PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_Co	Caloline II Instrument Location Caldwell Co. Ja	.7
Instrument Se	Serial No. <u>008803</u> <u>Lenoir, NC</u>	
The preventiv	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least of are:	once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermo 34 degrees, plus or minus .2 degree centigrade;	meter 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 alcoholi simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator occurs first.	c breath lator tests,
I certify that on procedures wer Department of	on the	₃intenance N.C.
THE STATE OF THE S	TO THE CARROLL THE	
	Signature of Certifying Official Certificate Num	mber

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008803 Test Date: 11/16/2012

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00 .00 .00	3:14pm 3:15pm 3:16pm 3:17pm 3:18pm 3:18pm 3:20pm 3:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008803 Test Date: 11/16/2012

Test Record Number: 298 Test Time: 3:21pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:22pm
FLO	Pass	3:22pm
FC	Pass	3:22pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:22pm
SRC	Pass	3:22pm
DET	Pass	3:22pm
BAR	Pass	3:22pm
BT	Pass	3:22pm

Blank Tests

Test	Status	Time
AIR	Pass	3:23pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:23pm
	CRC Tests	
III	 .	

Test	Status	Time
COMP	Pass	3:23pm
CAL	Pass	3:23pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County <u>C</u>	aldwell	Instrument Location_	Caldwell	Co. Jail
Instrument S	Gerial No. <u>(20 8 7 / 9</u>		benoir, a	<u>/c</u>
The preventi	ve maintenance procedures for the II are:	ntoximeters, 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 pressure, or the a gree centigrade;	lcoholic breath simul	ator thermometer shows
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;		:	
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appe	ars, collect breath sample	· •	
7.	When "PLEASE BLOW" appe	ars, collect breath sample;	;	
8.	Print test record;			
9.	Verify Diagnostic Program; and	l		
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	eter is being changed befor ged every four months or	re expiration date, or after 125 Alcoholic B	the alcoholic breath Breath Simulator tests,
brocedures M	on the	cated above, in accordanc	e with current regulat	eventive maintenance ions of the N.C.
THE STATE OF THE S	ON CONTROLLER CANONICATION OF THE PARTY OF T	ture of Certifying Official		649
	Signa	ture of Certifying Official	L Ce	rtificate Number

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008719 Test Date: 11/16/2012

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2011-06/01/2013

Officer's Name: NONE,

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	3:15pm
ACCY CHK	.07	3:16pm 3:17pm
AIR BLK	.00	3:18pm
SUB TEST	.00	3:19pm
AIR BLK	.00	3:20pm
SUB TEST	.00	3:21pm
AIR BLK	.00	3:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008719

Test Record Number: 1210

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	3:24pm 3:24pm 3:24pm 3:24pm 3:24pm
		_

Blank Tests

Test	Status	Time
AIR	Pass	3:24pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:24pm

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County \mathcal{B}_{ℓ}	incombe	Instrument Location_	Burcombe Co	. Jeil
Instrument S	Gerial No. <u>00 880 8</u>		Burronge Co Isheville, No	<u></u>
The preventi	ve maintenance procedures for the I	ntoximeters, Model Intox	EC/IR II to be followed a	at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the a	lcoholic 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" appe	ears, collect breath sample;		
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	;	
8.	Print test record;			
9.	Verify Diagnostic Program; and	1		• .
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ster is being changed befor ged every four months or	e expiration date, or the after 125 Alcoholic Brea	alcoholic breath th Simulator tests,
P. O O O O O O	n the 15 day of Not/ ere performed on the instrument indi Health and Human Services, and th	Cated above in accordance	A With assessed	ntive maintenance s of the N.C.
STATE OF THE STATE	AOOM CAROLINA			
* ASSE QUAM VIDER	W. A. C.			(C)
	Signa	ture of Certifying Official	Certifi	cate Number

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008808 Test Date: 11/15/2012

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	12:28pm 12:29pm 12:30pm 12:30pm
SUB TEST	.00	12:31pm
AIR BLK	.00	12:32pm
SUB TEST	.00	12:34pm
AIR BLK	.00	12:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008808

Test Record Number: 502

Test Date: 11/15/2012

Test Time: 12:36pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:37pm
SRC	Pass	12:37pm
DET	Pass	12:37pm
BAR	Pass	12:37pm
BT	Pass	12:37pm

Blank Tests

Test	Status	Time
AIR	Pass	12:37pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:37pm
	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

e e e e e e e e e e e e e e e e e e e		MO, MIODED III	OA EC/IR II	
County/	Uncombe	Instrument Location_	Burcaube	Co. Ja./
Instrument S	Serial No. <u>00 869 7</u>		Asheville,	NC
The prevent	ive maintenance procedures for the Intare:	toximeters, Model Intox	EC/IR II to be follow	wed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	isplays pressure, or the a	lcoholic breath simu	lator 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" appea	rs, collect breath sample	•	
7.	When "PLEASE BLOW" appea	rs, collect breath sample	·	
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas caniston simulator solution is being chang whichever occurs first.	er is being changed befored every four months or	re expiration date, or after 125 Alcoholic	the alcoholic breath Breath Simulator tests,
I certify that of procedures we Department of	on the <u>15</u> day of <u>Nove</u> ere performed on the instrument indica f Health and Human Services, and the	, 20 / ated above, in accordanc instrument is functionin	the forgoing pe with current regulars	reventive maintenance ations of the N.C.
THE STATE OF THE S	NORTH CAROLING TO THE PARTY OF			L (4 C)
	Signatu	re of Certifying Official		ertificate Number

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008697 Test Date: 11/15/2012

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008697

Test Record Number: 1939

Test Date: 11/15/2012

Test Time: 12:18pm EST

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

12:19pm

12:20pm

12:20pm

Test	Status	Time
PRNT	Pass	12:19pm
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

والعيم	· · · · · · · · · · · · · · · · · · ·	TO, HODED HIT ON EC/I	IX 11
County B	urke	Instrument Location Manyonto	on DPS
Instrument S	Serial No. <u>()() 883 /</u>	Instrument Location Manyentan	NC
The preventi four months	ve maintenance procedures for the I	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 breatl gree centigrade;	ı simulator thermometer show
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ears, collect breath sample;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	i	
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ster is being changed before expiration d ged every four months or after 125 Alco	ate, or the alcoholic breath holic Breath Simulator tests,
I certify that opposed ures we Department o	on the	cated above, in accordance with current ne instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
THE STATE IN STATE OF THE STATE			649
	Signa	ture of-Certifying Official	Certificate Number

BURKE COUNTY MORGANTON DPS 110

Serial Number: 008831 Test Date: 11/13/2012

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: 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: AG204602 Exp Date: 02/15/2014

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00	12:20pm 12:21pm 12:21pm 12:22pm 12:23pm 12:24pm 12:25pm
AIR BLK	.00	12:27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BURKE COUNTY MORGANTON DPS 110

Serial Number: 008831

Test Record Number: 1227

Test Date: 11/13/2012

Test Time: 12:28pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:28pm
FLO	Pass	12:28pm
FC	Pass	12:28pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:28pm
SRC	Pass	12:28pm
DET	Pass	12:28pm
BAR	Pass	12:28pm
BT	Pass	12:28pm

Blank Tests

Test	Status	Time
AIR	Pass	12:29pm

Printer Tests

Test	Status	Time
PRNT	Pass .	12:29pm
	CDC Togta	

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 B	Instrument Location Morganton DP5
Instrument S	Serial No. 008904 Instrument Location Morgan ton, 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 show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	on the
STATE OF THE STATE	S OC THE CAROLING TO THE CAROL
FESTE QUAM VIDE	1-15
	Signature of Certifying Official Certificate Number

BURKE COUNTY MORGANTON DPS 110

Serial Number: 008904 Test Date: 11/13/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2011-06/01/2013

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210 L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	12:19pm 12:20pm 12:20pm 12:21pm
SUB TEST	.00	12:22pm
AIR BLK SUB TEST	.00 .00	12:23pm 12:25pm
AIR BLK	.00	12:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BURKE COUNTY MORGANTON DPS 110

Serial Number: 008904 Test Record Number: 1039 Test Date: 11/13/2012 Test Time: 12:26pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:28pm

Printer Tests

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

12:28pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County M	tchell	Instrument Location_	Spruce	Pine	PD
Instrument Se	rial No. <u>008726</u>	Instrument Location_	Spluce	Pine,	NC
The preventive four months a	e maintenance procedures for the Into	oximeters, Model Intox I	EC/IR II to be f	ollowed at le	ast once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degr	splays pressure, or the a	lcoholic breath	simulator the	rmometer shows
2.	Verify instrument displays time a	nd date;			
3.	Initiate breath test sequence;	·			
4.	Enter information as prompted;				·
5.	Verify instrument accuracy;				•
6.	When "PLEASE BLOW" appear	s, collect breath sample	•		
7.	When "PLEASE BLOW" appear	s, collect breath sample	,		
8.	Print test record;			•	
9.	Verify Diagnostic Program; and				
10.	Verify that the ethanol gas caniste simulator solution is being change whichever occurs first.				
I certify that of procedures we Department of	n the <u>19</u> day of <u>Novem</u> are performed on the instrument indicate the Health and Human Services, and the	<i>bef</i> , 20 <i>f</i> ated above, in accordance instrument is functioning	the forgone with current in properly.	oing preventi regulations of	ve maintenance f the N.C.
THE STATE OF TH	NO. THE CARDON STATE OF TH			69	<i>t</i> 9
	Signati	are of Certifying Officia	il ·	Certifica	te Number

MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008726 Test Date: 11/19/2012

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: 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	5:03pm 5:04pm
ACCY CHK AIR BLK	.08	5:04pm 5:05pm
SUB TEST	.00	5:05pm
AIR BLK	.00	5:06pm
SUB TEST AIR BLK	.00 .00	5:08pm 5:09pm
WIK DUV	.00	D: OBDIII

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008726 Test Date: 11/19/2012

Test Record Number: 581
Test Time: 5:10pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:10pm
FLO	Pass	5:10pm
FC	Pass	5:10pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:10pm
SRC	Pass	5:10pm
DET	Pass	5:10pm
BAR	Pass	5:10pm
BT	Pass	5:10pm

Blank Tests

Test	Status	Time
AIR	Pass	5:11pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:11pm
	CRC Tests	

Test	scatus	TIME
COMP	Pass	5:11pm
CAL	Pass	5:11pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County All	Instrument Location Banger EIK PD
Instrument Ser	ial No. <u>008724</u> Instrument Location Banner, Elk, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
.9,	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the <u>20</u> day of <u>November</u> , 20 <u>/2</u> the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	# See 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Signature of Certifying Official Certificate Number

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

DHHS 4080 (11/07)

AVERY COUNTY BANNER ELK PD 050

Serial Number: 008724 Test Date: 11/20/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2011-06/01/2013

Officer's Name:

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	4:59pm
AIR BLK	.00	5:00pm
ACCY CHK	.08	5:01pm
AIR BLK	.00	5:02pm
SUB TEST	.00	5:03pm
AIR BLK	.00	5:04pm
SUB TEST	.00	5:05pm
AIR BLK	.00	5:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

AVERY COUNTY BANNER ELK PD 050

Serial Number: 008724

Test Record Number: 304

Test Date: 11/20/2012

Test Time: 5:07pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:08pm
FLO	Pass	5:08pm
FC	Pass	5:08pm

Temperature Tests

Test	Status	Time
FC1	Pass	·5:08pm
SRC	Pass	5:08pm
DET	Pass	5:08pm
BAR	Pass	5:08pm
BT	Pass	5:08pm

Blank Tests

Test	Status	Time
AIR	Pass	5:09pm

Printer Tests

lest	Status	TTIIIG
PRNT	Pass	5:09pm

CRC Tests

Test	Status	Time
COMP	Pass	5:09pm
CAL	Pass	5:09pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County He	nderson	Instrument Location_	Henderson	Co Detention
Instrument Se	erial No. <u>008822</u>		Henderson	Co Detention
The preventive four months a	ve maintenance procedures for the Intare:	toximeters, Model Intox	EC/IR II to be folio	wed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg		alcoholic breath sim	ulator 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 sampl	le;	
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 canis simulator solution is being chan whichever occurs first.			
I certify that opposedures w Department o	on the <u>2/</u> day of <u>Nove</u> vere performed on the instrument indi of Health and Human Services, and the	icated above, in accordance instrument is function	/2 the forgoing nee with current regularing properly.	g preventive maintenance ulations of the N.C.
STATE OF THE STATE	Sign	ature of Certifying Offic	cial	649 Certificate Number

HENDERSON COUNTY DETENTION 440

Serial Number: 008822 Test Date: 11/21/2012

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:
606/01/2011-06/01/2013

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	5:01pm 5:02pm 5:02pm 5:03pm
SUB TEST	.00	5:04pm
AIR BLK	.00	5:05pm
SUB TEST AIR BLK	.00 .00	5:06pm 5:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HENDERSON COUNTY DETENTION 440

Serial Number: 008822

Test Record Number: 1347

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:09pm
FLO	Pass	5:09pm
FC	Pass	5:10pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:10pm
SRC	Pass	5:10pm
DET	Pass	5:10pm
BAR	Pass	5:10pm
BT	Pass	5:10pm

Blank Tests

Test	Status	Time
AIR	Pass	5:10pm

Printer Tests

rest	Status	TTIIIE
PRNT	Pass	5:10pm

CRC Tests

Test	Status	Time
COMP	Pass	5:10pm
CAL	Pass	5:10pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Hen	Aderson Instrument Location	on Hencierson Co Detention
Instrument Ser	erial No. <u>008806</u>	Hendersonville, NC
The preventive four months are	ve maintenance procedures for the Intoximeters, Model In	tox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or to 34 degrees, plus or minus .2 degree centigrade;	he alcoholic breath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath san	nple;
7.	When "PLEASE BLOW" appears, collect breath san	nple;
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed I simulator solution is being changed every four month whichever occurs first.	perfore expiration date, or the alcoholic breath is or after 125 Alcoholic Breath Simulator tests,
I certify that on procedures were Department of I	on the	20_/2_ the forgoing preventive maintenance dance with current regulations of the N.C. ioning properly.
STATE OF THE STATE OF THE OFFICE OF THE STATE OF THE OFFICE OFFIC	NO. THE CARD	6110
	Signature of Certifying Of	ficial Certificate Number

HENDERSON COUNTY DENTENTION 440

Serial Number: 008806 Test Date: 11/21/2012

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: AG206102 Exp Date: 03/01/2014

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HENDERSON COUNTY DENTENTION 440

Serial Number: 008806 Test Record Number: 1183

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:09pm
FLO	Pass	5:09pm
FC	Pass	5:09pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:09pm
SRC	Pass	5:09pm
DET	Pass	5:09pm
BAR	Pass	5:09pm
BT	Pass	5:09pm

Blank Tests

Test	Status	Time

AIR Pass 5:10pm

Printer Tests

rest	Status	Time
	•.	
PRNT	Pass	5:10pm

CRC Tests

Test	Status	Time
COMP	Pass	5:10pm
CAL	Pass	5:10pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_C	raham Instrument Location Graham Co. S.O.
Instrument Se	erial No. 008915 Robbinsville, NC
The prevention	ve 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 the <u>S</u> day of <u>November</u> , 20/2 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATE CREAT STATE OF THE STATE	

GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008915 Test Date: 11/28/2012

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:01am 11:02am
ACCY CHK	.08	11:03am
AIR BLK SUB TEST	.00 .00	11:04am 11:04am
AIR BLK	.00	11:05am
SUB TEST	.00	11:07am
AIR BLK	.00	11:08am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008915 Test Date: 11/28/2012

Test Record Number: 532
Test Time: 11:08am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:09am 11:09am
FC	Pass Pass	11:09am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:09am

Printer Tests

Test	Status	Time
PRNT	Pass	11:10am
	CRC Tests	
Test	Status	Time

COMP	Pass	11:10am
CAL	Pass	11:10am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C	hyrokee Instrument Location Cherokee Co. Jail		
Instrument S	Gerial No. 008711 Murphy, 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 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.	8. Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
I certify that procedures w Department of	on theday of		
THE STATE OF THE S			

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

Signature of Certifying Official

Certificate Number

CHEROKEE COUNTY CHEROKEE COUNTY JAIL
190

Serial Number: 008711 Test Date: 11/01/2012

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	11:29am 11:30am 11:31am 11:32am
AIR BLK	.00	11:33am
SUB TEST	.00	11:34am
AIR BLK	.00	11:35am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

Serial Number: 008711 Test Record Number: 564
Test Date: 11/01/2012 Test Time: 11:37am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Statu	s Time
AIR	Pass	11:38am
	Printer T	ests

Test	Status	Time
PRNT	Pass	11:38am
	CRC Tests	

rest	Status	Time
COMP	Pass	11:38am
CAL	Pass	11:38am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Coun	ity Ch-	rokee Instrument Location Cherokee Co. Jail
Instru	ument Seria	11 No. 008622 Murphy, NC
	oreventive i	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
	1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	2.	Verify instrument displays time and date;
	3.	Initiate breath test sequence;
	4.	Enter information as prompted;
	5.	Verify instrument accuracy;
	6.	When "PLEASE BLOW" appears, collect breath sample;
.**	7.	When "PLEASE BLOW" appears, collect breath sample;
	8.	Print test record;
	9.	Verify Diagnostic Program; and
	10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I cert proce Depa	tify that on edures were artment of I	theday of
THE GIREAT STATES	OF THE STATE OF THE TOTAL OF THE STATE OF THE TOTAL OF TH	Signature of Certifying Official Certificate Number

CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

Serial Number: 008622 Test Date: 11/01/2012

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 State: XX
Driver's License Number: NONE

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

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

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

rest	9/2101	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00 .00	11:28am 11:29am 11:30am 11:31am 11:32am 11:34am
AIR BLK	.00	11:35am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Dank. Cuth

CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

Serial Number: 008622 Test Record Number: 775
Test Date: 11/01/2012 Test Time: 11:36am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:36am
SRC	Pass	11:36am
DET	Pass	11:36am
BAR	Pass	11:36am
\mathtt{BT}	Pass	11:36am

Blank Tests

Test	Status	Time
		•
AIR	Pass	11:37am

Printer Tests

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

11:37am

11:37am

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Co	, 	wain Instrument Location Swain Co. Jail
Ins	strument Se	rial No. 008727 Bryson City, NC
Th		e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
	1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
	2.	Verify instrument displays time and date;
	3.	Initiate breath test sequence;
	4.	Enter information as prompted;
	5.	Verify instrument accuracy;
	6.	When "PLEASE BLOW" appears, collect breath sample;
	7.	When "PLEASE BLOW" appears, collect breath sample;
	8.	Print test record;
	9.	Verify Diagnostic Program; and
	10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
pro	cedures we	on the
AK GREAT GE	OF THE STATE OF THE OF THE STATE OF THE STAT	CAROLL CA

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008727 Test Date: 11/15/2012

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: CUTLER, DANIEL R

Permit Number: 8457E Effective:

10/01/2011-10/01/2013

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:09am 10:09am 10:10am
AIR BLK	.00	10: 11a m
SUB TEST	.00	10:11am
AIR BLK	.00	10:12am
SUB TEST	.00	10:14am
ATR BLK	. 0.0	10.15am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Orif R. Cuth

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008727

Test Record Number: 700 Test Time: 10:15am EST

System Check: Passed

Baseline Tests

Test	Status	Time
	·	14
IR	Pass	10:15am
FLO	Pass	10:15am
FC	Pass	10:16am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:16am

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

10:16am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County S_i	Main Instrument Location Swain Co. Jail		
Instrument S	erial No. 008723 Bryson City, NC		
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
I certify that procedures w Department of	on the day of		
TABLE STATE TO SERVICE STATE			
WIND THE PROPERTY OF THE PROPE	Signature of Certifying Official Certificate Number		
	Signature of Centrying Official Continuate Number		

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008723 Test Date: 11/15/2012

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008723 Test Date: 11/15/2012 Test Record Number: 449
Test Time: 10:15am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:16am

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

10:16am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ohumbus	Instrument Location Co Lum	bus County
Instrument Se	erial No. <u>0088/9</u>	SHERIFF'S OFFICE	or Court
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 breathegree centigrade;	simulator thermometer shows
2.	Verify instrument displays tim	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	,	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; an	d	×
10.	Verify that the ethanol gas can simulator solution is being characteristics.	ister is being changed before expiration of nged every four months or after 125 Alco	late, or the alcoholic breath pholic Breath Simulator tests,
I certify that opposedures we Department o	on the <u>13</u> day of <u>Novertheer the services of Health and Human Services, and the services of Health and Human Services of Health An</u>	the forgicated above, in accordance with current the instrument is functioning properly.	going preventive maintenance regulations of the N.C.
O'THE STATE OF THE	U Collection	of Carificina Official	354
	Sigr	pature of Certifying Official	Certificate Number

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008819 Test Date: 11/13/2012

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00	4:59pm 5:00pm 5:01pm 5:02pm 5:03pm 5:04pm
SUB TEST AIR BLK	.00 .00	5:05pm 5:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008819

Test Record Number: 463
Test Time: 5:06pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:07pm
FLO	Pass	5:07pm
FC	Pass	5:07pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:07pm
SRC	Pass	5:07pm
DET	Pass	5:07pm
BAR	Pass	5:07pm
BT	Pass	5:07pm

Blank Tests

Test	Status	Time
AIR	Pass	5:08pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:08pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	5:08pm 5:08pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS MODEL INTOX EC/IR II

and a second	in to a mile texts, model in to a legist in
County	aglin Instrument Location Desplin County
Instrument Ser	ial No. 008864 Shoriff Department
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the
O'THE STATE OF THE	H. C. Phodes 601
	Signature of Certifying Official Certificate Number

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

Certificate Number

DUPLIN COUNTY DUPLIN CO SD 300

Serial Number: 008864 Test Date: 11/27/2012

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: AG203902 Exp Date: 02/08/2014

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

Reported AC: .00.a/210L

Signature of Chemical Analyst

Court CVR

M-l-Pholomannia Analyst

DUPLIN COUNTY DUPLIN CO SD 300

Serial Number: 008864 Test Record Number: 1721
Test Date: 11/27/2012 Test Time: 10:15am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:15am
SRC	Pass	10:15am
\mathtt{DET}	Pass	10:15am
BAR	Pass	10:15am
BT	Pass	10:15am

Blank Tests

Test	Status	Time
AIR	Pass	10:16am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Duplin Instrument Location Warsaw P.D.	
Instrument Ser	ial No. <u>008917</u>	
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 should degree, plus or minus .2 degree centigrade;	·W
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.	s,
	the day of November, 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.	:e
PAR ISTATE OF THE STATE OF THE	Signature of Certifying Official Certificate Number	

DUPLIN COUNTY WARSAW PD 300

Serial Number: 008917 Test Date: 11/27/2012

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 AIR BLK	Pass .00	11:31am 11:32am
ACCY CHK	.07	11:32am
AIR BLK	.00	11:33am
SUB TEST	.00	11:34am
AIR BLK	.00	11:35am
SUB TEST	.00	11:37am
AIR BLK	.00	11:38am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

K. C. Mod Analyst

DUPLIN COUNTY WARSAW PD 300

Serial Number: 008917 Test Record Number: 324
Test Date: 11/27/2012 Test Time: 11:39am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:39am
FLO	Pass	11:39am
FC	Pass	11:39am

Temperature Tests

Status	Time
Pass	11:40am
	Pass Pass Pass Pass

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	11:41am

Preventive Maintenance Status: Pass

K. C. Modes
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	ampson Instrument Location Sampson County
Instrument Seri	ial No. 008877 Sheriff office
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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
OF THE STATE OF MANY TO STATE OF THE STATE O	A SOLUTION OF THE STATE OF THE

SAMPSON COUNTY SAMPSON COUNTY SD 810

Serial Number: 008877 Test Date: 11/27/2012

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: AG203902 Exp Date: 02/08/2014

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	12:19pm 12:20pm 12:20pm
AIR BLK	.00	12:21pm
SUB TEST	.00	12:22pm
AIR BLK	.00	12:22pm
SUB TEST	.00	12:24pm
AIR BLK	.00	12:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

L.C. Major

SAMPSON COUNTY SAMPSON COUNTY SD 810

Serial Number: 008877 Test Record Number: 1207
Test Date: 11/27/2012 Test Time: 12:28pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass	12:28pm
FC	Pass Pass	12:28pm 12:28pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:28pm
SRC	Pass	12:28pm
\mathtt{DET}	Pass	12:28pm
BAR	Pass	12:28pm
BT	Pass	12:28pm

Blank Tests

Test	Status	Time
AIR	Pass	12:29pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:29pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	12:29pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	ANTOAMMETERS, MODEL INTO A EC/IK II
County	ampson Instrument Location Sampson County
Instrument Se	rial No. <u>OOBB25</u> <u>Sheriff office</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 show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6,	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o procedures we Department of	n the
STATE COLUMN VIEW	Signature of Certifying Official Certificate Number

SAMPSON COUNTY SAMPSON CO SD 810

Serial Number: 008825 Test Date: 11/27/2012

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: AG202903 Exp Date: 02/08/2014

Test	g/210L	Time
DIAG AIR BLK	Pass	12:55pm 12:56pm
ACCY CHK	.07	12:56pm
AIR BLK	.00	12:57pm
SUB TEST	.00	12:58pm
AIR BLK	.00	12:59pm
SUB TEST	.00	1:00pm
ATR BUK	. 00	1 · 01 pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

K.C. Shodu Analyst

SAMPSON COUNTY SAMPSON CO SD 810

Serial Number: 008825

Test Record Number: 1606

Test Date: 11/27/2012

Test Time: 1:05pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:05pm
FLO	Pass	1:05pm
FC	Pass	1:05pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:05pm
SRC	Pass	1:05pm
DET	Pass	1:05pm
BAR	Pass	1:05pm
BT	Pass	1:05pm

Blank Tests

Test	Status	Time
AIR	Pass	1:06pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:06pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:06pm
CAL	Pass	1:06pm

Preventive Maintenance Status: Pass

K.C. Modu

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

A Part Market	INTOXIMETERS, MODEL INTOX EC/IR II
County /	ender Instrument Location Pender County
Instrument Seri	al No. 008946 Instrument Location Pender County Sheriff Office
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 2 S day of November, 20 12 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
CONFERENCE OF THE STATE OF THE	NOTE THE CAROLINA AND A STATE OF THE CAROLINA AND A STATE

PENDER PENDER COUNTY SD 700

Serial Number: 008946 Test Date: 11/28/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG204602 Exp Date: 02/15/2014

Test	g/210L	Time
DIAG AIR BLK	Pass	10:22am 10:22am
ACCY CHK	.08	10:22am
AIR BLK	.00	10:24am
SUB TEST	.00	10:25am
AIR BLK	.00	10:26am
SUB TEST	.00	10:27am
AIR BLK	.00	10:28am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

PENDER PENDER COUNTY SD 700

Serial Number: 008946 Test Date: 11/28/2012 Test Record Number: 653 Test Time: 10:29am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:29am
FLO	Pass	10:29am
FC	Pass	10:29am

Temperature Tests

Test	Status	Time
FC1	Pass	10:29am
SRC	Pass	10:29am
DET	Pass	10:29am
BAR	Pass	10:29am
\mathtt{BT}	Pass	10:29am

Blank Tests

Test	Status	Time
AIR	Pass	10:30am

Printer Tests

Test	Status	Time
PRNT	Pass	10:30am
	CRC Tests	

Test	Status	Time
COMP	Pass	10:30am
CAL	Pass	10:30am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County_/	lew Handrer Instrument Location New Handrer Con
Instrument S	erial No. 008626 Sheriff office
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 opposed ures we Department of	on the 2 day of 1000, 2012 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATE STATE	

Signature of Certifying Official

Certificate Number

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008626 Test Date: 11/29/2012

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

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

10/01/2011-10/01/2013

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00 .00	3:09pm 3:10pm 3:11pm 3:12pm 3:12pm 3:13pm 3:15pm
AIR BLK	.00	3:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Fr C. Mhor

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008626 Test Date: 11/29/2012

Test Record Number: 4067

Test Time: 3:18pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:18pm 3:18pm
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	3:19pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:19pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:19pm 3:19pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	RUHSWICK Instrument Location OAKISLAND P. D
Instrument Se	erial No. <u>008648</u>
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on theday of
THE STATE OF THE STATE OF THE COLUMN VI	Signature of Certifying Official Certificate Number

BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648 Test Date: 11/29/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:32am 11:33am 11:34am
AIR BLK SUB TEST	.00 .00	11:35am 11:36am
AIR BLK	.00	11:37am
SUB TEST	.00	11:38am
AIR BLK	.00	11:39am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

M. P. Mock

BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648 Test Record Number: 1045 Test Date: 11/29/2012 Test Time: 11:40am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:40am
FLO	Pass	11:40am
FC	Pass	11:41am

Temperature Tests

Status	Time
Pass	11:41am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	11:41am

Printer Tests

Test	Status	Time
PRNT	Pass	11:41am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:42am 11:42am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Pender Instrument Location Pender County
Instrumen	t Serial No. OOB935 Sheriff 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.
	nat on the
A CREAT SERVICE OF SERVICE SER	L. C. Moder 60)
	Signature of Certifying Official Certificate Number

PENDER PENDER CO SD 700

Serial Number: 008935 Test Date: 11/28/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG204602 Exp Date: 02/15/2014

Test	g/210L	Time
DIAG AIR BLK	Pass	10:28am 10:29am
ACCY CHK AIR BLK	.07 .00	10:30am 10:31am
SUB TEST	.00	10:31am
AIR BLK	.00	10:32am
SUB TEST	.00	10:33am
ATR BLK	.00	10:34am

Reported AC: .00 q/210L

Signature of Chemical Analyst

Court CVR

M. C. Moden
Analyst

PENDER PENDER CO SD 700

Serial Number: 008935 Test Record Number: 1226
Test Date: 11/28/2012 Test Time: 10:35am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:36am
FLO	Pass	10:36am
FC	Pass	10:36am

Temperature Tests

Test	Status	Time
FC1	Pass	10:36am
SRC	Pass	10:36am
DET	Pass	10:36am
BAR	Pass	10:36am
BT	Pass	10:36am

Blank Tests

Test	Status	Time
AIR	Pass	10:36am

Printer Tests

Test	Status	Time
PRNT	Pass	10:36am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:37am 10:37am

Preventive Maintenance Status: Pass

Kn C. Malyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Dy	plin County Instrument Location Wallace Po Do
Instrument Seria	il No008858
The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the, 20_/2 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
OF THE STATE OF N. P.	Signature of Certifying Official Certificate Number

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

DUPLIN COUNTY WALLACE PD 300

Serial Number: 008858 Test Date: 11/28/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:14am 11:14am
ACCY CHK	.07	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

In C. Moch

DUPLIN COUNTY WALLACE PD 300

Serial Number: 008858 Test Record Number: 555
Test Date: 11/28/2012 Test Time: 11:21am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	11:21am 11:21am 11:21am 11:21am
\mathtt{BT}	Pass	11:21am

Blank Tests

Test	Status	Time
AIR	Pass	11:22am

Printer Tests

Test	Status	Time
PRNT	Pass	11:22am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:22am 11:22am

Preventive Maintenance Status: Pass

K.C. Moden

PREVENTIVE MAINTENANCE RECORD

INTOXIMETERS, MODEL INTOX EC/IR II		
County	Pender Instrument Location Pender County	
Instrument	Serial No. 008948 Sheriff Deps. Annex	
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	
TO THE CORE OF THE	_ hele //linued 60/	
	Signature of Certifying Official Certificate Number	

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

PENDER COUNTY SHERIFF DEPT ANNEX 700

Serial Number: 008948 Test Date: 11/28/2012

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

Lot Number: AG204602 Exp Date: 02/15/2014

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	12:31pm 12:32pm 12:32pm
AIR BLK	.00	12:33pm
SUB TEST	.00	12:34pm
AIR BLK	.00	12:35pm
SUB TEST	.00	12:36pm
AIR BLK	.00	12:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Kel-Maden

Analyst

PENDER COUNTY SHERIFF DEPT ANNEX 700

Serial Number: 008948 Test Record Number: 554
Test Date: 11/28/2012 Test Time: 12:38pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:39pm
FLO	Pass	12:39pm
FC	Pass	12:39pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:39pm
SRC	Pass	12:39pm
DET	Pass	12:39pm
BAR	Pass	12:39pm
BT	Pass	12:39pm

Blank Tests

Test	Status	Time
AIR	Pass	12:40pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:40pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:40pm 12:40pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD

	intoximieters, model intox ec/i	
County /	RUNSWICK Instrument Location 135 un	swice Co.
Instrument Se	erial No. <u>008585 </u>	office
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be are:	followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breatl 34 degrees, plus or minus .2 degree centigrade;	n simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration of simulator solution is being changed every four months or after 125 Alcowhichever occurs first.	
I certify that of procedures we Department of	on theday ofday of, 20, 20 the forgere performed on the instrument indicated above, in accordance with current f Health and Human Services, and the instrument is functioning properly.	going preventive maintenance regulations of the N.C.
OR STATE OF WAS 20, 177 OF WAS 20, 1	Signature of Certifying Official	la ca 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.

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008585 Test Date: 11/29/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:17pm 12:18pm
ACCY CHK	.08	12:19pm
AIR BLK	.00	12:20pm
SUB TEST	.00	12:20pm
AIR BLK	.00	12:21pm
SUB TEST	.00	12:23pm
AIR BLK	.00	12:24pm

Reported AC:

Signature of Chemical Analyst

Court CVR

K.C. Made

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008585 Test Record Number: 2251 Test Date: 11/29/2012 Test Time: 12:25pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:26pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:26pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:26pm

Preventive Maintenance Status: Pass

Ánalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Magnet 1-19		KS, MODEL INTO	
County 5	2Unsulick		Brynswick Co.
Instrument Se	rial No. <u>00 8602</u>	Sheri	FF Office
The preventive four months as		ntoximeters, Model Intox EC	/IR II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		holic 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" appo	ears, collect breath sample;	
7.	When "PLEASE BLOW" appo	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	d	
10.			expiration date, or the alcoholic breath ter 125 Alcoholic Breath Simulator tests,
I certify that o procedures we Department of	n the day of	icated above, in accordance whe instrument is functioning	the forgoing preventive maintenance with current regulations of the N.C. properly.
OF THE STATE OF	The state of the s		
COREATOR	CAROLL CA		
EDF QUAM VIDE	K.C.	Albertania Official	Certificate Number
	Sign	iature 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 BRUNSWICK CO SD 090

Serial Number: 008602 Test Date: 11/29/2012

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

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

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:23pm
ACCY CHK	.00	12:23pm 12:24pm
AIR BLK	.00	12:25pm
SUB TEST	.00	12:26pm
AIR BLK	.00	12:27pm
SUB TEST	.00	12:28pm
AIR BLK	.00	12:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

M. C. floods

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008602 Test Record Number: 2132 Test Date: 11/29/2012 Test Time: 12:30pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:30pm
FLO	Pass	12:30pm
FC	Pass	12:30pm

Temperature Tests

Status	Time
Pass	12:31pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	12:31pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:31pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:31pm 12:31pm

Preventive Maintenance Status: Pass

K. C. Shodi

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County No	INTOXIMETERS, MODEL INTOX EC/IR II CW Hanover Instrument Location Willming fon PD
Instrument Seri	al No. 008628
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 day of volume to, 20 the forgoing preventive maintenance experformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF STA	Signature of Certifying Official Certificate Number

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

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628 Test Date: 11/29/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG204602 Exp Date: 02/15/2014

Test	g/210L	Time
DIAG	Pass	2:17pm
AIR BLK	.00	2:18pm
ACCY CHK	.07	2:19pm
AIR BLK	.00	2:20pm
SUB TEST	.00	2:20pm
AIR BLK	.00	2:21pm
SUB TEST	.00	2:23pm
AIR BLK	.00	2:24pm

Reported AC: _00 g/210L

Signature of Chemical Analyst

Court CVR

K. C. Modes
Analyst

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628

Test Record Number: 2609

Test Date: 11/29/2012

Test Time: 2:24pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:25pm
FLO	Pass	2:25pm
FC	Pass	2:25pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:25pm
SRC	Pass	2:25pm
DET	Pass	2:25pm
BAR	Pass	2:25pm
BT	Pass	2:25pm

Blank Tests

Test	Status	Time
AIR	Pass	2:26pm

Printer Tests

CRC Tests

Test	Status	Time
COMP	Pass	2:26pm
CAL	Pass	2:26pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County	Vew Handver Instrument Location New Handver Count
Instrument S	erial No. <u>CO8617</u> <u>Sheriff office</u>
	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.
I certify that of procedures we Department of	on theday of
OF THE STATE	



Signature of Certifying Official

Certificate Number

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

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008617 Test Date: 11/29/2012

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	3:02pm 3:03pm
ACCY CHK	.08	3:03pm
AIR BLK	.00	3:04pm
SUB TEST	.00	3:05pm
AIR BLK	.00	3:06pm
SUB TEST	.00	3:07pm
AIR BLK	.00	3:08pm

Reported AC: .00,g/210L

Signature of Chemical Analyst

Court CVR

K.C. Shelles
Analyst

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008617 Test Record Number: 2034
Test Date: 11/29/2012 Test Time: 3:10pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:11pm
FLO	Pass	3:11pm
FC	Pass	3:11pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:11pm
SRC	Pass	3:11pm
DET	Pass	3:11pm
BAR	Pass	3:11pm
BT	Pass	3:11pm

Blank Tests

Test	Status	Time
AIR	Pass	3:12pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:12pm

CRC Tests

Test	Status	Time
COMP	Pass	3:12pm
CAL	Pass	3:12pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETE	RS, MODEL INTOX EC/IR II	
County Ne	w Hanover	Instrument Location Jalrights vill	le Beach
Instrument Se	rial No. <u>008667</u>	Police	Depr.
The preventive four months as	•	ntoximeters, Model Intox EC/IR II to be followed	ed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath simulating the centigrade;	ator thermometer show
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	l;	
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.		ister is being changed before expiration date, or inged every four months or after 125 Alcoholic I	
procedures we	ere performed on the instrument inc	dicated above, in accordance with current regula the instrument is functioning properly.	reventive maintenance tions of the N.C.
THE STATE OF THE PARTY OF THE P	CARO	Aldra Laman	601

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

Signature of Certifying Official

Certificate Number

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008667 Test Date: 11/30/2012

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	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

Ku C. Massellan

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008667

Test Record Number: 1113

Test Date: 11/30/2012

Test Time: 10:59am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:59am
FLO	Pass	10:59am
FC	Pass	10:59am

Temperature Tests

Status	Time
Pass	11:00am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	11:00am

Printer Tests

Test	Status	Time
PRNT	Pass .	11:00am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:00am

Preventive Maintenance Status: Pass

Pass

11:00am

CAL

K.C. Mode

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ne	ew Harover Instrument Location Caroling Beach		
Instrument Serie	al No. 008661 Police Depti		
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 on procedures wer Department of	the <u>SO</u> day of <u>November</u> , 2012 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.		
STATE OF TOTAL STATE OF THE OWNER OW	19. C. Jaso Cartificial Certificate Number		
	Signature of Certifying Official Certificate Number		

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

NEW HANOVER COUNTY CAROLINA BEACH PD 640

Serial Number: 008661 Test Date: 11/30/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test g/210L Time

DIAG 11:50am Pass AIR BLK .00 11:50am ACCY CHK .08 11:51am AIR BLK .00 11:52am SUB TEST .00 11:53am AIR BLK .00 11:54am SUB TEST .00 11:55am AIR BLK .00 11:56am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

4. C. Shoden
Analyst

NEW HANOVER COUNTY CAROLINA BEACH PD 640

Serial Number: 008661 Test Record Number: 1491

Test Date: 11/30/2012 Test Time: 11:57am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:57am
SRC	Pass	11:57am
DET	Pass	11:57am
BAR	Pass	11:57am
BT	Pass	11:57am

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

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Instrument Serial No. OOBBG She Cife of Cice The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer so 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date;	<u>-(,</u>
1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer s 34 degrees, plus or minus .2 degree centigrade;	
34 degrees, plus or minus .2 degree centigrade;	ery
2. Verify instrument displays time and date;	hows
·	
3. Initiate breath test sequence;	
4. Enter information as prompted;	
5. Verify instrument accuracy;	
6. When "PLEASE BLOW" appears, collect breath sample;	
7. When "PLEASE BLOW" appears, collect breath sample;	
8. Print test record;	
9. Verify Diagnostic Program; and	
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first.	th ests,
I certify that on the	ince
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: 11/17/2012 Test

Test Record Number: 891
Test Time: 6:40pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	6:41pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:41pm

CRC Tests

rest	Status	Time
COMP	Pass	6:41pm
CAL	Pass	6:41pm

Preventive Maintenance Status: Pass

Analyst

BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008869 Test Date: 11/17/2012

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: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	6:32pm
AIR BLK	.00	6:33pm
ACCY CHK	.08	6:34pm
AIR BLK	.00	6:34pm
SUB TEST	.00	6:35pm
AIR BLK	.00	6:36pm
SUB TEST	.00	6:37pm
AIR BLK	.00	6:38pm

Reported AC: .00 q/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 3	Russwice Inst	rument Location BAT	mobile unit
Instrument Ser	ial No. <u>008898</u>	Sheriff of	cc:ce
The preventive four months as	e maintenance procedures for the Intoxime		
1.	Verify the ethanol gas canister display 34 degrees, plus or minus .2 degree ce		simulator thermometer shows
2.	Verify instrument displays time and da	nte;	·
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, co	llect breath sample;	
7.	When "PLEASE BLOW" appears, co	llect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is l simulator solution is being changed ev whichever occurs first.	being changed before expiration devery four months or after 125 Alco	ate, or the alcoholic breath holic Breath Simulator tests,
procedures we	n the day of every enterperformed on the instrument indicated. Health and Human Services, and the instrument	above, in accordance with current rument is functioning properly.	oing preventive maintenance regulations of the N.C.
STATE STATE OF THE	Signature of	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: 008898 Test Record Number: 860 Test Date: 11/17/2012 Test Time: 6:38pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:39pm
FLO	Pass	6:39pm
FC	Pass	6:39pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:39pm
SRC	Pass	6:39pm
DET	Pass	6:39pm
BAR	Pass	6:39pm
BT	Pass	6:39pm

Blank Tests

Test	Status Time
AIR	Pass 6:39pm

Printer Tests

Test	Status	Time
	1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	
PRNT	Pass	6:39pm

CRC Tests

Test	Status Time
COMP	Pass 6:40pm
CAL	Pass 6:40pm

Preventive Maintenance Status: Pass

M. C. Moster

BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008898 Test Date: 11/17/2012

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: 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
,74		
DIAG 👍	Pass	6:30pm
AIR BĽK	.00	6:31pm
ACCY CHK	.07	6:32pm
AIR BLK	.00	6:33pm
SUB TEST	.00	6:33pm
AIR BLK	.00	6:35pm
SUB TEST	.00	6:36pm
ATR BLK	.00	6:37pm

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

Fi C. Moder

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Instrument S	Instrument Location BAT Mobile United Serial No. 008939 Columbus Co. Sheriff
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 day of
TARE STATE OF THE	Signature of Certifying Official Certificate Number

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

COLUMBUS COUNTY BAT MOBILE UNIT 6 230

Serial Number: 008939

Test Record Number: 824

Test Date: 11/02/2012

Test Time: 5:35pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	5:35pm 5:35pm
FC	Pass	5:35pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:35pm
SRC	Pass	5:35pm
\mathtt{DET}	Pass	5:35pm
BAR	Pass	5:35pm
BT	Pass	5:35pm

Blank Tests

Test	Status	Time
AIR	Pass	5:36pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:36pm

CRC Tests

Test	Status	Time
COMP	Pass	5:36pm
CAL	Pass	5:36pm

Preventive Maintenance Status: Pass

Analyst

COLUMBUS COUNTY BAT MOBILE UNIT 6 230

Serial Number: 008939 Test Date: 11/02/2012

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: 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

lest	9/2101	TIME
DIAG	Pass	5:27pm
AIR BLK	.00	5:28pm
ACCY CHK	.08	5:29pm
AIR BLK	.00	5:30pm
SUB TEST	.00	5:30pm
AIR BLK	.00	5:31pm
SUB TEST	.00	5:33pm
AIR BLK	.00	5:34pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

K-C-Short

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	INTOXIMETERS, MODEL INTOX EC/IR II Pow Hanover Instrument Location BAT MOSile Unite
	erial No. 008898 Wilmington
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 o	on the day of Nove-be, 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.
TO THE STATE OF TH	601

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

Signature of Certifying Official

Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008898

Test Record Number: 854 Test Date: 11/16/2012 Test Time: 7:35pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:36pm
FLO	Pass	7:36pm
FC	Pass	7:36pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:36pm
SRC	Pass	7:36pm
DET	Pass	7:36pm
BAR	Pass	7:36pm
BT	Pass	7:36pm

Blank Tests

Test	Status	Time
ATR	Pass	7:37pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:37pm

CRC Tests

Test	Status	Time
COMP	Pass	
CAL	Pass	7:37pm

Preventive Maintenance Status: Pass

NEW HANOVER COUNTY BAT MOBILE UNIT 6

Serial Number: 008898 Test Date: 11/16/2012

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: RHODES, KENNETH C Permit Number: 5329E Effective:

10/01/2011-00/00/0000

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/21 0 L	Time
	_	E 0.5
DIAG	Pass	7:27pm
AIR BLK	.00	7:28pm
ACCY CHK	.08	7:29pm
AIR BLK	.00	7:30pm
SUB TEST	.00	7:30pm
AIR BLK	.00	7:31pm
SUB TEST	.00	7:33pm
AIR BLK	.00	7:34pm

Reported AC: /00 g/210L

Signature of Chemical Analyst

Court CVR

K.C. flooden

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location BAT Mobile Unite
Instrument Se	rial No. 008939 Wilmington
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.
I certify that of procedures we Department of	on the
OTHE STATE OF THE	

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008939 Test Date: 11/16/2012 Test Record Number: 828 Test Time: 7:34pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:35pm
FLO	Pass	7:35pm
FC	Pass	7:35pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:35pm
SRC	Pass	7:35pm
DET	Pass	7:35pm
BAR	Pass	7:35pm
BT	Pass	7:35pm

Blank Tests

Test	Status	Time
AIR	Pass	7:36pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:36pm
	CRC Tests	
Test	Status	Time
COMP	Pass	7:36pm 7:36pm

Preventive Maintenance Status: Pass

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

> Serial Number: 008939 Test Date: 11/16/2012

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: 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	7:25pm
AIR BLK	.00	7:26pm
ACCY CHK	.08	7:27pm
AIR BLK	.00	7:28pm
SUB TEST	.00	7:28pm
AIR BLK	.00	7:29pm
SUB TEST	.00	7:31pm
AIR BLK	.00	7:32pm

Reported AC: ___00 g/210L

Signature of Chemical Analyst

Court CVR

K. C. Mock.
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County A	Vent Handre Instrument Location BAT MOE	
Sala	Serial No. 008869 / Wilming for	
The preventi	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followare:	wed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simu 34 degrees, plus or minus .2 degree centigrade;	ulator thermometer shows
2.	Verify instrument displays time and date;	:
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, simulator solution is being changed every four months or after 125 Alcoholic whichever occurs first.	
procedures v	t on the	preventive maintenance plations of the N.C.
TANE OR EATHER O	TE ON ORDINATION OF THE ORDINA	601
	Signature of Certifying Official	Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008869 Test Record Number: 886
Test Date: 11/16/2012 Test Time: 7:45pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	7:46pm 7:46pm
FLO	rass	-
FC	Pass	7:46pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:46pm
SRC	Pass	7:46pm
DET	Pass	7:46pm
BAR	Pass	7:46pm
BT	Pass	7:46pm

Blank Tests

Test	Status	Time
AIR	Pass	7:46pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:47pm

CRC Tests

Test	Status	Time
COMP	Pass	7:47pm
CAL	Pass	7:47pm

Preventive Maintenance Status: Pass

K.C.Moden
Analyst

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008869 Test Date: 11/16/2012

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	7:34pm 7:34pm
ACCY CHK	.08	7:35pm
AIR BLK	.00	7:36pm
SUB TEST	.00	7:36pm
AIR BLK	.00	7:37pm
SUB TEST	.00	7:39pm
AIR BLK	.00	7:40pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

***************************************	INTOXIMETERS, MODEL INTOX EC/IR II
County /	RUNSWICK Instrument Location BAT Mobile Unito
Instrument Se	rial No. 008939 Sheriff Office
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the
TO THE STATE OF TH	CAROLLI CAROLL

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

Signature of Certifying Official

Certificate Number

BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008939 Test Record Number: 833 Test Date: 11/17/2012 Test Time: 6:39pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	6:39pm 6:39pm
FC	Pass	6:39pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:39pm
SRC	Pass	6:39pm
DET	Pass	6:39pm
BAR	Pass	6:39pm
BT	Pass	6:39pm

Blank Tests

Test	Status	Time
AIR	Pass	6:40pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:40pm

CRC Tests

Test	Status	Time
COMP	Pass	6:40pm
CAL	Pass	6:40pm

Preventive Maintenance Status: Pass

Analyst

BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008939 Test Date: 11/17/2012

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: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	6:31pm 6:32pm 6:32pm
AIR BLK	.00	6:33pm
SUB TEST	.00	6:34pm
AIR BLK	.00	6:35pm
SUB TEST	.00	6:36pm
AIR BLK	.00	6:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

K. C. Mack

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County M	lecklenburg Instrument Location Matthews PD
Instrument So	erial No. 008699 1201 Crews Road, Matthews (704) 847-4069
The preventive four months a	we 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 w	on the 2044 day of November, 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	Signature of Certifying Official Certificate Number

MECKLENBURG COUNTY MATTHEWS PD 590

Serial Number: 008699 Test Date: 11/20/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG201801 Exp Date: 01/18/2014

Test	g/210L	Time
DIAG AIR BLK	Pass	2:26pm 2:27pm
ACCY CHK AIR BLK	.08 .00	2:27pm 2:29pm
SUB TEST	.00	2:29pm
AIR BLK	.00	2:30pm
SUB TEST	.00	2:31pm
AIR BLK	.00	2:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY MATTHEWS PD 590

Serial Number: 008699 Test Date: 11/20/2012

Test Record Number: 1875

Test Time: 2:22pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:23pm 2:23pm
FC	Pass	2:23pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:23pm
SRC	Pass	2:23pm
DET	Pass	2:23pm
BAR	Pass	2:23pm
BT	Pass	2:23pm

Blank Tests

Test	Status	Time
AIR	Pass	2:24pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:24pm
	CRC Tests	

Test	Status	Time
COMP	Pass	2:24pm
CAL	Pass	2:24pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County G	Instrument Location Gaston County SD
Instrument Seria	1 No. 008684 425 N. Marietta St., Gastonia 704-869-6800
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.
l certify that on procedures were Department of l	the <u>and the day of November</u> , 20 12 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OTHE STATE OF THE	Signature of Certifying Official Certificate Number

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008684 Test Date: 11/20/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2011-10/01/2013

Officer's Name: NCNE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG204602 Exp Date: 02/15/2014

Test	g/210L .	Time
DIAG	Pass	12:39pm
AIR BLK	.00	12:40pm
ACCY CHK	.08	12:41pm
AIR BLK	.00	12:42pm
SUB TEST	.00	12:42pm
AIR BLK	.00	12:43pm
SUB TEST	.00	12:45pm
AIR BLK	.00	12:45pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008684 Test Record Number: 22.3 Test Date: 11/20/2012 Test Time: 12:35pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12։36թտ
SRC	Pass	12։36թտ
DET	Pass	12:36pm
BAR	Pass	12:36pm
\mathtt{BT}	Pass	12:36pm

Blank Tests

Test	Status	Time
AIR	Pass	12:37pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:37pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:37pm 12:37pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOAMETER	s, MODEL INTOX	EC/IR	<u>.</u>
County U	nion	Instrument Location U	nion Co	ounty SD
Instrument Seria	INO. OUB866	3344 Presson 704-283	<u> </u>	lonne
	·	10-1- 283	-3110	<u>, , , , , , , , , , , , , , , , , , , </u>
The preventive r	naintenance procedures for the Inte	oximeters, Model Intox EC/IF	R II to be folk	owed at least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr		olic breath sin	nulator thermometer show
2.	Verify instrument displays time a	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appea	rs, collect breath sample;		
7.	When "PLEASE BLOW" appea	rs, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.			
procedures were	he <u>20 H</u> day of <u>Nove</u> performed on the instrument indic lealth and Human Services, and the	ated above, in accordance wit	th current reg	g preventive maintenance ulations of the N.C.
STATE OF A	CAROL TO SERVICE AND ADDRESS OF THE SERVICE AND			en e
+ ase quan vonu	Signat	ure of Certifying Official	<u> </u>	Certificate Number

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008866 Test Date: 11/20/2012

Citation Number: M00000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HUTCHINSON, JOSEPH E
Permit Number: 19951E

Effective: 10/01/2013-10/01/2013

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	lime
DIAG	Pass	3:43pm
AIR BLK	.00	3:44pm
ACCY CHK	.08	3:44pm
AIR BLK	.00	3:45pm
SUB TEST	.00	3:46pm
AIR BLK	. 00	3:47pm
SUB TEST	.00	3:48pm
AIR BLK	.00	3:49pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008866

Test Record Number: 1353

Test Date: 11/20/2012

Test Time: 3:51pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:51pm
FLO	Pass	3:51pm
FC	Pass	3:51pm

Temperature Tests

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

Blank Tests

Test	Status	Time
		:
AIR	Pass	3:52pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:52pm
	CRC Tests	

Test	Status	Time
COMP	Pass	3:52pm
CAL	Pass	3:52pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOAMETERS, MODEL INTOA EC/IR II
County_5	tanly Instrument Location Stanly County 5D
Instrument S	erial No. 008824 126 5. 3rd Street, Albemarle
	(704) 986 - 3734
The prevention	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 20 4 day of November, 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.
GREAT STATE	E O VORTE CAROLINA CA
See Quant	Signature of Certifying Official Certificate Number
•	Signature of Certifying Official Certificate Number

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008824 Test Date: 11/20/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG109703

Exp Date: 04/07/2013

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	5:09pm 5:10pm 5:10pm
AIR BLK	.00	5:12pm
SUB TEST	.00	5:12pm
AIR BLK	.00	5:13pm
SUB TEST	.00	5:15pm
AIR BLK	.00	5:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008824

Test Record Number: 809

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:05pm
FLO	Pass	5:05pm
FC	Pass	5:05pm

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	5:05pm 5:05pm
DET	Pass	5:05pm
BAR	Pass	5:05pm
BT	Pass	5:05pm

Blank Tests

Test	Status	Time
AIR	Pass	5:06pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:06pm
	CRC Tests	
Test	Status	Time
COMP	Pass	5:06pm

Pass

5:06pm

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Cour	nty Cak	accus	Instrument Location Cabaccus	County SD
Instr	ument Seria	il No. <u>008792</u>	Instrument Location <u>Cabarrus</u> 30 Carban Avenue, C 704 - 920 - 3000	oncord
	preventive months are:		eximeters, Model Intox EC/IR II to be fol	lowed at least once every
	1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr	splays pressure, or the alcoholic breath si ee centigrade;	mulator 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" appear	rs, collect breath sample;	
:	7.	When "PLEASE BLOW" appear	rs, collect breath sample;	
198	8.	Print test record;		
	9.	Verify Diagnostic Program; and	·	
	10.		er is being changed before expiration date ed every four months or after 125 Alcoho	
proce	edures were	performed on the instrument indic	vember, 20 12 the forgoi ated above, in accordance with current reinstrument is functioning properly.	ng preventive maintenance gulations of the N.C.
CREAT SEA	OF THE STATE OF AN	Jack E F	ure of Certifying Official	650 Certificate Number

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008792 Test Date: 11/21/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:22am 11:23am 11:24am
AIR BLK	.00	11:25am
SUB TEST	.00	11:26am
AIR BLK	.00	11:27am
SUB TEST	.00	11:28am
AIR BLK	.00	11:29am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008792 Test Record Number: 862 Test Date: 11/21/2012 Test Time: 11:31am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:33am

Printer Tests

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

COMP	Pass	11:33am
CAL	Pass	11:33am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ca		Instrument Location <u>Cabars</u>	
	•	30 Corban Avenue	•
		704-920-3000	
The preventive four months are	maintenance procedures for the In	toximeters, Model Intox EC/IR II to be	· ·
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	displays pressure, or the alcoholic breat gree centigrade;	h simulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ars, collect breath sample;	
7.	When "PLEASE BLOW" appe	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	I	
10.		ster is being changed before expiration aged every four months or after 125 Alc	
procedures were	e performed on the instrument ind	ember, 20 2 the for icated above, in accordance with current he instrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
STATE OF STA	Sign	ature of Certifying Official	657 Certificate Number

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008625 Test Date: 11/21/2012

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HUTCHINSON, JOSEPH E
Permit Number: 19951E
Effective:
10/01/2011-10/01/2013

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:33am 11:34am
ACCY CHK AIR BLK	.08 .00	11:34am 11:35am
SUB TEST	.00	11:37am
AIR BLK	.00	11:37am
SUB TEST	.00	11:40am
AIR BLK	.00	11:40am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008625 Test Date: 11/21/2012

Test Record Number: 3104
Test Time: 11:42am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:43am
FLO	Pass	11:43am
FC	Pass	11:43am

Temperature Tests

Test	Status	Time
FC1	Pass	11:43am
SRC	Pass	11:43am
DET	Pass	11:43am
BAR	Pass	11:43am
BT	Pass	11:43am

Blank Tests

Test	Status	Time
AIR	Pass	11:44am

Printer Tests

Test	Status	Time
PRNT	Pass	11:44am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:44am 11:44am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX ECHA II
County Ca	barrus Instrument Location Kannapolis PD
Instrument Serie	al No. 008589 314 S. Main Street, Kannapolis 704-920-4000
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.	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the <u>315+</u> day of <u>No vember</u> , 20 <u>12</u> the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
O'STATE OF STATE OF S	Signature of Certificial Certificate Number

CABARRUS COUNTY KANNAPOLIS PD 120

Serial Number: 008589 Test Date: 11/21/2012

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	12:15pm 12:16pm 12:17pm
AIR BLK	.00	12:18pm
SUB TEST	.00	12:18pm
AIR BLK	.00	12:19pm
SUB TEST	.00	12:20pm
AIR BLK	.00	12:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CABARRUS COUNTY KANNAPOLIS PD 120

Serial Number: 008589 Test Record Number: 1801 Test Date: 11/21/2012 Test Time: 12:22pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	12:23pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	12:24pm

Printer Tests

Status

Time

Test

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Currituck	Instrument Location Currituck Cp. S.O.
Instrumen	nt Serial No. 008947	407-A Maple Rd., Maple, N.C.
The preve		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 d	r displays pressure, or the alcoholic breath simulator thermometer shows egree centigrade;
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;
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 tests,
	s were performed on the instrument in	dicated above, in accordance with current regulations of the N.C. the instrument is functioning properly.
GREAT SES	TATE OF NO BLANCE OF THE CARD	

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 CURRITUCK SO-MAPLE 260

Serial Number: 008947

Test Record Number: 1144
Test Time: 12:40pm FST

Test Date: 11/15/2012

Test Time: 12:40pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:40pm
FLO	Pass	12:40pm
FC	Pass	12:40pm

Temperature Tests

Test Si	tatus Tim	ie
SRC Pa DET Pa BAR Pa	ass 12: ass 12: ass 12:	40pm 40pm 40pm 40pm 40pm

Blank Tests

Test	Status	Time
AIR	Pass	12:41pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:41pm
	CRC Tests	

rest	Status	Time
COMP	Pass	12:41pm
CAL	Pass	12:41pm

Preventive Maintenance Status: Pass

Analyst

CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

Serial Number: 008947 Test Date: 11/15/2012

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: 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: AG204602 Exp Date: 02/15/2014

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	12:33pm 12:34pm 12:34pm 12:35pm 12:36pm 12:37pm
AIR BLK	.00	12:38pm 12:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.	County	ANYLS Instrument Location GAYLS CO.S.O.
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.	Instrument Seri	al No. 004884 202 Court St., GATISVIIL NC
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the		
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	2.	Verify instrument displays time and date;
5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	3.	Initiate breath test sequence;
 When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; Print test record; Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	4.	Enter information as prompted;
7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	5.	Verify instrument accuracy;
8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	6.	When "PLEASE BLOW" appears, collect breath sample;
9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	7.	When "PLEASE BLOW" appears, collect breath sample;
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	8.	Print test record;
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	9.	Verify Diagnostic Program; and
procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C.	10.	simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests,
	procedures were	e performed on the instrument indicated above, in accordance with current regulations of the N.C.
Signature of Certifying Official Certificate Number	OF THE STATE OF TH	Signature of Certifician Official Continue Number

GATES COUNTY GATES CO SO 360

Serial Number: 008884 Test Date: 11/15/2012

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: 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	2:25pm
AIR BLK	.00	2:26pm
ACCY CHK	.08	2:26pm
AIR BLK	00	2:27pm
SUB TEST	.00	2:28pm
AIR BLK	.00	2:29pm
SUB TEST	.00	2:31pm

2:32pm

Reported AC; .00 g/210L

AIR BLK .00

Signature of Chemical Analyst

Court CVR

GATES COUNTY GATES CO SO 360

Serial Number: 008884

Test Record Number: 458

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:36pm
FLO	Pass	2:36pm
FC	Pass	2:36pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:36pm
SRC	Pass	2:36pm
DET	Pass	2:36pm
BAR	Pass	2:36pm
BT	Pass	2:36pm

Blank Tests

Test	Status	Time
AIR	Pass	2:37pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:37pm

CRC Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County P	OBESON Instrument Location BAT MOBILE UNIT
Instrument Ser	ial No. 008647 Instrument Location BAT MOBILE UNIT: PEMBROKE, 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 I	the day of
TANK STAFF OF THE CHECK OF THE	Wellen Ray Basnes 648 Signature of Certifying Official Certificate Number

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

Certificate Number



ROBESON COUNTY BAT MOBILE UNIT 3 770

Serial Number: 008647 Test Date: 11/02/2012

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: 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	9:46pm
AIR BLK	.00	9:47pm
ACCY CHK	.07	9:48pm
AIR BLK	.00	9:49pm
SUB TEST	.00	9:49pm
AIR BLK	.00	9:50pm
SUB TEST	.00	9:52pm
ATR BLK	. 00	9:53pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY BAT MOBILE UNIT 3 770

Serial Number: 008647

Test Record Number: 1528

Test Date: 11/02/2012

Test Time: 9:53pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:55pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:55pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:55pm 9:55pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ROBESON Instrument Location BAT MOBILE UNIT 3 Serial No. 008616 PEMBROKE, NC		
The preventi	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
	on the day of		
CREATE OF STATE OF ST	alum Ray Banes 648		

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

Signature of Certifying Official

Certificate Number

ROBESON COUNTY BAT MOBILE UNIT 3 770

Serial Number: 008616 Test Date: 11/02/2012

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Ween Ray Barnes
Apalyst

ROBESON COUNTY BAT MOBILE UNIT 3 770

Serial Number: 008616 Test Date: 11/02/2012

Test Record Number: 1509 Test Time: 9:59pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	9:59pm
SRC	Pass	9:59pm
DET	Pass	9:59pm
BAR	Pass	9:59pm
\mathtt{BT}	Pass	9:59pm

Blank Tests

Test	Status	Time
AIR	Pass	10:00pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:00pm

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

Manager Total Committee

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County MEC	KLENBURG Instrument	Location BAT MOR	BILE UNIT 3
Instrument Serial	No. 008707	CHARLO	TE, NC
The preventive m four months are:	aintenance procedures for the Intoximeters, M	odel Intox EC/IR II to be followed	owed at least once every
1.	Verify the ethanol gas canister displays press 34 degrees, plus or minus 2 degree centigrad	ure, or the alcoholic breath sine;	nulator thermometer shows
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect br	eath sample;	
7.	When "PLEASE BLOW" appears, collect br	eath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	····• •	
10.	Verify that the ethanol gas canister is being c simulator solution is being changed every for whichever occurs first.	hanged before expiration date ir months or after 125 Alcoho	e, or the alcoholic breath dic Breath Simulator tests,
I certify that on t procedures were Department of H	he <u>S</u> day of <u>NOVEMBE</u> performed on the instrument indicated above, ealth and Human Services, and the instrument	in accordance with current re is functioning properly.	ng preventive maintenance gulations of the N.C.
OT STATE OF N	Coy of Signature of Certi	3cm	Lo 48 Certificate Number

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008707 Test Date: 11/08/2012

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: 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	11:24pm
AIR BLK	.00	11:25pm
ACCY CHK	.08	11:26pm
AIR BLK	.00	11:27pm
SUB TEST	.00	11:27pm
AIR BLK	.00	11:28pm
SUB TEST	.00	11:29pm
ATR BLK	. 00	11:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008707 Test Record Number: 1578
Test Date: 11/08/2012 Test Time: 11:31pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:32pm

Printer Tests

Test	Status	1 Time
PRNT	Pass	11:32pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:32pm 11:32pm

Preventive Maintenance Status: Pass

Analyst

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

The state of the s

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	1ECK LENBURG	Instrument Location_BAT	MOBILE UNIT 3
Instrument Se	erial No. <u>0086/6</u>	CHA	RLOTTE, NC
The preventive four months a	ve maintenance procedures for th	ne Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ter displays pressure, or the alcoholic be degree centigrade;	reath simulator thermometer show
2.	Verify instrument displays t	ime and date;	
3.	Initiate breath test sequence	;	
4.	Enter information as prompt	ted;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" a	ppears, collect breath sample;	
7.	When "PLEASE BLOW" a	ppears, collect breath sample;	
8.	Print test record;	% ',	
9,	Verify Diagnostic Program;	and	
10.	Verify that the ethanol gas consimulator solution is being considered whichever occurs first.	anister is being changed before expirati hanged every four months or after 125	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
l certify that o procedures we Department of	n the day of are performed on the instrument in the Health and Human Services, an	DOVEMBER, 20 1Z the indicated above, in accordance with cur d the instrument is functioning properly	forgoing preventive maintenance rent regulations of the N.C.
STATE OUR STATE	CARO CARO		
CHE CHAM VIDE	(I)	Ray Banes	648
	Si	gnature of Certifying Official	Certificate Number

MECKLENBURG COUNTY BAT MOBILE UNIT 3
590

Serial Number: 008616 Test Date: 11/08/2012

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: 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	11:29pm 11:30pm 11:31pm
AIR BLK SUB TEST	.00	11:32pm 11:32pm
AIR BLK	.00	11:33pm
SUB TEST AIR BLK	.00 .00	11:35pm 11:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616 Test Date: 11/08/2012 Test Record Number: 1512 Test Time: 11:36pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:37pm
FLO	Pass	11:37pm
FC	Pass	11:37pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:37pm 11:37pm 11:37pm 11:37pm 11:37pm

Blank Tests

Test	Status	Time
AIR	Pass	11:38pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:38pm
•	CDC Toata	

Test	Status	Time
COMP	Pass	11:38pm
CAL	Pass	11:38pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CLEVELAND	Instrument Location BAT MOBILE UNIT 3
Instrument S	Serial No. <u>008616</u>	Instrument Location BAT MOBILE UNIT 3 SHELBY, NC
The prevent four months	ive maintenance procedures for the Intare:	toximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	lisplays pressure, or the alcoholic breath simulator thermometer shows tree centigrade;
2.	Verify instrument displays time	and date;
3.	Initiate breath test sequence;	•
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appear	ars, collect breath sample;
7.	When "PLEASE BLOW" appear	ars, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.		ter is being changed before expiration date, or the alcoholic breath ged every four months or after 125 Alcoholic Breath Simulator tests,
I certify that procedures v Department	on the day of were performed on the instrument indic of Health and Human Services, and the	20 12 the forgoing preventive maintenance cated above, in accordance with current regulations of the N.C. the instrument is functioning properly.
THE STATE OF THE PARTY OF THE P	_ lilim	Ray Banes 448 ture of Certifying Official Certificate Number

CLEVELAND COUNTY BAT MOBILE UNIT 3 220

Serial Number: 008616 Test Date: 11/17/2012

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	Pass	10:18pm 10:19pm
ACCY CHK	.08	10:20pm
AIR BLK	.00	10:20pm
SUB TEST	.00	10:21pm
AIR BLK	.00	10:22pm
SUB TEST	.00	10:24pm
AIR BLK	.00	10:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CLEVELAND COUNTY BAT MOBILE UNIT 3 220

Serial Number: 008616

Test Record Number: 1523

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:26pm

Printer Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	CLEVELAND Instrument Location BAT MOBILE UNIT
Instrument	erial No
The preven	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 sho 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
	on the
THE STATE OF THE S	Ulum Kay Dames 1048
	Signature of Certifying Official Certificate Number

CLEVELAND COUNTY BAT MOBILE UNIT 3 220

Serial Number: 008707 Test Date: 11/17/2012

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: AG203902 Exp Date: 02/08/2014

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	10:14pm 10:15pm 10:15pm 10:16pm 10:17pm 10:18pm
SUB TEST	.00	10:19pm
AIR BLK	.00	10:20pm

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

CLEVELAND COUNTY BAT MOBILE UNIT 3 220

Serial Number: 008707 Test Record Number: 1595
Test Date: 11/17/2012 Test Time: 10:21pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:21pm
FLO	Pass	10:21pm
FC	Pass	10:21pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:21pm
SRC	Pass	10:21pm
DET	Pass	10:21pm
BAR	Pass	10:21pm
BT	Pass	10:21pm

Blank Tests

Test	Status	Time
AIR	Pass	10:22pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:22pm
· ·	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:22pm 10:22pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	DURHAM Instrument Location TROUP C7
Instrumer	nt Serial No. 008924 1015. MIAMI BILD, DRHAM
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	hat on the S day of OVEMBER, 20 12 the forgoing preventive maintenance es were performed on the instrument indicated above, in accordance with current regulations of the N.C. ent of Health and Human Services, and the instrument is functioning properly.
CALLA	TATE OF CO. 1707. TO THE CO. 1707. TO TH
A COL	June Ville 1
	Signature of Certifying Official Certificate Number

DURHAM TROOP C7 310

Serial Number: 008924 Test Date: 11/08/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name:

QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	12:09pm 12:10pm 12:10pm 12:11pm
SUB TEST	.00	12:12pm
AIR BLK	.00	12:13pm
SUB TEST	.00	12:14pm
ATP BIK	0.0	12:15pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

DURHAM TROOP C7 310

Serial Number: 008924 Test Record Number: 208 Test Date: 11/08/2012 Test Time: 12:17pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:18pm 12:18pm 12:18pm 12:18pm 12:18pm

Blank Tests

Test	Status	Time
AIR	Pass	12:18pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX ECON II
County \	JEHAM Instrument Location TREOF C7
Instrument Seri	al No. 008651 1015 MIAMI BIUD DURHAM, IN
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6. °	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures wer Department of	the day of NOVEHRE, 20 12 the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
O STATE STATE OF THE STATE OF T	AOS HI CAROLINA CAROL
TO COMM VIOLE	Signature of Certifying Official Certificate Number

DURHAM TROOP C7 310

Serial Number: 008651 Test Date: 11/08/2012

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

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

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

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

Lot Number: AG205402 Exp Date: 02/23/2014

Test	g/210L	Time
DIAG	Pass	12:03pm
AIR BLK	.00	12:04pm
ACCY CHK	.08	12:05pm
AIR BLK	.00	12:06pm
SUB TEST	.00	12:06pm
AIR BLK	.00	12:07pm
SUB TEST	.00	12:09pm
AIR BLK	.00	12:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

is used when performing Preventive Mainte

DURHAM TROOP C7 310

Serial Number: 008651 Test Record Number: 905 Test Date: 11/08/2012 Test Time: 12:11pm EST

System Check: Passed

Baseline Tests

Test Status Time

TR | Pass | 12:11pm FLO | Bass | 12:11pm

Temperature Tests

Test Scalus Wilme

FC1 | Fass | 12:12pm SRC | Pass | 12:12pm DET | Pass | 12:12pm BAR | Pass | 12:12pm BT | Pass | 12:12pm

Blank Tests

Test Status 4 191me

AIR Pags 12:12pm

Printer Tests

Test Status Time

PRNT Pass 12:12pm

CRC Tests

Test Status Time

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	FRANKLIN	Instrument Location	FRANKLINI	2N P.D.	
Instrument	Serial No	#7 W M	ASON ST.	TRANKLINDU,	, W. C.
The preven	tive maintenance procedures for the I	ntoximeters, Model Into	x EC/IR II to be follo	wed at least once every	
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		alcoholic breath sim	ulator thermometer shows	
2.	Verify instrument displays tim	e and date;			
3.	Initiate breath test sequence;			•	
4.	Enter information as prompted	,			
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" app	ears, collect breath samp	ole;		
7.	When "PLEASE BLOW" app	ears, collect breath samp	ole;		
8.	Print test record;				
9.	Verify Diagnostic Program; an	ıd	•		
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	ister is being changed beinged every four months	efore expiration date, or after 125 Alcohol	or the alcoholic breath ic Breath Simulator tests,	
I certify the procedures Departmen	at on the <u>30</u> day of were performed on the instrument in at of Health and Human Services, and	dicated above, in accord the instrument is function	0 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	g preventive maintenance ulations of the N.C.	
THE COREAT SECTION OF THE CORE SEC		nature of Certifying Off	icial	Certificate Number	

FRANKLIN COUNTY FRANKLINTON PD 340

Serial Number: 008815 Test Record Number: 693 Test Date: 11/30/2012 Test Time: 2:09pm EST

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	2:11pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:11pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:11pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

2:11pm

FRANKLIN COUNTY FRANKLINTON PD 340

Serial Number: 008815 Test Date: 11/30/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name:
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: AG206603 Exp Date: 03/06/2014

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	2:02pm 2:03pm 2:04pm
AIR BLK	.00	2:05pm
SUB TEST	.00	2:06pm
AIR BLK	.00	2:06pm
SUB TEST	.00	2:08pm
AIR BLK	.00	2:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	RANKLIN Instrument Location FRANKLIN CO. JA-1	
Instrument Se	rial No. OO 8933 285 T KEMP PAS. LOUISBURG.	
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 on the 30 day of 000 EMEL, 2012 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.		
STATE ORESTATE IN OUR STATE OF THE STATE OF		

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008933 Test Date: 11/30/2012

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

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

Analyst's Name:
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: AG205401 Exp Date: 02/23/2014

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	1:11pm 1:12pm 1:12pm
AIR BLK	.00	1:13pm
SUB TEST	.00	1:15pm
AIR BLK	.00	1:15pm
SUB TEST	.00	1:18pm
AIR BLK	.00	1:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008933 Test Record Number: 519
Test Date: 11/30/2012 Test Time: 1:21pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
3 T. T.		
AIR	Pass	1:22pm

Printer Tests

PRNT	Pass	1:22pm
		<u>-</u>
	CRC Tests	
m	C+ - +	m

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	ANKLIN Instrument Location TRANSUN CO. JAIL
Instrument Ser	ial No. 00 8942 285 T KEMP PD. LOUISBURG, A
The preventive four months ar	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	n the 30 day of NOVEMBER, 20 12 the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE ON STATE OF THE STATE OF	

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

DHHS 4080 (11/07)

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008942 Test Date: 11/30/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name:

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: AG205402

Exp Date: 02/23/2014

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Anaiyst

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008942

Test Record Number: 520

SEARCH WILL ON

Test Date: 11/30/2012

Test Time: 1:10pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ΔΤΡ	Dace	1 • 1 1 mm

Printer Tests

Test	Status	Time	
PRNT	Pass	1:11pm	

CRC Tests

Test	Status	Time
COMP	Pass	1:11pm
CAL	Pass	1:11pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

1	INTOXIMET	ERO, MOD		LO, III	/	
County D	JRHAM	Instrumen	t Location レル	HAM	CO. JAIL	
Instrument Seri	al No. 006891	<u>217 S.</u>	MANKUM	5	DURHAM,	<u> </u>
The preventive four months are	maintenance procedures for the	: Intoximeters, N	1odel Intox EC/IR	II to be fo	llowed at least once e	every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2			c breath s	imulator thermomete	r 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" ap	ppears, collect b	reath sample;			
7.	When "PLEASE BLOW" a	ppears, collect b	reath sample;			
8.	Print test record;	•				
9.	Verify Diagnostic Program;	and		•		
10.	Verify that the ethanol gas consimulator solution is being considered whichever occurs first.	anister is being on the hanged every fo	changed before exp ur months or after	iration dat 125 Alcoh	te, or the alcoholic br olic Breath Simulato	eath r tests,
I certify that on procedures wer Department of	the <u>JC</u> day of NC re performed on the instrument Health and Human Services, an	indicated above, and the instrumen	, 20 \2 in accordance with t is functioning pro	the forgo a current re perly.	ing preventive maint egulations of the N.C	enance
OF MAN STATE OF THE STATE OF TH	NORTH CAROLLE S	lignature of Cert	ifving Official		652 Certificate Numb	er

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891 Test Date: 11/29/2012

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	12:29pm 12:30pm 12:31pm 12:32pm 12:33pm 12:34pm 12:36pm
AIR BLK	.00	12:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891 Test Date: 11/29/2012

Test Record Number: 2168
Test Time: 12:39pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:39pm
FLO	Pass	12:39pm
FC	Pass	12:40pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:40pm
SRC	Pass	12:40pm
DET	Pass	12:40pm
BAR	Pass	12:40pm
BT	Pass	12:40pm

Blank Tests

Test	Status	Time
λΤΟ	Dagg	12:40pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:40pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12: 4 1pm

12:41pm

Preventive Maintenance Status: Pass

Pass

Analyst

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Due	2-MAN	Instrument	Location Due	444	(۵	JAIL	
Instrument Seri	al No. <u>00</u> 8878	2175.	MANGUM	<u>57.</u>	DUR	HAMI	<u>, µ.c</u>
The preventive four months are	maintenance procedures for the	Intoximeters, M	Iodel Intox EC/IR	II to be fo	llowed at	least once	every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2	er displays press degree centigrad	ure, or the alcoholi e;	c breath s	imulator	thermomet	er shows
2.	Verify instrument displays tin	me and date;					
3.	Initiate breath test sequence;						
4.	Enter information as prompte	ed;				e.	
5.	Verify instrument accuracy;						
6.	When "PLEASE BLOW" ag	pears, collect b	reath sample;				
7.	When "PLEASE BLOW" ap	pears, collect b	reath sample;	•			
8.	Print test record;						
9.	Verify Diagnostic Program;	and					
10.	Verify that the ethanol gas communication solution is being communication whichever occurs first.	anister is being of the hanged every for	changed before exp ur months or after	iration da 125 Alcol	ite, or the holic Brea	alcoholic b ath Simulat	oreath or tests,
I certify that or procedures we Department of	n the <u>39</u> day of <u>100</u> re performed on the instrument Health and Human Services, an	indicated above,	20 \7 in accordance wit t is functioning pro	h current	oing preve regulation	entive main	ntenance .C.
STATE ON THE STATE OF THE STATE		ignature of Cert	ifying Official)	6 Cert	52 ificate Nun	nber

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878 Test Date: 11/29/2012

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:
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 AIR BLK	Pass .00	12:25pm 12:26pm
ACCY CHK	.07	12:27pm
AIR BLK	.00	12:28pm
SUB TEST	.00	12:28pm
AIR BLK	.00	12:29pm
SUB TEST	.00	12:31pm
ATR BIK	0.0	12:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878

Test Record Number: 2062

Test Date: 11/29/2012

Test Time: 12:33pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	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
	CRC Tests	
Test	Status	Time
COMP	Pass	12:35pm

12:35pm

Preventive Maintenance Status: Pass

Pass

Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch Department of Health and Human Services Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Due	Instrument Location Durtham (O. JA-1)		
Instrument Seria	INO. 008859 217 S. MANGUN ST. DURHAM, N		
The preventive n	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		
COUNT STATE OF THE	Signature of Certifying Official Certificate Number		

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859 Test Date: 11/29/2012

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

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	12:00pm 12:01pm 12:02pm 12:03pm 12:04pm 12:05pm 12:07pm
SUB TEST	.00	_
AIR BLK	.00	12:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

orm is used when performing Preventive Maintenance

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859

Test Record Number: 1241

Test Date: 11/29/2012

Test Time: 12:10pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:11pm

Printer Tests

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

Pass

12:11pm

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County \\	Tenstrument Location DETENTING CENTER
Instrument Seria	INO. 008615 3301 HAMMOND RD. RALEIGH N
The preventive n	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.
	the 38 day of NOVENBER, 2017 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
THE STATE OF ANY TO THE ST	Signature of Certifying Official Certificate Number

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008615 Test Date: 11/28/2012

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:

QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG206103

Exp Date: 03/01/2014

Test	g/210L	Time
DIAG AIR BLK	Pass .00	1:52pm 1:53pm
ACCY CHK	.07	1:54pm
AIR BLK	.00	1:55pm
SUB TEST	.00	1:55pm
AIR BLK	.00	1:56pm
SUB TEST	.00	1:58pm
AIR BLK	.00	1:59pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008615 Test Date: 11/28/2012 Test Record Number: 3358
Test Time: 2:01pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
3 7 ES	:	
AIR	Pass	2:03pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:03pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	WAKE Instrument Location DETENTION CENTER
Instrument S	Serial No. 008686 3301 HAMMOND PD. RALETGH, N
The prevent four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures	t on the day of the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. tof Health and Human Services, and the instrument is functioning properly.
THE CREAT STATE OF ST	

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

DHHS 4080 (11/07)

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008686 Test Date: 11/28/2012

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:
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: AG205402 Exp Date: 02/23/2014

g/210L	T'ime
Pass	1:47pm 1:48pm
.08	1:49pm
.00	1:50pm
.00	1:51pm
.00	1:52pm
.00	1:54pm
.00	1:55pm
	Pass .00 .08 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008686 Test Record Number: 3912 Test Date: 11/28/2012 Test Time: 1:56pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:57pm
SRC	Pass	1:57pm
DET	Pass	1:57pm
BAR	Pass	1:57pm
BT	Pass	1:57pm

Blank Tests

Test	Status	Time
ATR	Pass	1:58pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:58pm

CRC Tests

Test St	tatus Time	
	ass 1:58p ass 1:58p	

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	WAKE Instrument Location DETENTION CENTER
Instrumer	nt Serial No. 008816 3301 HAMMOND PD, RALFIGH, IN
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.
procedure	hat on the 28 day of NOVEMBEL, 2012 the forgoing preventive maintenance es were performed on the instrument indicated above, in accordance with current regulations of the N.C. ent of Health and Human Services, and the instrument is functioning properly.
S S S S S S S S S S S S S S S S S S S	Signature of Certifying Official Certificate Number

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008816 Test Date: 11/28/2012

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:
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: AG204602 Exp Date: 02/15/2014

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	1:24pm
AIR BLK	.00	1:25pm
SUB TEST	.00	1:27pm
AIR BLK	.00	1:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008816 Test Date: 11/28/2012

Test Record Number: 5423 Test Time: 1:37pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:38pm
SRC	Pass	1:38pm
DET	Pass	1:38pm
BAR	Pass	1:38pm
BT	Pass	1:38pm

Blank Tests

Test	Status	Time
AIR	Pass	1:39pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:39pm

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County WA	IN IN	trument Location	DET	ENTO	n CEN	TER
Instrument Seria	al No. 008826 330	or HAMIN	640	PD PD	RALEIG	H, N.
The preventive i	maintenance procedures for the Intoxim	eters, Model Into	x EC/IR I	to be foll	owed at least on	ce every
1.	Verify the ethanol gas canister displa 34 degrees, plus or minus .2 degree c		alcoholic	breath sir	nulator thermon	neter shows
2.	Verify instrument displays time and o	ate;				
3.	Initiate breath test sequence;					
4.	Enter information as prompted;					
5.	Verify instrument accuracy;					
6.	When "PLEASE BLOW" appears, c	ollect breath samp	ole;			
7.	When "PLEASE BLOW" appears, c	ollect breath samp	ole;			
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.	being changed be very four months	efore expir or after 1	ration date 25 Alcoho	e, or the alcoholic lic Breath Simul	c breath lator tests,
I certify that on procedures were Department of I	the 28 day of NOJEM re performed on the instrument indicated Health and Human Services, and the ins	BEV, 2 above, in accord trument is function	0 <u>√2</u> ance with oning prop	the forgoin current re erly.	ng preventive magulations of the	aintenance N.C.
THE STATE OF THE S	Signature	of Certifying Off	īcial		652 Certificate Nu	umber

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008826

Test Date: 11/28/2012

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:

QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG206103

Exp Date: 03/01/2014

Test	g/210L	Time
DIAG	Pass	1:25pm
AIR BLK	.00	1:26pm
ACCY CHK	.07	1:27pm
AIR BLK	.00	1:28pm
SUB TEST	.00	1:29pm
AIR BLK	.00	1:30pm
SUB TEST	.00	1:31pm
AIR BLK	.00	1:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008826 Test Record Number: 5377
Test Date: 11/28/2012 Test Time: 1:34pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:35pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:36pm

CRC Tests

Test	Status	Time
COMP	Pass	1:36pm
CAL	Pass	1:36pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	RAWA NE	Instrument Location	OXFURD	P.D.
Instrument Se	erial No. <u>(208923</u>	204 E. K	1°C IANAHA	NST. OXI
The preventiv	re maintenance procedures for the Into	oximeters, Model Intox E	C/IR II to be followed	at least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr		coholic breath simulate	or thermometer shows
2.	Verify instrument displays time a	nd date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;	disk.	,	
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appear	rs, collect breath sample;		
7.	When "PLEASE BLOW" appear	rs, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.			
I certify that of procedures we Department of	on the <u>20</u> day of NOVEN ere performed on the instrument indic of Health and Human Services, and the	ated above, in accordance instrument is functioning	the forgoing prese with current regulations properly.	ventive maintenance ons of the N.C.
MANAGE STATE OF THE STATE OF TH		(JACK Tollow)	al Cer	oS) tificate Number

GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008923 Test Date: 11/20/2012

Citation Number: M0000000-0

Subject's Name:

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

Subject's Sex: Male

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

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

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	2:30pm 2:31pm
ACCY CHK	.07	2:31pm
AIR BLK SUB TEST	.00	2:32pm 2:33pm
AIR BLK	.00	2:33pm 2:34pm
SUB TEST	.00	2:35pm
AIR BLK	.00	2:36pm

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

GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008923

Test Record Number: 859

Test Date: 11/20/2012

Test Time: 2:37pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:37pm 2:37pm
FC	Pass	2:37pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	2:38pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:38pm

CRC Tests

Test	Status	Time
COMP	Pass	2:38pm
CAL	Pass	2:38pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County(CRAWLITE Instrument Location OXFORD. 1.D.
Instrument	Serial No. 008924 204 E. MCIANAHAN ST. OXFORD, N.
The prevent	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
. 6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify the procedures Departmen	at on theday of NOVEMBEL, 20 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. tof Health and Human Services, and the instrument is functioning properly.
GREAT SET	HE & VOSAN CAROLINA
APRIL 18	WHO IS TO SEE
	Signature of Certifying Official Certificate Number

GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008924 Test Date: 11/19/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name:

QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:33pm 12:34pm
ACCY CHK AIR BLK	.07 .00	12:35pm 12:36pm
SUB TEST	.00	12:36pm
AIR BLK	.00	12:38pm
SUB TEST	.00	12:39pm
AIR BLK	.00	12:40pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008924 Test Record Number: 226

Test Date: 11/19/2012 Test Time: 12:40pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:42pm

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

12:42pm

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Instrument Serial No. DO8583 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. 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: 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 /c/ 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.

,

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583 Test Date: 11/29/2012

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: 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: AG205401 Exp Date: 02/23/2014

Test	g/210г	Time
DIAG	Pass	1:49pm
AIR BLK	.00	1:50pm
ACCY CHK	.08	1:51pm
AIR BLK	.00	1:52pm
SUB TEST	.00	1:52pm
AIR BLK	.00	1:53pm
SUB TEST	.00	1:55pm
AIR BLK	.00	1:56pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583

Test Record Number: 4380

Test Date: 11/29/2012

Test Time: 1:56pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:57pm
SRC	Pass	1:57pm
DET	Pass	1:57pm
BAR	Pass	1:57pm
BT	Pass	1:57pm

Blank Tests

Test	Status	Time
AIR	Pass	1:57pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:57pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:58pm
CAL	Pass	1:58pm

Preventive Maintenance Status: Pass

Analyst Lean

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

Instrument Location Eden Police

County NOCKINGHAVIL	Instrument Location <u>Caen</u> 10/10
Instrument Serial No. 008636	Department

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

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

I certify that on the day of <u>overlie</u>, 20 /2 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636 Test Date: 11/28/2012

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: DEAN, L K
Permit Number: 11598E
Effective:
06/01/2011-06/01/2013

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

Lot Number: AG204603 Exp Date: 02/15/2014

Test	g/210L	Time
DIAG AIR BLK	Pass	12:56pm 12:57pm
ACCY CHK AIR BLK	.07 .00	12:58pm 12:59pm
SUB TEST AIR BLK	.00 .00	12:59pm 1:00pm
SUB TEST	.00	1:00pm
AIR BLK	.00	1:03pm

Reported_AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Lor

ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636

Test Record Number: 1234

Test Date: 11/28/2012

Test Time: 1:03pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:03pm 1:03pm
FC	Pass	1:04pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:04pm
SRC	Pass	1:04pm
DET	Pass	1:04pm
BAR	Pass	1:04pm
BT	Pass	1:04pm

Blank Tests

Test	Status	Time
AIR	Pass	1:04pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:04pm

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst Los

	PREVENTIVE MAINTENANCE RECORD
County	INTOXIMETERS, MODEL INTOX EC/IR II Nikes Instrument Location Wilkes County Courths
Instrument Se	erial No. 008843 Wilkesboro, 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 shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
, 9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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
CONFIGURATION OF STATE OF STAT	Signature of Certifying Official Certificate Number

WILKES COUNTY WILKES CO COURTHOUSE 960

Serial Number: 008843 Test Date: 11/14/2012

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: BENFIELD II, KENNETH R
Permit Number: 22067E

Effective:

12/01/2010-12/01/2012

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

Test Type: Breath Test

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

rest	g/210L	Time
DIAG	Pass	11:47am
AIR BLK	.00	11:48am
ACCY CHK	.07	11:48am
AIR BLK	.00	11:49am
SUB TEST	.00	11:50am
AIR BLK	.00	11:51am
SUB TEST	.00	11:52am
AIR BLK	.00	11:53am

Reported AC: 0.00 g/210L

Signature of Chemical Analyst

Court CVR

WILKES COUNTY WILKES CO COURTHOUSE 960

Serial Number: 008843 Test Record Number: 1198
Test Date: 11/14/2012 Test Time: 11:55am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:56am

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

Pass

11:56am

11:56am

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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

SURRY COUNTY ELKIN PD 850

Serial Number: 008926 Test Date: 11/14/2012

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: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

12/01/2010-12/01/2012

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	2:14pm 2:15pm 2:15pm 2:17pm
SUB TEST	.00	2:17pm
AIR BLK	.00	2:18pm
SUB TEST	.00	2:19pm
AIR BLĶ	.00	2:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

SURRY COUNTY ELKIN PD 850

Serial Number: 008926

Test Record Number: 524

Test Date: 11/14/2012

Test Time: 2:22pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time

AIR Pass 2:23pm

Printer Tests

Test	Status	Time
PRNT	Pass	2 · 23 mm

CRC Tests

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

Preventive Maintenance Status: Pass

Anadyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX E Instrument Location Instrument Serial No. 008725 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence: 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly. Signature of Certifying Official

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

Certificate Number

YADKIN COUNTY YADKINVILLE PD 980

Serial Number: 008925 Test Date: 11/15/2012

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: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

12/01/2010-12/01/2012

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG204603 Exp Date: 02/15/2014

Test	g/210L	Time
DIAG	Pass	4:06pm
AIR BLK	.00	4:07pm
ACCY CHK	.08	4:08pm
AIR BLK	.00	4:09pm
SUB TEST	.00	4:09pm
AIR BLK	.00	4:10pm
SUB TEST	.00	4:12pm
AIR BLK	.00	4:13pm

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

YADKIN COUNTY YADKINVILLE PD 980

Serial Number: 008925 Test Record Number: 315
Test Date: 11/15/2012 Test Time: 4:14pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	4:14pm 4:14pm
FC	Pass	4:14pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:14pm
SRC	Pass	4:14pm
DET	Pass	4:14pm
BAR	Pass	4:14pm
BT	Pass	4:14pm

Blank Tests

Test	Status	Time
AIR	Pass	4:15pm

Printer Tests

lest	Status	TIME
PRNT	Pass	4:15pm

CRC Tests

rest	Status	rrme
COMP	Pass	4:15pm
CAL	Pass	4:15pm

Preventive Maintenance Status: Pass

Analyst

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



Signature of Certifying Official

Certificate Number

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944 Test Date: 11/15/2012

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: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

12/01/2010-12/01/2012

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG204603 Exp Date: 02/15/2014

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	5:00pm 5:01pm 5:02pm
AIR BLK SUB TEST	.00 .00	5:03pm
		5:03pm
AIR BLK	.00	5:04pm
SUB TEST	.00	5:05pm
AIR BLK	.00	5:06pm

Reported

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

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944

Test Record Number: 841

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:08pm
FLO	Pass	5:08pm
FC	Pass	5:08pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:08pm
SRC	Pass	5:08pm
DET	Pass	5:08pm
BAR	Pass	5:08pm
BT	Pass	5:08pm

Blank Tests

Test	Status	Time
AIR	Pass	mc90:5

Printer Tests

Test	Status	Time
PRNT	Pass	5:09pm

CRC Tests

Test	Status	Time
COMP	Pass	5:09pm
CAL	Pass	5:09pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ThroxIMETERS, MODEL INTOX EC/IR II To Kes Instrument Location Stokes County Jan
Instrument S	erial No. 008596 Danbury, V.C.
	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 show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the day of
OF THE STATI	
3	
ESE QUAM V	IMPARTO 657
	Signature of Certifying Official Certificate Number

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596 Test Date: 11/16/2012

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: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

12/01/2010-12/01/2012

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG204603 Exp Date: 02/15/2014

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

Reported AC: 90 g/240L

Signature of Chemical Analyst

Court CVR

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596

Test Record Number: 572

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:20pm
FLO	Pass	12:20pm
FC	Pass	12:20pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:20pm
SRC	Pass	12:20pm
DET	Pass	12:20pm
BAR	Pass	12:20pm
\mathtt{BT}	Pass	12:20pm

Blank Tests

Test	Status	Time
AIR	Pass	12:21pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:21pm

CRC Tests

Test	Status	Time
COMP	Pass	12:21pm
CAL	Pass	12:21pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX/EQ/IR IF Instrument Location 008610 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record: 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests. whichever occurs first. I certify that on the the forgoing preventive maintenance day of procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C.



Signature of Certifying Official

Certificate Number

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

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

STOKES COUNTY KING PD 840

Serial Number: 008610 Test Date: 11/16/2012

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: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

12/01/2010-12/01/2012

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG204603 Exp Date: 02/15/2014

Test	g/210L	Time
DIAG	Pass .	1:28pm
AIR BLK	.00	1:29pm
ACCY CHK	.08	1:29pm
AIR BLK	.00	1:30pm
SUB TEST	.00	1:31pm
AIR BLK	.00	1:32pm
SUB TEST	.00	1:33pm
ATR BLK	- 00	1:34pm

Reported AC:

.00 <u>g/210</u>L

Signature of Chemical Analyst

Court CVR

STOKES COUNTY KING PD 840

Serial Number: 008610 Test Record Number: 1206 Test Date: 11/16/2012 Test Time: 1:36pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:37pm 1:37pm
r C	Pass	1:3/pm
FC	Pass	1:37pi

Temperature Tests

Test	Status	Time
FC1	Pass	1:37pm
SRC DET	Pass Pass	1:37pm 1:37pm
BAR	Pass	1:37pm
BT	Pass	1:37pm

Blank Tests

Test	Status	Time
AIR	Pass	1:37pm

Printer Tests

rest	Status	Time
PRNT	Pass	1:38pm

CRC Tests

Test	Status	Time
COMP	Pass	1:38pm
CAL	Pass	1:38pm

Preventive Maintenance Status: Pass

Afialyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location 108650

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

- 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- 2. Verify instrument displays time and date:
- 3. Initiate breath test sequence;
- 4. Enter information as prompted;
- 5. Verify instrument accuracy;
- 6. When "PLEASE BLOW" appears, collect breath sample;
- 7. When "PLEASE BLOW" appears, collect breath sample;
- 8. Print test record:

Instrument Serial No.

- 9. Verify Diagnostic Program; and
- 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the / the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650 Test Date: 11/21/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

12/01/2010-12/01/2012

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	11:36am
AIR BLK	.00	11:36am
ACCY CHK	.07	11:37am
AIR BLK	.00	11:38am
SUB TEST	.00	11:38am
AIR BLK	.00	11:39am
SUB TEST	.00	11:41am
AIR BLK	.00	11:42am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

orm is used when performing Preventive Maintenance produced by the state of the state o

FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650

Test Record Number: 877

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:43am
FLO	Pass	11:43am
FC	Pass	11:43am

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:43am 11:43am 11:43am 11:43am 11:43am

Blank Tests

rest	Status	Time
AIR	Pass	11:44a

Printer Tests

11:44am Pass

Test	Status	Time
PRNT	Pass	11:44am

CRC Tests

Test	Status	Time
COMP	Pass	11:44am
CAT.	Pagg	11 · 44 am

Preventive Maintenance Status: Pass

County	INTOXIMETERS, MODEL INTOX EC/IR II Alie Instrument Location DVP OUNTY Tai
Instrument S	200015 Make 11/2 N/C
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
. 1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the day of November, 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.
TATIZ MAY CONFERENCE OF THE CO	

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

Signature of Certifying Official

Certificate Number

DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905 Test Date: 11/28/2012

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: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

12/01/2010-12/01/2012

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	12:29pm
AIR BLK	.00	12:30pm
ACCY CHK	.07	12:30pm
AIR BLK	.00	12:31pm
SUB TEST	.00	12:32pm
AIR BLK	.00	12:33pm
SUB TEST	.00	12:34pm
AIR BLK	.00	12:35pm

Reported AC: .00

 $0.0 \, \text{g}/210 \, \text{L}$

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

DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905 Test Reco Test Date: 11/28/2012 Test Tir

Test Record Number: 1047
Test Time: 12:37pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	12:37pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	12:38pm

Printer Tests

	Deacas	TIME
PRNT	Pass	12:38pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:38pm

Preventive Maintenance Status: Pass

Pass

12:38pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Bea	ufort	Instrument Location Belliau	en Police De
Instrument Seria	nd No. 008928	Belhauen, Nr.	. *
The preventive i		ne Intoximeters, Model Intox EC/IR II to be f	ollowed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus	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	eted;	
5.	Verify instrument accuracy	,	
6.	When "PLEASE BLOW"	appears, collect breath sample;	
7.	When "PLEASE BLOW"	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program	; and	
10.		canister is being changed before expiration da changed every four months or after 125 Alcol	
	periorines on me monamen,	indicated above, in accordance with current and the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
OF THE STATE OF N	Service -7/4	Old Land Signature of Certifying Official	Certificate Number

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928 Test Date: 11/19/2012

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	11:42am
AIR BLK ACCY CHK	.00	11:42am 11:43am
AIR BLK	.00	11:43am
SUB TEST	.00	11:44am
AIR BLK	.00	11:45am
SUB TEST	.00	11:47am
AIR BLK	.00	11:48am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928

Test Record Number: 182

Test Date: 11/19/2012 Test Time: 11:48am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:49am
FLO	Pass	11:49am
FC	Pass	11:49am

Temperature Tests

Test	Status	Time
FC1 SRC	Pass	11:49am
DET	Pass Pass	11:49am 11:49am
BAR	rass Pass	11:49am
BT	Pass	11:49am

Blank Tests

Test	Status	Time
AIR	Pass	11:49am

Printer Tests

Test	Status	Time
PRNT	Pass	11:49am
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	11:50am 11:50am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

,	INTOAIMETERS, MODEL INTOA EC/IR II
County //	Instrument Location Hyde (a. 5.0,
Instrument S	erial No. 008801 1233 Main St. Swan Quarter, N.C.
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 19 day of November, 20/2 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
A WARD SET A CREAT STATE OF THE	Signature of Certifying Official Certificate Number

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801 Test Date: 11/19/2012

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Lot Number: AG204602 Exp Date: 02/15/2014

Test	g/210L	Time
DIAG AIR BLK	Pass	10:46am 10:47am
ACCY CHK	.07	10:47am
AIR BLK	.00	10:48am
SUB TEST	.00	10:49am
AIR BLK	.00	10:50am
SUB TEST	.00	10:51am
ATR BLK	. 00	10:52am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801 Test Record Number: 252 Test Date: 11/19/2012 Test Time: 10:53am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:53am
FLO	Pass	10:53am
FC	Pass	10:53am

Temperature Tests

Test	Status	Time
FC1	Pass	10:53am
SRC	Pass	10:53am
DET	Pass	10:53am
BAR	Pass	10:53am
BT	Pass	10:53am

Blank Tests

Test	Status	Time
AIR	Pass	10:54am

Printer Tests

Test	Status	Time
PRNT	Pass	10:54am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:54am 10:54am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOAIMETERS, MODEL INTOX EC/IR II
County Wil	Instrument Location Wilson Co. Detention Co
Instrument Seria	INO. 008627 100 E. Green St., Wilson, N.C.
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7. .	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
STATE OF A	Signature of Certifying Official Certificate Number

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008627 Test Date: 11/20/2012

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:50am 10:51am 10:51am
AIR BLK	.00	10:52am
SUB TEST AIR BLK	.00 .00	10:53am 10:54am
SUB TEST	.00	10:56am
ATR BIK	- 00	10:56am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008627 Test Record Number: 1500 Test Date: 11/20/2012 Test Time: 10:58am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:59am
SRC	Pass	10:59am
DET	Pass	10:59am
BAR	Pass	10:59am
\mathtt{BT}	Pass	10:59am

Blank Tests

Test	Status	Time
AIR	Pass	10:59am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Holf	Ford Instrument Location Ahoskie RD.
Instrument Seria	1No. 008848 705 W. Main St., Ahoskie, N.C.
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.
procedures were	he 16 day of November, 2012 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.
STATE OF NO. 20. 1775. STATE	
- THE STATE OF THE	Signature of Certifying Official Certificate Number

HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848 Test Date: 11/16/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

08/01/2011-08/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:37am
AIR BLK	.00	10:38am
ACCY CHK	.08	10:38am
AIR BLK	.00	10:39am
SUB TEST	.00	10:40am
AIR BLK	.00	10:41am
SUB TEST	.00	10:42am
ATR BLK	.00	10:43am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

'Analyst

HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848

Test Record Number: 760

Test Date: 11/16/2012

Test Time: 10:48am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:49am

Printer Tests

Test	Status	Time
PRNT	Pass	10:49am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:49am

Preventive Maintenance Status: Pass

Pass

10:49am

CAL

Afialyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County(artin	Instrument Location Martin	5. S.O.
Instrument Ser	rial No. 008912 3	POSE Main St., Wil	liansbon, NC
The preventive four months ar	re maintenance procedures for the Intoxire:	imeters, Model Intox EC/IR II to be fol	lowed at least once every
1.	Verify the ethanol gas canister disp 34 degrees, plus or minus .2 degree	lays pressure, or the alcoholic breath si centigrade;	mulator thermometer shows
2.	Verify instrument displays time and	i date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears	, collect breath sample;	
7.	When "PLEASE BLOW" appears	, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister simulator solution is being changed whichever occurs first.	is being changed before expiration dat d every four months or after 125 Alcohol	e, or the alcoholic breath olic Breath Simulator tests,
nrocedures we	on the 2 day of Nove vere performed on the instrument indicator Health and Human Services, and the	the forgo ted above, in accordance with current reinstrument is functioning properly.	ing preventive maintenance egulations of the N.C.
TATE STATE OF THE	Sala Kall	are of Certifying Official	Certificate Number

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Date: 11/27/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

08/01/2011-08/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:57am 11:58am 11:59am
AIR BLK	.00	11:59am
SUB TEST	.00	12:00pm
AIR BLK	.00	12:01pm
SUB TEST	.00	12:02pm
AIR BLK	.00	12:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Record Number: 573 Test Date: 11/27/2012 Test Time: 12:06pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:06pm
FLO	Pass	12:06pm
FC	Pass	12:06pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:06pm
SRC	Pass	12:06pm
DET	Pass	12:06pm
BAR	Pass	12:06pm
BT	Pass	12:06pm

Blank Tests

Test	Status	Time
AIR	Pass	12:07pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:07pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:07pm

Preventive Maintenance Status: Pass

Pass

12:07pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Wil	SON Instrument Location Wilson Co. Detention	<u> (</u> e
Instrument Seria	al No. DO8652 100 E. Green St., Wilson, W.	<u></u>
The preventive i	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once eve	ry
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer signal degrees, plus or minus .2 degree centigrade;	hows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	-
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first.	th ests,
I certify that on procedures were Department of I	the <u>70</u> day of <u>November</u> , 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.	ance
COLLAR STATE OF COLLAR OF	Signature of Certifying Official Certificate Number	· · · · · · · · · · · · · · · · · · ·

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008652 Test Date: 11/20/2012

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Driver's License 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

pe of Agency: FIA
Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	10:38am 10:39am
ACCY CHK	.07	10:40am
AIR BLK	.00	10:41am
SUB TEST	.00	10:41am
AIR BLK	.00	10:42am
SUB TEST	.00	10:44am
AIR BLK	.00	10:45am

Reported AC: .00 g/210L_

Signature of Chemical Analyst

Court CVR

Anglyst

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008652 Test Date: 11/20/2012 Test Record Number: 2127

Test Time: 10:46am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR, FLO	Pass	10:46am
FC FLO	Pass Pass	10:46am 10:46am
FC	Pass	10:40aiii

Temperature Tests

Test	Status	Time
FC1	Pass	10:46am
SRC	Pass	10:46am
DET	Pass	10:46am
BAR	Pass	10:46am
BT ·	Pass	10:46am

Blank Tests

Test	Status	Time
AIR	Pass	10:47am

Printer Tests

Test	Status	Time
PRNT	Pass	10:47am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:47am

Preventive Maintenance Status: Pass

Pass

10:47am

ÇAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

		ERS, MODEL INTOX EC	
County V		_ Instrument Location (how 9)	
Instrument Se	erial No. 008895	305 W. Freemasu.	a St. Edenton, u
The preventive four months a	ve maintenance procedures for the are:	Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic bre legree centigrade;	eath 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" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; a	nd	
10.	Verify that the ethanol gas car simulator solution is being cha whichever occurs first.	nister is being changed before expiratio anged every four months or after 125 A	n date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify that of procedures we Department of	on the 15 th day of Nover day o	dicated above, in accordance with current is functioning properly.	orgoing preventive maintenance ent regulations of the N.C.
STATE OF THE STATE	NO THE CAROLINE TO THE CAROLIN		
QUAM VIDE		$\Lambda \Lambda$	643
	Sig	nature of Certifying Official	Certificate Number

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895 Test Date: 11/15/2012

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	10:28am
AIR BLK	.00	10:29am
ACCY CHK	.07	10:30am
AIR BLK	.00	10:31am
SUB TEST	.00	10:31am
AIR BLK	.00	10:32am
SUB TEST	.00	10:34am
AIR BLK	.00	10:35am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895 Test Record Number: 492

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:41am
FLO	Pass	10:41am
FC	Pass	10:41am

Temperature Tests

Test	Status	Time
FC1	Pass	10:41am
SRC	Pass	10:41am
DET	Pass	10:41am
BAR	Pass	10:41am
\mathtt{BT}	Pass	10:41am

Blank Tests

Test	Status	Time
AIR	Pass	10:42am

Printer Tests

Test	Status	Time
PRNT	Pass	10:42am
	~~~	

### CRC Tests

Test	Status	Time
COMP	Pass	10:42am
CAL	Pass	10:42am

Preventive Maintenance Status: Pass

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

County	Cumberland Instrument Location FT. BRAGE LEC.		
Instrument	Serial No		
The preven	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
I certify that procedures Department	t on theday ofNovernageQ, 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.		
STAR CUSTAIN STAR STAR STAR STAR STAR STAR STAR STAR	TE ON NO.		
-	Signature of Certifying Official Certificate Number		

CUMBERLAND COUNTY FORT BRAGG, LEC. 250

Serial Number: 008908 Test Date: 11/26/2012

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RUSSELL, LARRY H

Permit Number: 06108E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	11:55am
AIR BLK	.00	11:56am
ACCY CHK	.08	11:57am
AIR BLK	.00	11:57am
SUB TEST	.00	11:58am
AIR BLK	.00	11:59am
SUB TEST	.00	12:01pm
AIR BLK	.00	12:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## CUMBERLAND COUNTY FORT BRAGG, LEC. 250

Serial Number: 008908 Test Record Number: 1209 Test Date: 11/26/2012 | Test Time: 12:04pm EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	12:05pm
FLO	Pass	12:05pm
FC	Pass	12:05pm

## Temperature Tests

Test	Status	Time
in the second	, la Harris	
FC1	Pass	12:05pm
SRC	Pașs	12:05pm
DET	Pass	12:05pm
BAR	Pass	12:05pm
BT	Pass	12:05pm

## Blank Tests

Test	Status	Time
	3.f	
AIR	Pass	12:06pm

## Printer Tests

Test	Status	Time
PRNT	Pass	12:06pm
	CRC Tests	

Test	Status	Time
COMP CAL	Pass Pass	12:06pm 12:06pm

Preventive Maintenance Status: Pass

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

County C. W	Nerland Instrument Location Ford Bragg PMO
Instrument Seria	1No. <u>008903</u>
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.
procedures were	the <u>Q(h)</u> day of <u>NONOWOV</u> , 2012 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
O'THE STATE O'N  O'THE STATE O'THE O'THE O'N  O'THE STATE O'THE O	Signature of Certifying Official Certificate Number

CUMBERLAND COUNTY FORT BRAGG LEC. 250

Serial Number: 008903 Test Date: 11/26/2012

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: TRUDELL, SR., DANIEL T

Permit Number: 21535E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:57am 11:58am
ACCY CHK	.07	11:58am
AIR BLK	.00	11:59am
SUB TEST	.00	12:00pm
AIR BLK	.00	12:01pm
SUB TEST	.00	12:03pm
AIR 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: 1069
Test Date: 11/26/2012 Test Time: 12:05pm EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:05pm 12:05pm
FC	Pass	12:06pm

## Temperature Tests

Status	Time
Pass	12:06pm
	Pass Pass Pass Pass

## Blank Tests

Test	Status	Time
AIR	Pass	12:06pm

### Printer Tests

Status	Time
Pass	12:06pm
CRC Tests	
	Pass

	200000	
COMP	Pass	12:07pm
CAL	Pass	12:07pm

Status

Time

Preventive Maintenance Status: Pass

Test

Analyst

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

County <u>Curr</u>	berland Instrument Location For	+ Bragg PMO
Instrument Seria	INo. <u>008787</u>	
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 alcoho 34 degrees, plus or minus .2 degree centigrade;	lic breath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
. 7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	ý.
10.	Verify that the ethanol gas canister is being changed before ex simulator solution is being changed every four months or after whichever occurs first.	
	the <u>\$6</u> day of <u>Woverwoor</u> , 2012, performed on the instrument indicated above, in accordance will lealth and Human Services, and the instrument is functioning process.	
THE STATE OF A LOCAL PROPERTY OF THE STATE OF THE	Lamo Trusco Sa	Cartificate Number

CUMBERLAND CO. FORT BRAGG LEC. 250

Serial Number: 008787 Test Date: 11/26/2012

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: 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	11:53am 11:54am
ACCY CHK	.07	11:55am
AIR BLK	.00	11:56am
SUB TEST	.00	11:57am
AIR BLK	.00	11:58am
SUB TEST	.00	11:59am
AIR BLK	.00	12:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CUMBERLAND CO, FORT BRAGG LEC. 250

Serial Number: 008787 Test Record Number: 203 Test Date: 11/26/2012

Test Time: 12:01pm EST

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	12:02pm

### Printer Tests

Test	Status	Time
PRNT	Pass	12:02pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:02pm

12:02pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

County <u></u>	Suilford Instrument Location UNC-GREENSHORD
Instrument Se	erial No. 008604 Instrument Location UNC-GREENSHORD  Police Department
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every 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 November, 20 2 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
STATE STATE	

## GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604

Test Record Number: 1139

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:16pm 2:16pm
FC	Pass	2:10pm

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	2:17pm

### Printer Tests

Test	Status	Time
PRNT	Pass	2:17pm

### CRC Tests

Test	Status	Time
COMP	Pass	2:18pm
CAL	Pass	2:18pm

Preventive Maintenance Status: Pass

GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604 Test Date: 11/21/2012

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: DEAN, L K
Permit Number: 11598E
Effective:
06/01/2011-06/01/2013

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

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

Test	g/210L	Time
DIAG	Pass	2:08pm
AIR BLK	.00	2:09pm
ACCY CHK	.08	2:09pm
AIR BLK	.00	2:10pm
SUB TEST	.00	2:12pm
AIR BLK	.00	2:13pm
SUB TEST	.00	2:14pm
AIR BLK	.00	2:15pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

A. Kuin Dean
Analyst

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

County /	Serial No. 008718 Instrument Location FORSYTA CO
The preventi	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on the 20 day of 1010 het , 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.
TATS INTO CONTROL OF THE CO.	Second Annual Control of the Control

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008718 Test Date: 11/20/2012

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG205401 Exp Date: 02/23/2014

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	1:38pm 1:39pm 1:39pm 1:40pm
SUB TEST	.00	1:41pm
AIR BLK	.00	1:42pm
SUB TEST	.00	1:44pm
ATR BLK	.00	1:45pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008718 Test Record Number: 769
Test Date: 11/20/2012 Test Time: 1:34pm EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	1:35pm
$\mathtt{FLO}$	Pass	1:35pm
FC	Pass	1:35pm

## Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	1:35pm

#### Printer Tests

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

1000	Deacab	110
COMP	Pass	1:36pm
CAL	Pass	1:36pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

•	INTOXIMETERS, MODEL INTOX EC/IR II
County /	ORSYTA Instrument Location FORSYX CO.
Instrument Se	erial No. 008660 Detention
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
<b>7.</b>	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the <u>QQ</u> day of <u>Novembee</u> , 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.
TATE OF THE CAREAU	SA CAROLINA

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

Signature of Certifying Official

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008660 Test Date: 11/20/2012

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

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

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

Analyst's Name: 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: AG205401 Exp Date: 02/23/2014

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	2:02pm 2:03pm 2:03pm 2:04pm 2:05pm
AIR BLK	.00	2:06pm
SUB TEST	.00	2:08pm
AIR BLK	.00	2:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008660

Test Record Number: 2772

Test Date: 11/20/2012

Test Time: 2:09pm EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	2:09pm
FLO	Pass	2:09pm
FC	Pass	2:10pm

## Temperature Tests

Test Stat	
FC1 Pass SRC Pass DET Pass BAR Pass BT Pass	2:10pm 2:10pm 2:10pm 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
COMP CAL	Pass Pass	2:10pm 2:10pm

Preventive Maintenance Status: Pass

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

County F	DRSYTA Instrument Location FORSYTA Co.
Instrument Se	erial No. <u>008659</u> <u>Ustention</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.
I certify that procedures v Department	on the QQ day of Now het, 20/2 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE	E ON ORIENTE DE LA CONTRACTION



Signature of Certifying Official

Certificate Number

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659 Test Date: 11/20/2012

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: 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: AG205401 Exp Date: 02/23/2014

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	2:24pm 2:25pm 2:25pm 2:26pm
SUB TEST	.00	2:27pm
AIR BLK	.00	2:28pm
SUB TEST	.00	2:30pm
AIR BLK	.00	2:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services
Rev. 12/2007

## FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659

Test Record Number: 1785

Test Date: 11/20/2012

Test Time: 2:32pm EST

System Check: Passed

### Baseline Tests

Test	Status	Time 🦠
IR	Pass	2:32pm
FLO	Pass	2:32pm
FC	Pass	2:32pm

## Temperature Tests

Test	Status	Time
FC1	Pass	2:32pm
SRC	Pass	2:32pm
DET	Pass	2:32pm
BAR	Pass	2:32pm
BT	Pass	2:32pm

## Blank Tests

Test	Status	Time
AIR	Pass	2:33pm

#### Printer Tests

Tesc	Status	1 Inc
PRNT	Pass	2:33pm
	CRC Tests	

Test	Status	Time
COMP	Pass	2:33pm
CAL	Pass	2:33pm

Preventive Maintenance Status: Pass

Analyst

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

County	Wake Instrument Location BAT MOBILE WITT
Instrument	Serial No. COS600 WENDELC
The preven	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify the procedures Department	at on the
THE CHEAT SECTION OF THE CHEAT	Signature of Cartifying Official Contificate Number

### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Record Number: 1120 Test Date: 11/16/2012 Test Time: 10:19pm EST

System Check: Passed

Baseline Tests

Test	4.5	Status	Time
IR		Pass	10:20pm
FLO		Pass	10:20pm
FC		Pass .	10:20pm

## Temperature Tests

Test	Status	Time
FC1	Pass	10:20pm
SRC	Pass	10:20pm
DET	Pass	10:20pm
BAR	Pass	10:20pm
BT	Pass	10:20pm

### Blank Tests

Test	Status	Time
ΔTR	Pagg	10·21pm

## Printer Tests

Test	Status	Time
PRNT	Pass	10:21pm
	CRC Tests	
Test	Status	Time

COMP Pass 10:21pm CAL Pass 10:21pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Date: 11/16/2012

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	10:10pm 10:11pm 10:12pm 10:13pm
SUB TEST	.00	10:14pm
AIR BLK	.00	10:15pm
SUB TEST	.00	10:17pm
AIR BLK	.00	10:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Sol Gillogue V

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

County	Water Instrument Location BAT MOBILE Uni	<u> </u>
Instrument Se	Serial No. 658788 Wenderc	
The preventive four months a	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever are:	егу
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 breasimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.	
	t on the	nance
THE STATE OF THE S	Signature of Certifying Official  Certificate Number	<u> </u>

## WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Record Number: 742 Test Date: 11/16/2012 Test Time: 10:21pm EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	10:21pm
FLO	Pass	10:21pm
FC	Pass	10:21pm

## Temperature Tests

Test	Status	Time
FC1	Pass	10:21pm
SRC	Pass	10:21pm
DET	Pass	10:21pm
BAR	Pass	10:21pm
BT	Pass	10:21pm

## Blank Tests

Test	Status	Time
AIR	Pass	10:22pm

### Printer Tests

Test	Status	Time
PRNT	Pass	10:22pm
	CRC Tests	
Test	Status	Time

COMP	Pass	10:22pm
CAL	Pass	10:22pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Date: 11/16/2012

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: 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	10:12pm 10:13pm 10:14pm 10:15pm
SUB TEST AIR BLK	.00 .00	10:15pm 10:16pm
SUB TEST AIR BLK	.00	10:18pm 10:19pm

.00 g/210L Reported AC:

Signature of Chemical Analyst

Court CVR

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

County	Hanalell	Instrument Location 541 MO	Bile Cemit #5	
Instrument	Serial No. <u>CO \$698</u>	Dinne		
The prever	ntive maintenance procedures for the	Intoximeters, Model Intox EC/IR II to be for	llowed at least once every	
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2	er displays pressure, or the alcoholic breath s degree centigrade;	imulator thermometer shows	
2.	Verify instrument displays ti	me and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompte	ed;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" ap	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" a	ppears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program;	and		
10.	Verify that the ethanol gas c simulator solution is being c whichever occurs first.	anister is being changed before expiration da changed every four months or after 125 Alcol	te, or the alcoholic breath holic Breath Simulator tests,	
procedure	es were performed on the instrument	indicated above, in accordance with current and the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.	
A COREAL SE	STATE OF NORTH AND THE	Signature of Certifying Official	Certificate Number	

## HARNETT COUNTY BAT MOBILE UNIT 5 420

Serial Number: 008698

Test Record Number: 897

Test Date: 11/10/2012

Test Time: 10:29pm EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:29pm 10:29pm
FC	Pass	10:29pm

## Temperature Tests

Test	Status	Time
FC1	Pass	10:30pm
SRC	Pass	10:30pm
DET	Pass	10:30pm
BAR	Pass	10:30pm
$\mathtt{BT}$	Pass	10:30pm

### Blank Tests

Test	Status	Time
AIR	Pass	10:30pm

### Printer Tests

Test	Status	Time
PRNT	Pass	10:30pm
	CRC Tests	
Test	Status	Time

Pass Preventive Maintenance Status: Pass

Pass

COMP

10:30pm

10:30pm

### HARNETT COUNTY BAT MOBILE UNIT 5 420

Serial Number: 008698 Test Date: 11/10/2012

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:18pm 10:19pm
ACCY CHK	.00	10:19pm
AIR BLK	.00	10:20pm
SUB TEST	.00	10:21pm
AIR BLK	.00	10:22pm
SUB TEST	.00	10:23pm
AIR BLK	.00	10:24pm

Repexted AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst O. TUS-P.

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

	INTUXIMETERS, MODEL INTUX EC/IR II
County	[ LICHMOND Instrument Location Behavior Co. MAGISTRATES C
Instrumen	t Serial No. 00 8840 ROCKINGHAM, NC
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.
	nat on the
GREAT OF STATE OF STA	Signature of Certifying Official  Certificate Number

RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008840 Test Date: 11/19/2012

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:48am 10:49am 10:50am
AIR BLK	.00	10:51am
SUB TEST	.00	10:51am
AIR BLK	.00	10:52am
SUB TEST	.00	10:54am
AIR BLK	.00	10:55am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

## RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008840 Test Date: 11/19/2012

Test Record Number: 980 Test Time: 10:56am EST

System Check: Passed

## Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	10:57am
SRC	Pass	10:57am
DET	Pass	10:57am
BAR	Pass	10:57am
BT	Pass	10:57am

### Blank Tests

Test	Status	Time
AIR	Pass	10:57am

### Printer Tests

Test	Status	Time
PRNT	Pass	10:57am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:58am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

10:58am

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

County R	ch mone O Instrument Lo	ocation Richmond Co. Masistratos O
Instrument Se	rial No. 008701 Rocking	jham, NC
The preventive four months a	e maintenance procedures for the Intoximeters, Modere:	el Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, 34 degrees, plus or minus .2 degree centigrade;	, or the alcoholic breath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath	h sample;
7.	When "PLEASE BLOW" appears, collect breat	h sample;
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.		nged before expiration date, or the alcoholic breath nonths or after 125 Alcoholic Breath Simulator tests,
	on the 19 th day of 1000 mber ere performed on the instrument indicated above, in a f Health and Human Services, and the instrument is f	
STATE OF THE STATE	S O C L L C A ROLL L L L L L L L L L L L L L L L L L	
* ESE QUAM VII	Signature of Certifyin	SR GS1 ng Official Certificate Number

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

# RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008701 Test Record Number: 996
Test Date: 11/19/2012 Test Time: 10:56am EST

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	10:57am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:57am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:58am

Preventive Maintenance Status: Pass

Pass

10:58am

CAL

Analyst

RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008701 Test Date: 11/19/2012

Citation Number: M0000000-0 Subject's Name: NONE, NONE Subject'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	10:49am 10:50am
ACCY CHK	.07	10:51am
AIR BLK	.00	10:52am
SUB TEST	.00	10:52am
AIR BLK	.00	10:53am
SUB TEST	.00	10:55am
AIR BLK	.00	10:56am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County	ANSON Instrument Location ANSON Co. Shenffs OFFICE
Instrument S	erial No. <u>DOBS97</u> <u>WADESGORD</u> NC
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures Department	t on the
STAN STAN STAN STAN STAN STAN STAN STAN	Signature of Certifying Official Certificate Number

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

ANSON COUNTY ANSON COUNTY SO. 030

Serial Number: 008597 Test Date: 11/19/2012

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: 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	12:07pm 12:07pm
ACCY CHK AIR BLK	.07 .00	12:08pm 12:09pm
SUB TEST	.00	12:10pm
AIR BLK	.00	12:11pm
SUB TEST	.00	12:12pm
AIR BLK	.00	12:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# ANSON COUNTY ANSON COUNTY SO. 030

Serial Number: 008597 Test Record Number: 862 Test Date: 11/19/2012 Test Time: 12:14pm EST

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:15pm

# Printer Tests

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

Preventive Maintenance Status: Pass

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

	INTUATRIETE	RS, MODEL INTOX EC/II	<b>1</b>
County An	150N	Instrument Location Awson	Co. Sheriffs Off
Instrument Seri	al No. <u>008739</u>	Wadesboro, NC	
The preventive four months are		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 d	r displays pressure, or the alcoholic breath egree centigrade;	simulator thermometer shows
2.	Verify instrument displays tim	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	<b>d;</b>	
5.	Verify instrument accuracy;		
· <b>6.</b>	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 ch whichever occurs first.	nister is being changed before expiration of anged every four months or after 125 Alc	date, or the alcoholic breath oholic Breath Simulator tests,
I certify that or procedures we Department of	re performed on the instrument in	the for dicated above, in accordance with current the instrument is functioning properly.	going preventive maintenance it regulations of the N.C.
THE STATE OF THE CAREATORY OF THE CAREAT	Danie O	gnature of Certifying Official	G5   Certificate Number

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

ANSON COUNTY ANSON COUNTY S.O. 030

Serial Number: 008739 Test Date: 11/19/2012

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: TRUDELL, SR., DANIEL T
Permit Number: 21535E
Effective:
09/01/2011-09/01/2013

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

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

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

Reported AC: .00 g/210L

Court CVR

OF TOUR OD.

Analyst

# ANSON COUNTY ANSON COUNTY S.O. 030

Serial Number: 008739 Test Record Number: 169
Test Date: 11/19/2012 Test Time: 12:12pm EST

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

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

# Blank Tests

Test	Status	Time
AIR	Pass	12:13pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County Har	weth Instrument Location Duwn to lice Dopal.
Instrument Serie	al No. 00 8644 Dunn, 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;
<b>7.</b>	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the 15 th day of November, 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.
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.

HARNETT COUNTY DUNN POLICE DEPT. 420

Serial Number: 008644 Test Date: 11/15/2012

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: TRUDELL, SR., DANIEL T

Permit Number: 21535E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG204603 Exp Date: 02/15/2014

Test	g/210L	Time
DIAG	Pass	9:51am
AIR BLK	.00	9:51am
ACCY CHK	.08	9:52am
AIR BLK	.00	9:53am
SUB TEST	.00	9:54am
AIR BLK	.00	9:55am
SUB TEST	.00	9:56am
AIR BLK	.00	9:57am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# HARNETT COUNTY DUNN POLICE DEPT. 420

Serial Number: 008644 Test Record Number: 925
Test Date: 11/15/2012 Test Time: 9:59am EST

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	9:59am
FLO.	Pass	9:59am
FC	Pass	9:59am

# Temperature Tests

Test	Status	Time
FC1	Pass	9:59am
SRC	Pass	9:59am
DET	Pass	9:59am
BAR	Pass	9:59am
BT	Pass	9:59am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:00am

# Printer Tests

Test	Status	Time
PRNT	Pass	10:00am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:00am 10:00am

Preventive Maintenance Status: Pass

Analyst Q 4

PREVENTIVE MAINTENANCE RECORD

INTOXIMETERS, MODEL INTOX EC/IR II ____ Instrument Location County Instrument Serial No. <u>208</u>48 5 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy;

When "PLEASE BLOW" appears, collect breath sample;

When "PLEASE BLOW" appears, collect breath sample;

Print test record;

Verify Diagnostic Program; and

Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

**OVEMBER**, 20 12 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.



6.

7.

8.

9.

Signature of Certifying Official

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

NASH COUNTY BAT MOBILE UNIT 4 630

Serial Number: 008734 Test Date: 11/17/2012

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00 .00 .00	7:05pm 7:06pm 7:07pm 7:08pm 7:10pm 7:11pm 7:13pm 7:14pm

Reperted AC:

 $00\sqrt{6}/2101$ 

Signature of Chemical Analyst

Court CVR

Analyst

# NASH COUNTY BAT MOBILE UNIT 4 630

Serial Number: 008734 Test Record Number: 611 Test Date: 11/17/2012 Test Time: 7:20pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR .	Pass	7:21pm
FLO	Pass	7:21pm
FC	Pass	7:21pm

# Temperature Tests

Test	Status	Time
FC1	Pass	7:21pm
SRC	Pass	7:21pm
DET	Pass	7:21pm
BAR	Pass	7:21pm
$\mathtt{BT}$	Pass	7:21pm

#### Blank Tests

Test	Status	Time
AIR	Pass	7:22pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:22pm
	CRC Tests	•
Test	Status	Time
COMP CAL	Pass Pass	7:22pm 7:22pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location BAT Mabile 41.7 County Instrument Serial No. 008434 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; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. Print test record; 8. 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

NASH COUNTY BAT MOBILE UNIT 4 630

Serial Number: 008734 Test Date: 11/17/2012

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: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00 .00	7:05pm 7:06pm 7:07pm 7:08pm <b>7:10pm</b> 7:11pm <b>7:13pm</b>
AIR BLK	.00	7:14pm

Reported AC:

00/q/210L

Signature of Chemical Analyst

Court CVR

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Forensic Tests for Alcohol Branch
Department of Health and Human Services

Analyst

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# NASH COUNTY BAT MOBILE UNIT 4 630

Serial Number: 008734 Test Record Number: 611
Test Date: 11/17/2012 Test Time: 7:20pm EST

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

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

#### Blank Tests

resc	Status	TIME
AIR	Pass	7:22pm

#### Printer Tests

Status Time

Test

PRNT	Pass	7:22pm
	CRC Tests	
Toat	Chatua	Timo

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

Preventive Maintenance Status: Pass

Analyst

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

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

Signature of Certifying Official

NASH COUNTY BAT MOBILE UNIT 4 630

Serial Number: 008871 Test Date: 11/17/2012

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: 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	7:07pm
AIR BLK	.00	7:08pm
ACCY CHK	.07	7:08pm
AIR BLK	.00	7:09pm
SUB TEST	.00	7:10pm
AIR BLK	.00	7:11pm
SUB TEST	.00	7:13pm
ATR BLK	. 0.0	7:14pm

Reported AC: , 800

 $\mathcal{A}_{0} = \frac{\sigma}{2100}$ 

Signature of Chemical Analyst

Court CVR

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Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Analyst

#### NASH COUNTY BAT MOBILE UNIT 4 630

Serial Number: 008871

Test Record Number: 587

Test Date: 11/17/2012

Test Time: 7:16pm EST

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	7:16pm
FLO	Pass	7:16pm
FC	Pass	7:16pm

# Temperature Tests

Test	Status	Time
FC1	Pass	7:16pm
SRC	Pass	7:16pm
DET	Pass	7:16pm
BAR	Pass	7:16pm
BT	Pass	7:16pm

# Blank Tests

Test	Status	Time
AIR	Pass	7:17pm

### Printer Tests

Test	Status	Time
PRNT	Pass	7:17pm

# CRC Tests

Test	Status	Time
COMP	Pass	7:1 <b>7</b> pm
CAL	Pass	7:17pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location BAT Wab. le United Instrument Serial No. 2082 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; 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; 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 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

ertificate Number

NASH COUNTY BAT MOBILE UNIT 4 630

Serial Number: 008871 Test Date: 11/17/2012

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: 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	7:07pm
AIR BLK	.00	7:08pm
ACCY CHK	.07	7:08pm
AIR BLK	.00	7:09pm
SUB TEST	.00	7:10pm
AIR BLK	.00	7:11pm
SUB TEST	.00	7:13pm
AIR BLK	.00	7:14pm

Reported AC; .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

# NASH COUNTY BAT MOBILE UNIT 4 630

Serial Number: 008871

Test Record Number: 587

Test Date: 11/17/2012

Test Time: 7:16pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	7:16pm
FLO	Pass	7:16pm
FC	Pass	7:16pm

# Temperature Tests

Test	Status	Time
FC1	Pass	7:16pm
SRC	Pass	7:16pm
DET	Pass	7:16pm
BAR	Pass	7:16pm
BT	Pass	7:16pm

#### Blank Tests

Test	Status	Time
ATR	Pass	7:17rom

#### Printer Tests

IESC	Status	TTIIE
PRNT	Pass	7:17pm

### CRC Tests

Test	Status	Time
COMP	Pass	7:17pm
CAL	Pass	7:17pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Unke Instrument Location BAT Mabile Unit 4
Instrument Se	erial No. <u>2038 71</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
	Verify that the ethanol gas canister is being changed before 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 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.

WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008871 Test Date: 11/03/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:57pm 9:58pm
ACCY CHK	.07	9:59pm
AIR BLK	.00	10:00pm
SUB TEST	.00	10:00pm
AIR BLK	.00	10:01pm
SUB TEST	.00	10:03pm
AIR BLK	.00	10:04pm

Reported AC: ___00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008871 Test Date: 11/03/2012 Test Record Number: 583 Test Time: 10:05pm EDT

System Check: Passed

### Baseline Tests

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

# Temperature Tests

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

#### Blank Tests

Test	Status	T'i.me
AIR	Pass	10:06pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

10:06pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location BAT Mobile Unit Instrument Serial No. 2088 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; When "PLEASE BLOW" appears, collect breath sample; 7. 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 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

#### WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008871 Test Date: 11/03/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	9:57pm 9:58pm 9:59pm 10:00pm
SUB TEST	.00	10:00pm
AIR BLK	.00	10:01pm
SUB TEST	.00	10:03pm
AIR BLK	.00	10:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008871 Test Record Number: 583 Test Date: 11/03/2012 Test Time: 10:05pm EDT

System Check: Passed

# Baseline Tests

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

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:06pm

### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	WAKE	Instrument Location BAT	Mabile Unit4
Instrumen	nt Serial No. <u>008434</u>		
The preve	entive maintenance procedures for the	e Intoximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas canisto 34 degrees, plus or minus .2	ter displays pressure, or the alcoholic degree centigrade;	breath simulator thermometer shows
2.	Verify instrument displays ti	ime and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	red;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
7.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.		anister is being changed before expire hanged every four months or after 12	
procedure	hat on theday ofday of	indicated above, in accordance with c	
GREAT SE	\ / / / . /	ignature of Certifying Official	Certificate Number

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

WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008734 Test Date: 11/03/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

#### WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008734 Test Record Number: 609 Test Date: 11/03/2012 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

#### Blank Tests

Test	Status	Time
ATR	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

Analyst

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

County /	INTOXIMETERS, MODEL INTOX ECTR II  JAke Instrument Location BAT Makile United
·	erial No. <u>2084.34</u>
The preventi	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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 day of 10 vent 20 12 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. at of Health and Human Services, and the instrument is functioning properly.
CREAT SEA	

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

WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008734 Test Date: 11/03/2012

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

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	9:58pm 9:59pm 10:00pm
AIR BLK SUB TEST	.00 .00	10:01pm <b>10:01pm</b>
AIR BLK	.00	10:01pm
SUB TEST	.00	10:04pm
ATR BLK	0.0	10.050m

Reported AC:, _00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008734 Test Record Number: 609

System Check: Passed

# Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:06pm 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

#### Blank Tests

Test	Status	Time
ATR	Pagg	10.07pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:07pm
	CRC Tests	

rest	Status	Time
COMP	Pass	10:07pm
CAL	Pass	10:07pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Instrument Serial No. 2087 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

simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests,



10.

whichever occurs first.

Signature of Certifying Official

Certificate Number

WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008717 Test Date: 11/03/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

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	10:00pm 10:01pm 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/210Lj

Signature of Chemical Analyst

Court CVR

Analyst

#### WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008717 Test Record Number: 308
Test Date: 11/03/2012 Test Time: 10:07pm EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

Status	Time
Pass	10:08pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	10:08pm

#### Printer Tests

Status

Test

Time

PRNT	Pass	10:08pm
	CRC Tests	
T∈st	Status	Time
COMP CAL	Pass Pass	10:08pm 10:08pm

Preventive Maintenance Status: Pass

Ānalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	MAKE	Instrument Location 34	Mobile Unit4
Instrument Se	erial No. <u>(208</u> 1/17)		
The preventive four months a	ve maintenance procedures for the Interection	oximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr	isplays pressure, or the alcoholic broree centigrade;	eath simulator thermometer show
2.	Verify instrument displays time a	and date;	e e e e e e e e e e e e e e e e e e e
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appea	rs, collect breath sample;	
7.	When "PLEASE BLOW" appea	rs, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		ter is being changed before expirations and every four months or after 125 A	
	on the day of	cated above, in accordance with cur	
THE STATE OF THE S	Signa	ture of Certifying Official	Certificate Number

WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008717 Test Date: 11/03/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG920302

Exp Date: 09/06/2013

Test	g/210L	Time
DIAG	Pass	10:00pm 10:01pm
AIR BLK ACCY CHK	.00 .07	10:01pm
AIR BLK	.00	10:02pm
SUB TEST	.00	10:03pm
AIR BLK	.00	10:04pm
SUB TEST	.00	10:05pm
ATD BILV	00	10:06pm

Reported AC: 1.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008717 Test Record Number: 308
Test Date: 11/03/2012 Test Time: 10:07pm EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	10:08pm

#### Printer Tests

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

10:08pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

County_	MONTSOMERY Co. JAIL
Instrumer	nt Serial No. 009863 TROY, NC
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	nat on the
THE GREAT SA	Signature of Certifying Official Certificate Number

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008863 Test Date: 11/15/2012

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: AG026603 Exp Date: 03/06/2014

Test	g/210L	Time
DIAG AIR BLK	Pass	12:41pm 12:41pm
ACCY CHK	.08	12:42pm
AIR BLK	.00	12:43pm
SUB TEST	.00	12:43pm
AIR BLK	.00	12: <b>4</b> 5pm
SUB TEST	.00	12:46pm
AIR BLK	.00	12:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008863 Test Record Number: 119
Test Date: 11/15/2012 Test Time: 12:48pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO:	Pass Pass	12:48pm 12:48pm
FC	Pass	12:48pm

## Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	12:48pm 12:48pm 12:48pm 12:48pm
BT	Pass	12:48pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:49pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:49pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:49pm

12:49pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

County	MONTSOMERY Instrument Location MONTSO MER	y Co. JAIL
Instrumen	nt Serial No. 008721 TROY, NC	· ·
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed ths are:	l at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulat 34 degrees, plus or minus .2 degree centigrade;	or thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	9
7.	When "PLEASE BLOW" appears, collect breath sample;	v
8.	Print test record;	
9.	Verify Diagnostic Program; and	,
10.	Verify that the ethanol gas canister is being changed before expiration date, or t simulator solution is being changed every four months or after 125 Alcoholic B whichever occurs first.	
procedure	hat on the	eventive maintenance ons of the N.C.
GREAT STATE	TATE OF NORTH	
* ESSE OF	Signature of Certifying Official Ce	37/

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008721 Test Date: 11/15/2012

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: AG206603 Exp Date: 03/06/2014

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	11:33am 11:34am 11:35am 11:36am
AIR BLK SUB TEST	.00	11:38am 11:39am
AIR BLK	.00	11:40am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008721

Test Record Number: 697

Test Date: 11/15/2012

Test Time: 11:42am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:42am
FLO	Pass	11:42am
FC	Pass	11:42am

## Temperature Tests

Test	Status	Time
FC1	Pass	11:43am
SRC	Pass	11:43am
DET	Pass	11:43am
BAR	Pass	11:43am
BT	Pass	11:43am

#### Blank Tests

Test	Status	Time
ΔTR	Pagg	11·43am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:43am
	CRC Tests	

Test	Status	Time
COMP	Pass	11:43am
CAL	Pass	11:43am

Preventive Maintenance Status: Pass

Analyst

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

	INTOXIMETERS, MODEL INTOX EC/IR II		
County /	MOORE Instrument Location MOORE Co. SAIL		
Instrument Ser	ial No. DO8735 CARTHAGE, NC		
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
I certify that or procedures wer Department of	the <u>05</u> day of <u>Noverage</u> , 20 <u>/2</u> the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.		
THE STATE OF THE S	Signature of Certifying Official Certificate Number		

#### MOORE COUNTY MOORE COUNTY JAIL 620

Serial Number: 008735 Test Date: 11/05/2012

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: RUSSELL, LARRY H

Permit Number: 06108E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### MOORE COUNTY MOORE COUNTY JAIL 620

Serial Number: 008735 Test Record Number: 1145
Test Date: 11/05/2012 Test Time: 12:23pm EST

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	12:23pm
SRC	Pass	12:23pm
DET	Pass	12:23pm
BAR	Pass	12:23pm
BT	Pass	12:23pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:24pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

County Edg	instrument Location Edge combe (v. Magistra		
	INO. DOS1003 300S. Anaconda Rd., Tarboro, N.C		
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 13th day of November, 2017 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.		
OF THE STATE OF A STAT	Signature of Certifying Official Certificate Number		

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008603 Test Date: 11/13/2012

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

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

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

Analyst's Name: 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: AG203103 Exp Date: 01/31/2014

Test	g/210L	Time
DIAG	Pass	10:22am 10:22am
AIR BLK ACCY CHK	.00 .07	10:22am
AIR BLK	.00	10:24am
SUB TEST	.00	10:25am
AIR BLK	.00	10:26am
SUB TEST	.00	10:27am
AIR BLK	.00	10:28am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008603

Test Record Number: 1225
Test Time: 10:31am EST

Test Date: 11/13/2012 Test Time: 10:31am EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	10:32am
FLO	Pass	10:32am
FC	Pass	10:32am

## Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	10:33am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:33am
	CRC Tests	

rest	Status	ııme
COMP	Pass	10:33am
CAL	Pass	10:33am

Preventive Maintenance Status: Pass

Analyst

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

County Edge	combe	Instrument Location Edge C	ombe Co. Magistrate
Instrument Seria	11 No. 008663	300 S. Anaronda	RI., Tarboio, NC
The preventive r		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		breath simulator thermometer shows
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ears, collect breath sample;	
<b>7.</b>	When "PLEASE BLOW" appe	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	d	
10.		ster is being changed before expira- nged every four months or after 12	ation date, or the alcoholic breath 5 Alcoholic Breath Simulator tests,
	berrornien ou me manament ma	ender, 2012 the licated above, in accordance with content is functioning properties.	
THE STATE OF A LOCAL PROPERTY OF THE STATE OF A LOCAL PROPERTY OF THE STATE OF THE	Zell Sign	hature of Certifying Official	Certificate Number

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR
320

Serial Number: 008663 Test Date: 11/13/2012

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

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

Analyst's Name: 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: AG203103 Exp Date: 01/31/2014

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:18am 10:18am 10:19am
AIR BLK	.00	10:20am
SUB TEST	.00	10:20am
AIR BLK	.00	10:21am
SUB TEST	.00	10:23am
AIR BLK	.00	10:24am

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

## EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008663

Test Record Number: 1831

Test Date: 11/13/2012

Test Time: 10:26am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:27am 10:27am
FC	Pass	10:27am

## Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	10:27am 10:27am 10:27am 10:27am
$\mathtt{BT}$	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

COMP	Pass	10:28am
CAL	Pass	10:28am

Preventive Maintenance Status: Pass

**Analyst** 

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

Instrument Serial No. DOS 829  Adding St., Plymouth, M.C.  The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:  1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus 2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  1 certify that on the day of Danes 2 20 / 2 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.	County Was	Shington Instrument Location Washington Co. S.O.
1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  1 certify that on the	Instrument Ser	ial No. 008829 Alams St., Plymouth, N.C.
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the		
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the	1.	
4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  1 certify that on the	2.	Verify instrument displays time and date;
5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  1 certify that on the	3.	Initiate breath test sequence;
6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  1 certify that on the	4.	Enter information as prompted;
7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  1 certify that on the	5.	Verify instrument accuracy;
8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the	6.	When "PLEASE BLOW" appears, collect breath sample;
9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the	7.	When "PLEASE BLOW" appears, collect breath sample;
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the	8.	Print test record;
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the	9.	Verify Diagnostic Program; and
procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.  STATE OF THE ST	10.	simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests,
	procedures we	re performed on the instrument indicated above, in accordance with current regulations of the N.C.
/ Signature of Cartifying Official Cartificate Number	CALL STATE OF STATE O	Signature of Certifying Official Certificate Number

#### WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829 Test Date: 11/01/2012

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: AG203902 Exp Date: 02/08/2014

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	11:33am 11:33am 11:34am
AIR BLK	.00	11:35am
SUB TEST	.00	11:35am
AIR BLK	.00	11:36am
SUB TEST	.00	11:38am
AIR BLK	.00	11:39am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829

Test Record Number: 436

Test Date: 11/01/2012

Test Time: 11:46am EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
		V = 9
IR	Pass	11:46am
FLO	Pass	11:46am
FC	Pass	11:46am

## Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	11:47am

## Printer Tests

Test	Status	Time
PRNT	Pass	11:47am
	CRC Tests	

Test	Status	Time
COMP	Pass	11:47am
CAL	Pass	11:47am

Preventive Maintenance Status: Pass

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

ri buya.	INTOXIMET	ERS, MODEL INTOX	EC/IR II
County B	ortie	Instrument Location	He 6.50.
Instrument S	Serial No. <u>008588</u>	104 Dundee S	St. Windsor, NC.
The preventi		e Intoximeters, Model Intox EC/II	R II to be followed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2		olic breath simulator thermometer show
2.	Verify instrument displays t	ime and date;	
3.	Initiate breath test sequence;	;	
4.	Enter information as prompt	red;	
5;	Verify instrument accuracy;		
6.	When "PLEASE BLOW" a	ppears, collect breath sample;	
7.	When "PLEASE BLOW" a	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.			epiration date, or the alcoholic breath r 125 Alcoholic Breath Simulator tests,
	vere performed on the instrument	indicated above, in accordance wind the instrument is functioning pr	
THE STATE OF THE S	E O NO LA CAROLINA DE LA CAROLINA DEL CAROLINA DE LA CAROLINA DEL CAROLINA DE LA		
ESSE QUAM V	<u> </u>	BM-C	643
	S	ignature of Certifying Official	Certificate Number

BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008588 Test Date: 11/09/2012

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

rmit Number: 12955E Effective:

08/01/2011-08/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	1:26pm 1:27pm
ACCY CHK	.08	1:28pm
AIR BLK	.00	1:29pm
SUB TEST	.00	1:29pm
AIR BLK	.00	1:30pm
SUB TEST	.00	1:32pm
AIR BLK	.00	1:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008588 Test Record Number: 718 Test Date: 11/09/2012 Test Time: 1:34pm EST

System Check: Passed

## Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	1:35pm

#### Printer Tests

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

COMP Pass 1:36pm CAL Pass 1:36pm

Preventive Maintenance Status: Pass

Analyst

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

County CLAW	borland Instrument Location Cumberland Co. Detend
Instrument Serial	No. 008672 Foyetteville, 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.
	day of Noverno, 2019 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
THE STATE OF NO.	CAROLLA CAROLL
COMMITTER	Signature of Certifying Official Certificate Number

#### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008672 Test Date: 11/13/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: TRUDELL, SR., DANIEL T Permit Number: 21535E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:22am 10:23am
ACCY CHK	.07	10:23am
AIR BLK	.00	10:24am
SUB TEST	.00	10:25am
AIR BLK	.00	10:26am
SUB TEST	.00	10:27am
ATR BLK	. 0.0	10:28am

.00 g/210L Reported AC:

Signature of Chemical Analyst

Court CVR

Analyst

#### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008672 Test Record Number: 3228 Test Date: 11/13/2012 Test Time: 10:30am EST

## System Check: Passed

#### Baseline Tests

FLO Pass	10:31am 10:31am
FC Pass	10:31am

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:32am

## Printer Tests

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

Preventive Maintenance Status: Pass

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

County C. YA	bortand Instrument Location Cumberland Co. Detailing		
Instrument Seria	INO. 008632 Fayelleville, 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 day of Now 1000 1000 1000 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.		
OTH STATE OF A CHARLES OF A CHA	Signature of Certifying Official Certificate Number		

#### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632 Test Date: 11/13/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: TRUDELL, SR., DANIEL T Permit Number: 21535E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:20am 10:21am 10:21am
AIR BLK	.00	10:22am
SUB TEST	.00	10:23am
AIR BLK	.00	10:24am
SUB TEST	.00	10:25am
AIR BLK	.00	10:26am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632

Test Record Number: 2207

Test Date: 11/13/2012

Test Time: 10:30am EST

System Check: Passed

## Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
ATR	Pass	10:31am

## Printer Tests

Test	Status	Time
PRNT	Pass	10:31am
	CRC Tests	
Test	Status	Time
СОМЪ	Pass	10:31am

Preventive Maintenance Status: Pass

Pass

10:31am

CAL

Analyst

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

County Clary	nortand Instrument Location Cumberland C. Detendiore
Instrument Serial	No. 008614 Fayelleville, NC
The preventive m four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the 13 th day of 1000 vivo vec , 2012 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 GUAM VIDERS TO THE OWN VIDERS TO THE STATE OF ALL THE OWN VIDERS TO THE OWN VIDE	Man. Ottowall and GSI
, š	Signature of Certifying Official Certificate Number

#### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008614 Test Date: 11/13/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Permit Number: 21535E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG204603 Exp Date: 02/15/2014

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00 .00	10:09am 10:10am 10:11am 10:12am
AIR BLK	.00	10:14am
SUB TEST	.00	10:15am
ATR BLK	. 0.0	10:16am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

#### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008614 Test Record Number: 2093 Test Date: 11/13/2012 Test Time: 10:17am EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:18am 10:18am
FC	Pass	10:18am

## Temperature Tests

Test Status	
FC1 Pass	10:18am
SRC Pass	10:18am
DET Pass	10:18am
BAR Pass	10:18am
BT Pass	10:18am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:19am

## Printer Tests

Test	Status	Time
PRNT	Pass	10:19am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:19am 10:19am

Preventive Maintenance Status: Pass

Analyst

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

	INTOXIMETERS, MODEL INTOX EC/IN II
County Cal	Instrument Location Chrybertand Co. Defaulto
Instrument Se	rial No. OOS633 Fave Heville, 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.
procedures w	on the 13th day of 100000000000000000000000000000000000
TOTAL STATE OF THE	

#### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008633 Test Date: 11/13/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: TRUDELL, SR., DANIEL T Permit Number: 21535E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG204603 Exp Date: 02/15/2014

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:08am 10:08am 10:09am
AIR BLK	.00	10:11am
SUB TEST	.00	10:11am
AIR BLK	.00	10:12am
SUB TEST	.00	10:14am
AIR BLK	.00	10:15am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

#### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008633

Test Record Number: 2256

Test Date: 11/13/2012

Test Time: 10:16am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:17am
FLO	Pass	10:17am
FC	Pass	10:17am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:17am
SRC	Pass	10:17am
DET	Pass	10:17am
BAR	Pass	<b>1</b> 0:17am
BT	Pass	10:17am

#### Blank Tests

Test	Status	Time	

AIR Pass 10:18am

#### Printer Tests

Test	Status	Time

PRNT Pass 10:18am

#### CRC Tests

Test	Status	Time
COMP	Pass	10:18am
CAL	Pass	10:18am

Preventive Maintenance Status: Pass

Analyst

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

County	WAKE	Instrument Location 1847 MDB, LG LGS,T
Instrument	Serial No. OO Loo	CANY
The preven	•	ntoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath simulator thermometer shows gree centigrade;
2.	Verify instrument displays time	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.		ster 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 Departmen	at on theday ofday of	the forgoing preventive maintenance licated above, in accordance with current regulations of the N.C. the instrument is functioning properly.
GREAT SET	ATE OF ACOUNTY OF ACOU	

#### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Record Number: 1108 Test Date: 11/02/2012 Test Time: 11:11pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status ,	Time
FC1	Pass	11:12pm
SRC	Pass	11:12pm
DET	Pass	11:12pm
BAR	Pass	11:12pm
BT	Pass	11:12pm
	1400	pm

#### Blank Tests

Test	Status	Time
AIR	Pass	11:13pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:13pm
	CRC Tests	
Test	S <b>t</b> atus ,	Time
COMP	Pass	11:13pm

11:13pm

Preventive Maintenance Status: Pass

Pass

CAL

### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600

Test Record Number: 1108

Test Date: 11/02/2012

Test Time: 11:11pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:13pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:13pm
	CRC Tests	

Test	Status	TIME
COMP	Pass	11:13pm
CAL	Pass	11:13pm

Preventive Maintenance Status: Pass

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

County	wake	Instrument Location 377	MOBILE LEST
Instrument Se	rial No. <u>&amp; 86 96</u>	Cooperag	
The preventiv	•	ntoximeters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 degrees.	displays pressure, or the alcoholic brea gree centigrade;	ath simulator thermometer shows
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ears, collect breath sample;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	d	
10.		ster is being changed before expiration nged every four months or after 125 A	
procedures we	ere performed on the instrument ind	the folicated above, in accordance with current is functioning properly.	orgoing preventive maintenance ent regulations of the N.C.
THE STATE OF THE S	Sign	cature of Certifying Official	Certificate Number

#### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Record Number: 893 Test Date: 11/02/2012 Test Time: 11:14pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:15pm
SRC	Pass	11:15pm
$_{ m DET}$	Pass	11:15pm
BAR	Pass	11:15pm
BT	Pass	11:15pm

#### Blank Tests

Test	Status	Time
AIR	Pass	11:16pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:16pm
	CRC Tests	
Test	Status	Time

COMP Pass 11:16pm CAL Pass 11:16pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Date: 11/02/2012

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: 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

210L Time
ss 10:59pm
0 11:00pm
7 11:00pm
0 11:01pm
0 11:02pm
0 11:03pm
0 11:05pm
0 11:06pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County	Water	Instrument Location BAT 1110B. Le Court
Instrument Se	erial No. <u>608788</u>	Company sound
The preventive four months a		toximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	lisplays pressure, or the alcoholic breath simulator thermometer shows tree centigrade;
2.	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.		ster is being changed before expiration date, or the alcoholic breath ged every four months or after 125 Alcoholic Breath Simulator tests,
hioceanies w		the forgoing preventive maintenance cated above, in accordance with current regulations of the N.C. ne instrument is functioning properly.
THE STATE OF THE S	S. NO.	Company of 121

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

Signature of Certifying Official

Certificate Number

#### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Record Number: 731 Test Date: 11/02/2012 Test Time: 11:13pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:13pm
FLO	Pass	11:13pm
FC	Pass	11:14pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:14pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:14pm
	CRC Tests	
Test	Status	Time

COMP	Pass	11:14pm
CAL	Pass	11:14pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Date: 11/02/2012

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: 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	10:58pm
AIR BLK ACCY CHK	.00 .07	10:59pm 10:59pm
AIR BLK	.00	11:01pm
SUB TEST AIR BLK	.00 .00	11:01pm 11:02pm
SUB TEST	.00	11:05pm
ATR BIK	.00	11:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

6- Illora

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

County	Wake Instrument Location Est Mosile Las. T
Instrumen	t Serial No. OOS 600 WAKE FORCET
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 day of the forgoing preventive maintenance s were performed on the instrument indicated above, in accordance with current regulations of the N.C. not of Health and Human Services, and the instrument is functioning properly.
SO SE	ATE ON NO. 1775 NO. 1

### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Record Number: 1114
Test Date: 11/03/2012 Test Time: 10:10pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
ATR	Pass	10:11rom

#### Printer Tests

Test	Status	Time
PRNT	Pass ,	10:11pm
	CRC Tests	
Test	Status	Time

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

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Date: 11/03/2012

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: NC
Driver's License Number: NONE

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

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

Lot Number: 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 .07 .00 .00	10:02pm 10:03pm 10:03pm 10:04pm 10:05pm 10:06pm 10:08pm
AIR BLK	.00	10:09pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Nitted

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

County L	sales	Instrument Location_	BAT M	DB. LE LL	4.1	#f- ,
Instrument Serie	al No. <u>CO8698</u>		WARE	( 2 though	<u> </u>	
The preventive four months are	maintenance procedures for the In	toximeters, Model Intox	EC/IR II to be for	ollowed at least or	ice ever	 У
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg		Icoholic breath	simulator thermon	neter sh	ows
2.	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	) <b>;</b>			ζ.,
7.	When "PLEASE BLOW" appe	ears, collect breath sample	);		***	1
8.	Print test record;					
9.	Verify Diagnostic Program; and	i				
10.	Verify that the ethanol gas canisimulator solution is being charwhichever occurs first.					
	theday of		ce with current i	oing preventive ma	aintenar N.C.	nce
THE STATE OF THE S	Je J	Le 6,776	al al	Cartificate N	6	<u>.</u>

#### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Record Number: 895 Test Date: 11/03/2012 Test Time: 10:12pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Status	Time
Pass	10:13pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	10:14pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:14pm
	CRC Tests	
Test	Status	Time
COMP	Pagg	10.14pm

Pass

10:14pm

Preventive Maintenance Status: Pass

CAL

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Date: 11/03/2012

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

S form is used when performing Preventive Maintenance procedures

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

County	WARE	Instrument Location 511 ///	Bucher, The
Instrument Se	erial No	Wake	Leves T
The preventive four months a	re maintenance procedures for the Intox	imeters, Model Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister disp 34 degrees, plus or minus .2 degree	plays pressure, or the alcoholic breath a centigrade;	simulator thermometer shows
2.	Verify instrument displays time and	d date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
<b>5.</b>	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears,	, collect breath sample;	
7.	When "PLEASE BLOW" appears,	, collect breath sample;	
8.	Print test record;		e de la companya de
9.	Verify Diagnostic Program; and		y ^{sel} (
10.		is being changed before expiration da l every four months or after 125 Alcoh	
I certify that of procedures we Department of	on the day of	ed above, in accordance with current restrument is functioning properly.	oing preventive maintenance regulations of the N.C.
THE STATE OF THE S	Signatur	e of Certifying Official	Certificate Number

#### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788

Test Record Number: 737

Test Date: 11/03/2012

Test Time: 10:12pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
		•
AIR	Pass	10:13pm

#### Printer Tests

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

Test	Status	Time
COMP	Pass	10:14pm
CÁL	Pass	10:14pm

Preventive Maintenance Status: Pass

Analyst Mark

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Date: 11/03/2012

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: 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 SUB TEST	Pass .00 .07 .00	10:03pm 10:04pm 10:05pm 10:06pm
	.00	10:06pm
AIR BLK	.00	10:07pm
SUB TEST	.00	10:09pm
AIR BLK	.00	10:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

INTOXIMETERS, MODEL INTOX EC/IR II			
County	Serial No. <u>()() 8870</u>	156 CHURCH ST.	CO. SHERIFFS DEFICE HENDERSON, NC
The preventi	ve maintenance procedures for the Into:	ximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degre	plays pressure, or the alcoholic bree centigrade;	eath simulator thermometer shows
2.	Verify instrument displays time ar	nd date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears	s, collect breath sample;	
7.	When "PLEASE BLOW" appears	s, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		r is being changed before expirations of after 125 A	
procedures w	on the 26 day of Novere performed on the instrument indicator of Health and Human Services, and the		ent regulations of the N.C.
STATION OF THE STATIO	Signatu	) Jnddure of Certifying Official	Certificate Number

#### VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870 Test Date: 11/26/2012

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: 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: AG206103 Exp Date: 03/01/2014

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:51am 10:52am 10:53am
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

Analyst

#### VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870

Test Record Number: 398

Test Date: 11/26/2012

Test Time: 10:58am EST

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
AIR	Pass	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

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

		ERS, MODEL INTOX EC/I	
County V	ANCE	Instrument Location VANCE	O. SHERIFFS LEP
Instrument S	erial No. <u>20893'7</u>	Instrument Location VANCE (	HENDERSON, NC
The prevention four months		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 breat degree centigrade;	h simulator thermometer shows
2.	Verify instrument displays tir	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	d;	
5.	Verify instrument accuracy;	•	
6.	When "PLEASE BLOW" ap	pears, 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 Alc	
procedures w	vere performed on the instrument is	the for dicated above, in accordance with current the instrument is functioning properly.	going preventive maintenance t regulations of the N.C.
STATE STATE OF STATE	Si	and Anuth	Certificate Number

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937 Test Date: 11/26/2012

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: 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: AG206103 Exp Date: 03/01/2014

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	10:36am 10:37am 10:37am 10:38am <b>10:39am</b>
AIR BLK	.00	10:40am
SUB TEST	.00	10:41am
AIR BLK	.00	10:42am

Reported AC:

Signature of Chemical Analyst

Court CVR

#### VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937 Test Date: 11/26/2012 Test Record Number: 1426
Test Time: 10:56am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:57am

#### Printer Tests

Test	Status	Time
PRNT	Pass	<b>1</b> 0:57am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:58am

10:58am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst