMP Pass	11:07am
CAL Pass	11:07am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Jac	Instrument Location Tackson Co. Jail
Instrument Sei	rial No. 008722 Sylva, NC
The preventive four months as	
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, 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.
ale STAT	
CREATS WAY	CAROLLI CAROLL
APRIL 12, V	Signature of Certifying Official Certificate Number
	Signature of Certifying Official Certificate Number

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008722 Test Date: 05/02/2012

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: CUTLER, DANIEL R

Permit Number: 8457E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008722

Test Record Number: 489

Test Date: 05/02/2012

Test Time: 10:49am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:50am

Printer Tests

PRNT Pass 10:50am	Test	Status	Time
	PRNT	Pass	10:50am

CRC Tests

Test	Status	Time
COMP	Pass	10:50am
CAL	Pass	10:50am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ia	ickson Instrument Location Jackson Co. Jail
Instrument Se	rial No. 008708 Sylva, NC
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.
propedures u	on the day of
STATI STATI	Signature of Certifying Official Certificate Number

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008708 Test Date: 05/02/2012

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: CUTLER, DANIEL R

Permit Number: 8457E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:40am
AIR BLK ACCY CHK	.00	10:41am 10:41am
AIR BLK	.00	10:42am
SUB TEST	.00	10:43am
AIR BLK	.00	10:43am
SUB TEST	.00	10:45am
AIR BLK	.00	10:46am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Caif R. Cath

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008708

Test Record Number: 795

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass	10:47am 10:47am 10:47am 10:47am 10:47am

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 Pass	10:48am 10:48am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_C	Instrument Location Clay Co. Jail
Instrument Se	rial No. 008608 Hayesville, NC
	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
four months a	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
· 2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on theday of, 20 /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.
AMERICA STATE STAT	Signature of Certifying Official Certificate Number

CLAY COUNTY CLAY COUNTY JAIL 210

Serial Number: 008608 Test Date: 05/01/2012

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

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

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CLAY COUNTY CLAY COUNTY JAIL 210

Serial Number: 008608

Test Record Number: 837

Test Date: 05/01/2012

Test Time: 1:00pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:01pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:01pm
	CRC Tests	

TCSC	Status	TTIIC
COMP	Pass	1:01pm
CAL	Pass	1:01pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD

INTOXIMETERS, MODEL INTOX EC/IR IJ Instrument Location Instrument Serial No. 008655 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. Initiate breath test sequence; 3. Enter information as prompted; 4. Verify instrument accuracy; 5. When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. Print test record; 8. Verify Diagnostic Program; and 9. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. 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.

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

nature of Certifying Official

GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008655 Test Date: 05/23/2012

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: DEAN, L K Permit Number: 11598E

Effective:

06/01/2011-06/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	11:46am 11:47am 11:47am 11:48am 11:49am
AIR BLK	.00	11:50am
SUB TEST	.00	11:52am
AIR BLK	.00	11:52am

Reported AC: $.00 \cdot q/210L$

of Chemical Analyst

Court CVR

GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008655 Test Record Number: 1589
Test Date: 05/23/2012 Test Time: 11:53am EDT

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 SRC	Pass Pass	11:54am 11:54am
DET	Pass	11:54am
BAR	Pass	11:54am
BT	Pass	11:54am

Blank Tests

Test	Status	Time
AIR	Pass	11:55am

Printer Tests

1686	blacus	1 IIIC
PRNT	Pass	11:55am
	CRC Tests	
Test	Status	Time

COMP	Pass	11:55am
CAL	Pass	11:55am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	INTOXIMETERS, MODEL INTOX ECTR II SUIT FORD Instrument Location High Point JAIL
Instrument Se	erial No. <u>00 8828</u>
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v	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.
OF THE STATE	E or No.
WIND SOLVER TO THE SOLVER TO T	CARO

GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008828 Test Date: 05/23/2012

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: DEAN, L K
Permit Number: 11598E

Effective:

06/01/2011-06/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008828 Test Record Number: 948
Test Date: 05/23/2012 Test Time: 11:24am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:24am
SRC	Pass	11:24am
DET	Pass	11:24am
BAR	Pass	11:24am
BT	Pass	11:24am

Blank Tests

Test	Status	Time
AIR	Pass	11:25am

Printer Tests

Test	Status	Time
PRNT	Pass	11:25am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:25am 11:25am

Preventive Maintenance Status: Pass

L. Luis low Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location NC The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; Initiate breath test sequence; 3. Enter information as prompted; Verify instrument accuracy; 5. When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record; 9. Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. 20 / cd 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 Nur

GUILFORD COUNTY NCSHP D2 OFFICE 400

Serial Number: 008862 Test Date: 05/24/2012

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: 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: AG203902 Exp Date: 02/08/2014

Test	g/210L	Time
DIAG AIR BLK	Pass	11:55am 11:56am
ACCY CHK	.08	11:56am
AIR BLK	.00	11:57am
SUB TEST	.00	11:58am
AIR BLK	.00	11:59am
SUB TEST	.00	12:00pm
AIR BLK	.00	12:01pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

GUILFORD COUNTY NCSHP D2 OFFICE 400

Serial Number: 008862 Test Record Number: 195 Test Date: 05/24/2012 Test Time: 11:51am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:52am
FLO	Pass	11:52am
FC	Pass	11:52am

Temperature Tests

Test	Status	Time
FC1	Pass	11:52am
SRC	Pass	11:52am
DET	Pass	11:52am
BAR	Pass	11:52am
BT	Pass	11:52am

Blank Tests

Test	Status	Time
AIR	Pass	11:53am

Printer Tests

Test	Status	Time
PRNT	Pass	11:53am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:53am

11:53am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Fuilford Instrument Location NCSHP D2 OFFice
Instrument Se	erial No. 008896 E. MAZKET ST. Greensberg, 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 procedures w Department of	on the 24 day of
STATE STATE	E O A A



Signature of Certifying Official

Certificate Number

GUILFORD COUNTY NCSHP D2 OFFICE 400

Serial Number: 008896 Test Date: 05/24/2012

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: DEAN, LARRY 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: AG203902 Exp Date: 02/08/2014

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

GUILFORD COUNTY NCSHP D2 OFFICE 400

Serial Number: 008896 Test Record Number: 266
Test Date: 05/24/2012 Test Time: 11:57am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:57am
FLO	Pass	11:57am
FC	Pass	11:57am

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	11:58am

Printer Tests

Test	Status	Time
PRNT	Pass	11:58am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:58am 11:58am

Preventive Maintenance Status: Pass

Aralyst Non

	// INTOXIMETERS, MODEL INTOX EC/IR II
County	and sh Co Instrument Location BAT Mobile West 9
Instrument Seri	al No. D8734 KAMBEUR
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

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

RANDOLPH COUNTY BAT MOBILE UNIT 4 750

Serial Number: 008734 Test Date: 05/19/2012

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	9:59pm
AIR BLK	.00	10:00pm
ACCY CHK	.07	10:01pm
AIR BLK	.00	10:01pm
SUB TEST	.00	10:02pm
AIR BLK	.00	10:03pm
SUB TEST	.00	10:05pm
AIR BLK	.00	10:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

RANDOLPH COUNTY BAT MOBILE UNIT 4 750

Serial Number: 008734

Test Record Number: 519

Test Date: 05/19/2012

Test Time: 10:07pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:08pm
FLO	Pass	10:08pm
FC	Pass	10:08pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:08pm
SRC	Pass	10:08pm
DET	Pass	10:08pm
BAR	Pass	10:08pm
BT	Pass	10:08pm

Blank Tests

Test	Status	Time
AIR	Pass	10:09pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:09pm
	CRC Tests	
Test	Status	Time

Test	Status	Time
COMP	Pass	10:09pm
CAL	Pass	10:09pm

Preventive Maintenance Status: Pass

County X	INTOXIMETERS, MODEL INTOX EC/IR II And photo Co. Instrument Location RAT Mobile Unit 4 Serial No. MS641
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures we Department of	on the
THE STATE OF THE S	STORE

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

Signature of Certifying Official

Certificate Number

RANDOLPH COUNTY BAT MOBILE UNIT 4 750

Serial Number: 008871 Test Date: 05/19/2012

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

02/01/2012-02/01/2014

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

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

maat

rest	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	9:58pm 9:59pm 9:59pm 10:00pm
SUB TEST	.00	10:01pm
AIR BLK	.00	10:02pm
SUB TEST	.00	10:04pm
AIR BLK	.00	10:05pm

má m o

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 BAT MOBILE UNIT 4 750

Serial Number: 008871 Test Record Number: 489 Test Date: 05/19/2012 Test Time: 10:07pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:07pm
FLO	Pass	10:07pm
FC	Pass	10:07pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:07pm
SRC	Pass	10:07pm
DET	Pass	10:07pm
BAR	Pass	10:07pm
BT	Pass	10:07pm

Blank Tests

Test	Status	Time
AIR	Pass	10:08pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:08pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:08pm 10:08pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Mostin Co. 5.0.
Instrument S	Gerial No. 008879 305 E. Main St., Williamston,
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.
I certify that procedures Department	t on theday of, 20/ the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STA STA 20.0 THE 2	Signature of Certifying Official Certificate Number

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008879 Test Date: 05/07/2012

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: 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: AG123501 Exp Date: 08/23/2013

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	10:37am 10:38am 10:38am 10:39am
SUB TEST	.00	10:40am
AIR BLK	.00	10:41am
SUB TEST	.00	10:43am
AIR BLK	.00	10:44am

Reported AC: .00 g/210L

Signature of Chemical Avalyst

Court CVR

Analyst

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008879 Test Record Number: 333

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:45am 10:45am
FC	Pass	10:45am

Temperature Tests

Test	Status	Time
T-C-1	D	10 45
FC1	Pass	10:45am
SRC	Pass	10:45am
DET	Pass	10:45am
BAR	Pass	10:45am
BT	Pass	10:45am

Blank Tests

Test	Status	Time
AIR	Pass	10:45am

Printer Tests

Test	Status	Time
PRNT	Pass	10:46am
	CRC Tests	
Test	Status	Time

1000	Deacas	110
COMP	Pass	10:46am
CAL	Pass	10:46am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County M	Instrument Location Mattin Co S.O.
Instrument Se	rial No. 008912 305 E. Main St., Williamston,
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.
	on theday of, 20_/2the 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

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Date: 05/07/2012

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

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

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

rest	9/2101	Time
DIAG	Pass	11:04am
AIR BLK	.00	11:05am
ACCY CHK	.07	11:05am
AIR BLK	.00	11:06am
SUB TEST	.00	11:07am
AIR BLK	.00	11:08am
SUB TEST	.00	11:09am
AIR BLK	.00	11:10am

Reported AC: .00 g/2101

Signature of Chemical Analyst

Court CVR

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Record Number: 502 Test Date: 05/07/2012 Test Time: 11:15am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:16am
SRC	Pass	11:16am
DET	Pass	11:16am
BAR	Pass	11:16am
BT	Pass	11:16am

Blank Tests

Test	Status	Time
AIR	Pass	11:16am

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

11:16am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (wituck	Instrument Location Carri	tuck (0.5.0.
Instrument Seri	al No. <u>008947</u>	407. A Maple	Rd, Maple, No
The preventive four months are		Intoximeters, Model Intox EC/IR II to	o be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 o	er displays pressure, or the alcoholic b degree centigrade;	reath simulator thermometer shows
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
7.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	No.
10.	Verify that the ethanol gas consimulator solution is being clumbichever occurs first.	nnister is being changed before expira nanged every four months or after 125	tion date, or the alcoholic breath Simulator tests,
I certify that or procedures we Department of	n theday ofday of	had 20/2 the indicated above, in accordance with condition the instrument is functioning proper	e forgoing preventive maintenance urrent regulations of the N.C.
THE STATE OF THE S		ignature of Certifying Official	

CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

Serial Number: 008947 Test Date: 05/04/2012

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	1:39pm 1:39pm
ACCY CHK	.08	1:40pm
AIR BLK	.00	1:41pm
SUB TEST	.00	1:41pm
AIR BLK	.00	1:42pm
SUB TEST	.00	1:44pm
AIR BLK	.00	1:45pm

Reported AC: .00 g/210I

Signature of Chemical Analyst

Court CVR

CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

Serial Number: 008947

Test Record Number: 995

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:46pm 1:46pm
LTIO		T: 4050
FC	Pass	1:46pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:46pm
SRC	Pass	1:46pm
DET	Pass	1:46pm
BAR	Pass	1:46pm
BT	Pass	1:46pm

Blank Tests

Test	Status	Time
AIR	Pass	1:47pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:47pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:47pm

Preventive Maintenance Status: Pass

Pass

CAL

1:47pm

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Pit	Instrument Location Pitt (o. Detention Cen
Instrument Ser	ial No. 008668 124 Detention Dr., Greenville, M
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.
	n the Zy day of May, 20 /2 the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	2011 C 643

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668 Test Date: 05/24/2012

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: GUARD, KELLY G

Permit Number: 12955E

Effective:

08/01/2011-08/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC:

.00 g/210L

Signature, of Chemical Analyst

Court CVR

Zell

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668

Test Record Number: 1959

Test Date: 05/24/2012

Test Time: 10:34am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:34am 10:34am
ਸੰਵ	Pass	10:34am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1 0:35am

Printer Tests

Test	Status	Time
PRNT	Pass	10:35am
	CRC Tests	

Test	Status	Time

COMP	Pass	1 0:35am
CAL	Pass	10:35am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County P_i	Instrument Location PiH (a Defention Cen
Instrument Se	rial No.008ldoa 124 Detention Dr., Greenville, 1
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 o	on the 24 day of MCV , 20/2—the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
OF THE STATE OF TH	
QUAM VID	Signature of Certifying Official Certificate Number
	September of Caracian Caracian Caracian Caraciana Limitods

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008662 Test Date: 05/24/2012

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: 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

DIAG Pass 10:55a AIR BLK .00 10:56a	
ACCY CHK .07 10:58a AIR BLK .00 10:58a	.m .m
SUB TEST .00 10:58a AIR BLK .00 10:59a	m
SUB TEST .00 11:00a	m

Reported AC: .00 q/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008662

Test Record Number: 658

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:04am

Printer Tests

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

1650	pcacus	2 ±1110
COMP	Pass	11:04am
CAL	Pass	11:04am

Preventive Maintenance Status: Pass

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

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008941 Test Date: 05/25/2012

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

Effective:

08/01/2011-08/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	12:29pm 12:30pm 12:30pm
AIR BLK	.00	12:31pm
SUB TEST	.00	12:32pm
AIR BLK	.00	12:33pm
SUB TEST	.00	12:35pm
AIR BLK	.00	12:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008941 Test Date: 05/25/2012

Test Record Number: 745
Test Time: 12:37pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:37pm 12:37pm
FC	Pass	12:37pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:38pm
SRC	Pass	12:38pm
DET	Pass	12:38pm
BAR	Pass	12:38pm
BT	Pass	. 12:38pm

Blank Tests

Test	Status	Time
AIR	Pass	12:38pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:38pm
	CRC Tests	

Test	Status	Time
.COMP	Pass	12:38pm
CAL	Pass	12:38pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Pas	in No DO895D Bldg. 200E. Colonial Ave. Elizabeth City
Instrument Ser	ial No. D08950 Bldg., 200E. Colonial Ave, Elizabeth City,
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
I certify that concedures we Department o	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. In the
STATE STATE OF WAR AND THE STATE OF WAR A	

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

> Serial Number: 008950 Test Date: 05/25/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

08/01/2011-08/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00 .00	12:22pm 12:23pm 12:23pm 12:24pm 12:25pm
AIR BLK SUB TEST	.00	12:26pm 12:28pm
AIR BLK	.00	12:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008950 Test Date: 05/25/2012

Test Record Number: 704
Test Time: 12:32pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:33pm
SRC	Pass	12:33pm
DET	Pass	12:33pm
BAR	Pass	12:33pm
\mathtt{BT}	Pass	12:33pm

Blank Tests

Test	Status	Time
AIR	Pass	12:34pm

Printer Tests

lest	Status	TIME
PRNT	Pass	12:34pm
	CRC Tests	
Test	Status	Time

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

Preventive Maintenance Status: Pass

Ánalyst

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PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

		•			•		1∕~
County	VANCE	Instrument	Location_	VANLE	(O.	SHEHA	<u> </u>
Instrumen	nt Serial No. OO8870	156 0	+weck	ST.	HEN	<u>JERSAN</u>	, N.
The preve	entive maintenance procedures for the Into	oximeters, M	odel Intox E	EC/IR II to be	followed a	at least once e	very
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr			coholic breatl	ı simulatoı	thermometer	shows
2.	Verify instrument displays time a	and date;	•				
3.	Initiate breath test sequence;				,		
4.	Enter information as prompted;					•	
5.	Verify instrument accuracy;						
6.	When "PLEASE BLOW" appea	rs, collect br	eath sample;	;			
7.	When "PLEASE BLOW" appea	rs, collect br	eath sample;	;			
8.	Print test record;						
9.	Verify Diagnostic Program; and						
10.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.						
procedure	that on the day of A es were performed on the instrument indic ent of Health and Human Services, and the	ated above,	in accordance	e with curren		entive mainte	
GREAT	STATE OF A OR THE CARD IN THE						
* ESSE Q	CHAN YORK *	Dente			65	2	
	Signat	ture of Certi	fying Officia	ıl	Cert	ificate Numbe	er

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

DHHS 4080 (11/07)

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870 Test Date: 05/22/2012

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:

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 ACCY CHK	Pass .00 .08	10:37am 10:38am 10:39am
AIR BLK	.00	10:40am
SUB TEST	.00	10:42am
AIR BLK	.00	10:43am
SUB TEST	.00	10:45am
ATR BLK	.00	10:46am

Reported AC: .00 g/210I

Signature of Chemical Analyst

Court CVR

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870 Test Record Number: 337

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:47am
FLO	Pass	10:47am
FC	Pass	10:48am

Temperature Tests

Status	Time
Pass	10:48am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
ATR	Pagg	10.48am

Printer Tests

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

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMET	-			
County	VANCE	Instru	ment Location V	AMCE	CO. SHEWAS
Instrumen	t Serial No. <u>008937</u>	156	CHURCH	ST.	HENDERSON, N
The prever	ntive maintenance procedures for the	Intoximete	rs, Model Intox EC	/IR II to b	e followed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2			holic brea	th simulator thermometer shows
2.	Verify instrument displays to	me and date	;		
3.	Initiate breath test sequence;				
4.	Enter information as prompt	ed;			
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" a	ppears, colle	ect breath sample;		
7.	When "PLEASE BLOW" a	ppears, colle	ect breath sample;		
8.	Print test record;				
9.	Verify Diagnostic Program;	and			
10.					date, or the alcoholic breath coholic Breath Simulator tests,
procedure	nat on the <u>JJ</u> day of <u>Market on the instrument</u> on the instrument of Health and Human Services, ar	indicated ab	ove, in accordance	with curre	orgoing preventive maintenance on tregulations of the N.C.
CORAN CARAN SAN SAN SAN SAN SAN SAN SAN SAN SAN S	ut	ignature of	Certifying Official		652 Certificate Number
: ************************************	-		, , , ,		

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

DHHS 4080 (11/07)

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937 Test Date: 05/22/2012

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:

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	10:30am
AIR BLK	.00	10:31am
ACCY CHK	.08	10:32am
AIR BLK	.00	10:33am
SUB TEST	.00	10:33am
AIR BLK	.00	10:34am
SUB TEST	.00	10:36am
ATR BLK	. 0.0	10:37am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937

Test Record Number: 1262

Test Date: 05/22/2012

Test Time: 10:38am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:39am
SRC	Pass	10:39am
DET	Pass	10:39am
BAR	Pass	10:39am
\mathtt{BT}	Pass	10:39am

Blank Tests

Test	Status	Time
AIR	Pass	10:39am

Printer Tests

Test	Status	Time
PRNT	Pass	10:39am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:39am

10:39am

Preventive Maintenance Status: Pass

Pass

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	Allvie Leiko, Ivi			/. ~~
County WAY-E	Instru	ment Location DE	したりょう	CENER
Instrument Serial No. OOSE	3301	Lymnons	RD, R	ALEKH, N.
			•	· · · · · · · · · · · · · · · · · · ·
The preventive maintenance proceed four months are:	dures for the Intoximeter	s, Model Intox EC/IR II	to be followed a	at least once every
	ol gas canister displays p or minus .2 degree centi		breath simulato	r thermometer shows
2. Verify instrumen	t displays time and date;			
3. Initiate breath te	st sequence;			
4. Enter informatio	n as prompted;			
5. Verify instrumer	it accuracy;			·
6. When "PLEASE	BLOW" appears, colle	ct breath sample;		
7. When "PLEASE	When "PLEASE BLOW" appears, collect breath sample;			
8. Print test record;				
9. Verify Diagnosti	ic Program; and			
10. Verify that the e simulator solution whichever occur	thanol gas canister is bei on is being changed every s first.	ng changed before expiny four months or after 12	ration date, or the 25 Alcoholic Bre	e alcoholic breath eath Simulator tests,
I certify that on the \(\frac{1}{4} \) corrections on the Department of Health and Human	instrument indicated abo	ove, in accordance with	current regulation	ventive maintenance ons of the N.C.
TOTAL STATE OF NO OTHER STATE OTHER STATE OF NO OTHER STATE OF NO OTHER STATE	Signature of C	Certifying Official	<u>65</u> Cer	tificate Number

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008615 Test Date: 05/14/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name:
QUARANTELLO, NICHOLAS J
Permit Number: 21536E
Effective:

09/01/2011-09/01/2013

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:01pm
AIR BLK	.00	2:02pm
ACCY CHK	.08	2:03pm
AIR BLK	.00	2:04pm
SUB TEST	.00	2:05pm
AIR BLK	.00	2:06pm
SUB TEST	.00	2:07pm
AIR BLK	.00	2:08pm

Reported AC: .00 g/21QL

Signature of Chemical Analyst

Court CVR

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008615

Test Record Number: 3094

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:16pm 2:16pm
FC	Pass	2:16pm

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	2:17pm 2:17pm
DET	Pass	2:17pm
BAR	Pass	2:17pm
BT	Pass	2:17pm

Blank Tests

Test	Status	Time

2:17pm AIR Pass

Printer Tests

Test	Status	Time

PRNT Pass 2:17pm

CRC Tests

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

2:17pm COMP Pass CAL Pass 2:17pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_\	AKE	_ Instrument Locati	on DETT	= MIJON	CENTER
Instrument S	erial No. <u>OO 8836</u>	3301 HA	MMOND	RS.	PALEKH,
The preventi four months	ve maintenance procedures for the are:	Intoximeters, Model In	tox EC/IR II to	be followed at	least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2	er displays pressure, or displays pressure, or displays pressure, or displaying the displaying the displaying the displaying displaying the displaying displaying the displaying	the alcoholic bro	eath simulator	thermometer shows
2.	Verify instrument displays tin	ne and date;			
3.	Initiate breath test sequence;				
4.	Enter information as prompte	ed;			
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" ap	ppears, collect breath sa	mple;		
7.	When "PLEASE BLOW" ar	opears, collect breath sa	mple;		
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 hanged every four mon	before expirati ths or after 125	on date, or the Alcoholic Bre	alcoholic breath ath Simulator tests,
procedures	t on the day of were performed on the instrument of Health and Human Services, an	indicated above, in acco	ordance with cur	rrent regulation	entive maintenance ns of the N.C.
THE STAND OF THE S	CAROLIN LA	ignature of Certifying	Official	Cert	ificate Number

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008826

Test Date: 05/14/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name:

QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG203903

Exp Date: 02/08/2014

Test	g/210L	Time
DIAG	Pass	1:36pm
AIR BLK	.00	1:38pm
ACCY CHK	.08	1:38pm
AIR BLK	.00	1:39pm
SUB TEST	.00	1:40pm
AIR BLK	.00	1:41pm
SUB TEST	.00	1:42pm
AIR BLK	.00	1:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008826 Test Record Number: 4817 Test Date: 05/14/2012 Test Time: 1:44pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:44pm
FLO	Pass	1:44pm
FC	Pass	1:45pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:45pm
SRC	Pass	1:45pm
DET	Pass	1:45pm
BAR	Pass	1:45pm
BT	Pass	1:45pm

Blank Tests

Test	Status	Time
AIR	Pass	1:45pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:45pm

CRC Tests

Test	Status	Time
COMP	Pass	1:46pm
CAL	Pass	1:46pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	WAKE	Instrument Locatio	n DET	ELYON	CENT	ER
Instrument	t Serial No. <u>OO 8816</u>	3301 HAT	(HOND	PD, RI	+LE76+1	
The prever	ntive maintenance procedures for t hs are:	he Intoximeters, Model Into	ox EC/IR II to	be followed at	least once eve	ry
1.	Verify the ethanol gas can 34 degrees, plus or minus	ister displays pressure, or th 2 degree centigrade;	e alcoholic bre	eath simulator	thermometer s	hows
2.	Verify instrument displays	time and date;				
3.	Initiate breath test sequence	e;				
4.	Enter information as prom	pted;				
5.	Verify instrument accuracy	y;				
6.	When "PLEASE BLOW"	appears, collect breath sam	ple;			
7.	When "PLEASE BLOW"	appears, collect breath sam	iple;			
_8.	Print test record;					
9.	Verify Diagnostic Program	n; and		·		
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.	s canister is being changed l s changed every four month	pefore expirations or after 125 A	on date, or the Alcoholic Brea	alcoholic brea th Simulator t	th ests,
procedure	nat on the day of swere performed on the instrument of Health and Human Services,	nt indicated above, in accor	dance with cur	rent regulation	entive mainten as of the N.C.	ance
SE S	TATE OF NORTH CARD	Signature of Certifying O	fficial .		52 ficate Number	-

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008816 Test Date: 05/14/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name:

QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:31pm
AIR BLK	.00	1:33pm
ACCY CHK	.08	1:33pm
AIR BLK	.00	1:34pm
SUB TEST	.00	1:35pm
AIR BLK	.00	1:36pm
SUB TEST	.00	1:38pm
ATR BLK	.00	1:38pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008816

Test Record Number: 5204

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:40pm
FLO	Pass	1:40pm
FC	Pass	1:40pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:40pm
SRC	Pass	1:40pm
DET	Pass	1:40pm
BAR	Pass	1:40pm
\mathtt{BT}	Pass	1:40pm

Blank Tests

1:41pm AIR Pass

Printer Tests

Test S	tatus	Time
--------	-------	------

1:41pm PRNT Pass

CRC Tests

Time Test Status

COMP Pass 1:41pm CAL Pass 1:41pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	WAKE	In	strument Location	CAR	4 P.D.	
Instrume	nt Serial No	120	WIKINSON	AVE.	CARY	, NC
The previous four mon	entive maintenance procedures for the	he Intoxin	neters, Model Intox E	C/IR II to be	followed at leas	t once every
1.	Verify the ethanol gas cani 34 degrees, plus or minus.	ster displa 2 degree c	ys pressure, or the alcentigrade;	oholic breath	simulator theri	mometer shows
2.	Verify instrument displays	time and	date;			
3.	Initiate breath test sequenc	e;				
4.	Enter information as prom	pted;				
5.	Verify instrument accuracy	/ ;				
6.	When "PLEASE BLOW"	appears, o	collect breath sample;			
7.	When "PLEASE BLOW"	appears,	collect breath sample;			
8.	Print test record;					
9.	Verify Diagnostic Program	n; and				
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.	canister i changed	s being changed befor every four months or	e expiration of after 125 Alc	date, or the alco oholic Breath S	holic breath imulator tests,
procedu	that on the day of res were performed on the instrumer nent of Health and Human Services,	nt indicate and the in	d above, in accordance	e with curren	going preventiv t regulations of	ve maintenance the N.C.
STATE OF STA	STATE OF NORTH AND THE COUNTY OF THE COUNTY	L C	e of Certifying Officia	.i	657 Certifica	te Number

WAKE COUNTY CARY PD 910

Serial Number: 008587 Test Date: 05/17/2012

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

WAKE COUNTY CARY PD 910

Serial Number: 008587 Test Record Number: 1854
Test Date: 05/17/2012 Test Time: 11:10am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:10am 11:10am
FLO	Pass	II: IVain
FC	Pass	11:10am

Temperature Tests

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

Blank Tests

Test	Status	Time
ATR	Pass	11:11am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County \	JAKE	Instrument Location	KN 16+1T DALE	F P.S
Instrument Se	erial No. <u>008838</u>	779 STEEP	E SQUARE	CT. KNKHIT
The preventive four months as	ve maintenance procedures for the Into	ximeters, Model Intox E	C/IR II to be followed	at least once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degre		coholic breath simulato	r thermometer shows
2.	Verify instrument displays time at	nd date;		
. 3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appear	s, collect breath sample;		
7.	When "PLEASE BLOW" appear	s, collect breath sample;		
8.	Print test record;			•
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canisted simulator solution is being change whichever occurs first.	r is being changed befored every four months or	re expiration date, or th after 125 Alcoholic Bro	e alcoholic breath eath Simulator tests,
I certify that of procedures we Department of	on the day of A- vere performed on the instrument indicate of Health and Human Services, and the	ated above, in accordanc	the forgoing prece with current regulations properly.	ventive maintenance ons of the N.C.
STATE STATE OF ANY STATE OF	1 X I	ure of Certifying Officia	al Cer	552 tificate Number

WAKE COUNTY KNIGHTDALE PS 910

Serial Number: 008838 Test Date: 05/17/2012

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:
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	3:28pm 3:29pm
ACCY CHK	.07	3:29pm
AIR BLK	.00	3:30pm
SUB TEST	.00	3:31pm
AIR BLK	.00	3:32pm
SUB TEST	.00	3:33pm
AIR BLK	.00	3:34pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

WAKE COUNTY KNIGHTDALE PS 910

Serial Number: 008838

Test Record Number: 669

Test Date: 05/17/2012

Test Time: 3:36pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:36pm
FLO	Pass	3:36pm
FC	Pass	3:36pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:36pm 3:36pm
SRC	Pass Pass	3:36pm
BAR	Pass	3:36pm
BT	Pass	3:36pm

Blank Tests

Test	Status	Time
AIR	Pass	3:37pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:37pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:37pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County P	Erson	Instrument Location Pens	ON CO. LEC
Instrument Se	erial No. <u>OO 8880</u>	120 COURT ST. POX	BORO, N.C.
The preventive four months a		Intoximeters, Model Intox EC/IR II to b	pe followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d	displays pressure, or the alcoholic breed egree centigrade;	ath simulator thermometer shows
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	i;	
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 can simulator solution is being ch whichever occurs first.	nister is being changed before expiratio anged every four months or after 125 A	n date, or the alcoholic breath lcoholic Breath Simulator tests,
I certify that procedures w Department of	on the \(\sum_{\chi} \sum_{\chi} \) day of \(\sum_{\chi} \) Avere performed on the instrument in of Health and Human Services, and	the fadicated above, in accordance with current the instrument is functioning properly.	orgoing preventive maintenance ent regulations of the N.C.
ON STATE OF THE ST	1045	gnature of Certifying Official	652 Certificate Number

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880 Test Date: 05/18/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name:

QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	11:22am 11:23am 11:24am 11:25am 11:25am
AIR BLK	.00	11:27am
SUB TEST	.00	11:28am
ATR BLK	.00	11:29am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880 Test Record Number: 443 Test Date: 05/18/2012 Test Time: 11:30am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:31am
SRC	Pass	11:31am
DET	Pass	11:31am
BAR	Pass	11:31am
\mathtt{BT}	Pass	11:31am

Blank Tests

Test	Status	Time
AIR	Pass	11:31am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	PERSON	Instrument Location	n Co. LEC
Instrument Se	erial No. <u>0</u> 0 8693	120 COURT ST. RO	YBORD, N.C.
·			
The preventive four months a		e Intoximeters, Model Intox EC/IR II to be	e followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ter displays pressure, or the alcoholic breat degree centigrade;	th simulator thermometer shows
2.	Verify instrument displays t	ime and date;	
3.	Initiate breath test sequence	,	
4.	Enter information as promp	ted;	
5.	Verify instrument accuracy	•	
6.	When "PLEASE BLOW"	appears, collect breath sample;	
7.	When "PLEASE BLOW"	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program	; and	•
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is being changed before expiration changed every four months or after 125 A	n date, or the alcoholic breath Icoholic Breath Simulator tests,
procedures v	vere performed on the instrumen	t indicated above, in accordance with currend the instrument is functioning properly.	ent regulations of the N.C.
THE CHAPTER OF THE STATE OF THE	FOR VORTHE CAROLINA VINE AND	Signature of Certifying Official	652 Certificate Number

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693 Test Date: 05/18/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	11:26am 11:27am 11:28am 11:29am
SUB TEST	.00	11:29am
AIR BLK	.00	11:30am
SUB TEST	.00	11:32am
AIR BLK	.00	11:33am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693 Test Record Number: 805 Test Date: 05/18/2012 Test Time: 11:35am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:35am
SRC	Pass	11:35am
DET	Pass	11:35am
BAR	Pass	11:35am
BT	Pass	11:35am

Blank Tests

Test	Status	Time
AIR	Pass	11:36am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County N		Instrumen	t Location Sey M	our Johnson A.F.
Instrument Ser	ial No. 006740	1010	Vermont	barrison p.a., Gold
The preventive four months ar		he Intoximeters, M	fodel Intox EC/IR II 1	to be followed at least once every
1.	Verify the ethanol gas cani 34 degrees, plus or minus.			preath simulator thermometer shows
2.	Verify instrument displays	time and date;		
3.	Initiate breath test sequence	e;		
4.	Enter information as promp	pted;		
5.	Verify instrument accuracy	/;		
6.	When "PLEASE BLOW"	appears, collect bi	eath sample;	
7.	When "PLEASE BLOW"	appears, collect bi	eath sample;	
8.	Print test record;			
9.	Verify Diagnostic Program	ı; and		
10.				tion date, or the alcoholic breath Simulator tests,
procedures we	n the day of re performed on the instrumen Health and Human Services, a	t indicated above,	in accordance with co	
THE STATE OF THE S		Signature of Certi	Lectory of the first of the fir	Certificate Number

WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: 008786 Test Date: 05/16/2012

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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

g/210L	Time
Pass .00	9:34am 9:35am 9:35am
.00	9:36am
.00	9:36am
.00	9:37am
.00	9:39am
.00	9:40am
	Pass .00 .08 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: 008786

Test Record Number: 123

Test Date: 05/16/2012

Test Time: 9:40am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	9:41am
SRC	Pass	9:41am
DET	Pass	9:41am
BAR	Pass	9:41am
BT	Pass	9:41am

Blank Tests

Test	Status	Time

AIR Pass 9:42am

Printer Tests

PRNT Pass 9:42am

CRC Tests

Test St	tatus	Time
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COMP Pass 9:42am CAL Pass 9:42am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II		
County H	Instrument Location Hyde Co. So OCIACO	
Instrument Ser	rial No. DD 8797 NC12, OCIMEBILE, NC	
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.	
I certify that of procedures we Department o	on theday of, 20 / 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.	
TATE CHANNE	Signature of Certifying Official Certificate Number	

HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797

Test Record Number: 249

System Check: Passed

Baseline Tests

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

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	12:47pm

Printer Tests

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

Preventive Maintenance Status: Pass

HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797 Test Date: 05/08/2012

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: KEESLER, LINDA A

Permit Number: 11646E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:37pm 12:38pm
ACCY CHK	.08	12:39pm
AIR BLK	.00	12:40pm
SUB TEST	.00	12:42pm
AIR BLK	.00	12:43pm
SUB TEST	.00	12:44pm
ATR BLK	.00	12:45pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

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

Signature of Certifying Official

Certificate Number

DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807 Test Date: 05/08/2012

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: KEESLER, LINDA A
Permit Number: 11646E
Effective:

09/01/2011-09/01/2013

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

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:18am 10:19am 10:20am
AIR BLK	.00 .00	10:21am 10:21am
SUB TEST		
AIR BLK	.00	10:22am
SUB TEST	.00	10:24am
AIR BLK	.00	10:25am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807 Test Record Number: 394

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:26am
SRC	Pass	10:26am
DET	Pass	10:26am
BAR	Pass	10:26am
\mathtt{BT}	Pass	10:26am

Blank Tests

Test	Status	Time
AIR	Pass	10:27am

Printer Tests

Test	Status	Time
PRNT	Pass	10:27am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:27am

Pass 10:27am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location Lengir CO. S. D.
Instrument	Serial No. 108639 130 Queen St., Rinston, NC
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6 .	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures	at on theday of, 20, 20
PO OFF	

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

Signature of Certifying Official

Certificate Number

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639 Test Date: 05/03/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	10:44am 10:45am 10:46am 10:46am
SUB TEST	.00	10:47am
AIR BLK	.00	10:48am
SUB TEST	.00	10:49am
AIR BLK	.00	10:50am

.00 g/210L Reported AC:

Signature of Chemical Analyst

Court CVR

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639

Test Record Number: 1685

Test Date: 05/03/2012

Test Time: 10:51am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
1656	blatus	TTIIIC

AIR Pass 10:52am

Printer Tests

Test Status IIMe	Test	Status	Time
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PRNT Pass 10:52am

CRC Tests

Test Status Time

COMP Pass 10:53am CAL Pass 10:53am

Preventive Maintenance Status: Pass

Finla A. Klest

Analyst

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

County	greene	Instrument Location Gune Co. 5.0.
Instrument Se	erial No. 00 % 670	301 N. Greene 55., Snow Hill No
The preventive four months a		ntoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath simulator thermometer shows egree centigrade;
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	nd .
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	ister is being changed before expiration date, or the alcoholic breath anged every four months or after 125 Alcoholic Breath Simulator tests,
I certify that procedures w Department of	vere 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.
TATE IN TO STATE IN THE CORE AT 15 OF STATE IN T	E O NO ROLLING	7

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

Signature of Certifying Official

GREENE COUNTY GREENE CO SO 390

Serial Number: 008670 Test Date: 05/03/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:46am
AIR BLK	.00	9:47am
ACCY CHK	.08	9:48am
AIR BLK	.00	9:49am
SUB TEST	.00	9:50am
AIR BLK	.00	9:51am
SUB TEST	.00	9:52am
ATR BLK	.00	9:53am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

GREENE COUNTY GREENE CO SO 390

Serial Number: 008670 Test Date: 05/03/2012

Test Record Number: 1244
Test Time: 9:56am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test Status Time	3
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AIR Pass 9:57am

Printer Tests

PRNT Pass 9:57am

CRC Tests

Test Status Time

COMP Pass 9:57am CAL Pass 9:57am

Preventive Maintenance Status: Pass

Analyst

	PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II
County	Instrument Location Beauty 18. Court howse
Instrument Se	rial No. DO8588 102 E. 2nd Street, Washington, NC.
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. I certify that	Verify that the ethanol gas canister is being changed before 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
procedures w Department of	ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
STATE OF THE CAREATORY	Inica. Lead 647
	Signature of Certifying Official Certificate Number

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008588 Test Date: 05/02/2012

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: 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: AG109703 Exp Date: 04/07/2013

Test	g/210L	Time
DIAG AIR BLK	Pass	4:47pm 4:48pm
ACCY CHK AIR BLK	.08 .00	4:49pm 4:50pm
SUB TEST AIR BLK	.00 .00	4:50pm 4:51pm
SUB TEST	.00	4:53pm
AIR BLK	.00	4:54pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Find A. Keist
Analyst

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008588

Test Record Number: 625

Test Date: 05/02/2012

Test Time: 4:54pm EDT

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

4:56pm AIR Pass

Printer Tests

4:56pm PRNT Pass

CRC Tests

Status Time Test

COMP Pass 4:56pm Pass 4:56pm CAL

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Suray Instrument Location Polot Mountain P.D
Instrumen	t Serial No. <u>008938</u>
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 t procedure Departme	hat on theday of
GREAT SE	Signature of Certifying Official Certificate Number

SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938 Test Date: 05/24/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: WEAVER, GEORGE A

Permit Number: .09442E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	1:16pm 1:16pm
ACCY CHK	.07	1:17pm
AIR BLK	.00	1:18pm
SUB TEST	.00	1:19pm
AIR BLK	.00	1:20pm
SUB TEST	.00	1:21pm
AIR BLK	.00	1:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938 Test Record Number: 361 Test Date: 05/24/2012 Test Time: 1:24pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:24pm
SRC	Pass	1:24pm
DET	Pass	1:24pm
BAR	Pass	1:24pm
\mathtt{BT}	Pass	1:24pm

Blank Tests

Test	Status	Time
AIR	Pass	1:25pm

Printer Tests

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

Preventive Maintenance Status: Pass

Änalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Swany Instrument Location Wount Airey P. D.
Instrumer	nt Serial No. <u>00 8638</u>
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	that on the
STATE CREAT SEA	

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008638 Test Date: 05/24/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: WEAVER, GEORGE A

Permit Number: 09442E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	2:34pm 2:35pm
ACCY CHK	.08	2:36pm
AIR BLK	.00	2:37pm
SUB TEST	.00	2:37pm
AIR BLK	.00	2:38pm
SUB TEST	.00	2:40pm
ATR BLK	.00	2:40pm

Reported AC: .00/g/210L

Signature of Chemical Analyst

Court CVR

Analyst

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008638 Test Record Number: 394
Test Date: 05/24/2012 Test Time: 2:41pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:41pm 2:41pm
FC	Pass	2:42pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:42pm
SRC	Pass	2:42pm
DET	Pass	2:42pm
BAR	Pass	2:42pm
BT	Pass	2:42pm

Blank Tests

Test	Status	Time
AIR	Pass	2:42pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:42pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:43pm 2:43pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County S	URRY Instrument Location SURRY & JA.		
Instrument Seri	ial No. <u>008934</u>		
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.		
I certify that or procedures were Department of	the 24 day of		
STATE OF THE CHANNES			
Walter State of the State of th	Signature of Certifying Official Certificate Number		

SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934 Test Date: 05/24/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: WEAVER, GEORGE A

Permit Number: 09442E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:49pm
AIR BLK	.00	3:50pm
ACCY CHK	.07	3:51pm
AIR BLK	.00	3:51pm
SUB TEST	.00	3:52pm
AIR BLK	.00	3:53pm
SUB TEST	.00	3:54pm
AIR BLK	.00	3:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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 SURRY CO JAIL 850

Serial Number: 008934 Test Date: 05/24/2012 Test Record Number: 896
Test Time: 3:56pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:56pm
FLO	Pass	3:56pm
FC	Pass	3:56pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:56pm
SRC	Pass	3:56pm
DET	Pass	3:56pm
BAR .	Pass	3:56pm
BT	Pass	3:56pm

Blank Tests

Test	Status	Time
AIR	Pass	3:57pm

Printer Tests

Status	Time
Pass	3:57pm
CRC Tests	
	Pass

Test	Status	Time
COMP	Pass	3:57pm
CAL	Pass	3:57pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Supry Instrument Location Elkin PD
Instrument Seri	ial No. 008926
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 Department of	the
THE STATE OF THE OWN TO. 17 THE OWN	

SURRY COUNTY ELKIN PD 850

Serial Number: 008926 Test Date: 05/24/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: WEAVER, GEORGE A

Permit Number: 09442E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	4:43pm 4:43pm 4:44pm 4:45pm 4:46pm
AIR BLK SUB TEST AIR BLK	.00 .00 .00	4:46pm 4:48pm 4:49pm

Reported AC:

.∕00 g/210L

ignature of Chemical Analyst

Court CVR

Analyst

SURRY COUNTY ELKIN PD 850

Serial Number: 008926 Test Date: 05/24/2012 Test Record Number: 500
Test Time: 4:52pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:52pm
FLO	Pass	4:52pm
FC	Pass	4:52pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:52pm
SRC	Pass	4:52pm
DET	Pass	4:52pm
BAR	Pass	4:52pm
BT	Pass	4:52pm

Blank Tests

Test	Status	Time
AIR	Pass	4:53pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:53pm
	CRC Tests	

Test	Status	Time
COMP	Pass	4:53pm
CAL	Pass	4:53pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Packin ham Instrument Location Rockingham Co Jail
Instrument S	erial No. <u>00 8796</u>
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on the
STALE STALE OF THE	

ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

Serial Number: 008796 Test Date: 05/21/2012

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: 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: AG203903 Exp Date: 02/08/2014

Test	g/210L	Time
DIAG	Pass	2:58pm
AIR BLK	.00	2:59pm
ACCY CHK	.07	3:00pm
AIR BLK	.00	3:00pm
SUB TEST	.00	3:01pm
AIR BLK	.00	3:02pm
SUB TEST	.00	3:04pm
AIR BLK	.00	$3:04\mathrm{pm}$

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

Serial Number: 008796 Test Date: 05/21/2012 Test Record Number: 1069

Test Time: 3:07pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:07pm
FLO	Pass	3:07pm
FC	Pass	3:07pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:07pm
SRC	Pass	3:07pm
DET	Pass	3:07pm
BAR	Pass	3:07pm
\mathtt{BT}	Pass	3:07pm
DET BAR	Pass Pass	3:07pm 3:07pm

Blank Tests

Test	Status	Time
AIR	Pass	3:08pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:08pm
	CRC Tests	
Test	Status	Time

3:08pm

3:08pm

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	erial No. 008784 Instrument Location REIDS VILLE P. D.
Instrument S	erial No. <u>00 8784</u>
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted,
5.	Verify instrument accuracy;
6. ·	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures v	on the
STAR SKEAL STAR SKEAL STAR SKEAL STAR SKEAL SKEA	

ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784 Test Date: 05/21/2012

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: 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	1:50pm
AIR BLK	.00	1:51pm
ACCY CHK	.07	1:52pm
AIR BLK	.00	1:53pm
SUB TEST	.00	1:53pm
AIR BLK	.00	1:54pm
SUB TEST	.00	1:56pm
ATP BLK	0.0	1.56pm

Reported AC: 2.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784 Test Date: 05/21/2012 Test Record Number: 556
Test Time: 1:58pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:59pm 1:59pm
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
AIR	Pass	1:59pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:59pm
	CRC Tests	
Test	Status	Time

COMP	Pass	2:00pm
CAL	Pass	2:00pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Rackingham Instrument Location Eden P.D.
Instrumen	t Serial No. <u>00 8636</u>
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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	hat on the
RATE GREAT SE.	Signature of Certifying Official Certificate Number

ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636 Test Date: 05/21/2012

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: WEAVER, GEORGE A

Permit Number: 09442E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	12:49pm
AIR BLK	.00	12:49pm
ACCY CHK	.07	12:50pm
AIR BLK	.00	12:51pm
SUB TEST	.00	12:52pm
AIR BLK	.00	12:52pm
SUB TEST	.00	12:54pm
ATR BIK	በበ	12.55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636 Test Date: 05/21/2012 Test Record Number: 1133 Test Time: 12:55pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:56pm
SRC	Pass	12:56pm
DET	Pass	12:56pm
BAR	Pass	12:56pm
BT	Pass	12:56pm

Blank Tests

Test	Status	Time
AIR	Pass	12:57pm

Printer Tests

m < < +

Test	Status	Time
PRNT	Pass	12:57pm
	CRC Tests	

0+-+--

m: ----

Test	Status	Time
COMP CAL	Pass Pass	12:57pm 12:57pm
CAL	rass	12:5/Pill

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Rocking hom Instrument Location mad	ison P.D.
Instrument S	erial No. 008807	
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be are:	e followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic brea 34 degrees, plus or minus .2 degree centigrade;	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 breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Al whichever occurs first.	date, or the alcoholic breath coholic Breath Simulator tests,
procedures v	on the	orgoing preventive maintenance ent regulations of the N.C.
STATE STATE OF STATE	E OF NORTH CAROLLE	
*ESE QUAM	Marie Call	632
	Signature of Certifying Official	Certificate Number

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802 Test Date: 05/21/2012

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: 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	11:20am
AIR BLK	.00	11:21am
ACCY CHK	.07	11:21am
AIR BLK	.00	11:22am
SUB TEST	.00	11:23am
AIR BLK	.00	11:24am
SUB TEST	.00	11:26am
ATR BLK	. 00	11:26am

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 MADISON PD 780

Serial Number: 008802 Test Date: 05/21/2012 Test Record Number: 431 Test Time: 11:27am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:28am

Printer Tests

Test	Status	Time
PRNT	Pass	11:28am
	CRC Tests	

Test	Status	Time
COMP	Pass	11:29am
CAL	Pass	11:29am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Forsy th Instrument Location Forsyth Co Determine
Instrumen	t Serial No. 008660 CENTER
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedur	hat on the
THE GREAT SEA	Signature of Certifying Official Certificate Number

FORSYTH COUNTY FORSYTH CO DETENTION 330

> Serial Number: 008660 Test Date: 05/07/2012

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: AG203902 Exp Date: 02/08/2014

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	1:15pm 1:16pm 1:16pm 1:17pm 1:18pm 1:19pm
SUB TEST	.00	1:21pm
AIR BLK	.00	1:22pm

Reported AC: >,00 g/210L

ignature of Chemical Analyst

Court CVR

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008660 Test Record Number: 2465

Test Time: 1:23pm EDT

Test Date: 05/07/2012

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:23pm
SRC	Pass	1:23pm
DET	Pass	1:23pm
BAR	Pass	1:23pm
BT	Pass	1:23pm

Blank Tests

Test	Status	Time
AIR	Pass	1:24pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Forsyth Instrument Location Fors 4th Co DETENTION
Instrumen	t Serial No. 008659 Control
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every this are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedur	that on the
GREAT SE	Signature of Certifying Official Certificate Number

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659 Test Date: 05/07/2012

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: AG124202 Exp Date: 08/30/2013

Test	g/210L	Time
DIAG	Pass	1:11pm
AIR BLK	.00	1:12pm
ACCY CHK	.07	1:12pm
AIR BLK	.00	1:13pm
SUB TEST	.00	1:14pm
AIR BLK	.00	1:15pm
SUB TEST	.00	1:17pm
ATR RIK	0.0	1 • 1 8 nm

Reported AC: 1.00/g/210L

Signature of Chemical Analyst

Court CVR

Analyst

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659 Test Record Number: 1614
Test Date: 05/07/2012 Test Time: 1:19pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:19pm 1:19pm
FC	Pass	1:19pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:19pm
SRC	Pass	1:19pm
DET	Pass	1:19pm
BAR	Pass	1:19pm
BT	Pass	1:19pm

Blank Tests

Test	Status	Time
AIR	Pass	1:20pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:20pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	1:20pm 1:20pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR JI

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

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583 Test Date: 05/07/2012

Citation Number: M0000000-0

Subject's Name:

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

Subject'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: AG124201 Exp Date: 08/30/2013

Test	g/210L	Time
DIAG	Pass	1:21pm
AIR BLK	.00	1:22pm
ACCY CHK	.08	1:23pm
AIR BLK	.00	1:24pm
SUB TEST	.00	1:25pm
AIR BLK	.00	1:27pm
SUB TEST	.00	1:28pm
AIR BLK	.00	1:30pm

Reported AC: _.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583 Test Record Number: 3927 Test Date: 05/07/2012 Test Time: 1:31pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:31pm
FLO	Pass	1:31pm
FC	Pass	1:31pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:32pm
SRC	Pass	1:32pm
DET	Pass	1:32pm
BAR	Pass	1:32pm
BT	Pass	1:32pm

Blank Tests

Test	Status	Time
AIR	Pass	1:33pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:33pm
	CRC Tests	,
Test	Status	Time
COMP CAL	Pass Pass	1:33pm 1:33pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	Tonsy th Instrument Location Kennency. The PD		
Instrument S	erial No. <u>CO 8650</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 procedures v Department	on the		
STAL STAL CREAT CR			

FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650 Test Date: 05/07/2012

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 ACCY CHK	Pass .00	11:38am 11:38am 11:39am
AIR BLK SUB TEST	.00	11:40am 11:41am
AIR BLK	.00	11:41am
SUB TEST	.00	11:44am
AIR BLK	.00	11:45am

Reported AC: .00 g/210L

Agnature of Chemical Analyst

Court CVR

Analyst

FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650 Test Record Number: 795 Test Date: 05/07/2012 Test Time: 11:45am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:45am 11:45am
FC	Pass	11:46am

Temperature Tests

Test	Status	Time
FC1	Pass	11:46am
SRC	Pass	11:46am
DET	Pass	11:46am
BAR	Pass	11:46am
BT	Pass	11:46am

Blank Tests

Test	Status	Time	
AIR	Pass	11:46am	

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ha	meth (SHP) Instrument Location Bot Mobile Unit 2
Instrument S	erial No <u>008939</u>
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.
procedures v	on the
THE STATE OF THE S	

HARNETT COUNTY BATMOBILE UNIT 2 420

Serial Number: 008929 Test Date: 05/25/2012

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	10:22pm
AIR BLK	.00	10:24pm
ACCY CHK	.08	10:24pm
AIR BLK	.00	10:25pm
SUB TEST	.00	10:26pm
AIR BLK	.00	10:27pm
SUB TEST	.00	10:29pm
AIR BLK	.00	10:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Onya B Skinnin Analyst

HARNETT COUNTY BATMOBILE UNIT 2 420

Serial Number: 008929 Test Date: 05/25/2012

Test Record Number: 494
Test Time: 10:31pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:32pm
SRC	Pass	10:32pm
DET	Pass	10:32pm
BAR	Pass	10:32pm
BT	Pass	10:32pm

Blank Tests

Test	Status	Time
AIR	Pass	10:32pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:32pm
	CRC Tests	

Test	Status	Time
COMP	Pass	10:33pm
CAL	Pass	10:33pm

Preventive Maintenance Status: Pass

Doya B 5kmin

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County HO	mett (5AP) Instrument Location Boat Mobile Unit 2
Instrument Se	erial No. <u>UUS 13 Q</u>
The preventive four months a	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
•	on the 35 day of Nay, 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.
THE STATE OF THE S	

HARNETT COUNTY BAT MOBILE UNIT 2 420

Serial Number: 008736 Test Date: 05/25/2012

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

Subject's Sex: Female

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

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG106701 Exp Date: 03/08/2013

Test	g/210L	Time
DIAG AIR BLK	Pass	10:21pm 10:22pm
ACCY CHK AIR BLK	.07 .00	10:23pm 10:24pm
SUB TEST	.00	10:25pm
AIR BLK	.00	10:26pm
SUB TEST	.00	10:28pm
ATR BLK	.00	10:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Donya B Skynn Analyst

HARNETT COUNTY BAT MOBILE UNIT 2 420

Serial Number: 008736 Test Record Number: 453

Test Date: 05/25/2012 Test Time: 10:30pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:31pm
SRC	Pass	10:31pm
DET	Pass	10:31pm
BAR	Pass	10:31pm
BT	Pass	10:31pm

Blank Tests

Test	Status	Time

10:31pm AIR Pass

Printer Tests

Test	Status	Time
PRNT	Pass	10:31pm

CRC Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
four months	are:
1,	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the <u>35 day of</u> <u>OQQ</u> , <u>20 12</u> the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
CALLS THE CALLS	E ON NO CHARLES TO A CONTROL OF THE CAROLINA CAR

HARNETT COUNTY BAT MOBILE UNIT 2 420

Serial Number: 008601 Test Date: 05/25/2012

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SKINNER, TONYA B
Permit Number: 13651E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	10:26pm 10:27pm 10:28pm 10:29pm 10:29pm 10:30pm
SUB TEST	.00	10:32pm
AIR BLK	.00	10:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Onya B Skinen Analyst

HARNETT COUNTY BAT MOBILE UNIT 2 420

Serial Number: 008601 Test Date: 05/25/2012 Test Record Number: 656 Test Time: 10:35pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:35pm
SRC	Pass	10:35pm
DET	Pass	10:35pm
BAR	Pass	10:35pm
\mathtt{BT}	Pass	10:35pm

Blank Tests

Test Status Time

AIR Pass 10:36pm

Printer Tests

Test Status Time

PRNT Pass 10:36pm

CRC Tests

Test Status Time

COMP Pass 10:36pm CAL Pass 10:36pm

Preventive Maintenance Status: Pass

Dong B Stunn

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Wilson (Wilson PD) Instrument Location Bat Mobile Unit Instrument Serial No.008736		
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.	
	on the	
STATION OF	To Not the Cartes of the Carte	

WILSON COUNTY BAT MOBILE UNIT 2 970

Serial Number: 008736 Test Date: 05/24/2012

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

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

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

Lot Number: AG106701 Exp Date: 03/08/2013

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	8:58pm 8:59pm 8:59pm
AIR BLK	.00	9:00pm
SUB TEST	.00	9:01pm
AIR BLK	.00	9:02pm
SUB TEST	.00	9:05pm
AIR BLK	.00	9:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Analyst/Officer Copy

Intox EC/IR-II: Subject Test

WILSON COUNTY BAT MOBILE UNIT 2 970

Serial Number: 008736 Test Date: 05/24/2012

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

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

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

Lot Number: AG106701 Exp Date: 03/08/2013

Test	g/210L	Time
DIAG AIR BLK	Pass	8:58pm 8:59pm
ACCY CHK	.07	8:59pm
AIR BLK	.00	9:00pm
SUB TEST	.00	9:01pm
AIR BLK	.00	9:02pm
SUB TEST	.00	9:05pm
ATR BLK	. 00	9:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Daya B Skinnin Analyst

WILSON COUNTY BAT MOBILE UNIT 2 970

Serial Number: 008736

Test Record Number: 449

Test Date: 05/24/2012

Test Time: 9:07pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:07pm
FLO	Pass	9:07pm
FC	Pass	9:08pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:08pm
SRC	Pass	9:08pm
DET	Pass	9:08pm
BAR	Pass	9:08pm
BT	Pass	9:08pm

Blank Tests

Test	Status	Time
AIR	Pass	9:08pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:08pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:08pm

Preventive Maintenance Status: Pass

Pass

9:08pm

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Wate	Instrument Location /	BAT MOBILE LAI, THE
Instrument S	Gerial No. <u>80 8600</u>	<i>Ri</i>	46616-14
The preventi		ntoximeters, Model Intox EC	/IR II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		pholic breath 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" 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.			expiration date, or the alcoholic breath fter 125 Alcoholic Breath Simulator tests,
	manufacture of the state of the		<i>₹</i>
	on theday of	licated above, in accordance	
OTTE STAT	EONOR		Total tree
AND OTHER PARTY.	Dept.	6.110ga	X 636
	/ Sign	nature of Certifying Official	Certificate Number

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600

Test Record Number: 972

Test Date: 05/27/2012

Test Time: 12:26am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:27am

Printer Tests

Test	Status	Time
PRNT	Pass	12:27am
	CDC Toata	

$C_{1}C_{1}$	10000	

Test	Status	Time
COMP	Pass	12:27am
CAL	Pass	12:27am

Preventive Maintenance Status: Pass

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Date: 05/27/2012

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: MORGART, STEPHEN G
Permit Number: 9372E
Effective:

10/01/2011-10/01/2013

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	12:16am 12:17am 12:17am
AIR BLK	.00	12:18am
SUB TEST	.00	12:20am
AIR BLK	.00	12:21am
SUB TEST	.00	12:22am
AIR BLK	.00	12:23am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Horfm

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	WAKE	Instrum	nent Location But M.	plike comments
Instrument	Serial No. 208698	,	RALEIS	14
The prever	•	for the Intoximeter	s, Model Intox EC/IR II to b	be followed at least once every
1.	Verify the ethanol gas 34 degrees, plus or m			ath simulator thermometer shows
2.	Verify instrument dis	plays time and date;		
3.	Initiate breath test sec	luence;		
4.	Enter information as p	prompted;		
5.	Verify instrument acc	uracy;		
6.	When "PLEASE BLO)W" appears, collec	et breath sample;	
7.	When "PLEASE BLO)W" appears, collec	ct breath sample;	
8.	Print test record;			
9.	Verify Diagnostic Pro	ogram; and		
10.	Verify that the ethand simulator solution is whichever occurs firs	being changed every	ng changed before expiration four months or after 125 A	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
procedures	at on the 27 day of swere performed on the instruction of Health and Human Serv	ument indicated abo	ve, in accordance with curr	forgoing preventive maintenance rent regulations of the N.C.
CONTRACTOR OF THE CONTRACTOR O		Signature of C	Certifying Official	636 Certificate Number

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Date: 05/27/2012 Test Record Number: 780
Test Time: 12:27am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:27am
SRC	Pass	12:27am
DET	Pass	12:27am
BAR	Pass	12:27am
\mathtt{BT}	Pass	12:27am

Blank Tests

Test	Status	Time
AIR	Pass	12:28am

Printer Tests

Test	Status	Time
PRNT	Pass	12:28am
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

12:28am

12:28am

COMP

CAL

Herb 6 Thoyal

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Date: 05/27/2012

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: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	12:17am 12:18am 12:19am
AIR BLK	.00	12:20am
SUB TEST	.00	12:20am
AIR BLK	.00	12:21am 12:23am
SUB TEST	.00	12:23am
ATR RIK	.00	14:24a

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

6. 100/2

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Waké	Instrument Location_	BAT MOBILE Com, 7 45
Instrument S	Serial No. <u>608788</u>		RALESOM
The prevent four months		Intoximeters, Model Intox	EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		alcoholic breath simulator thermometer shows
2.	Verify instrument displays tim	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	i;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample	e;
7.	When "PLEASE BLOW" app	pears, collect breath sample	e;
8.	Print test record;		
9.	Verify Diagnostic Program; an	nd .	
10.			ore expiration date, or the alcoholic breath rafter 125 Alcoholic Breath Simulator tests,
I certify that procedures Department	t on the	, 20 dicated above, in accordar the instrument is function	the forgoing preventive maintenance nce with current regulations of the N.C. ing properly.
STATE CUETA CONTROL OF THE CONTROL O	Och	enature of Certifying Offic	ial Certificate Number

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788
Test Date: 05/27/2012

Test Record Number: 626 Test Time: 12:34am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:34am
SRC	Pass	12:34am
DET	Pass	12:34am
BAR	Pass	12:34am
BT	Pass	12:34am

Blank Tests

Test	Status	Time
AIR	Pass	12:35am

Printer Tests

Test	Status	Time
PRNT	Pass	12:35am
	CRC Tests	
Test	Status	Time

12:35am

12:35am

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Date: 05/27/2012

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: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	12:19am
AIR BLK	.00	12:20am
ACCY CHK	.07	12:21am
AIR BLK	.00	12:22am
SUB TEST	.00	12:22am
AIR BLK	.00	12:23am
SUB TEST	.00	12:25am
AIR BLK	.00	12:25am

Reperted AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Hesto G. Illo Jan Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Cur	nbordand Instrument Location Fort Brage PMO
Instrument Seria	al No. <u>008787</u>
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 23 v day of \(\) and \(\) and \(\) 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.
ONE STATE OF THE S	Signature of Certifying Official Certificate Number

CUMBERLAND CO. FORT BRAGG LEC. 250

Serial Number: 008787 Test Date: 05/23/2012

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	11:47am 11:48am
ACCY CHK	.07	11:49am
AIR BLK	.00	11:50am
SUB TEST	.00	11:50am
AIR BLK	.00	11:51am
SUB TEST	.00	11:53am
AIR BLK	.00	11:53am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

(Warrie TTrustella

Analyst

CUMBERLAND CO. FORT BRAGG LEC. 250

Serial Number: 008787 Test Date: 05/23/2012

Test Record Number: 197
Test Time: 11:58am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:58am 11:58am
FLO	Pass	
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	Status	Time

Test	Status	True
COMP	Pass	11:59am
CAL	Pass	11:59am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Cu	mberland Instrument Location Ford Bragg PMO
Instrument Se	erial No. <u>00 89 0 3</u>
The preventiv	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the <u>\$300</u> day of <u>\$100</u> , 20 <u>10</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 CUREAT STATE OF THE STATE O	Signature of Certifying Official Certificate Number

CUMBERLAND COUNTY FORT BRAGG LEC. 250

Serial Number: 008903 Test Date: 05/23/2012

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 State: XX Driver's License Number: NONE

Analyst's Name: TRUDELL, SR., DANIEL T Permit Number: 21535E

Effective:

09/01/2011-09/01/2013

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	11:56am 11:57am 11:58am 11:59am 11:59am 12:01pm
SUB TEST	.00	12:02pm
ATR BLK	.00	12:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CUMBERLAND COUNTY FORT BRAGG LEC. 250

Serial Number: 008903

Test Record Number: 884

System Check: Passed

Baseline Tests

Test	Status	Time
2%		Ary No
IR	Pass	12:04pm
FLO	Pass	12:04pm
FC	Pass	12:04pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:05pm
SRC	Pass	12:05pm
DET	Pass	12:05pm
BAR	Pass	12:05pm
BT	Pass	12:05pm

Blank Tests

Test	Status	Time
AIR	Pass	12:05pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:05pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:06pm

Preventive Maintenance Status: Pass

Pass

12:06pm

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CUMBERLAND Instrument Location FT. BA	RASS P.M. O.
Instrument So	erial No. <u>008908</u>	
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be for are:	ollowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath s 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	•
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration desimulator solution is being changed every four months or after 125 Alco whichever occurs first.	ate, or the alcoholic breath holic Breath Simulator tests,
nrocedures i	t on the <u>23</u> day of <u>M44</u> , 20 <u>/2</u> the forgwere performed on the instrument indicated above, in accordance with current of Health and Human Services, and the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
PATE OF THE CONTROL O	Sighature of Certifying Official	37/ Certificate Number

CUMBERLAND COUNTY FORT BRAGG, LEC. 250

Serial Number: 008908 Test Date: 05/23/2012

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	11:49am 11:50am
ACCY CHK	.08 .00	11:51am 11:51am
AIR BLK SUB TEST	.00	11:51am
AIR BLK	.00	11:53am
SUB TEST	.00	11:55am
AIR BLK	.00	11:55am

Reported AG: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Analyst

CUMBERLAND COUNTY FORT BRAGG, LEC. 250

Serial Number: 008908 Test Record Number: 1041
Test Date: 05/23/2012 Test Time: 12:01pm EDT

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 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:02pm 12:02pm 12:02pm 12:02pm 12:02pm
		and the second s

Blank Tests

Test	Status	Time
AIR	Pass	12:02pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:02pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:02pm 12:02pm

Preventive Maintenance Status: Pass

Analyst Qualif

PREVENTIVE MAINTENANCE RECORD

	INTOXIMETERS, MODEL INTOX EC/IR II
County Ric	Chrond (Rockingham) Instrument Location Bat Mobile Unit 2
Instrument S	erial No. 008939
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
OF THE STAT	E or 10 P



RICHMOND COUNTY BATMOBILE UNIT 2 760

Serial Number: 008929 Test Date: 05/19/2012

Citation Number: M0000000-0 Subject's Name:

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:21pm 9:22pm
ACCY CHK	.08	9:23pm
AIR BLK	.00	9:24pm
SUB TEST	.00	9:25pm
AIR BLK	.00	9:26pm
SUB TEST	.00	9:28pm
AIR BLK	.00	9:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Oaya B Skunun Analyst

RICHMOND COUNTY BATMOBILE UNIT 2 760

Serial Number: 008929 Test Date: 05/19/2012 Test Record Number: 488
Test Time: 9:31pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:32pm
FLO	Pass	9:32pm
FC	Pass	9:32pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:32pm
SRC	Pass	9:32pm
DET	Pass	9:32pm
BAR	Pass	9:32pm
BT	Pass	9:32pm

Blank Tests

Test	Status	Time
AIR	Pass	9:33pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:33pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:33pm

Preventive Maintenance Status: Pass

CAL

Pass

9:33pm

Donya B Skinning

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County_	DAVIE Instrument Location Davie Co. JAII
Instrume	nt Serial No. 00 8905 Mocksville, N.C.
The prev	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every iths 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.
	that on the day of 4, 20/2 the forgoing preventive maintenance ares were performed on the instrument indicated above, in accordance with current regulations of the N.C. nent of Health and Human Services, and the instrument is functioning properly.
	E STATE OF NO.
GREAT SE	
All the second	Signature of Certifying Official Certificate Number

DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905 Test Date: 05/08/2012

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: 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: AG109703 Exp Date: 04/07/2013

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

J. Lewis Deor

DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905

Test Record Number: 935

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	2:47pm 2:47pm 2:47pm 2:47pm 2:47pm

Blank Tests

Test	Status	Time
AIR	Pass	2:48pm

Printer Tests

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

Pass

Preventive Maintenance Status: Pass

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Wake Instrument Location But Mobile Wit
Instrument	Serial No. Oogloo Carry
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	at on the
CONTRACTOR OF THE CIRCLE AT SEC.	ATE ON AND STREET OF CErtificate Number

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600

Test Record Number: 969

Test Date: 05/18/2012

Test Time: 11:24pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:25pm

Printer Tests

Maar L	Chatua	mimo
	CRC Tests	
PRNT	Pass	11:25pm
Test	Status	Time

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

Preventive Maintenance Status: Pass

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Date: 05/18/2012

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: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

AIR BLK .		
AIR BLK . SUB TEST .	00 08 00 00	11:12pm 11:13pm 11:14pm 11:15pm 11:15pm 11:16pm
		11:18pm
		11:19pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Wake Instrument Location BAT MOBILE WITHS
Instrument	Serial No
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.
procedures	at on the/8day of/
THE STATE OF THE CREAT CO. THE CREAT CO. THE CREAT CO. THE CO. THE CREAT	Signature of Certifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Test Date: 05/18/2012 Test

Test Record Number: 621
Test Time: 11:26pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:27pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:27pm

CRC Tests

Test	Status	Time
COMP	Pass	11:27pm
CAL	Pass	11:27pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Date: 05/18/2012

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: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	11:16pm 11:18pm 11:18pm 11:19pm
SUB TEST	.00	11:20pm
AIR BLK	.00	11:20pm
SUB TEST	.00	11:22pm
AIR BLK	.00	11:23pm

Reported AC: .00 q/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Johnston Instrument Location Johnston Co. 5	Jail
Instrument Serial NoOO 8810 Smith Giol NC	,,, ., .
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least on four months are:	ice every
 Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermon 34 degrees, plus or minus .2 degree centigrade; 	neter 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 alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator occurs first.	
I certify that on the	aintenance N.C.
TOT THE STATE OF T	
Signature of Certifying Official Certificate Nu	um h or

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008810 Test Date: 05/21/2012

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: AG123502 Exp Date: 08/23/2013

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

.00 g/210L Reported AC:

Signature of Chemical Analyst

Court CVR

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008810 Test Record Number: 1189
Test Date: 05/21/2012 Test Time: 11:49am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:51am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ta	shwsden Instrument Location Johnsden Co. Jail
Instrument Ser	rial No. 008846 SmithEvold, NC
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	on the <u>315+</u> day of <u>No.11</u> , 20 <u>12</u> the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
STATE STATE OF THE	Signature of Certifying Official Certificate Number

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008846 Test Date: 05/21/2012

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008846

Serial Number: 008846 Test Record Number: 2381 Test Date: 05/21/2012 Test Time: 12:18pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:19pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:19pm

CRC Tests

Test	Status	Time
COMP	Pass	12:20pm
CAL	Pass	12:20pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Je	PHINSTON Instrument Location JOHNSTON Co. JAIL.
Instrument Seria	INO. DO 8629 SMITHFIELD NC
The preventive n 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
CREATING ONLY OF THE CREATING ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY	Signature of Certifying Official Certificate Number

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008629 Test Date: 05/15/2012

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: 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: AG124904 Exp Date: 09/06/2013

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	12:18pm 12:19pm 12:19pm
AIR BLK	.00	12:20pm
SUB TEST	.00	12:21pm
AIR BLK	.00	12:22pm
SUB TEST	.00	12:23pm
ATR BLK	.00	12:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008629 Test Date: 05/15/2012

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: 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: AG124904 Exp Date: 09/06/2013

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	12:18pm 12:19pm 12:19pm 12:20pm 12:21pm
AIR BLK	.00	12:22pm
SUB TEST	.00	12:23pm
ATR BLK	0.0	12:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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

SCOTLAND COUNTY BAT MOBILE UNIT 2 820

Serial Number: 008736 Test Date: 05/11/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG106701 Exp Date: 03/08/2013

Test	g/210L	Time
DIAG AIR BLK	Pass .00	10:00pm 10:01pm
ACCY CHK	.07	10:01pm
AIR BLK	.00	10:02pm
SUB TEST	.00	10:03pm
AIR BLK	.00	10:04pm
SUB TEST	.00	10:05pm
AIR BLK	.00	10:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Dong B Skingin

SCOTLAND COUNTY BAT MOBILE UNIT 2 820

Serial Number: 008736

Test Record Number: 442

Test Date: 05/11/2012

Test Time: 10:09pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:11pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:11pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County SCA	stland Co (SO) Instrument Location BAT Mobile Unit
Instrument Se	rial No <u>08939</u>
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.
	the day of , 20 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.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

SCOTLAND COUNTY BATMOBILE UNIT 2 820

Serial Number: 008929 Test Date: 05/11/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:57pm
AIR BLK	.00	9:58pm
ACCY CHK	.08	9:59pm
AIR BLK	.00	10:00pm
SUB TEST	.00	10:01pm
AIR BLK	.00	10:02pm
SUB TEST	.00	10:03pm
ATR BLK	. 0.0	10:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Onya B Skinnen Analyst

SCOTLAND COUNTY BATMOBILE UNIT 2 820

Serial Number: 008929 Test Date: 05/11/2012 Test Record Number: 480 Test Time: 10:07pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:07pm
FLO	Pass	10:07pm
FC	Pass	10:07pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:07pm
SRC	Pass	10:07pm
DET	Pass	10:07pm
BAR	Pass	10:07pm
BT	Pass	10:07pm

Blank Tests

Test	Status	Time
ATR	Pass	10:08pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:08pm
	CRC Tests	

Test	Status	Time
COMP	Pass	10:08pm
CAL	Pass	10:08pm

Preventive Maintenance Status: Pass

Donya B Skunin Analyst

PREVENTIVE MAINTENANCE RECORD

intoximeters, model intox ec/IR II

county Alomance (Metane Instrument Location Bot Mobile Unit 2)

The preventifour 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.
	whichever occurs first. on the



Donya B Skynger Signature of Certifying Official

Certificate Number

ALAMANCE COUNTY BAT MOBILE UNIT 2 000

Serial Number: 008736 Test Date: 05/12/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG106701 Exp Date: 03/08/2013

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	11:00pm 11:01pm 11:01pm 11:02pm 11:04pm
AIR BLK	.00	11:05pm
SUB TEST	.00	11:06pm
AIR BLK	.00	11:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Donya B Skinning

ALAMANCE COUNTY BAT MOBILE UNIT 2 000

Serial Number: 008736 Test Date: 05/12/2012

Test Record Number: 445
Test Time: 11:10pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:10pm
SRC	Pass	11:10pm
DET	Pass	11:10pm
BAR	Pass	11:10pm
BT	Pass	11:10pm

Blank Tests

Test	Status	Time
AIR	Pass	11:11pm

Printer Tests

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

11:11pm

Preventive Maintenance Status: Pass

Pass

CAL

Drya B Skynner

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County Ala	mance (Mebane) Instrument Location Bat Mobile Unit 2
Instrument Ser	ial No 008909
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.
	the day of, 20 day of
OTHE STATE OF THE	Onya B Skynen Gyy Signature of Certifying Official Certificate Number

ALAMANCE COUNTY BATMOBILE UNIT 2 000

Serial Number: 008929 Test Date: 05/12/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:50pm 10:51pm 10:51pm
AIR BLK	.00	10:52pm
SUB TEST	.00	10:53pm
AIR BLK	.00	10:54pm
SUB TEST	.00	10:56pm
AIR BLK	.00	10:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Onya B Skynnin

ALAMANCE COUNTY BATMOBILE UNIT 2 000

Serial Number: 008929 Test Record Number: 483 Test Date: 05/12/2012 Test Time: 11:00pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:00pm
SRC	Pass	11:00pm
DET	Pass	11:00pm
BAR	Pass	11:00pm
BT	Pass	11:00pm

Blank Tests

Test	Status	Time
AIR	Pass	11:01pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:01pm
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Daya B Skunn Analyst

11:01pm

11:01pm

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	WAKE	Instrument Location_	DETE	NOTUR	CENTER
Instrumer	nt Serial No. <u>(XX) 8686</u>	3301 HAH	anons	RD,	RALEIGH,
The preve	entive maintenance procedures for the Ir	toximeters, Model Intox	EC/IR II to l	be followed	at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		alcoholic bre	ath simulate	r 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" appo	ears, collect breath sample	e ;		
7.	When "PLEASE BLOW" appo	ears, collect breath sample	9;		
8.	Print test record;				
9.	Verify Diagnostic Program; an	d			
10.	Verify that the ethanol gas can simulator solution is being charwhichever occurs first.	ister is being changed before a court of the state of the	ore expiration r after 125 A	n date, or th	e alcoholic breath eath Simulator tests,
procedure	hat on the day of A es were performed on the instrument inc ent of Health and Human Services, and	licated above, in accordar	nce with curr	ent regulation	ventive maintenance ons of the N.C.
COREAL SET	Sign	nature of Certifying Offic	ial		ごみ tificate Number

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008686 Test Date: 05/10/2012

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:

QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:13am 11:14am 11:15am
AIR BLK	.00	11:16am
SUB TEST	.00	11:16am
AIR BLK	.00	11:17am
SUB TEST	.00	11:19am
AIR BLK	.00	11:20am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008686

Test Record Number: 3283

Test Date: 05/10/2012

Test Time: 11:20am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:21am
SRC	Pass	11:21am
\mathtt{DET}	Pass	11:21am
BAR	Pass	11:21am
BT	Pass	11:21am

Blank Tests

Test	Status	Time
ATR	Pass	11:21am

Printer Tests

Test	Status	Time
PRNT	Pass	11:21am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:22am

Preventive Maintenance Status: Pass

Pass

11:22am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Du	RHAM Instrument Location DultiAm Co. JAIL		
Instrument Seria	al No. 008891 27 S. MANGUM ST. DURHAM, 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.		
procedures were	the		
THE STATE OF THE S	Signature of Certifying Official Certificate Number		

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891 Test Date: 05/10/2012

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:

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: AG203103 Exp Date: 01/31/2014

Test

	3.	
DIAG	Pass	3:33pm
AIR BLK	.00	3:34pm
ACCY CHK	.08	3:35pm
ATD DIE	0.0	2 . 27mm

q/210L

Time

ACCY CHK .08 3:35pm AIR BLK .00 3:37pm SUB TEST .00 3:37pm AIR BLK .00 3:38pm

 SUB TEST .00
 3:40pm

 AIR BLK .00
 3:40pm

7.40pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891

Test Record Number: 1802

Test Date: 05/10/2012

Test Time: 3:42pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:43pm
FLO	Pass	3:43pm
FC	Pass	3:43pm

Temperature Tests

Status	Time
Pass	3:43pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	3:43pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:43pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:44pm 3:44pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTUALMET	iks, Model i	MIOV FC/II	X 11
County 1	CYZHAM	_ Instrument Locat	ion DURHA	m Co. JAIL
Instrument Se	erial No. <u>008878</u>	an s. M	ANGUM ST.	DURLIAM, N.
The preventive four months a	ve maintenance procedures for the	Intoximeters, Model In	ntox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d		the alcoholic breath	simulator thermometer shows
2.	Verify instrument displays tin	ne and date;	•	4,
3.	Initiate breath test sequence;			
4.	Enter information as prompte	d;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" ap	pears, collect breath sa	mple;	
7.	When "PLEASE BLOW" ap	pears, collect breath sa	mple;	
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.	nister is being changed anged every four mon	l before expiration of ths or after 125 Alco	late, or the alcoholic breath oholic Breath Simulator tests,
I certify that of procedures we Department of	on the day of vere performed on the instrument in of Health and Human Services, and	ndicated above, in acco	ordance with curren	going preventive maintenance t regulations of the N.C.
THE STATE OF THE S	N.A.	Canal gnature of Certifying () Official	652 Certificate Number
		٠ .		

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878 Test Date: 05/10/2012

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:

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: AG203102 Exp Date: 01/31/2014

Test	g/210L	Time
DIAG	Pass	3:29pm
AIR BLK	.00	3:30pm
ACCY CHK	.07	3:31pm
AIR BLK	.00	3:32pm
SUB TEST	.00	3:33pm
AIR BLK	.00	3:34pm
SUB TEST	.00	3:35pm
ATR BLK	0.0	$3 \cdot 36nm$

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878

Test Record Number: 1788

Test Date: 05/10/2012

Test Time: 3:42pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:43pm
FLO	Pass	3:43pm
FC	Pass	3:43pm

Temperature Tests

Status	Time
Pass	3:43pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time

3:44pmAIR Pass

Printer Tests

Test	Status	Time

PRNT 3:44pmPass

CRC Tests

Test	Status	Time
1000	Deacab	7 THIC

COMP 3:44pm Pass CAL Pass 3:44pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Count: T	Instrument Location DURHAM CO. JAIL
County 1.	TIISTIGHTER LOCATION TO THE TOTAL TO THE TOTAL T
Instrument Se	erial No. 008859 217 S. MAUGUM ST. DURHAM, N
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.1	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
ORE STATE	Signature of Certifying Official Certificate Number

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859 Test Date: 05/10/2012

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:

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	Pass	3:26pm
AIR BLK	.00	3:27pm
ACCY CHK	.07	3:27pm
AIR BLK	.00	3:28pm
SUB TEST	.00	3:29pm
AIR BLK	.00	3:30pm
SUB TEST	.00	3:32pm
ATR RIK	. ന ന്	3:33pm

g/21 يور Reported AC: يور

Signature of Chemical Analyst

Court CVR

Analyst

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859

Test Record Number: 1063

Test Date: 05/10/2012

Test Time: 4:04pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:05pm
FLO	Pass	4:05pm
FC	Pass	4:05pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	4:05pm 4:05pm 4:05pm 4:05pm 4:05pm
	1 000	1.05 Pill

Blank Tests

Test	Status	Time

AIR Pass 4:06pm

Printer Tests

Test	Status	Time

PRNT Pass 4:06pm

CRC Tests

Test	Status	Time
COMP	Pass	4:06pm
CAL	Pass	4:06pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD

_	INTOXIMETERS, MODEL INTOX EC/IR JI
County Joh	MISTON Co. Instrument Location BA Mabile Unit 4
Instrument Serial	No. 008871 Princeton P.D.
The preventive m four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on the procedures were Department of He	he 12 day of , 20 12 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
THE GUAN WORLD TO SEE OF A SEE	Signature of Certifying Official Certificate Number

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

JOHNSTON COUNTY BAT MOBILE UNIT 4 500

Serial Number: 008871 Test Date: 05/12/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:22pm
AIR BLK	.00	9:24pm
ACCY CHK	.07	9:24pm
AIR BLK	.00	9:25pm
SUB TEST	.00	9:25pm
AIR BLK	.00	9:27pm
SUB TEST	.00	9:28pm
ATR BLK	.00	9:29pm

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

JOHNSTON COUNTY BAT MOBILE UNIT 4 500

Serial Number: 008871

Test Record Number: 486

Test Date: 05/12/2012

Test Time: 9:32pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:32pm
FLO	Pass	9:32pm
FC	Pass	9:33pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:33pm
SRC	Pass	9:33pm
DET	Pass	9:33pm
BAR	Pass	9:33pm
\mathtt{BT}	Pass	9:33pm

Blank Tests

Test	Status	Time
AIR	Pass	9:33pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:33pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:34pm

Preventive Maintenance Status: Pass

Pass

9:34pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOAIMETERS, MODEL INTOA EC/IR II
County	HARNETT Instrument Location HARNETT Co. DETENTION CT
Instrument	Serial No. 008729 LILLINGTON NC
The prever	ntive 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	nat on the <u>Ol</u> day of <u>NAV</u> , 20 <u>12</u> the forgoing preventive maintenance is were performed on the instrument indicated above, in accordance with current regulations of the N.C. into f Health and Human Services, and the instrument is functioning properly.
GO S S S S S S S S S S S S S S S S S S S	Certificate Number

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729 Test Date: 05/01/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: RUSSELL, LARRY H

Permit Number: 06108E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	4:08pm 4:09pm 4:09pm 4:10pm 4:11pm
AIR BLK	.00	4:12pm
SUB TEST	.00	4:14pm
ATR BLK	.00	4:15pm

Reported AC, .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729 Test Date: 05/01/2012 Test Record Number: 1451
Test Time: 4:18pm EDT

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	County	HARNETT Instrument Location HARNETT G.	DETENTION CTR
, i [‡]	Instrument	nt Serial No. 00 8730 LILLINGTON NC	
	The preven	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be follows are:	owed at least once every
	1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath sin 34 degrees, plus or minus .2 degree centigrade;	nulator thermometer show
	2.	Verify instrument displays time and date;	
	3.	Initiate breath test sequence;	
	4.	Enter information as prompted;	
	5.	Verify instrument accuracy;	·
	6.	When "PLEASE BLOW" appears, collect breath sample;	
	7.	When "PLEASE BLOW" appears, collect breath sample;	
	8.	Print test record;	
	9.	Verify Diagnostic Program; and	
	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.	
		that on theday of, 20, 20 the forgoin es were performed on the instrument indicated above, in accordance with current regent of Health and Human Services, and the instrument is functioning properly.	g preventive maintenance ulations of the N.C.
	STATE OF THE PARTY	TATE OF TOO TOO TO TOO TO TOO TO TOO TO TOO TO	
	ESSE QUAN	DET Landle	371
٠.		Signature of Certifying Official	Certificate Number

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730 Test Date: 05/01/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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 AIR BLK ACCY CHK AIR BLK	Pass .00 .07	4:03pm 4:04pm 4:05pm 4:05pm
SUB TEST	.00	4:06pm
AIR BLK SUB TEST	.00 .00	4:07pm 4:09pm
AIR BLK	.00	4:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Dursell

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730

Test Record Number: 1183

Test Date: 05/01/2012

Test Time: 4:10pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:11pm
FLO	Pass	4:11pm
FC	Pass	4:11pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:11pm
SRC	Pass	4:11pm
DET	Pass	4:11pm
BAR	Pass	4:11pm
BT	Pass	4:11pm

Blank Tests

	A	Time
Test	Status	.ii me

AIR Pass 4:12pm

Printer Tests

Test	Status	Time
1 🖰 🕾 🖯 .	alalus	1 1 1 1 1 1 1

PRNT 4:12pm Pass

CRC Tests

Time Test Status

4:12pm COMP Pass

CALPass 4:12pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ARNOTT Instrument Location DUNN BLICE DEPT
Instrument Se	erial No. <u>008644</u> <u>DUNN, 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.
procedures w	on the
TO THE STATE OF TH	Signature of Certifying Official Certificate Number

HARNETT COUNTY DUNN POLICE DEPT. 420

Serial Number: 008644 Test Date: 05/01/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RUSSELL, LARRY H
Permit Number: 06108E
Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:19pm
AIR BL	X .00	2:19pm
ACCY CE	HK .08	2:20pm
AIR BL	.00	2:21pm
SUB TES	T .00	2:22pm
AIR BL	.00	2:23pm
SUB TES	OO. TE	2:24pm
AIR BL	X .00	2:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HARNETT COUNTY DUNN POLICE DEPT. 420

Serial Number: 008644 Test Record Number: 857

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	2:27pm

Printer Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	^	STERS, MODEL INTOX EC	
County_	CICHMOND	Instrument Location ROMANN	
Instrument Se	rial No. <u>00870/</u>	ROCKINGHAM	NC
The preventive four months as		r the Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas ca 34 degrees, plus or minus	nister displays pressure, or the alcoholic bre s .2 degree centigrade;	eath simulator thermometer shows
2.	Verify instrument display	ys time and date;	
3.	Initiate breath test sequer	nce;	
4.	Enter information as pro	mpted;	
5.	Verify instrument accura	су;	
6. .	When "PLEASE BLOW	" appears, collect breath sample;	
7.	When "PLEASE BLOW	" appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Progra	nm; and	
10.		as canister is being changed before expiration as changed every four months or after 125 A	
procedures we	ere performed on the instrume	many dent indicated above, in accordance with current, and the instrument is functioning properly	ent regulations of the N.C.
THE STATE OF THE S	CAROLINI CAROLINI	Signature of Certifying Official	Certificate Number

RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008701 Test Date: 05/01/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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 AIR BLK	Pass	9:31am 9:31am
ACCY CHK	.08	9:32am
AIR BLK	.00	9:33am
SUB TEST	.00	9:34am
AIR BLK	.00	9:35am
SUB TEST	.00	9:36am
ATR BLK	. 0.0	9:37am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008701

Test Record Number: 980

Test Date: 05/01/2012

Test Time: 9:38am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:39am
FLO	Pass	9:39am
FC	Pass	9:39am

Temperature Tests

Test	Status	Time
FC1	Pass	9:39am
SRC	Pass	9:39am
DET	Pass	9:39am
BAR	Pass	9:39am
BT	Pass	9:39am

Blank Tests

	Time
∆TD Dadd	9 39am

Printer Tests

Test	Status	Time
PRNT	Pass	9:39am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:40am 9:40am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County	KICHMOND Instrument Location RICHMOND Co. MAGISTRATES
Instrument	Serial No. 008840 ROCKINGHAM NC
The prevent	rive 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.
	t on the
STA	Signature of Certifying Official Certificate Number

RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008840 Test Date: 05/01/2012

Citation Number: M000000-0 Subject's Name:

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	9:28am
AIR BLK	.00	9:29am
ACCY CHK	.07	9:30am
AIR BLK	.00	9:31am
SUB TEST	.00	9:33am
AIR BLK	.00	9:34am
SUB TEST	.00	9:36am
AIR BLK	.00	9:37am

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

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RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008840 Test Record Number: 836
Test Date: 05/01/2012 Test Time: 9:38am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:38am 9:38am
FC	Pass	9:38am

Temperature Tests

Test	Status	Time
FC1	Pass	9:38am
SRC	Pass	9:38am
DET	Pass	9:38am
BAR	Pass	9:38am
BT	Pass	9:38am

Blank Tests

Test	Status	Time
AIR	Pass	9:39am

Printer Tests

Test	Status	Time
PRNT	Pass	9:39am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:39am 9:39am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County FR	RANKLIN Instrument Location FRANKLIN Co. JAIL
Instrument Ser	ial No. DO 8924 Z85 TKEMPRO LOUISBURG 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 show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date,
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the OS day of MAY, 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.
THE STATE OF MAN 20. 1775 WAN 20. 1775	Buch John Gardy 637 Signature of Certifying Official Certificate Number

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008924 Test Date: 05/08/2012

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: 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: AG102701 Exp Date: 01/27/2013

Test	g/210L	Time
DIAG	Pass	3:32pm
AIR BLK	.00	3:32pm
ACCY CHK	.07	3:33pm
AIR BLK	.00	3:34pm
SUB TEST	.00	3:34pm
AIR BLK	.00	3:35pm
SUB TEST	.00	3:37pm
ATR BLK	. 0.0	3:38pm

Reported AC: .00/g/210L

Signature of Chemical Analyst

Court CVR

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FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008924

Test Record Number: 146

Test Date: 05/08/2012

Test Time: 3:39pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:39pm
FLO	Pass	3:39pm
FC	Pass	3:40pm

Temperature Tests

FC1 Pass 3:40pm
SRC Pass 3:40pm
DET Pass 3:40pm
BAR Pass 3:40pm
BT Pass 3:40pm

Blank Tests

Test	Status	Time
AIR	Pass	3:40pm

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

CAL

3:40pm

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	II(I OXIII(E) EI(O) MODEL IX I OX 20/11 12
County Jok	Instrument Location Claydon Polico Dopal
Instrument Serial	1No. 008658 Claydon, NC
The preventive m	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
. 7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of H	the 11 day of Mong 2012 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF THE STATE	
AND COUNTY VOICE.	Signature of Certifying Official Certificate Number

JOHNSTON COUNTY CLAYTON PD. 500

Serial Number: 008658 Test Date: 05/11/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

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

rest	g/210L	Time
DIAG AIR BLK	Pass	9:25am 9:25am
ACCY CHK	.08	9:26am
AIR BLK	.00	9:27am
SUB TEST	.00	9:28am
AIR BLK	.00	9:28am
SUB TEST	.00	9:30am
AIR BLK	.00	9:31am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

JOHNSTON COUNTY CLAYTON PD. 500

Serial Number: 008658

Test Record Number: 758

Test Date: 05/11/2012

Test Time: 9:33am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	9:34am
SRC	Pass	9:34am
DET	Pass	9:34am
BAR	Pass	9:34am
BT	Pass	9:34am

Blank Tests

Test	Status	Time
AIR	Pass	9:35am

Printer Tests

Test	Status	Time
PRNT	Pass	9:35am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:35am

9:35am

Pass

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 6	RANVILLE Instrument Location OXFORD PD
Instrument So	erial No. OU 8923 ZOY E. MCCLANAHAN ST. OXFURD, NC
The prevention four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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
OF STATE OF THE ST	Signature of Certifying Official Certificate Number

GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008923 Test Date: 05/01/2012

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: AG202602 Exp Date: 01/26/2014

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Duen U. One

GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008923 Test Record Number: 714

Test Date: 05/01/2012

Test Time: 3:49pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:49pm
FLO	Pass	3:50pm
FC	Pass	3:50pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	3:50pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:50pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:50pm

Pass

3:50pm

Preventive Maintenance Status: Pass

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County O	INTOXIMETERS, MODEL INTOX ECTR II Instrument Location Gates (6, 5, 0,
	rial No. 008884 202 Court St, Gatesville, N.C.
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 procedures we Department of STATI	on the
WAND SEST	Signature of Certifying Official Certificate Number

GATES COUNTY GATES CO SO 360

Serial Number: 008884 Test Date: 05/01/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

08/01/2011-08/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
AIR BLK ACCY CHK	Pass .00 .07	10:51am 10:52am 10:52am
AIR BLK	.00	10:53am
SUB TEST	.00	10:54am
AIR BLK	.00	10:55am
SUB TEST	.00	10:56am
AIR BLK	.00	10:57am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

GATES COUNTY GATES CO SO 360

Serial Number: 008884 Test Date: 05/01/2012 Test Record Number: 418
Test Time: 10:58am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:59am 10:59am
FC	Pass	10:59am

Temperature Tests

Test	Status	Time
FC1	Pass	10:59am
SRC	Pass	10:59am
DET	Pass	10;59am
BAR	Pass	10:59am
\mathtt{BT}	Pass	10:59am

Blank Tests

Test	Status	Time
71 TD	Dagg	10.59am

Printer Tests

Test	Status	Time
PRNT	Pass	11:00am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:00am 11:00am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	URRY	Instrument Location_	MOUNT	Aira	PD
Instrument Se	erial No. 008943	·			
The preventive four months a	re maintenance procedures for the In	toximeters, Model Intox	EC/IR II to be fo	llowed at least	once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg		alcoholic breath s	imulator therm	ometer show
2.	Verify instrument displays time	and date;			
3.	Initiate breath test sequence;				
4.	Enter information as prompted;				
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" appe	ars, collect breath sampl	le;		
¹ . 7.	When "PLEASE BLOW" appe	ars, collect breath sampl	le;		
8.	Print test record;				
9.	Verify Diagnostic Program; and	I	,		
10.	Verify that the ethanol gas can simulator solution is being chan whichever occurs first.				
procedures w	on the 3/day of 7/1/2 ere performed on the instrument indifferent and Human Services, and the	icated above, in accorda		ing preventive egulations of th	maintenance ne N.C.
THE CUMPY STATE	TO THE STATE OF TH	ature of Certifying Office	olal .	63 Certificate	

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943 Test Date: 05/31/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG125603 Exp Date: 09/13/2013

Test	g/210L	Time
DIAG	Pass	12:23pm
AIR BLK	.00	12:23pm
ACCY CHK	.08	12:24pm
AIR BLK	.00	12:25pm
SUB TEST	.00	12:25pm
AIR BLK	.00	12:26pm
SUB TEST	.00	12:28pm
AIR BLK	.00	12:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

Analyst

Analyst

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943

Test Record Number: 1246

Test Date: 05/31/2012

Test Time: 12:29pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:30pm 12:30pm
FC FC	Pass Pass	12:30pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:30pm
SRC	Pass	12:30pm
DET	Pass	12:30pm
BAR	Pass	12:30pm
\mathtt{BT}	Pass	12:30pm

Blank Tests

Test	Status	Time
AIR	Pass	12:31pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:31pm
	CRC Tests	

Test	Status	Time
COMP	Pass	12:31pm
CAL	Pass	12:31pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ONSLOW Instrument Location ONSLOW County
Instrumen	t Serial No. OO8931 SHERIFF'S OFFICE
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
procedure	nat on the day of, 20 / 2 the forgoing preventive maintenanc 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.
SO SISTEMATION OF STREET SECTION OF STREET SECTI	Signature of Certifying Official Certificate Number

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008931 Test Date: 05/01/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG102602 Exp Date: 01/26/2013

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008931 Test Date: 05/01/2012 Test Record Number: 1704
Test Time: 11:22am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:23am
SRC	Pass	11:23am
DET	Pass	11:23am
BAR	Pass	11:23am
$_{ m BT}$	Pass	11:23am

Blank Tests

Test	Status	Time
7. TD	Dagg	11.24-2

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

11:24am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Catawba	Instrument Location Cata	wha County 5D
Instrument S	Serial No. <u>008821</u>	100 B Southwest	{
		828-464-52	
The prevent		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 o	er displays pressure, or the alcoholic brodegree centigrade;	eath simulator thermometer show
2.	Verify instrument displays til	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	and	
10.		nister is being changed before expiration anged every four months or after 125 A	
procedures v	on the 3154 day of Nowere performed on the instrument in of Health and Human Services, and	day , 20 12 the ndicated above, in accordance with curl the instrument is functioning properly	forgoing preventive maintenance rent regulations of the N.C.
STAN STAN STAN STAN STAN STAN STAN STAN	E OF NORTH CAROLINA		
* TORE U. IT	Joseph 2 F	gnature of Certifying Official	Certificate Number

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008821 Test Date: 05/31/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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	4:19pm
AIR BLK ACCY CHK	.00 .07	4:20pm 4:21pm
AIR BLK	.00	4:22pm
SUB TEST	.00	4:22pm
AIR BLK	.00	4:23pm
SUB TEST	.00	4:25pm
AIR BLK	. 00	4:26pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

Rev. 12/2007

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008821

Test Record Number: 887

Test Date: 05/31/2012

Test Time: 4:28pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR ·	Pass	4:28pm
FLO	Pass	4:28pm
FC	Pass	4:28pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:29pm
SRC	Pass	4:29pm
DET	Pass	4:29pm
BAR	Pass	4:29pm
\mathtt{BT}	Pass	4:29pm

Blank Tests

Test	Status	Time
AIR	Pass	4:29pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:29pm
	CRC Tests	

Test	Status	Time
COMP	Pass	4:29pm
CAL	Pass	4:29pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County(iatawba	Instrument Location Catawha	
Instrument S	Gerial No. 008687	100 B Southwest Blu 828-464-5241	
The preventi	•	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 legree centigrade;	n simulator thermometer show
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	d;	
5.	Verify instrument accuracy;	•	• .
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	nd	
10.		nister is being changed before expiration of anged every four months or after 125 Alco	
procedures v		dicated above, in accordance with current the instrument is functioning properly.	going preventive maintenance t regulations of the N.C.
STATI ST	Spesh 2.	Huthur gnature of Certifying Official	650 Certificate Number

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008687 Test Date: 05/31/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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	4:18pm 4:19pm
ACCY CHK	.07	4:20pm
AIR BLK	.00	4:21pm
SUB TEST	.00	4:21pm
AIR BLK	.00	4:22pm
SUB TEST	.00	4:24pm
ATR BLK	. 00	4:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008687

Test Record Number: 1417

Test Date: 05/31/2012

Test Time: 4:25pm EDT

System Check: Passed

Baseline Tests

Test	٠.	Status	Time
IR		Pass	4:26pm
FLO		Pass	4:26pm
FC		Pass	4:26pm

Temperature Tests

Test	1	Status	Time
FC1		Pass	4:26pm
SRC	4	Pass	4:26pm
DET	- }	Pass	4:26pm
BAR		Pass	4:26pm
BT	4.	Pass	4:26pm
			46 g/W - 🖫 - 6

Blank Tests

Test	Status	Time
AIR	Pass	4:27pm
		1.5

Printer Tests

Status

Time

4:27pm

4:27pm

Test

COMP

CAL

PRNT	Pass	4:27pm
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	RAKE Instrument Location +1111SBORCUGH P.D.
Instrument Ser	ial No. 008799 127 N. CHURTON ST. HIlls BORWUGH
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.
procedures we	n the
STATE OF THE STATE	Signature of Certifying Official Certificate Number

ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799 Test Date: 05/31/2012

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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	2:07pm 2:09pm
ACCY CHK	.07	2:09pm
AIR BLK	.00	2:10pm
SUB TEST	.00	2:10pm
AIR BLK	.00	2:11pm
SUB TEST	.00	2:13pm
AIR BLK	.00	2:14pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799 Test Record Number: 1134

Test Date: 05/31/2012

Test Time: 2:25pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	2:27pm

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

CAL

2:27pm

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_/	lew Harrove 2	Instrument Location New 14	anover County
Instrument So	erial No	Sherit	Dept.
The preventive four months a		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 de	displays pressure, or the alcoholic breategree centigrade;	th simulator thermometer show
2.	Verify instrument displays tim	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; an	ad	
10.		ister is being changed before expiration inged every four months or after 125 Ala	
procedures w	ere performed on the instrument inc	20 /2 the for dicated above, in accordance with currer the instrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
STATE OF THE STATE	NOCETH CAROLLING		
A ESE CHAM AL	Sign	nature of Certifying Official	Certificate Number

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008617 Test Date: 05/16/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Test	g/210L	Time
DIAG	Pass	6:05pm
AIR BLK	.00	6:06pm
ACCY CHK	.08	6:06pm
AIR BLK	.00	6:07pm
SUB TEST	.00	6:08pm
AIR BLK	.00	6:09pm
SUB TEST	.00	6:10pm
אום קדע	0.0	6 · 11 nm

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: 1831

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	6:13pm 6:13pm
FC	Pass	6:13pm

Temperature Tests

FC1 Pass 6:13pm	Test	Status	Time
	FC1	Pass	6:13pm
SRC Pass 6:13pm	SRC	Pass	6:13pm
DET Pass 6:13pm	DET	Pass	6:13pm
BAR Pass 6:13pm	BAR	Pass	6:13pm
BT Pass 6:13pm	BT	Pass	6:13pm

Blank Tests

Test	Status	Time
AIR	Pass	6:13pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:13pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	6:14pm 6:14pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County NE	WHANOVER Instrument Location New Hantover County
Instrument Ser	ial No. 8626 Sherrillo Dest.
The preventive four months are	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 on procedures wer Department of	the day of day of , 20 / 2 the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008626 Test Date: 05/16/2012

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Test	g/210L	Time
DIAG	Pass	6:05pm
AIR BLK	.00	6:06pm
ACCY CHI	K .07	6:07pm
AIR BLK	.00	6:08pm
SUB TEST	r .00	6:09pm
AIR BLK	.00	6:10pm
SUB TEST	00. 1	6:11pm
AIR BLK	.00	6:12pm

Reported AC: 1.00 g/210L

Signature of Chemical Analyst

Court CVR

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008626

Test Record Number: 3674

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	6:14pm 6:14pm
FC	Pass	6:14pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:14pm
SRC	Pass	6:14pm
DET	Pass	6:14pm
BAR	Pass	6:14pm
BT	Pass	6:14pm

Blank Tests

Test	Status	Time
AIR	Pass	6:15pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:15pm

CRC Tests

Test	Status	Time
COMP	Pass	6:15pm
CAL	Pass	6:15pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County NE	W Hanover Instrument Location Wilmington
Instrument Seria	INO. 8628 Blice Dept.
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
COUNTY TO AN	Signature of Certificial Certificate Number

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628 Test Date: 05/16/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

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

Test	g/210L	Time
DIAG	Pass	4:54pm
AIR BLK	.00	4:55pm
ACCY CHK	.08	4:56pm
AIR BLK	.00	4:57pm
SUB TEST	.00	4:58pm
AIR BLK	.00	4:59pm
SUB TEST	.00	5:00pm
ATD BIK	$\cap \cap$	5 • 01 mm

Reported AC: .00 q/210L

Signature of Chemical Analyst

Court CVR

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628

Test Record Number: 2371

Test Date: 05/16/2012

Test Time: 5:02pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:02pm
FLO	Pass	5:02pm
FC	Pass	5:02pm

Temperature Tests

Status	Time
Pass	5:02pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	5:03pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:03pm
	CRC Tests	
Test	Status	Time

COMP 5:03pm Pass CAL 5:03pm Pass

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	NEW Hanover Instrument Location Carolina Beach
Instrumer	nt Serial No. 866' falice Dept
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify the procedure Departme	that on theday of, 20, 20
CONTRACTOR OF STATE O	TATE of North Annual Property of Certifying Official Certificate Number

NEW HANOVER COUNTY CAROLINA BEACH PD 640

> Serial Number: 008661 Test Date: 05/16/2012

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: 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	3:50pm 3:51pm 3:52pm
AIR BLK SUB TEST	.00	3:52pm 3:53pm
AIR BLK	.00	3:54pm
SUB TEST AIR BLK	.00 .00	3:55pm 3:56pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

NEW HANOVER COUNTY CAROLINA BEACH PD 640

Serial Number: 008661 Test Date: 05/16/2012 Test Record Number: 1359 Test Time: 4:00pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	4:00pm 4:00pm
FC	Pass	4:00pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:01pm
SRC	Pass	4:01pm
DET	Pass	4:01pm
BAR	Pass	4:01pm
BT	Pass	4:01pm

Blank Tests

Test	Status	Time
AIR	Pass	4:01pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:01pm
	CRC Tests	

Test	Status	Time
COMP	Pass	4:01pm
CAL	Pass	4:01pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County BRO	Instrument Location BRUNSWICK County
Instrument Seria	Instrument Location BRUNSWICK County Shorts Dept.
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t procedures were Department of H	he day of May, 20/2 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
OF THE STATE OF A	Signature of Certifying Official Certificate Number

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008602 Test Date: 05/16/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

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

Test	g/210L	Time
DIAG	Pass	1:55pm
AIR BLK	.00	1:56pm
ACCY CHK	.08	1:57pm
AIR BLK	.00	1:58pm
SUB TEST	.00	1:58pm
AIR BLK	.00	1:59pm
SUB TEST	.00	2:01pm
AIR BLK	.00	2:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008602 Test Date: 05/16/2012

Test Record Number: 1746
Test Time: 2:05pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

•	
FC1 Pass 2:06pm	L
SRC Pass 2:06pm	L
DET Pass 2:06pm	Ĺ
BAR Pass 2:06pm	Ĺ
BT Pass 2:06pm	Ĺ

Blank Tests

Test	Status	Time
AIR	Pass	2:06pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:06pm
	CRC Tests	

Test	Status	Time
COMP	Pass	2:06pm
CAL	Pass	2:06pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	1111 OZIIVIL 1	ens, model in		نتومس
County 5	<i>eunswick</i>	Instrument Location_	BRUNSWICK	County
Instrument Ser	rial No8585		Shoulds De	A
The preventive four months ar	e maintenance procedures for the re:	Intoximeters, Model Intox	EC/IR II to be followed a	t least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 o		alcoholic breath simulator	thermometer show
2.	Verify instrument displays tir	ne and date;	. *	
3.	Initiate breath test sequence;			
4.	Enter information as prompte	d;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" ap	pears, collect breath sample	e;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample	e;	
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.			
I certify that of procedures we Department of	n theday of ere performed on the instrument in Health and Human Services, and	dicated above, in accordar the instrument is function	the forgoing prevence with current regulationing properly.	entive maintenance as of the N.C.
OF THE STATE OF THE CONFESSION OF THE STATE OF THE CONFESSION OF T	CAN CAN	May Zive gnature of Certifying Offic	ial Certi	634 ficate Number

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008585 Test Date: 05/16/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG200401 Exp Date: 01/04/2014

Test	g/210L	Time
DIAG	Pass	1:55pm
AIR BLK	.00	1:56pm
ACCY CHK	.08	1:56pm
AIR BLK	.00	1:57pm
SUB TEST	.00	1:58pm
AIR BLK	.00	1:59pm
SUB TEST	.00	2:00pm
ATR BLK	. 0.0	2:01pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008585 Test Date: 05/16/2012 Test Record Number: 2079
Test Time: 2:05pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	2:07pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:07pm
	CRC Tests	•
Test	Status	Time
COMP	Pass	2:07pm

Preventive Maintenance Status: Pass

Pass

2:07pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County S	ial No. 8648 Instrument Location Out/slaved
Instrument Seri	ial No. 8648 Instrument Location Oak Island Instrument Location Oak Island Instrument Location Oak Island
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the day of maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648 Test Date: 05/16/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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 AIR BLK	Pass	12:19pm 12:20pm
ACCY CHK	.08	12:21pm
AIR BLK	.00	12:22pm
SUB TEST	.00	12:22pm
AIR BLK	.00	12:23pm
SUB TEST	.00	12:26pm
AIR BLK	.00	12:26pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648

Test Record Number: 948

Test Date: 05/16/2012

Test Time: 12:28pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ΔΤΦ	Dagg	12.29nm

Printer Tests

Test	Status	Time
PRNT	Pass	12:29pm

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Du	plin	Instrument Location	Duplin	County
Instrument Seria	al No. <u>8864</u>		Sherika	Dept.
The preventive i	maintenance procedures for the In	toximeters, Model Intox E	C/IR II to be follow	red at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg		coholic breath simul	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			
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.			
I certify that on procedures were Department of H	the 15 day of 77. e performed on the instrument indi- dealth and Human Services, and the	, 20	the forgoing pe with current regular properly.	preventive maintenance ations of the N.C.
O'STATE O'M STATE O'M NO 701 177	Sign:	1014 LIVEN		634

DUPLIN COUNTY DUPLIN CO SD 300

Serial Number: 008864 Test Date: 05/15/2012

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: 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: AG203902 Exp Date: 02/08/2014

Test	g/210L	Time
DIAG	Pass	4:45pm
AIR BLK	.00	4:45pm
ACCY CHK	.08	4:46pm
AIR BLK	.00	4:47pm
SUB TEST	.00	4:48pm
AIR BLK	.00	4:49pm
SUB TEST	.00	4:50pm
AIR BLK	.00	4:51pm

Reported AC:

 $00 \, \text{g}/210 \text{L}$

Signature of Chemical Analyst

Court CVR

Anályst

DUPLIN COUNTY DUPLIN CO SD 300

Serial Number: 008864

Test Record Number: 1500

Test Date: 05/15/2012

Test Time: 4:52pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:52pm
FLO	Pass	4:52pm
FC	Pass	4:52pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:52pm
SRC	Pass	4:52pm
DET	Pass	4:52pm
BAR	Pass	4:52pm
BT	Pass	4:52pm

Blank Tests

Test	Status	Time
AIR	Pass	4:53pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:53pm

CRC Tests

Test	Status	Time
COMP	Pass	4:53pm
CAL	Pass	4:53pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Duplin Instrument Location Warsaw
Instrument	Serial No. 8874 Sept.
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
. 4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify the procedures Departmen	at on the
SIGNATURE CREATER STATES AND STAT	

DUPLIN COUNTY WARSAW PD 300

Serial Number: 008874 Test Date: 05/15/2012

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: 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	3:46pm
AIR BLK	.00	3:47pm
ACCY CHK	.08	3:48pm
AIR BLK	.00	3:49pm
SUB TEST	.00	3:49pm
AIR BLK	.00	3:50pm
SUB TEST	.00	3:52pm
AIR BLK	.00	3:53pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Anthony Curer D

DUPLIN COUNTY WARSAW PD 300

Serial Number: 008874

Test Record Number: 245

Test Date: 05/15/2012

Test Time: 3:56pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:57pm 3:57pm
FC	Pass	3:57pm

Temperature Tests

Status	Time
Pass	3:57pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time

AIR Pass 3:58pm

Printer Tests

rest	Status	Time

PRNT Pass 3:58pm

CRC Tests

Test	Status	Time
COMP	Pass	3:58pm
CA:L	Pass	3:58pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County \(\sum_{\text{}}	Juplin	Instrument Location	
Instrument Ser	ial No. <u>8858</u>	Instrument Location	Police Dept.
The preventive four months are		Intoximeters, Model Intox E	C/IR II to be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d		coholic breath simulator thermometer show
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	nd	
10.			e expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
I certify that on procedures wer Department of	theday ofday of	dicated above, in accordance the instrument is functioning	the forgoing preventive maintenance with current regulations of the N.C. g properly.
OTHE STATE OF THE	ANORTH CAROLINA CONTRACTOR OF THE CAROLINA CONTR	10My CIVILLE	Certificate Number

DUPLIN COUNTY WALLACE PD 300

Serial Number: 008858 Test Date: 05/15/2012

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: 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	2:10pm
AIR BLK	.00	2:11pm
ACCY CHK	.07	2:12pm
AIR BLK	.00	2:13pm
SUB TEST	.00	2:14pm
AIR BLK	.00	2:15pm
SUB TEST	.00	2:17pm
ATR RT.K	0.0	2 · 18 mm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

DUPLIN COUNTY WALLACE PD 300

Serial Number: 008858

Test Record Number: 527

Test Date: 05/15/2012

Test Time: 2:21pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:21pm 2:21pm
FC	Pass	2:21pm

Temperature Tests

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

Blank Tests

Test	Status	Time

AIR Pass 2:22pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:22pm

CRC Tests

Test	Status	Time
COMP	Pass	2:22pm
CAL	Pass	2:22pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County/	PENDER Instrument Location PENDER Counter	/
Instrument Se	rial No. 8935 Instrument Location / ENDER County	•
	•	·
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once re:	every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermomet 34 degrees, plus or minus .2 degree centigrade;	er 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 alcoholic be simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.	
I certify that of procedures we Department o	n the	tenance C.
STATE OF THE STATE	Signature of Certifying Official Certificate Number	/ ber

PENDER PENDER CO SD 700

Serial Number: 008935 Test Date: 05/15/2012

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: 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: AG203902 Exp Date: 02/08/2014

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PENDER PENDER CO SD 700

Serial Number: 008935 Test Date: 05/15/2012 Test Record Number: 1002 Test Time: 12:33pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:33pm 12:33pm
FC	rass Pass	12:33pm
I C	rapp	12:330111

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

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	INTOXIMETERS,	MODEL INT strument Location_	PENDER	County
Instrument Seria	1No. 8946		Penden SheriHs	Dept.
The preventive r four months are:	naintenance procedures for the Intoxin	neters, Model Intox I	EC/IR II to be followe	d at least once every
1.	Verify the ethanol gas canister displa 34 degrees, plus or minus .2 degree c		lcoholic breath simula	stor thermometer shows
2.	Verify instrument displays time and	date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;	•		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears, c	ollect breath sample	;	
7.	When "PLEASE BLOW" appears, c	ollect breath sample	• •	
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canister is simulator solution is being changed e whichever occurs first.			
	the	f above, in accordance	ce with current regular	reventive maintenance tions of the N.C.
OTH STATE OF NO.	- Carthon	M KINLIS OFFICIALIST OFFICIALIST		634

PENDER PENDER COUNTY SD 700

Serial Number: 008946 Test Date: 05/15/2012

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: 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 ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	12:26pm 12:27pm 12:27pm 12:28pm 12:29pm 12:30pm
SUB TEST	.00	12:31pm
AIR BLK	.00	12:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PENDER PENDER COUNTY SD 700

Serial Number: 008946

Test Record Number: 633

Test Date: 05/15/2012

Test Time: 12:33pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:34pm
SRC	Pass	12:34pm
DET	Pass	12:34pm
BAR	Pass	12:34pm
BT	Pass	12:34pm

Blank Tests

Test	Status	Time
AIR	Pass	12:34pm

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

Anályst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County E	
Instrument Se	erial No. 8948 Sperills Dept ANNEX
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
THE STATE OF THE S	

PENDER COUNTY SHERIFF DEPT ANNEX 700

Serial Number: 008948 Test Date: 05/15/2012

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: 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	10:08am 10:09am
ACCY CHK	.08	10:09am
AIR BLK	.00	10:10am
SUB TEST	.00	10:10am
AIR BLK	.00	10:11am
SUB TEST	.00	10:13am
ATR BLK	. 00	10:14am

Reported AC:

 $_{00}$ g/210L

Signature of Chemical Analyst

Court CVR

PENDER COUNTY SHERIFF DEPT ANNEX

Serial Number: 008948

Test Record Number: 502

Test Date: 05/15/2012

Test Time: 10:16am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:16am 10:16am
FC.	rass Pass	10:10am
rC	rass	TO: T/aiii

Temperature Tests

Test	Status	Time
FC1	Pass	10:17am
SRC	Pass	10:17am
DET	Pass	10:17am
BAR	Pass	10:17am
BT	Pass	10:17am

Blank Tests

Test	Status	Time
AIR	Pass	10:17am

Printer Tests

Test	Status	Time
PRNT	Pass	10:17am

CRC Tests

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

Preventive Maintenance Status: Pass

Ańalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County(Columbus Instrument Location Columbus County
Instrument	Serial No. 8875 Instrument Location Columbus County Sherith Dept.
The prevent	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 test whichever occurs first.
	t on theday of, 20 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STAND SELECTION OF	

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008875 Test Date: 05/14/2012

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: 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
DIAG AIR BLK	Pass	1:20pm 1:20pm
ACCY CHK	.07	1:21pm
AIR BLK SUB TEST	.00 .00	1:22pm 1:23pm
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

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Department of Health and Human Services Rev. 12/2007 .

13

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008875

Test Record Number: 878

Test Date: 05/14/2012

Test Time: 1:42pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:43pm
FLO	Pass	1:43pm
FC	Pass	1:43pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	1:43pm 1:43pm 1:43pm 1:43pm
\mathtt{BT}	Pass	1:43pm

Blank Tests

Test	Status	Time
AIR	Pass	1:44pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:44pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:44pm

Preventive Maintenance Status: Pass

Pass

1:44pm

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Columbus Instrument Location Columbus County
Instrumen	
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 test whichever occurs first.
	at on the
GO 310 4 ARE GREAT OF STATE OF	Signature of Certifying Official Certificate Number

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008886 Test Date: 05/14/2012

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: 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	1:20pm
AIR BLK	.00	1:21pm
ACCY CHK	.07	1:21pm
AIR BLK	.00	1:22pm
SUB TEST	.00	1:23pm
AIR BLK	.00	1:24pm
SUB TEST	.00	1:25pm
AIR BLK	.00	1:26pm

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

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008886 Test Date: 05/14/2012 Test Record Number: 622 Test Time: 1:29pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	1:29pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	1:30pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:30pm
	CRC Tests	
Test	Status	Time

Pass Preventive Maintenance Status: Pass

Pass

1:30pm

1:30pm

COMP

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	La de la Caralle
County gland	Instrument Location DLaCON COUNTY
Instrument Seria	al No. 8894 Sheriffs Dept.
The preventive if 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
O'THE STATE OF A CONTROL OF THE STATE OF THE	Signature of Certifying Official Certificate Number

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008894 Test Date: 05/14/2012

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: 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	11:54am 11:55am
ACCY CHK	.08	11:55am 11:56am
SUB TEST	.00	11:50am
AIR BLK	00	11:58am
SUB TEST	.00	12:00pm
AIR BLK	.00	12:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008894 Test Date: 05/14/2012 Test Record Number: 538
Test Time: 12:02pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:02pm
SRC	Pass	12:02pm
DET	Pass	12:02pm
BAR	Pass	12:02pm
BT	Pass	12:02pm

Blank Tests

Test	Status	Time
AIR	Pass	12:03pm

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

Pass

12:03pm 12:03pm

COMP

CAL

Anglyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	Bladen Instrument Location Bladen County
Instrument Se	rial No. 8818 Sherred Dept.
	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
four months a	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department o	on theday of, 20 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	

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008818 Test Date: 05/14/2012

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: 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	11:54am
AIR BLK	.00	11:55am
ACCY CHK	.07	11:56am
AIR BLK	.00	11:57am
SUB TEST	.00	11:57am
AIR BLK	.00	11:58am
SUB TEST	.00	12:00pm
ATR RIK	0.0	12.01pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008818

Test Record Number: 462
Test Time: 12:02pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:03pm
SRC	Pass	12:03pm
DET	Pass	12:03pm
BAR	Pass	12:03pm
BT	Pass	12:03pm

Blank Tests

Test	Status	Time
AIR	Pass	12:03pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:03pm

CRC Tests

Test	Status	Time
COMP	Pass	12:03pm
CAL	Pass	12:03pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Sampson	Instrument Location_	Sampson	County
Instrument	Serial No. 8825		Sherillo	Dept.
The preven	tive maintenance procedures for the s	Intoximeters, Model Intox	EC/IR II to be follow	ed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d		alcoholic breath simul	ator thermometer show
2.	Verify instrument displays tin	ne and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	l;		
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 befanged every four months o	ore expiration date, or r after 125 Alcoholic	the alcoholic breath Breath Simulator tests,
	at on theday ofday of were performed on the instrument in t of Health and Human Services, and	dicated above, in accordar	ice with current regula	preventive maintenance ations of the N.C.
STATE CREATER STATE OF STATE O	LNY	Manufacture of Certifying Offic		634 Certificate Number

SAMPSON COUNTY SAMPSON CO SD 810

Serial Number: 008825 Test Date: 05/14/2012

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: 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: AG202903 Exp Date: 02/08/2014

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	10:18am 10:19am 10:20am
AIR BLK	.00	10:21am
SUB TEST	.00	10:21am
AIR BLK	.00	10:22am
SUB TEST	.00	10:23am
AIR BLK	.00	10:24am

Reported AC: .00, g/210L

Signature of Chemical Analyst

Court CVR

SAMPSON COUNTY SAMPSON CO SD 810

Serial Number: 008825

Test Record Number: 1408

Test Date: 05/14/2012

Test Time: 10:26am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:27am
FLO	Pass	10:27am
FC	Pass	10:27am

Temperature Tests

Test	Status	Time
FC1	Pass	10:27am
SRC	Pass	10:27am
DET	Pass	10:27am
BAR	Pass	10:27am
BT	Pass	10:27am

Blank Tests

Test	Status	Time
AIR	Pass	10:28am

Printer Tests

Test	Status	Time
PRNT	Pass	10:28am

CRC Tests

Test	Status	Time
	Pass Pass	10:28am 10:28am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Dampson Instrument Location Sampson County
Instrument Seri	al No. 8877 Instrument Location Sampson County Sherks 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 show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer	the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

SAMPSON COUNTY SAMPSON COUNTY SD 810

Serial Number: 008877 Test Date: 05/14/2012

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: 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: AG203902 Exp Date: 02/08/2014

Test	g/210L	Time
DIAG	Pass	10:18am
AIR BLK	.00	10:19am
ACCY CHK	.08	10:20am
AIR BLK	.00	10:21am
SUB TEST	.00	10:21am
AIR BLK	.00	10:22am
SUB TEST	.00	10:24am
AIR BLK	.00	10:24am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

SAMPSON COUNTY SAMPSON COUNTY SD 810

Serial Number: 008877

Test Record Number: 1011

Test Date: 05/14/2012

Test Time: 10:26am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR .	Pass	10:27am
FLO	Pass	10:27am
FC	Pass	10:27am

Temperature Tests

Test	Status	Time
FC1	Pass	10:27am
SRC	Pass	10:27am
DET	Pass	10:27am
BAR	Pass	10:27am
BT	Pass	10:27am

Blank Tests

Test	Status	Time
AIR	Pass	10:27am

Printer Tests

Test	Status	Time
PRNT	Pass	10:27am
	CRC Tests	

Test	Status	Time
COMP	Pass	10:28am
CAL	Pass	10:28am

Preventive Maintenance Status: Pass