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

County Ca	rteret Instrument Location BAT Mobile Unit
Instrument Serie	al No. DO8898 Morehad
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
<b>1.</b>	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t procedures were Department of H	the day of day o
OKEAT OF THE OF	A CARDINATION OF THE CARDINATION
* EDE OTTOM ADER *	X.C. Moch 601
	Signature of Certifying Official Certificate Number

### CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008898

Test Record Number: 529

Test Date: 02/18/2011

Test Time: 10:14pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test Status Time	)
FC1 Pass 10:1	.5pm
SRC Pass 10:1	
DET Pass 10:1	.5pm
BAR Pass 10:1	.5pm
BT Pass 10:1	5pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:16pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

10:16pm

CAL

CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008898 Test Date: 02/18/2011

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
10/01/2009-10/01/2011

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

Lot Number: AG002803 Exp Date: 01/28/2012

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

The Analyst

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

$\alpha$	INTOAIMETERS, MODEL INTOX EC/IR II
County <u>C</u>	Instrument Location BAT Wobile Up.
Instrument Ser	rial No. 608939 Morehead City
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
- 9 <sub>v</sub>	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer	the / K day of February, 20 // 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 OF THE STATE OF OF THE STATE OF	Kic Made 601
	Signature of Certifying Official Certificate Number

### CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008939 Test Date: 02/18/2011

Test Record Number: 480 Test Time: 10:10pm EST

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	Pass	10:11pm
SRC	Pass	10:11pm
DET	Pass	10:11pm
BAR	Pass	10:11pm
BT	Pass	10:11pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:11pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:12pm
	CRC Tests	

Test	Status	Time
COMP	Pass	10:12pm
CAL	Pass	10:12pm

Preventive Maintenance Status: Pass

K. C. Marke

### CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008939 Test Date: 02/18/2011

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: *Male* river's License State: *xx* 

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

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

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG002803 Exp Date: 01/28/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	10:01pm 10:02pm 10:03pm 10:04pm 10:05pm 10:06pm
SUB TEST	.00	10:07pm
AIR BLK	.00	10:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County &	and Hanover Instrument Location BAT Mobile Uni
Instrument S	erial No. 008939 Wilmington
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 of procedures we Department of	on the
STATE OF THE STATE	K. C. Mark

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: 008939 Test Date: 02/19/2011

Test Record Number: 482 Test Time: 11:17pm EST

3. St. 3. 1. 1.

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:17pm
FLO	Pass	11:17pm
FC	Pass	11:17pm

#### Temperature Tests

Test	Status	Time
FC1	Pass.	11:17pm
SRC	Pass	11:17pm
DET	Pass	11:17pm
BAR	Pass	11:17pm
BT	Pass	11:17pm

#### Blank Tests

Test	Status	Time
AIR	Pass	11:18pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:18pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:18pm 11:18pm

Preventive Maintenance Status: Pass

Analyst

NEW HANOVER COUNTY BAT MOBILE UNIT 6

Serial Number: 008939 Test Date: 02/19/2011

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:
10/01/2009-10/01/2011

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

Lot Number: AG002803 Exp Date: 01/28/2012

Test	g/210L	Time
	\$ <u></u>	
DIAG	Pass	11:04pm
AIR BLK	.00	11:05pm
ACCY CHE	80.	11:06pm
AIR BLK	.00	11:07pm
SUB TEST	.00	11:07pm
AIR BLK	.00	11:08pm
SUB TEST	.00	11:12pm
AIR BLK	.00	11:13pm

Reported AC: .00 gg/210L

Signature of Chemical Analyst

Court CVR

A. C. Analyst

## PREVENTIVE MAINTENANCE RECORD

A	INTOXIMETERS, MODEL INTOX EC/IR II
County /	en Handrer Instrument Location Hat Mobile Unio
Instrument S	Gerial No. DOSBGE Wilmington
The preventi	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
·	arc.
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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
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.

#### NEW HANOVER COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008898 Test Date: 02/19/2011 Test Record Number: 531
Test Time: 11:40pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:40pm 11:40pm
FC	Pass	11:40pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:40pm 11:40pm 11:40pm 11:40pm 11:40pm
		<u></u>

#### Blank Tests

Test	Status	Time
AIR	Pass	11:41pm

#### Printer Tests

Status

Time

11:41pm

Test

CAL

PRNT	Pass	11:41pm
	CRC Tests	
Test	Status	Time
COMP	Pass	11:41om

Preventive Maintenance Status: Pass

Pass

J. C. Malyst

NEW HANOVER COUNTY BAT MOBILE UNIT 6

Serial Number: 008898 Test Date: 02/19/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG002803 Exp Date: 01/28/2012

Test q/210L Time

DIAG	Pass	11:18pm
AIR BLK	.00	11:19pm
ACCY CHK	.07	11:20pm
AIR BLK	.00	11:21pm
SUB TEST	.00	11:21pm
AIR BLK	.00	11:22pm
SUB TEST	.00	11:24pm
AIR BLK	.00	11:25pm

Reported AC: .00/g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County M'	tohe!! Instrument Location Spruce Pine PD
Instrument Seri	Instrument Location Spruce Pine PD  al No. 008726  Spruce Pine, wc
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 were Department of H	the <u>formed on the instrument indicated above, in accordance with current regulations of the N.C.</u> The least the formed on the instrument indicated above, in accordance with current regulations of the N.C. The least the formed on the instrument is functioning properly.
STATE OF MENTAL PROPERTY OF THE STATE OF THE	Signature of Certifying Official Cortificate Number

MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008726 Test Date: 02/10/2011

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
10/01/2009-10/01/2011

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

Lot Number: AG002704 Exp Date: 01/27/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	4:33pm 4:34pm 4:35pm
AIR BLK SUB TEST	.00	4:36pm 4:36pm
AIR BLK SUB TEST	.00	4:37pm 4:39pm
AIR BLK	.00	4:40pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Analyst

### MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008726 Test Date: 02/10/2011 Test Record Number: 383
Test Time: 4:41pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass	4:41pm 4:41pm
FC	Pass	4:41pm

#### Temperature Tests

Status	Time
Pass	4:42pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	4:42pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:42pm
	CRC Tests	

Test	Status	Time
COMP	Pass	4:42pm
CAL	Pass	4:42pm

Preventive Maintenance Status: Pass

Analyst

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

County Mo	Instrument Location High and P.D.
Instrument Seri	ial No. 008795 Highlands, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	theday of
THE STATE OF A STATE O	OR HE CAROLINA TO THE CAROLINA
* FOR QUAM VADERY	Buil R. Cuth 635
	Signature of Certifying Official Certificate Number

MACON COUNTY HIGHLANDS PD 550

Serial Number: 008795 Test Date: 02/02/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 08457E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG910501 Exp Date: 04/15/2011

Test	g/210L	Time
DIAG	Pass	1:04pm
AIR BLK	.00	1:05pm
ACCY CHK	.07	1:06pm
AIR BLK	.00	1:07pm
SUB TEST	.00	1:07pm
AIR BLK	.00	1:08pm
SUB TEST	.00	1:11pm
ATR BLK	. 00	1 · 12 m

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Dail R. Cuth

#### MACON COUNTY HIGHLANDS PD 550

Serial Number: 008795 Test Date: 02/02/2011

Test Record Number: 177
Test Time: 1:13pm EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	1:13pm
FLO	Pass	1:13pm
FC	Pass	1:13pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:13pm
SRC	Pass	1:13pm
DET	Pass	1:13pm
BAR	Pass	1:13pm
BT	Pass	1:13pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:14pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:14pm
•		

#### CRC Tests

Test	Status	Time
COMP	Pass	1:14pm
CAL	Pass	1:14pm

Preventive Maintenance Status: Pass

Analyst

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

County Swain Instrument Location Sugin Co. Va.	1		
Instrument Serial No. 008727 Bryson City, NC	· · · · · · · · · · · · · · · · · · ·		
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least on four months are:	ce every		
<ol> <li>Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermom 34 degrees, plus or minus .2 degree centigrade;</li> </ol>	eter show		
2. Verify instrument displays time and date;			
3. Initiate breath test sequence;			
4. Enter information as prompted;			
5. Verify instrument accuracy;	Verify instrument accuracy;		
6. When "PLEASE BLOW" appears, collect breath sample;			
7. When "PLEASE BLOW" appears, collect breath sample;			
8. Print test record;			
9. Verify Diagnostic Program; and			
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.			
I certify that on the	intenance I.C.		
STATE OF NO STATE			
Signature of Certifying Official Certificate Nur	nber		

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008727 Test Date: 02/01/2011

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: 08457E
Effective:
10/01/2009-10/01/2011

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

Lot Number: AG910501 Exp Date: 04/15/2011

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008727 Test Date: 02/01/2011

Test Record Number: 504
Test Time: 11:05am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:05am
SRC	Pass	11:05am
DET	Pass	11:05am
BAR	Pass	11:05am
BT	Pass	11:05am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:06am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:06am
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

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

County Su	Instrument Location Swain Co. Jail
Instrument Seri	al No. OO8723 Bryson City, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	theday of
OTHE STATE OF A STATE	Cail R Cuth 635
	Signature of Certifying Official Certificate Number

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008723 Test Date: 02/01/2011

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 08457E
Effective:
10/01/2009-10/01/2011

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

Test Type: Breath Test

Lot Number: AG910501 Exp Date: 04/15/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	10:58am 10:58am 10:59am 11:00am
SUB TEST	.00	11:00am
AIR BLK	00	11:01am
SUB TEST	.00	11:03am
AIR BLK	.00	11:03am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

aif R. Cuth

#### SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008723 Test Date: 02/01/2011

Test Record Number: 249
Test Time: 11:04am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:04am
FLO	Pass	11:04am
FC	Pass	11:04am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:05am
SRC	Pass	11:05am
DET	Pass	11:05am
BAR	Pass	11:05am
BT	Pass	11:05am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:05am

#### Printer Tests

rest	Status	TIME
PRNT	Pass	11:05am
- 1	CRC Tests	•

Test	Status	Time
COMP	Pass	11:05am
CAL	Pass	11:05am

Preventive Maintenance Status: Pass

Analyst

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

Department of Health and Human Services

Rev. 12/2007

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

County K	AND 10H POUL 10 COUNTY
Instrument Ser	ial No. 008850 RANdolph County, JAIC
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 to procedures were Department of H	the
THE STATE OF AVERT AND	Signature of Certifying Official Certificate Number

RANDOLPH COUNTY RANDOLPH COUNTY JAIL 750

Serial Number: 008850 Test Date: 02/15/2011

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SIMMONS, PAUL T Permit Number: 08619E Effective: 10/01/2009-10/01/2011

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

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

į	Test	g/210L	Time
: E.	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
	AIR BLK	. 00	1 · 34 mm

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

## RANDOLPH COUNTY RANDOLPH COUNTY JAIL 750

Serial Number: 008850 Test Date: 02/15/2011

Test Record Number: 432 Test Time: 1:35pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:35pm
FLO	Pass	1:35pm
FC	Pass	1:36pm

## Temperature Tests

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

#### Blank Tests

Test	Status	Time

### AIR Pass 1:36pm

#### 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

~	INTOAIMETERS, MODEL INTOA EC/IR II
County	Instrument Location CUMBERIAND COUNTS
Instrument Ser	ial No. 008672 Detention Center
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures we Department of	n the
TOTAL STATE OF THE	Signature of Certifying Official Certificate Number

#### CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008672 Test Date: 02/23/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SIMMONS, PAUL T

Permit Number: 08619E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	2:52pm 2:53pm 2:53pm 2:54pm
SUB TEST	.00	2:55pm
AIR BLK	.00	2:56pm
SUB TEST	.00	2:58pm
AIR BLK	.00	2:59pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008672

Test Record Number: 2196

Test Date: 02/23/2011 Test Time: 3:00pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:00pm
FLO	Pass	3:00pm
FC	Pass	3:00pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:00pm
SRC	Pass	3:00pm
DET	Pass	3:00pm
BAR	Pass	3:00pm
$\mathtt{BT}$	Pass	3:00pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:01pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:01pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:01pm

Preventive Maintenance Status: Pass

CAL

Pass

3:01pm

# PREVENTIVE MAINTENANCE RECORD

<b>√</b> 1	INTOXIMETERS, MODEL INTOX EC/IR II
County(	IMBERIAND Instrument Location CUMBERIAND COUN
Instrument Seri	al No. 008614 Detention Center
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;
. <b>8.</b>	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the 33 day of February, 20 // 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.
O'NI STATE OF	Signature of Certifying Official Certificate Number

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

#### CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008614 Test Date: 02/23/2011

Citation 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: XX

Analyst's Name: SIMMONS, PAUL T

Permit Number: 08619E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023702

Exp Date: 08/25/2012

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

DIAG	Pass	2:10pm
AIR BLK	.00	2:11pm
ACCY CHK	.08	2:11pm
AIR BLK	.00	2:12pm
SUB TEST	.00	2:13pm
AIR BLK	.00	2:14pm
SUB TEST	.00	2:16pm
AIR BLK	.00	2:17pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008614

Test Record Number: 1401

Test Date: 02/23/2011

Test Time: 2:19pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:19pm
FLO	Pass	2:19pm
FC	Pass	2:20pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:20pm
SRC	Pass	2:20pm
DET	Pass	2:20pm
BAR	Pass	2:20pm
BT	Pass	2:20pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:20pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:20pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:21pm

Preventive Maintenance Status: Pass

Pass

2:21pm

CAL

Analyst

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

_	INTOXIMETERS, MODEL INTOX EC/IR II
County	IMBERIAND Instrument Location CUMBERIAND COUNT
Instrument Ser	ial No. 008633 Detention Center
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	n the
STATE OF LANGE OF LAN	A CARDON CONTRACTOR OF THE CARDON CONTRACTOR O

Signature of Certifying Official

Certificate Number

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008633 Test Date: 02/23/2011

Citation 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: SIMMONS, PAUL T Permit Number: 08619E Effective: 10/01/2009-10/01/2011

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:34pm
AIR BLK	.00	2:35pm
ACCY CHK	.07	2:36pm
AIR BLK	.00	2:37pm
SUB TEST	.00	2:38pm
AIR BLK	.00	2:39pm
SUB TEST	.00	2:40pm
ATR BLK	. 00	2 · 41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008633

Test Record Number: 1481

System Check: Passed

#### Baseline Tests

2:43pm 2:43pm 2:43pm 2:43pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:43pm
SRC	Pass	2:43pm
DET	Pass	2:43pm
BAR	Pass	2:43pm
BT	Pass	2:43pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:44pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:44pm
	CRC Tests	

Test	Status	Time
COMP	Pass	2:44pm
CAL	Pass	2:44pm

Preventive Maintenance Status: Pass

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

$\alpha$	INTOANSETERS, MODEL INTOA EC/IR II
County	IMBERIAND Instrument Location UMBERIAND COUN
Instrument Seri	al No. pp 8632 Detention Center
	· · · · · · · · · · · · · · · · · · ·
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the 23 day of February, 2011 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	Signature of Certifying Official Certificate Number

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008632 Test Date: 02/23/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SIMMONS, PAUL T

Permit Number: 08619E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023602

Exp Date: 08/24/2012

Test	g/	210L	Time

DIAG	Pass	3:32pm
AIR BLK	.00	3:33pm
ACCY CHK	.08	3:34pm
AIR BLK	.00	3:34pm
SUB TEST	.00	3:35pm
AIR BLK	.00	3:36pm
SUB TEST	.00	3:38pm
AIR BLK	.00	3:39pm

Reported AC: .00 q/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008632

Test Record Number: 1476

Test Date: 02/23/2011

Test Time: 3:40pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:40pm
FLO	Pas <b>s</b>	3:40pm
FC	Pass	3:40pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:40pm
SRC	Pass	3:40pm
DET	Pass	3:40pm
BAR	Pass	3:40pm
BT	Pass	3:40pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:41pm

#### Printer Tests

Status

Time

3:41pm

Test

CAL

PRNT	Pass	3:41pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:41pm

Preventive Maintenance Status: Pass

Pass

Analyst

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

County M	DORE Instrument Location TINE HURST
Instrument Seri	al No. 008711 Police DEPT
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1,	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
<b>3.</b>	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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 28 day of February, 201/ the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OTHE STATE OF THE	Signature of Certifying Official Certificate Number

MOORE COUNTY PINEHURST PD. 620

Serial Number: 008710 Test Date: 02/28/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Driver's License Number: NONE

Analyst's Name: SIMMONS, PAUL T

Permit Number: 08619E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	7:35am
AIR BLK	.00	7:36am
ACCY CHK	.07	7:37am
AIR BLK	.00	7:37am
SUB TEST	.00	7:38am
AIR BLK	.00	7:39am
SUB TEST	.00	7:41am
ATR BLK	. 0.0	7 · 41am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## MOORE COUNTY PINEHURST PD. 620

Serial Number: 008710

Test Record Number: 568

Test Date: 02/28/2011

Test Time: 7:46am EST

System Check: Passed

### Baseline Tests

Test	Status	Time ;
IR	Pass	7:46am
FLO	Pass	7:46am
FC	Pass	7:46am

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	7:47aı

7:47am

Printer Tests

Test	Status	Time

PRNT Pass 7:47am

CRC Tests

Test Status Time

COMP Pass 7:47am CAL Pass 7:47am

Preventive Maintenance Status: Pass

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

County I Y	edell Instrument Location Moore Strille P.D.
Instrument Seria	11 No. 008685 750 W. Iredell Ave., Mooresville
The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the <u>33</u> day of <u>Febyuary</u> , 20 11 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 ON NOTICE OF THE STATE OF	Boog C. William 557

#### IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008685 Test Date: 02/23/2011

Citation Number: M0000000-0 Subject's Name:

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

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

Analyst's Name: WILLIS, BOBBY D
Permit Number: 08010E
Effective:
10/01/2009-10/01/2011

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

Lot Number: AG003402 Exp Date: 02/03/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	1:55pm 1:55pm 1:56pm
AIR BLK	.00	1:57pm
SUB TEST	.00	1:58pm
AIR BLK	.00	1:58pm
SUB TEST	.00	2:00pm
AIR BLK	.00	2:01pm

Reported AC: .00 g/210L Delug D. Willis Signature of Chemical Analyst

Court CVR

Bolley D. Willis

#### IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008685

Test Record Number: 1197 

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:03pm
FLO	Pass	2:03pm
FC	Pass	2:03pm

#### Temperature Tests

Test	Status	Time
FC1	Pass ·	2:04pm
SRC	Pass	2:04pm
DET	Pass	2:04pm
BAR	Pass	2:04pm
$\mathtt{BT}$	Pass	2:04pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:04pm

AIR Pass

#### Printer Tests

Test Status Time PRNT Pass 2:04pm

#### CRC Tests

Status Time Test COMP 2:04pm Pass CAL Pass 2:04pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County	Instrument Location Trede II County 5. D.
Instrument Se	erial No. 008809 221 E. Water St., Statesville
	104 - 8 18 - 3131
The preventive four months a	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 theday of
STATE OF THE STATE	ONO CONTRACTOR OF THE PROPERTY

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

Signature of Certifying Official

Certificate Number

IREDELL COUNTY IREDELL COUNTY SD 480

Serial Number: 008809 Test Date: 02/23/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: WILLIS, BOBBY D

Permit Number: 08010E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG016501

Exp Date: 06/14/2012

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

Reported AC: .00 g/210L

Court CVR

### IREDELL COUNTY IREDELL COUNTY SD 480

Serial Number: 008809 Test Date: 02/23/2011

Test Record Number: 1459 Test Time: 12:11pm EST

System Check: Passed

#### Baseline Tests

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

#### 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

> <u>ley ). (OUlis</u> Analyst

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

	INTOXIMETERS, MODEL INTOX EC/IR II
County I	edell Instrument Location State 5 Ville P.D.
Instrument Seria	ai No. 008619 330 S. Tradd St., Statesville 704-878-3406
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.
	the
THE STATE OF A	Bolly D. Willis 557 Signature of Certificial Official Certificate Number

IREDELL COUNTY STATESVILLE PD 480

Serial Number: 008619 Test Date: 02/23/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: WILLIS, BOBBY D

Permit Number: 08010E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG920401 Exp Date: 07/23/2011

Test	g/210L	Time
DIAG	Pass	11:05am
AIR BLK	.00	11:06am
ACCY CHK	.08	11:07am
AIR BLK	.00	11:08am
SUB TEST	.00	11:09am
AIR BLK	.00	11:10am
SUB TEST	.00	11:11am
ATR BIK	. 0.0	11 · 12am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Bolly D. Willis Analyst

#### IREDELL COUNTY STATESVILLE PD 480

Serial Number: 008619 Test Date: 02/23/2011

Test Record Number: 585 Test Time: 11:14am EST

System Check: Passed

Baseline Tests

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

#### Temperature Tests

Status	Time
Pass	11:14am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
		*
AIR	Pass	11:15am

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

	Countly
County	LINCOIN Instrument Location COUR-house
Instrument	t Serial No. 008827 #1 Courthouse Sq., Lincolnton
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	at on the
No see a see	Bolly C. Willis 557

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008827 Test Date: 02/22/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: WILLIS, BOBBY D

Permit Number: 08010E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG002704

Exp Date: 01/27/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	12:13pm 12:14pm 12:15pm 12:16pm
SUB TEST	.00	12:16pm
AIR BLK	.00	12:17pm
SUB TEST	.00	12:19pm
ATR BLK	. 0.0	12:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Signature **p**f Chemical Analys

Court CVR

Bolley D. Willes
Analyst

#### LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008827

Test Record Number: 832 

System Check: Passed

#### Baseline Tests

Test	Status.	Time
IR	Pass	12:21pm
FLO	Pass	12:21pm
FC	Pass	12:21pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:21pm
SRC DET	Pass Pass	12:21pm 12:21pm
BAR	Pass	12:21pm
BT	Pass	12:21pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:22pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:22pm

#### CRC Tests

Test	Status	Time
COMP	Pass Pass	12:22pm 12:22pm

Preventive Maintenance Status: Pass

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

	INTOXIMETERS, MODEL INTOX EC/IR II		
County	incoln Instrument Location Courthouse		
Instrument Seria	INO. 008823 #1 Courthouse Sq. Lincolnton		
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
	the <u>A</u> day of <u>FEDY(JOY)</u> , 20 1 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 PART OF THE STATE OF A PART OF THE STATE OF A PART OF THE STATE O	Belu D. Web 55 5  Signature of Certifying Official Certificate Number		

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008823 Test Date: 02/22/2011

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: WILLIS, BOBBY D

Permit Number: 08010E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:24am 11:25am
ACCY CHK AIR BLK	.08	11:25am 11:26am
SUB TEST	.00	11:27am
AIR BLK SUB TEST	.00 .00	11:28am 11:30am
AIR BLK	.00	11:30am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Bolly D. Willis Analyst

#### LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008823 Test Date: 02/22/2011

Test Record Number: 697
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
$\mathtt{BT}$	Pass	11:32am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:33am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:33am

#### CRC Tests

Test	Status	Time
COMP	Pass	11:33am
CAL	Pass	11:33am

Preventive Maintenance Status: Pass

Bolly D. Willis

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

	INTOXIMETERS, MODEL INTOX ECIK II
County_R	utherford Instrument Location Forest City P.D.
Instrument Se	erial No. 008889 1875 Church St. Forest City
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the day of February, 20 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
TATE OF THE STATE	C NORTH C S

Signature of Certifying Official

Certificate Number

RUTHERFORD COUNTY FOREST CITY PD 800

Serial Number: 008889 Test Date: 02/01/2011

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: WILLIS, BOBBY D
Permit Number: 08010E
Effective:
10/01/2009-10/01/2011

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

Lot Number: AG925103 Exp Date: 09/08/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	12:25pm 12:26pm
AIR BLK	.00	12:27pm 12:27pm
SUB TEST	.00	12:28pm
AIR BLK	.00	12:29pm
SUB TEST	.00	12:31pm
AIR BLK	.00	12:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Bolly D. Willis

#### RUTHERFORD COUNTY FOREST CITY PD 800

Serial Number: 008889 Test Date: 02/01/2011

Test Record Number: 340 Test Time: 12:34pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	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	12:35pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:35pm
	CRC Tests	

Test	Status	Time
COMP	Pass	12:36pm
CAL	Pass	12:36pm

Preventive Maintenance Status: Pass

Bolley D. Willis

# PREVENTIVE MAINTENANCE RECORD

County RU	therford Instrument Location Rutherford County 5.D.		
Instrument Seria	ию. <u>008914</u> 400 N. Washington St., Rutherforton 828-627-6247		
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
	he day of February, 20 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 MAN 20, 175 WAS TO STATE OF MAN 20, 175 WAS T	BOU . Willis 557 Signature of Certifying Official Certificate Number		

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

RUTHERFORD COUNTY RUTHERFORD COUNTY SD 800

Serial Number: 008914
Test Date: 02/01/2011

Citation Number: M000000-0 and the many the many the many transfer and the many transfer

Subject's Name: A second of the second of th

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: WILLIS, BOBBY D

Permit Number: 08010E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG920401 Exp Date: 07/23/2011

Test	g/210L	Time
DIAG AIR BLK	Pass	10:48am 10:49am
ACCY CHK	.08	10:50am
AIR BLK SUB TEST	.00	10:51am
	<del>-</del>	10:52am
AIR BLK	.00	10:52am
SUB TEST	.00	10:54am
ATR BLK	ሰበ	10.55am

Reported AC:

\_00 g/210L

Signature

Chemical Analys

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

#### RUTHERFORD COUNTY RUTHERFORD COUNTY SD 800

Serial Number: 008914 Test Date: 02/01/2011

Test Record Number: 647
Test Time: 10:56am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:56am 10:56am
FC	Pass	10:56am

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	10:56am
DET	Pass	10:56am
BAR BT	Pass Pass	10:56am 10:56am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:57am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:57am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:57am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County Wi	Instrument Location Wilson Co. Detention
Instrument Ser	rial No. 008652 100 E. Green St., Wilson, N.C.
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	n the 21 st day of februard, 20 the forgoing preventive maintenance are performed on the instrument indicated above, in accordance with current regulations of the N.C. Flealth 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.

DHHS 4080 (11/07)

#### WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008652 Test Date: 02/21/2011

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:
10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:38am 10:39am 10:40am
AIR BLK	.00	10:41am
SUB TEST	.00	10:42am
AIR BLK	.00	10:43am
SUB TEST	.00	10:44am
AIR BLK	.00	10:45am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008652

Test Record Number: 1534

Test Date: 02/21/2011

Test Time: 10:48am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR .	Pass	10:49am
F'LO	Pass	10:49am
FC	Pass	10:49am

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:49am 10:49am 10:49am 10:49am 10:49am
T) I	rass	TO:43am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:50am

#### Printer Tests

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

10:50am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

County er	Instrument Location Kinston P.D.
Instrument Se	erial No. OO8624 DOSE. King St., Kinston, MC
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 <b>.</b>	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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 //d day of February, 20/1 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 OF THE CREAT STATE OF THE	
	Signature of Certifying Official Certificate Number

LENOIR COUNTY KINSTON PD 530

Serial Number: 008624 Test Date: 02/16/2011

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
10/01/2009-10/01/2011

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

Lot Number: AG916602 Exp Date: 06/15/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	11:03am 11:04am 11:05am 11:06am
SUB TEST	.00	11:06am
AIR BLK	.00	11:07am
SUB TEST	.00	11:08am
AIR BLK	.00	11:09am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### LENOIR COUNTY KINSTON PD 530

Serial Number: 008624 Test Record Number: 859
Test Date: 02/16/2011 Test Time: 11:11am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:12am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:12am
	CRC Tests	

Test	Status	Time
COMP	Pass	11:12am
CAL	Pass	11:12am

Preventive Maintenance Status: Pass

Analyst

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

County F	Instrument Location Forcyth Co Do Jen 100
Instrument Se	rial No. <u>008659</u> <u>Enten</u>
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer	theday of
O'UN STATE OF THE	
With the same of t	Signature of Certifying Official Certificate Number
	Signature of Certifying Official Certificate Number

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659 Test Date: 02/22/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: WEAVER, GEORGE A

Permit Number: 09442E.

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG011703

Exp Date: 04/27/2012

Test	g/210L	Time
DIAG AIR BLK	Pass	3:08pm 3:09pm
ACCY CHK	.08	3:10pm
AIR BLK	.00	3:11pm
SUB TEST	.00	3:11pm
AIR BLK	.00	3:12pm
SUB TEST	.00	3:14pm

Reported ACA ,00 g/210L

AIR BLK .00

Signature of Chemical Analyst

Court CVR

Analyst

3:15pm

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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: 1182

Test Date: 02/22/2011

Test Time: 3:15pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:16pm
FLO	Pass	3:16pm
FC	Pass	3:16pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:16pm
SRC	Pass	3:16pm
DET	Pass	3:16pm
BAR	Pass	3:16pm
BT	Pass	3:16pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:16pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:17pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:17pm 3:17pm

Preventive Maintenance Status: Pass

Añalvst

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

County_	Fonsyth Instrument Location Fonsyth & Deterro
Instrumer	Tonsyth Instrument Location Fansyth & Determinated Serial No. 008660
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.
I certify the procedure Department	nat on the
	ATE OF NO. 1755
THE CREE	Cha a Marine 63 Cm
	Signature of Certifying Official Certificate Number

FORSYTH COUNTY FORSYTH CO DETENTION 330

and the state of t

Serial Number: 008660 Test Date: 02/22/2011

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: WEAVER, GEORGE A
Permit Number: 09442E
Effective:
10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG	Pass	3:05pm
AIR BLK	.00	3:06pm
ACCY CHK	.08	3:06pm
AIR BLK	.00	3:07pm
SUB TEST	.00	3:08pm
AIR BLK	.00	3:09pm
SUB TEST	.00	3:11pm
AIR BLK	.00	3:12pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Analyst

Forensic Tests for Alcohol Branch Department of Health and Human Services

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### FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008660 Test Date: 02/22/2011 Test Record Number: 1675 Test Time: 3:12pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	3:14pm

#### Printer Tests

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

3:14pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

County	Fonsyth Instrument Location Fonsyth Co Detestive
Instrument	FORSON Instrument Location FORSON CO DETENTIVE  Serial No. 008583 CONTER
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 that procedures Department	t on the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583 Test Date: 02/22/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: WEAVER, GEORGE A

Permit Number: 09442E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:00pm
AIR BLK	.00	3:01pm
ACCY CHK	.08	3:02pm
AIR BLK	.00	3:03pm
SUB TEST	.00	3:04pm
AIR BLK	.00	3:05pm
SUB TEST	.00	3:06pm
ATR BLK	. 00	3:07pm

Reported AC: 700 g/210L

Agnature of Chemical Analyst

Court CVR

**Analyst** 

This form's 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: 008583 Test Date: 02/22/2011 Test Record Number: 2970 Test Time: 3:09pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:09pm
FLO	Pass	3:09pm
FC	Pass	3:09pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:09pm
SRC	Pass	3:09pm
DET	Pass	3:09pm
BAR	Pass	3:09pm
BT	Pass	3:09pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:10pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:10pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	3:10pm 3:10pm

Preventive Maintenance Status: Pass

Analyst

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

County /	orsyth Instrument Location Kernensaille P. L
Instrument Se	erial No. <u>008650</u>
The preventive four months a	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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	on the 22 day of February, 20 // the forgoing preventive maintenance per performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	
A COLEAN	
AL QUANTING	Signature of Certifying Official Certificate Number

FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650 Test Date: 02/22/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: WEAVER, GEORGE A

Permit Number: 09442E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023701

Exp Date: 08/25/2012

Test	g/210L	Time
DIAG	Pass	1:49pm
AIR BLK	.00	1:50pm
ACCY CHK	.07	1:51pm
AIR BLK	.00	1:52pm
SUB TEST	.00	1:52pm
AIR BLK	.00	1:53pm
SUB TEST	.00	1:55pm
ATR BLK	. 0.0	1.56pm

Reported AC: .90 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650 Test Record Number: 655 Test Date: 02/22/2011 Test Time: 2:00pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	2:01pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:01pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County	Sampson	Instrument Location	Sampson County Sheriffs Dept.
Instrument	Serial No. <u>8917</u>		Sheriks Dept.
The prever		Intoximeters, Model Intox E0	C/IR II to be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 o		oholic breath simulator thermometer show
2.	Verify instrument displays tir	me 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.			expiration date, or the alcoholic breath fter 125 Alcoholic Breath Simulator tests,
I certify the procedures Departmen	at on the	ndicated above, in accordance the instrument is functioning	the forgoing preventive maintenance with current regulations of the N.C. properly.
ALL SIZE OF THE CONTROL OF THE CONTR	NE ON ORDINA CAROLLA	Hary Killy	Mc 634

SAMPSON COUNTY SAMPSON COUNTY SD 810

Serial Number: 008917 Test Date: 02/24/2011

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

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

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

Analyst's Name: RIVERA, ANTHONY
Permit Number: 08259E
Effective:
10/01/2009-10/01/2011

Officer's Name: RIVERA, ANTHONY
Type of Agency: FTA
Agency: DHHS

Test Type: Breath Test

Lot Number: AG003402 Exp Date: 02/03/2012

Test	g/210L	Time
DIAG	Pass	11:53am
AIR BLK	.00	11:54am
ACCY CHK	.08	11:54am
AIR BLK	.00	11:55am
SUB TEST	.00	11:56am
AIR BLK	.00	11:57am
SUB TEST	.00	11:58am
ATR BLK	.00	11:59am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

#### SAMPSON COUNTY SAMPSON COUNTY SD 810

Serial Number: 008917 Test Date: 02/24/2011 Test Record Number: 267
Test Time: 12:03pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:04pm
FLO	Pass	12:04pm
FC	Pass	12:04pm

#### Temperature Tests

Status	Time
Pass	12:04pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	12:04pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:04pm
	CRC Tests	

Test	Status	Time
COMP	Pass	12:05pm
CAL	Pass	12:05pm

Preventive Maintenance Status: Pass

Analyst

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

PENDER COUNTY PENDER COUNTY SD 700

Serial Number: 008901 Test Date: 02/21/2011

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

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

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

Analyst's Name: RIVERA, ANTHONY
Permit Number: 08259E
Effective:
10/01/2009-10/01/2011

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

Lot Number: AG920303 Exp Date: 07/22/2011

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

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

#### PENDER COUNTY PENDER COUNTY SD 700

Serial Number: 008901

Test Record Number: 283
Test Time: 2:14pm EST

Test Date: 02/21/2011 Test Time: 2:14pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	2:15pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:15pm
	CRC Tests	
Test	Status	Time

COMP	Pass	2:15pm
CAL	Pass	2:15pm

Preventive Maintenance Status: Pass

Analyst

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

County	NEW HONOVER Instrument Location NEW HONOVER COUNTRY STIER 145 DEPT
Instrument !	Serial No. 8617 Instrument Location TVC0071618 Dept
The prevent	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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	on theday of
STA	Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008617 Test Date: 02/16/2011

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RIVERA, ANTHONY
Permit Number: 08259E
Effective:
10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	3:13pm 3:14pm
ACCY CHK	.08	3:15pm
AIR BLK	.00	3:16pm
SUB TEST	.00	3:17pm
AIR BLK	.00	3:18pm
SUB TEST	.00	3:19pm
AIR BLK	.00	3:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008617

Test Record Number: 1468

Test Date: 02/16/2011

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	3:22pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:22pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:23pm 3:23pm

Preventive Maintenance Status: Pass

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

County NET	NAMONER Instrument Location NEW HONOVER County
Instrument Seria	INO. 8626 Sherith Dept.
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
<b>7.</b>	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on a procedures were Department of H	the
O'THE STATE O'N NOT THE STATE	Signature of Certificial Certificate Number

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008626 Test Date: 02/16/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RIVERA, ANTHONY Permit Number: 08259E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:13pm
AIR B	LK .00	3:14pm
ACCY (	CHK 07	3:15pm
AIR B	LK .00	3:16pm
SUB TI	EST .00	3:17pm
AIR B	LK .00	3:18pm
SUB TI	EST .00	3:19pm
AIR BI	LK .00	3:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008626

Test Record Number: 2782

Test Date: 02/16/2011

Test Time: 3:22pm EST

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	Pass	3:23pm
SRC	Pass	3:23pm
DET	Pass	3:23pm
BAR	Pass	3:23pm
BT	Pass	3:23pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:24pm

#### 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 NE	Wilmington!
Instrument Seri	al No. 8628 Instrument Location Wilmington  Rollie Dept.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer	the
OTHE STATE OF THE	Signature of Certifying Official Certificate Number

#### NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628 Test Date: 02/16/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: RIVERA, ANTHONY

Permit Number: 08259E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:34pm
AIR BLK	.00	2:35pm
ACCY CHK	.08	2:36pm
AIR BLK	.00	2:37pm
SUB TEST	.00	2:38pm
AIR BLK	.00	2:39pm
SUB TEST	.00	2:41pm
ATR BLK	. 00	2:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

#### NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628

Test Record Number: 1803

Test Date: 02/16/2011

Test Time: 2:42pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:43pm
FLO	Pass	2:43pm
FC	Pass	2:43pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:43pm
SRC	Pass	2:43pm
DET	Pass	2:43pm
BAR	Pass	2:43pm
BT	Pass	2:43pm

#### Blank Tests

rest	Status	TIME
ATR	Pass	2:4400

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:44pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:44pm

Preventive Maintenance Status: Pass

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: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. Initiate breath test sequence; 3. Enter information as prompted; 4. Verify instrument accuracy; 5. When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. 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. I certify that on the \_\_\_\_\_day of \_\_\_\_\_day of \_\_\_\_\_\_, 20\_\_\_\_\_\_\_ the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

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

Certificaté Number

NEW HANOVER COUNTY CAROLINA BEACH PD 640

Serial Number: 008661 Test Date: 02/16/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: RIVERA, ANTHONY

Permit Number: 08259E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG003402 Exp Date: 02/03/2012

Test	g/210L	Time
DIAG	Pass	1:24pm
AIR BLK	.00	1:25pm
ACCY CHK	.08	1:26pm
AIR BLK	.00	1:27pm
SUB TEST	.00	1:27pm
AIR BLK	.00	1:28pm
SUB TEST	.00	1:30pm
AIR BLK	.00	1:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### NEW HANOVER COUNTY CAROLINA BEACH PD 640

Serial Number: 008661

Test Record Number: 1032

Test Date: 02/16/2011

Test Time: 1:33pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:33pm
FLO	Pass	1:33pm
FC	Pass	1:33pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:33pm
SRC	Pass	1:33pm
DET	Pass	1:33pm
BAR	Pass	1:33pm
BT	Pass	1:33pm

#### Blank Tests

Test	Status	Time

AIR Pass 1:34pm

#### Printer Tests

Test	Status	Time

PRNT Pass 1:34pm

#### CRC Tests

Test Status Time

COMP Pass 1:34pm CAL Pass 1:34pm

Preventive Maintenance Status: Pass

Ánalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County/	EW Harlover Instrument Location Wrights VIIIE Beach
Instrument Seria	Instrument Location Whights VIIIE Beach al No. 8667  Blice Dept.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that on procedures were Department of I	the day of 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	
FEST QUAM VIDER	MAthonytinesa 634
	Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008667 Test Date: 02/16/2011

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

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

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

Analyst's Name: RIVERA, ANTHONY
Permit Number: 08259E
Effective:
10/01/2009-10/01/2011

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

Lot Number: AG011701 Exp Date: 04/27/2012

Test	g/210L	Time
DIAG AIR BLK	Pass	12:25pm 12:26pm
ACCY CHK	.08	12:26pm
AIR BLK	.00	12:27pm
SUB TEST	.00	12:28pm
AIR BLK	.00	12:29pm
SUB TEST	.00	12:30pm
AIR BLK	.00	12:31pm

Reported AC: .00/g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

#### NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008667

Test Record Number: 790

Test Date: 02/16/2011

Test Time: 12:33pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:34pm 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	12:35pm

#### Printer Tests

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

169C	Scacus	TIME
COMP	Pass	12:35pm
CAL	Pass	12:35pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

/	INTOXIMETERS, MODEL INTOX EC/IR II
County /	DRUNSWICK Count
Instrument S	erial No8585 Sherith Dept.
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on the
OTHE STATE OF THE	Signature of Certifying Official Certificate Number

#### BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008585 Test Date: 02/16/2011

Citation Number: M0000000-0

Subject's Name:
PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: RIVERA, ANTHONY

Permit Number: 08259E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	9:54am 9:55am 9:56am 9:57am <b>9:57am</b> 9:58am
AIR BLK SUB TEST	.00	10:00am
AIR BLK	.00	10:01am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008585

Test Record Number: 1859

Test Date: 02/16/2011

Test Time: 10:04am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time

AIR Pass 10:05am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:05am

#### CRC Tests

Test	Status	Time
COMP	Pass	10:05am
CAL	Pass	10:05am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County	Sauriswick Instrument Location Brunswick Count
Instrument Se	Olas El Mart.
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;
<b>7.</b>	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on the day of Eblucia, 20 // the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATE STATE OF THE	

#### BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008602 Test Date: 02/16/2011

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

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

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

Analyst's Name: RIVERA, ANTHONY
Permit Number: 08259E
Effective:
10/01/2009-10/01/2011

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

Lot Number: AG002704 Exp Date: 01/27/2012

Test	g/210L	Time
DIAG AIR BLK	Pass	9:54am 9:55am
ACCY CHK	.07 .00	9:56am 9:57am
SUB TEST	.00	9:57am
AIR BLK	.00	9:58am
SUB TEST	.00	10:00am
AIR BLK	.00	10:01am

Reported AC: 00

00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008602

Test Record Number: 1266

Test Date: 02/16/2011

Test Time: 10:02am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass	10:02am 10:02am
FLO	Pass	IU: UZam
FC	Pass	10:02am

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
		•
AIR	Pass	10:03am

### Printer Tests

Test	Status	Time
PRNT	Pass	10:03am

#### CRC Tests

Test	Status	Time
COMP	Pass	10:03am
CAL	Pass	10:03am

Preventive Maintenance Status: Pass

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

County	nunswick Instrument Location Oak/sland
Instrument Seria	No. 8648 Blice Dept.
The preventive if four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	theday of
O'UN STATE OF OWNERS OF THE STATE OF OWN WINDS	Myhony Cuesa 634  Signatura of Certificing Official Certificate Number

#### BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648 Test Date: 02/16/2011

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RIVERA, ANTHONY
Permit Number: 08259E
Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG002704 Exp Date: 01/27/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	8:33am 8:34am 8:35am
ACCY CHK	.08	8:35am
SUB TEST	.00	8:37am
AIR BLK	.00	8:38am
SUB TEST AIR BLK	.00 .00	8:39am 8:40am
WIK DIV	.00	o: 4 Vaiii

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648

Test Record Number: 767

Test Date: 02/16/2011

Test Time: 8:41am EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	8:42am
FLO	Pass	8:42am
FC	Pass	8:42am

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:42am
SRC	Pass	8:42am
DET.	Pass	8:42am
BAR	Pass	8:42am
BT	Pass	8:42am

## Blank Tests

Test	Status	Time
AIR	Pass	8:42am

## Printer Tests

Test	Status	Time
PRNT	Pass	8:42am
	CRC Tests	
Test	Status	Time
COMP	Pass	8:43am

Preventive Maintenance Status: Pass

Pass

8:43am

CAL

Analyst

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

County /	ENDER	Instrument Location PENDE	R County
Instrument Se	rial No <i>S9</i> 46	Sherk	La Dept.
The preventiv		Intoximeters, Model Intox EC/IR II to be f	followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	or displays pressure, or the alcoholic breath degree centigrade;	simulator thermometer show
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	•
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	and Common Commo	-4
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nister is being changed before expiration d anged every four months or after 125 Alco	ate, or the alcoholic breath sholic Breath Simulator tests,
I certify that of procedures we Department o	on the day of ere performed on the instrument in f Health and Human Services, and	the forg ndicated above, in accordance with current the instrument is functioning properly.	going preventive maintenance regulations of the N.C.
THE STATE OF THE S	CAROL M.	Spature of Cerdifying Official	Certificate Number

PENDER PENDER COUNTY SD 700

Serial Number: 008946 Test Date: 02/03/2011

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RIVERA, ANTHONY
Permit Number: 08259E
Effective:
10/01/2009-10/01/2011

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

Lot Number: AG904902 Exp Date: 02/18/2011

Test	g/210L	Time
DIAG AIR BLK	Pass .00	12:49pm 12:50pm
ACCY CHK	.08	12:51pm
AIR BLK	.00	12:51pm
SUB TEST	.00	12:53pm
AIR BLK	.00	12:54pm
SUB TEST	.00	12:56pm
AIR BLK	.00	12:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## PENDER PENDER COUNTY SD 700

Serial Number: 008946 Test Date: 02/03/2011 Test Record Number: 567
Test Time: 1:02pm EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:02pm 1:02pm
FC	Pass	1:02pm

## Temperature Tests

Test	Status	Time
FC1	Pass	1:02pm
SRC	Pass	1:02pm
DET	Pass	1:02pm
BAR	Pass	1:02pm
$\mathtt{BT}$	Pass	1:02pm

## Blank Tests

Test	Status	Time
AIR	Pass	1:03pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:03pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:03pm

Preventive Maintenance Status: Pass

Analyst

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

County E	Instrument Location PENDER County
Instrument Seri	ial No. 8935 Sheriff Dept.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures were Department of	the day of EDING (1, 20 11 the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE	

PENDER PENDER CO SD 700

Serial Number: 008935 Test Date: 02/03/2011

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RIVERA, ANTHONY
Permit Number: 08259E
Effective:
10/01/2009-10/01/2011

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

Lot Number: AG002803 Exp Date: 01/28/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	12:50pm 12:51pm 12:52pm
AIR BLK SUB TEST	.00	12:53pm 12:54pm
AIR BLK SUB TEST	.00 .00	12:55pm 12:56pm
AIR BLK	.00	12:50pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### PENDER PENDER CO SD 700

Serial Number: 008935

Test Record Number: 572 Test Time: 1:03pm EST

Test Date: 02/03/2011

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	1:03pm
SRC	Pass	1:03pm
DET	Pass	1:03pm
BAR	Pass	1:03pm
$\mathtt{BT}$	Pass	1:03pm

#### 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

1:04pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

County 2	Duphin Instrument Location WAIIace
Instrument Se	rial No. 8858 POLICE DEPt.
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department o	on the 3 day of Ebruary, 20 // the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
THE STATE WAY OF THE STATE OF T	anthony Kivera 634
	Signature of Certifying Official Certificate Number

DUPLIN COUNTY WALLACE PD 300

Serial Number: 008858 Test Date: 02/03/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RIVERA, ANTHONY Permit Number: 08259E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG002803 Exp Date: 01/28/2012

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## DUPLIN COUNTY WALLACE PD 300

Serial Number: 008858 Test Date: 02/03/2011

Test Record Number: 413
Test Time: 11:14am EST

# System Check: Passed Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:15am

### Printer Tests

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

11:16am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

County	Dup Lin Instrument Location Warsaw
Instrument Se	rial No. 8874 Police Dept.
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the 3 day of FEDINAIY, 20 // 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.
TO THE STATE OF TH	MARINU Rueso 634

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

Signature of Certifying Official

Certificate Number

DUPLIN COUNTY WARSAW PD 300

Serial Number: 008874 Test Date: 02/03/2011

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

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

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

Analyst's Name: RIVERA, ANTHONY Permit Number: 08259E Effective: 10/01/2009-10/01/2011

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

> Lot Number: AG002704 Exp Date: 01/27/2012

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

Reported AC: .00 g/210L

Signature of Chémical Analyst

Court CVR

#### DUPLIN COUNTY WARSAW PD 300

Serial Number: 008874

Test Record Number: 199 

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:55am
FLO	Pass	9:55am
FC	Pass	9:56am

## Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	9:56am

## Printer Tests

Test	Status	Time
PRNT	Pass	9:56am
	CRC Tests	
Test	Status	Time

COMP	Pass	9:56am
CAL	Pass	9:56am

Preventive Maintenance Status: Pass

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

County	Instrument Location Duplin County
Instrument Seri	al No. 8864 Instrument Location Duplin County Sherillo Dept.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5,	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the 3 day of FE bruary, 20 // 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.
•	
ONE STATE OF	Months Carlo
* ESSE QUAN VIDEO	Signature of Certifying Official Certificate Number

DUPLIN COUNTY DUPLIN CO SD 300

Serial Number: 008864 Test Date: 02/03/2011

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

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

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

Analyst's Name: RIVERA, ANTHONY
Permit Number: 08259E
Effective:
10/01/2009-10/01/2011

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

Lot Number: AG011701 Exp Date: 04/27/2012

Test	g/210L	Time
DIAG	Pass	8:50am
AIR BLK	.00	8:51am
ACCY CHK	.08	8:51am
AIR BLK	.00	8:53am
SUB TEST	.00	8:53am
AIR BLK	.00	8:54am
SUB TEST	.00	8:56am
AIR BLK	.00	8:57am

Reported AC: .00 g/210L

Signature of Chemical Analyst

.

Court CVR

## DUPLIN COUNTY DUPLIN CO SD 300

Serial Number: 008864

Test Record Number: 953

Test Date: 02/03/2011

Test Time: 9:01am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:01am 9:01am
FC	Pass	9:01am

### Temperature Tests

Test	Status	Time
FC1	Pass	9:01am
SRC	Pass	9:01am
DET	Pass	9:01am
BAR	Pass	9:01am
BT	Pass	9:01am

#### Blank Tests

Test	Status	Time
ATR	Pass	9:02an

### Printer Tests

Test	Status	Time
PRNT	Pass	9:02am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:02am 9:02am

Preventive Maintenance Status: Pass

Analyst

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

County	Columbus! Instrument Location Columbus County
Instrument S	Serial No. 8613 Instrument Location Columbus County  Sherith Dept
The prevent four months	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
. 1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify tha procedures Department	at on the
STA STA 200 PM 12	Signature of Certifying Official Certificate Number

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008613 Test Date: 02/02/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Driver's License Number: NONE

Analyst's Name: RIVERA, ANTHONY

Permit Number: 08259E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG910601 Exp Date: 04/16/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	12:34pm 12:35pm 12:35pm
AIR BLK	.00 .00	12:36pm 12:37pm
SUB TEST AIR BLK	.00	12:37pm
SUB TEST	.00	12:39pm
AIR BLK	.00	12:40pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008613 Test Date: 02/02/2011 Test Record Number: 530 Test Time: 12:42pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:42pm
FLO	Pass	12:42pm
FC	Pass	12:42pm

## Temperature Tests

Test	Status	Time
FC1	Pass	12:42pm
SRC	Pass	12:42pm
DET	Pass	12:42pm
BAR	Pass	12:42pm
BT	Pass	12:42pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:43pm

### Printer Tests

Test	Status	Time
PRNT	Pass	12:43pm
	CRC Tests	
Test	Status	Time

12:43pm

12:43pm

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Olumbus Instrument Location Columbus County
Instrument Ser	Sparkly Dept.
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department o	on theday of
AN WARD SEE AT S	MAConyteuen 634
	Signature of Certifying Official Certificate Number

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008886 Test Date: 02/02/2011

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

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

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

Analyst's Name: RIVERA, ANTHONY Permit Number: 08259E Effective: 10/01/2009-10/01/2011

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

> Lot Number: AG002704 Exp Date: 01/27/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00 .00	12:09pm 12:10pm 12:10pm 12:11pm 12:12pm 12:13pm
AIR BLK		12:13pm
SUB TEST	.00	
AIR BLK	.00	12:18pm

.00 g/210L Reported AC:

Signature of Chemical Analyst

Court CVR

## COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008886 Test Record Number: 408

System Check: Passed

## Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:25pm

## Printer Tests

Test	Status	Time
PRNT	Pass	12:25pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:25pm 12:25pm

Preventive Maintenance Status: Pass

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

County B	Lader Instrument Location Blader County	
Instrument Se	erial No. 8818 Instrument Location Bladen County  Sherith Dept.	
The preventiv	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever are:	у
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sh 34 degrees, plus or minus .2 degree centigrade;	ow
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
÷ <b>4.</b>	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.	ı sts,
I certify that of procedures we Department of	on the day of, 20// the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.	псе
THE STATE OF THE S	anthony Poins 634	

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

Signature of Certifying Official

Certificate Number

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008818 Test Date: 02/02/2011

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

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

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

Analyst's Name: RIVERA, ANTHONY
Permit Number: 08259E
Effective:
10/01/2009-10/01/2011

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

Lot Number: AG920301 Exp Date: 07/22/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	10:46am 10:47am 10:48am 10:49am
SUB TEST	.00	10:49am
AIR BLK	.00	10:50am
SUB TEST	.00	10:52am
AIR BLK	.00	10:53am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008818

Test Record Number: 342

Test Date: 02/02/2011

Test Time: 11:02am EST

System Check: Passed

## Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	11:03am
SRC	Pass	11:03am
DET	Pass	11:03am
BAR	Pass	11:03am
$\mathtt{BT}$	Pass	11:03am

### Blank Tests

Test	Status	Time
AIR	Pass	11:04am

## Printer Tests

Test	Status	Time
PRNT	Pass	11:04am
	CRC Tests	
	<b></b> . ,	en 1

rest	Status	TIME
COMP	Pass	11:04am
CAL	Pass	11:04am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Bladen Instrument Location Bladen County
Instrument Ser	rial No. 8894 Sherillo Dept.
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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
THE STATE OF THE S	

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008894 Test Date: 02/02/2011

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RIVERA, ANTHONY
Permit Number: 08259E
Effective:
10/01/2009-10/01/2011

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

Lot Number: AG002704 Exp Date: 01/27/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	10:46am 10:47am 10:47am 10:48am 10:49am
AIR BLK	.00	10:50am
SUB TEST	.00	10:52am
AIR BLK	.00	10:53am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008894 Test Date: 02/02/2011 Test Record Number: 369
Test Time: 10:55am EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	10:55am
FLO	Pass	10:55am
FC	Pass	10:55am

## Temperature Tests

Test	Status	Time
FC1	Pass	10:55am
SRC	Pass	10:55am
DET	Pass	10:55am
BAR	Pass	10:55am
BT	Pass	10:55am

## Blank Tests

Test	Status	Time
AIR	Pass	10:56am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:56am
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	10:56am 10:56am

Preventive Maintenance Status: Pass

Analyst

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

County	Sampson Instrument Location Sampson County
Instrument Seria	Instrument Location Sampson Country  Sheriff Dept.
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.
I certify that on procedures were Department of H	the day of
THE STATE OF THE S	In thory Rivera 634

SAMPSON COUNTY SAMPSON COUNTY SD 810

Serial Number: 008877 Test Date: 02/02/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RIVERA, ANTHONY Permit Number: 08259E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS Test Type: Breath Test

Lot Number: AG002704 Exp Date: 01/27/2012

Test	g/210L	Time
DIAG	Pass	9:16am
AIR BLK ACCY CHK	.00	9:17am 9:18am
AIR BLK	.00	9:19am
SUB TEST	.00	9:20am
AIR BLK	.00	9:20am
SUB TEST	.00	9:22am
AIR BLK	.00	9:23am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## SAMPSON COUNTY SAMPSON COUNTY SD 810

Serial Number: 008877

Test Record Number: 618

Test Date: 02/02/2011

Test Time: 9:25am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:25am
FLO	Pass	9:25am
FC	Pass	9:25am

## Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	9:25am 9:25am
DET	Pass	9:25am
BAR	Pass	9:25am
BT	Pass	9:25am

## Blank Tests

Test	Status	Time
AIR	Pass	9:26am

## Printer Tests

Test	Status	Time
PRNT	Pass	9:26am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:26am 9:26am

Preventive Maintenance Status: Pass

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

County	Sampson Instrument	ent Location Sampson County
Instrument :	t Serial No	Sherills Dept.
The prevent four months		, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pre 34 degrees, plus or minus .2 degree centigr	essure, or the alcoholic breath simulator thermometer show rade;
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect	breath sample;
7.	When "PLEASE BLOW" appears, collect	breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being simulator solution is being changed every the whichever occurs first.	g changed before expiration date, or the alcoholic breath four months or after 125 Alcoholic Breath Simulator tests
I certify that procedures Department	nat on the day of FE bruace s were performed on the instrument indicated above nt of Health and Human Services, and the instrument	the forgoing preventive maintenance, in accordance with current regulations of the N.C. ent is functioning properly.
STA CREATER TO STATE OF THE STA	JAN140101	y Rivera 634
	Signature of Ce	ertifying Official Certificate Number

SAMPSON COUNTY SAMPSON CO SD 810

Serial Number: 008825 Test Date: 02/02/2011

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

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

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

Analyst's Name: RIVERA, ANTHONY
Permit Number: 08259E
Effective:
10/01/2009-10/01/2011

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

Lot Number: AG002704 Exp Date: 01/27/2012

Test	g/210L	Time
DIAG	Pass	9:17am
AIR BLK	.00	9:18am
ACCY CHK	.08	9:19am
AIR BLK	.00	9:20am
SUB TEST	.00	9:20am
AIR BLK	.00	9:21am
SUB TEST	.00	9:23am
AIR BLK	.00	9:24am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## SAMPSON COUNTY SAMPSON CO SD 810

Serial Number: 008825

Test Record Number: 1026

Test Date: 02/02/2011

Test Time: 9:25am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:25am 9:25am
FC	Pass	9:25am

## Temperature Tests

Test	Status	Time
FC1	Pass	9:25am
SRC	Pass	9:25am
DET	Pass	9:25am
BAR	Pass	9:25am
$\mathtt{BT}$	Pass	9:25am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:26am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:26am
	CRC Tests	
Test	Status	Time

COMP	Pass	9:26am
CAL	Pass	9:26am

Preventive Maintenance Status: Pass

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

	ROBESON Instrument Location Robeson Co. JAIL
County /* Instrument Se	DA ODAT (magges 1/2) / 1/2 No
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the 24 day of FERRIARY, 20 // 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 INTO COETA SE	Signature of Certifying Official  Certificate Number

ROBESON COUNTY LUMBERTON, LEC 770

Serial Number: 008805 Test Date: 02/24/2011

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

Subject'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:
10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	1:49pm 1:50pm 1:50pm
AIR BLK	.00	1:51pm
SUB TEST	.00	1:52pm
AIR BLK	.00	1:53pm
SUB TEST	.00	1:54pm
AIR BLK	.00	1:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## ROBESON COUNTY LUMBERTON, LEC 770

Serial Number: 008805 Test Date: 02/24/2011 Test Record Number: 1293
Test Time: 1:56pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:56pm
FLO	Pass	1:56pm
FC	Pass	1:56pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:56pm
SRC	Pass	1:56pm
DET	Pass	1:56pm
BAR	Pass	1:56pm
BT	Pass	1:56pm

#### 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	1:57pm
CAL	Pass	1:57pm

Preventive Maintenance Status: Pass

Analyst

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

County	OHNSTON Instrument Location JOHNSTON CO. JAIL
Instrument Ser	rial No. 008629 SMITHFIELD, NC
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	on the <u>23</u> day of <u>FEBRUGRY</u> , 20 <u>11</u> the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
OTHE STATE OF THE	CAROUNT TO THE PARTY OF THE PAR

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008629 Test Date: 02/23/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	4:19pm
AIR BLK	.00	4:20pm
ACCY CHK	.08	4:21pm
AIR BLK	00	4:21pm
SUB TEST	.00	4:22pm
AIR BLK	.00	4:23pm
SUB TEST	.00	4:25pm
AIR BLK	.00	4:26pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008629

Test Record Number: 190

Test Date: 02/23/2011

Test Time: 4:27pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	4:28pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

CAL

4:28pm

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

County_/	PANDOLAN Co. JAIL
Instrument Se	rial No. 008860 Asheboro NC
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the 28 day of FEBQUAR, 20 1 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 PROPERTY OF THE PR	Signature of Certifying Official Certificate Number

RANDOLPH COUNTY RANDOLPH COUNTY JAIL
750

Serial Number: 008860 Test Date: 02/28/2011

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

Subject'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:
10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	9:41am 9:42am 9:43am 9:44am
SUB TEST	.00	9:45am
AIR BLK	.00	9:45am
SUB TEST AIR BLK	.00 .00	<b>9:47am</b> 9:48am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### RANDOLPH COUNTY RANDOLPH COUNTY JAIL 750

Serial Number: 008860 Test Date: 02/28/2011 Test Record Number: 1040
Test Time: 9:49am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:49am 9:49am
FC	Pass	9:49am

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:49am
SRC	Pass	9:49am
DET	Pass	9:49am
BAR	Pass	9:49am
BT	Pass	9:49am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:50am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:50am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:50am 9:50am

Preventive Maintenance Status: Pass

Analyst

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

County /	RANDOLAY Instrument Location RANDOLPH Co. JAIL
Instrument Se	erial No. 008899 Asheboro NC
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the <u>28</u> day of <u>FERCIARY</u> , 20 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
TATE STATE  STAT	Signature of Certificial Certificate Number

RANDOLPH COUNTY RANDOLPH CO. JAIL 750

Serial Number: 008899 Test Date: 02/28/2011

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	10:02am 10:03am 10:04am 10:05am 10:06am
AIR BLK SUB TEST	.00	10:06am 10:08am
AIR BLK	.00	10:09am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### RANDOLPH COUNTY RANDOLPH CO. JAIL 750

Serial Number: 008899

Test Record Number: 969

Test Date: 02/28/2011

Test Time: 10:10am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:11am

#### Printer Tests

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

10:11am

10:11am

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Analyst

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

	INTOXIMETERS, MODEL INTOXILO.
County	JOHNSTON Instrument Location JOHNSTON Co. JAIC
Instrument Seri	al No. DO 8846 SMITHFIELD, 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 or procedures were Department of	the 23 day of FERRIDARY, 20 11 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

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008846 Test Date: 02/23/2011

Citation Number: M0000000-0

Subject'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: RUSSELL, LARRY H

Permit Number: 06108E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:04pm
AIR BLK	.00	3:04pm
ACCY CHK	.07	3:05pm
AIR BLK	.00	3:06pm
SUB TEST	.00	3:07pm
AIR BLK	.00	3:08pm
SUB TEST	.00	3:09pm
AIR BLK	.00	3:10pm

Reported, AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008846 Test Record Number: 1644

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:12pm
FLO	Pass	3:12pm
FC	Pass	3:12pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:12pm
SRC	Pass	3:12pm
DET	Pass	3:12pm
BAR	Pass	3:12pm
BT	Pass	3:12pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:13pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:13pm

#### CRC Tests

Test	Status	Time
COMP	Pass	3:13pm
CAT.	Pass	3:13pm

Preventive Maintenance Status: Pass

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

	INTOXIMETERS, MODEL INTOX EC/IR II
County_	KOBESON Instrument Location KOBESON Co. JAIC
Instrume	ROBESON Instrument Location ROBESON Co. JAIC  t Serial No. 008836 (LUMBERTON L.E.C.) LUMBERTON 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.
procedu	hat on theday of
STATE OF THE PARTY	Signature of Certifying Official  Certificate Number

ROBESON COUNTY LUMBERTON, LEC. 770

Serial Number: 008836 Test Date: 02/24/2011

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:
10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	2:18pm 2:18pm
ACCY CHK AIR BLK	.08 .00	2:19pm 2:20pm
SUB TEST	.00	2:21pm
AIR BLK	.00	2:22pm
SUB TEST	.00	2:23pm
AIR BLK	.00	2:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### ROBESON COUNTY LUMBERTON, LEC. 770

Serial Number: 008836

Test Record Number: 1353

Test Date: 02/24/2011

Test Time: 2:25pm 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

2:26pm AIR Pass

#### Printer Tests

Test	Status	Time

2:26pm PRNT Pass

#### CRC Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	RochingHam Instrument Location BAT MOSILEL	en,T
Instrumen	at Serial No. OD8600 ReiDSUILLE	
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least onci-	ce every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermom 34 degrees, plus or minus .2 degree centigrade;	eter 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 simulator solution is being changed every four months or after 125 Alcoholic Breath Simulation whichever occurs first.	: breath ator tests,
procedure	hat on the	iintenance N.C.
GREAT S	Signature of Certificial Certificate Nu	omber

## ROCKINGHAM COUNTY BAT MOBILE UNIT 5 780

Serial Number: 008600

Test Record Number: 747

Test Date: 02/25/2011

Test Time: 8:11pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	8:11pm 8:11pm
FC	Pass	8:11pm

#### Temperature Tests

Status	Time
Pass	8:11pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	8:12pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:12pm
	CRC Tests	
Test	Status	Time

Test	Status	Time
COMP	Pass	8:12pm
CAL	Pass	8:12pm

Preventive Maintenance Status: Pass

ROCKINGHAM COUNTY BAT MOBILE UNIT 5 780

Serial Number: 008600 Test Date: 02/25/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 09372E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG920302 Exp Date: 07/22/2011

Test g/210L Time

8:02pm DIAG Pass AIR BLK .00 8:04pm 8:04pm ACCY CHK .08 8:05pm AIR BLK .00 SUB TEST .00 8:06pm AIR BLK .00 8:07pm mq80:8 SUB TEST .00 AIR BLK .00 8:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County /	MECKLENBURG Instrument Location BAT MOBILE UNIT 3
Instrument S	erial No. OO8647 CHARLOTTE, NC
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
<b>8.</b>	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
THE STATE OF THE S	Alun Ray Barnes 648  Signature of Certifying Official Certificate Number
	Signature of Certifying Official Certificate Number

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647 Test Date: 02/24/2011

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG	Pass	8:19pm
AIR BLK	.00	8:20pm
ACCY CHK	.08	8:21pm
AIR BLK	.00	8:22pm
SUB TEST	.00	8:22pm
AIR BLK	.00	8:23pm
SUB TEST	.00	8:24pm
AIR BLK	00	8:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alun Ray Barnes
Analyst

#### MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647 Test Record Number: 1005

Test Date: 02/24/2011 Test Time: 8:26pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:26pm
FLO	Pass	8:26pm
FC	Pass	8:26pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:26pm
SRC	Pass	8:26pm
DET	Pass	8:26pm
BAR	Pass	8:26pm
BT	Pass	8:26pm

#### Blank Tests

Test	Status	Time
AIR	Pass	8:27pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:27pm
	CRC Tests	
Test	Status	Time
COMD	Dogg	0.0700

COMP Pass 8:27pm CAL 8:27pm Pass

Preventive Maintenance Status: Pass

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

County /	MECKLENBURG Instrument Location BAT MOBILE UNIT
Instrument Se	erial No. 008865 CHARLOTTE, DC
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;
<b>3.</b>	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
 8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w	on the <u>24</u> day of <u>FEB</u> , 20 11 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.
TOTAL STATE OF THE	Olum Ray Barnes 648  Signature of Certificial Certificate Number

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008865 Test Date: 02/24/2011

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

10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG	Pass	8:19pm
AIR BLK	.00	8:20pm
ACCY CHK	.07	8:20pm
AIR BLK	.00	8:21pm
SUB TEST	.00	8:22pm
AIR BLK	.00	8:23pm
SUB TEST	.00	8:24pm
AIR BLK	.00	8:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alven Ray Barnes
Analyst

## MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008865 Test Date: 02/24/2011 Test Record Number: 245
Test Time: 8:26pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:26pm
FLO	Pass	8:26pm
FC	Pass	8:26pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:26pm
SRC	Pass	8:26pm
DET	Pass	8:26pm
BAR	Pass	8:26pm
BT	Pass	8:26pm

#### Blank Tests

Test	Status	Time
AIR	Pass	8:27pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:27pm
	CRC Tests	
Test	Status	Time
COMP	Pass	8:27pm
CAL	Pass	8:27pm

Preventive Maintenance Status: Pass

Oliven Ray Baines
Analyst

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

County ME	CKLENBURG Instrument Location BAT MOBILE UNIT 3
Instrument Seri	al No. 008616 CHARLOTTE, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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>24</u> day of <u>FEB</u> , 20 // 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.
A STATE OF THE STA	Alum Ray Barnes 648

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616 Test Date: 02/24/2011

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG	Pass	8:21pm
AIR BLK	.00	8:22pm
ACCY CHK	.08	8:22pm
AIR BLK	.00	8:23pm
SUB TEST	.00	8:24pm
AIR BLK	.00	8:25pm
SUB TEST	.00	8:26pm
AIR BLK	,00	8:27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alun Ray Barnes
Analyst

## MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616

Test Record Number: 504 

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:28pm
FLO	Pass	8:28pm
FC	Pass	8:28pm

## Temperature Tests

Test	Status	Time
FC1	Pass	8:28pm
SRC	Pass	8:28pm
DET	Pass	8:28pm
BAR	Pass	8:28pm
BT	Pass	8:28pm

#### Blank Tests

Test	Status	Time
ATR	Pass	8:29pm

#### Printer Tests

rest	Status	Time
PRNT	Pass	8:29pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	8:29pm 8:29pm

Preventive Maintenance Status: Pass

Analyst

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

	INTOXIMETER	cs, Model Introz. Ec/IR I	, <b></b>
County Ca	barrus	Instrument Location Kannapol	is PD
Instrument Seri	al No. <u>008589</u>	314 S. Main Street,	Kannapolis
The preventive four months are		toximeters, Model Intox EC/IR II to be foll	owed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	lisplays pressure, or the alcoholic breath sir	nulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;	,	
9.	Verify Diagnostic Program; and	l e	
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ster is being changed before expiration date ged every four months or after 125 Alcoho	, or the alcoholic breath lic Breath Simulator tests,
procedures wer	e performed on the instrument indi	the forgoing the forgoing definition in accordance with current report in accordance with a condition of the accordance with a condition with	ng preventive maintenance gulations of the N.C.
THE STATE OF THE CREAT STATE OF	Joseph L. Sign	ature of Certifying Official	650 Certificate Number

#### CABARRUS COUNTY KANNAPOLIS PD 120

Serial Number: 008589 Test Date: 02/23/2011

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

Subject'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:
10/01/2009-10/01/2011

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

Lot Number: AG003401 Exp Date: 02/03/2012

Test	g/210L	Time
DIAG AIR BLK	Pass	1:10pm 1:11pm
ACCY CHK	.08	1:11pm
AIR BLK	.00	1:12pm
SUB TEST	.00	1:13pm
AIR BLK	.00	1:14pm
SUB TEST	.00	1:16pm
AIR BLK	.00	1:17pm

Reported AC; .00 g/210L

Signature of Chemical Analyst

Court CVR

#### CABARRUS COUNTY KANNAPOLIS PD 120

Serial Number: 008589

Test Record Number: 1277

Test Date: 02/23/2011

Test Time: 1:18pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:18pm
FLO	Pass	1:18pm
FC	Pass	1:19pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	1:19pm 1:19pm 1:19pm 1:19pm
$\mathtt{BT}$	Pass	1:19pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:19pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:19pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:19pm

Preventive Maintenance Status: Pass

Pass

1:19pm

CAL

3.4

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

	,	ERS, MODEL INTOX EC/II	XII
County	abarrus	Instrument Location Cabaccu	s County SD
Instrument Se	rial No. <u>008792</u>	30 Corban Ave, Cor	ico rd
		704-920-3000	
The preventive four months a	<u>-</u>	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	ster displays pressure, or the alcoholic breath degree centigrade;	simulator thermometer shows
2.	Verify instrument displays t	time and date;	
3.	Initiate breath test sequence	;	
<b>4.</b>	Enter information as promp	ted;	
5.	Verify instrument accuracy;	· · · <b>;</b>	
6.	When "PLEASE BLOW" a	appears, collect breath sample;	
7.	When "PLEASE BLOW" a	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.		canister is being changed before expiration d changed every four months or after 125 Alco	
procedures we	ere performed on the instrument	indicated above, in accordance with current and the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
TO TO THE OWNER OF THE OWNER OWNER OF THE OWNER OWNER OF THE OWNER OW	93m		
ON STATE OF THE ST	NO CAROLLINA CAR		
* ESSE QUAM VIDE	In I The	THE STATE OF THE S	65h
	// / s	Signature of Certifying Official	Certificate Number

#### CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008792 Test Date: 02/23/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	12:22pm 12:23pm 12:24pm 12:25pm 12:25pm 12:27pm
SUB TEST	.00	12:28pm
AIR BLK	.00	12:29pm

Reported AC: .00 g/210L

Court CVR

Analyst

#### CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008792

Test Record Number: 324

Test Date: 02/23/2011

Test Time: 12:30pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:31pm
FLO	Pass	12:31pm
FC	Pass	12:31pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:31pm
SRC	Pass	12:31pm
DET	Pass	12:31pm
BAR	Pass	12:31pm
BT	Pass	12:31pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:31pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:32pm
	CRC Tests	
Test	Status	Time
		V

COMP 12:32pm Pass 12:32pm CAL Pass

Preventive Maintenance Status: Pass



County Ca	barrus Instrument Location Cabarrus County 5D
Instrument Seri	al No. 008590 30 Corban Ave, Concord 704-920-3000
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.
	the 15th day of February , 20 11 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	Spell Huth 650
	Signature of Certifying Official Certificate Number

## CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008590 Test Date: 02/15/2011

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG016501 Exp Date: 06/14/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	11:59am 12:00pm 12:00pm 12:01pm
SUB TEST AIR BLK	.00	12:02pm 12:03pm
SUB TEST	.00	12:04pm
AIR BLK	.00	12:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

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

## CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008590 Test Date: 02/15/2011 Test Record Number: 1365 Test Time: 12:06pm EST

System Check: Passed

## Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	12:07pm
SRC	Pass	12:07pm
DET	Pass	12:07pm
BAR	Pass	12:07pm
$\mathtt{BT}$	Pass	12:07pm

### Blank Tests

Test	Status	Time
AIR	Pass	12:08pm

### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

Market Market describerated design of the con-

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

County G	aston	Instrument Location Gaston	•
Instrument Se	rial No. <u>008643</u>	425 N. Marietta 704-869-6800	Street, Gastonia
The preventive four months a	e maintenance procedures for the	Intoximeters, Model Intox EC/IR II to be	e followed at least once every
1.	Verify the ethanol gas canisto 34 degrees, plus or minus .2	er displays pressure, or the alcoholic breat degree centigrade;	th simulator thermometer show
2.	Verify instrument displays til	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	und	
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nister is being changed before expiration anged every four months or after 125 Alc	date, or the alcoholic breath oholic Breath Simulator tests,
I certify that o 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 t regulations of the N.C.
STATE	NORTH CAROLINA		
* ESE QUAM VIDE	) oph (	gnature of Certifying Official	Certificate Number

## GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008643

Test Record Number: 1149 Test Date: 02/14/2011 Test Time: 5:18pm EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	5:19pm
FLO	Pass	5:19pm
FC	Pass	5:19pm

## Temperature Tests

Test	Status	Time
FC1	Pass	5:19pm
SRC	Pass	5:19pm
DET	Pass	5:19pm
BAR	Pass	5:19pm
BT	Pass	5:19pm

### Blank Tests

Test	Status	Time
AIR	Pass	5:20pm

### Printer Tests

Test	Status	Time
PRNT	Pass	5:20pm
	CRC Tests	

Test	Status	Time
COMP	Pass	5:20pm
CAL	Pass	5:20pm

Preventive Maintenance Status: Pass

Analyst

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008643 Test Date: 02/14/2011

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE
Subject'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:
10/01/2009-10/01/2011

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

Lot Number: AG920401 Exp Date: 07/23/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	5:22pm 5:23pm 5:24pm 5:25pm 5:25pm 5:26pm
SUB TEST AIR BLK	.00 .00	<b>5:28pm</b> 5:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County Union	Instrument Location Waxhaw PD
Instrument Serial No. 008594	703 W. South Main Street, Suite
The preventive maintenance procedures for the four months are:	Intoximeters, Model Intox EC/IR II to be followed at least once every
1. Verify the ethanol gas canisted 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic breath simulator thermometer show 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; ar	nd .
10. Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	ister is being changed before expiration date, or the alcoholic breath nged every four months or after 125 Alcoholic Breath Simulator tests,
I certify that on the 1444 day of Fe procedures were performed on the instrument incompartment of Health and Human Services, and	the forgoing preventive maintenance dicated above, in accordance with current regulations of the N.C. the instrument is functioning properly.
THE STATE OF NORTH AND THE CARD OF THE STATE	nature of Certifying Official Certificate Number

## UNION COUNTY WAXHAW PD 890

Serial Number: 008594

Test Record Number: 816

Test Date: 02/14/2011

Test Time: 12:36pm EST

System Check: Passed

## Baseline Tests

Test St	atus Time
FLO Pa	.ss 12:37pm .ss 12:37pm .ss 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
ATR	Pagg	12 · 38pm

### Printer Tests

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

12:38pm

Preventive Maintenance Status: Pass

Pass

CAL

UNION COUNTY WAXHAW PD 890

Serial Number: 008594 Test Date: 02/14/2011

Citation Number: M0000000-0

Subject'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: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG920301 Exp Date: 07/22/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	12:40pm 12:40pm 12:41pm 12:42pm
SUB TEST	.00	12:42pm
AIR BLK SUB TEST	.00 . <b>00</b>	12:43pm 12:45pm
AIR BLK	.00	12:46pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

Rev. 12/2007

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

	RS, MODEL INTOX EC/IR II
County Catawba	Instrument Location Catawha County 50
Instrument Serial No. 008687	100 B Southwest Blvd, Newton
	828-464-5241
The preventive maintenance procedures for the I four months are:	ntoximeters, Model Intox EC/IR II to be followed at least once ever
1. Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath simulator thermometer sh gree centigrade;
2. Verify instrument displays time	e and date;
3. Initiate breath test sequence;	
4. Enter information as prompted	
<ol> <li>Verify instrument accuracy;</li> </ol>	
6. When "PLEASE BLOW" appo	ears, collect breath sample;
7. When "PLEASE BLOW" appe	ears, collect breath sample;
8. Print test record;	
9. Verify Diagnostic Program; and	<u>.</u>
10. Verify that the ethanol gas cani simulator solution is being char whichever occurs first.	ster is being changed before expiration date, or the alcoholic breath aged every four months or after 125 Alcoholic Breath Simulator tes
Certify that on the 11th day of Fela	20 11 11 5
procedures were performed on the instrument ind Department of Health and Human Services, and t	the forgoing preventive maintenan judged above, in accordance with current regulations of the N.C. the instrument is functioning properly.
THE STATE OF	
AND SERVICE OF THE SE	
MALLINE TO	1,50
Sign	ature of Certifying Official Certificate Number

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008687 Test Date: 02/11/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG003401 Exp Date: 02/03/2012

Test	g/210L	Time
DIAG	Pass	9:19am
AIR BLK	.00	9:20am
ACCY CHK	.08	9:21am
AIR BLK	.00	9:22am
SUB TEST	.00	9:23am
AIR BLK	.00	9:23am
SUB TEST	.00	9:25am
AIR BLK	. 00	9:26am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

Rev. 12/2007

## CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008687 Test Date: 02/11/2011 Test Record Number: 1108
Test Time: 9:27am EST

System Check: Passed

## Baseline Tests

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

## Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	9:28am

### Printer Tests

Test	Status	Time
PRNT	Pass	9:28am
i e	CRC Tests	

rest	Status	Time
COMP	Pass	9:28am
CAL	Pass	9:28am

Preventive Maintenance Status: Pass

Analyst

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

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

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008821 Test Date: 02/11/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023702

Exp Date: 08/25/2012

Test	g/210L	Time
DIAG	Pass	9:18am
AIR BLK	.00	9:19am
ACCY CHK	.08	9:20am
AIR BLK	.00	9:21am
SUB TEST	.00	9:21am
AIR BLK	.00	9:22am
SUB TEST	.00	9:24am

9:25am

Reported AC: .00 g/210L

AIR BLK .00

gnature of Chemical Analyst

Court CVR

## CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008821 Test Date: 02/11/2011 Test Record Number: 639
Test Time: 9:26am EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	9:26am
FLO	Pass	9:26am
FC	Pass	9:26am

### Temperature Tests

Test	Status	Time
FC1	Pass	9:26am
SRC	Pass	9:26am
DET	Pass	9:26am
BAR	Pass	9:26am
BT	Pass	9:26am

### Blank Tests

Test	Status	Time
AIR	Pass	9:27am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:27am
	CRC Tests	
Tect	Status	Time

Test	Status	TTIME
COMP	Pass	9:27am
CAL	Pass	9:27am

Preventive Maintenance Status: Pass

Analyst

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

C	tawba Instrument Location Hickory PD
County <u>a</u>	Instrument Location   ITCKOTY   13
Instrument Seria	al No. 008841 347 and Ave SW, Hickory
	828 - 324 - 2060
The preventive is four months are:	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
OF ME STATE OF N.  OF ME STATE O	Signature of Certifying Official Certificate Number

CATAWBA COUNTY HICKORY PD 170

Serial Number: 008841 Test Date: 02/11/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG925103 Exp Date: 09/08/2011

Test	g/210L	Time
DIAG	Pass	8:34am
AIR BLK	.00	8:35am
ACCY CHK	.07	8:35am
AIR BLK	.00	8:36am
SUB TEST	.00	8:37am
AIR BLK	.00	8:38am
SUB TEST	.00	8:39am
AIR BLK	.00	8:40am

Reported AC: .00 g/210L

Sagrature of Chemical Analyst

Court CVR

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

Analyst

Rev. 12/2007

## CATAWBA COUNTY HICKORY PD 170

Serial Number: 008841 Test Test Date: 02/11/2011 Test

Test Record Number: 824
Test Time: 8:41am EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	8:42am
FLO	Pass	8:42am
FC	Pass	8:42am

## Temperature Tests

Test	Status	Time
		$= -\frac{1}{2} \frac{1}{2} \frac$
FC1	Pass	8:42am
SRC	Pass	8:42am
DET	Pass	8:42am
BAR	Pass	8:42am
BT	Pass	8:42am

#### Blank Tests

Test	Status	Time
λΤΟ.	Dagg	0 - 4 3

### Printer Tests

Test	Status	Time
PRNT	Pass	8:43am

## CRC Tests

Test	Status	Time
COMP	Pass	8:43am
CAL	Pass	8:43am
i trakt wir	the production of the pro-	

Preventive Maintenance Status: Pass

Analyst

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

County Co	umbus Instrument Location BAT Mobile Unit 4
Instrument Seria	ul No. <u>008871</u>
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the 18 <sup>+</sup> h day of February, 20 11 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 AN	Signature of Certifying Official Certificate Number

## COLUMBUS COUNTY BAT MOBILE UNIT 4 230

Serial Number: 008871

Test Record Number: 331 

System Check: Passed

## Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	9:16pm 9:16pm 9:16pm 9:16pm
BT	Pass	9:16pm

### Blank Tests

Test	Status	Time
AIR	Pass	9:17pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:17pm
•	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:17pm 9:17pm

Preventive Maintenance Status: Pass

Analyst

COLUMBUS COUNTY BAT MOBILE UNIT 4 230

Serial Number: 008871 Test Date: 02/18/2011

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:
10/01/2009-10/01/2011

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

Lot Number: AG011703 Exp Date: 10/02/2011

Test	g/210L	Time
DIAG	Pass	9:07pm
AIR BLK	.00	9:08pm
ACCY CHK	.08	9:08pm
AIR BLK	.00	9:09pm
SUB TEST	.00	9:10pm
AIR BLK	.00	9:11pm
SUB TEST	.00	9:12pm
AIR BLK	.00	9:13pm

-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_	ANTOLPH Instrument Location LIBERTY POLICE DENT.
Instrument Ser	rial No. 008830 LIBRATY, NC
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer	the <u>ZZ</u> day of <u>FEBRUARY</u> , 20 // 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.
TO CHANGE OF THE STATE OF THE S	Signature of Certifying Official  Certificate Number

RANDOLPH LIBERTY POLICE DEPT 750

Serial Number: 008830 Test Date: 02/22/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG016501 Exp Date: 06/14/2012

Test	g/210L	Time
DIAG	Pass	9:50am
AIR BLK	.00	9:51am
ACCY CHK	.08	9:52am
AIR BLK	.00	9:53am
SUB TEST	.00	9:53am
AIR BLK	.00	9:54am
SUB TEST	.00	9:56am
AIR BLK	.00	9:57am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR.

Analyst

### RANDOLPH LIBERTY POLICE DEPT 750

Serial Number: 008830

Test Record Number: 265

Test Date: 02/22/2011

Test Time: 9:58am EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	9:58am
${ t FLO}$	Pass	9:58am
FC .	Pass	9:58am

## Temperature Tests

Test	Status	Time	
FC1	Pass	9:58am	
SRC	Pass	9:58am	
DET	Pass	9:58am	
BAR	Pass	9:58am	
BT .	Pass	9:58am	

### Blank Tests

Test	Status	Time
AIR	Pass	9:59am

## Printer Tests

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

Preventive Maintenance Status: Pass

Pass

Pass

9:59am

9:59am

COMP

CAL

# PREVENTIVE MAINTENANCE RECORD

County K	INTOXIMETERS, MODEL INTOX ECTR II  ANDOCP - Instrument Location RANDLEMAN POLICE DEPT
	erial No. 008737 RANDLEMON, NC
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	on the
THE STATE OF THE STATE OF THE OWNER OWNE	

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

RANDOLPH COUNTY RANDLEMAN PD 750

Serial Number: 008737 Test Date: 02/22/2011

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:
10/01/2009-10/01/2011

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

Lot Number: AG916602 Exp Date: 06/15/2011

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## RANDOLPH COUNTY RANDLEMAN PD 750

Serial Number: 008737 Test Record Number: 365 Test Date: 02/22/2011 Test Time: 11:15am EST

System Check: Passed

## Baseline Tests

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

## Temperature Tests

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

### Blank Tests

Test	Status	Time	
AIR	Pass	11:16am	

## Printer Tests

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

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

Preventive Maintenance Status: Pass

Analyst

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

County /	MOORE	Instrument Location	20BBINS	Pouce DEPT
Instrument Ser	rial No. <u>008728</u>	Robbins	NC	
		·		·
The preventive four months as	e maintenance procedures for the Intre:	oximeters, 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		holic breath simu	lator thermometer shows
2.	Verify instrument displays time	and date;	·	
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			•
6.	When "PLEASE BLOW" appea	rs, collect breath sample;		
7.	When "PLEASE BLOW" appear	rs, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canis simulator solution is being chang whichever occurs first.			
procedures we	n the <u>ZZ</u> day of <u>FGS</u> are performed on the instrument indic Health and Human Services, and th	cated above, in accordance v	with current regul	preventive maintenance lations of the N.C.
THE STATE OF THE S		The Quest	<u></u>	371
	Signa	ture of Certifying Official	•	Certificate Number

MOORE COUNTY ROBBINS PD 620

Serial Number: 008728 Test Date: 02/22/2011

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG	Pass	2:28pm
AIR BLK	.00	2:29pm
ACCY CHK	.08	2:30pm
AIR BLK	.00	2:31pm
SUB TEST	.00	2:32pm
AIR BLK	.00	2:33pm
SUB TEST	.00	2:35pm
AIR BLK	.00	2:35pm

Reported AC: 1.00 g/210L

Signature of Chemical Analyst

Court CVR

175 1-1 Prosell

### MOORE COUNTY ROBBINS PD 620

Serial Number: 008728 Test Date: 02/22/2011

Test Record Number: 174
Test Time: 2:36pm EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	2:37pm
FLO	Pass	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
	D	0. 20
PRNT	Pass	2:38pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:38pm

Preventive Maintenance Status: Pass

Pass

2:38pm

CAL

Analyst

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

6	INTOAIMETERS, MODEL INTOX EC/IR II
County	UTIC Instrument Location buttic Co. S.o.
Instrument S	erial No. 008897 104 Dunder St., Windsor, 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 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 6,000,000,000,000,000,000,000,000,000,0
THE STATE OF THE S	Signature of Certifying Official Certificate Number

BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897 Test Date: 02/17/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG920303 Exp Date: 07/22/2011

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897 Test Date: 02/17/2011 Test Record Number: 432 Test Time: 11:05am EST

System Check: Passed

### Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	11:06am
SRC	Pass	11:06am
DET	Pass	11:06am
BAR	Pass	11:06am
$\mathtt{BT}$	Pass	11:06am

## Blank Tests

Test	Status	Time
AIR	Pass	11:06am

## Printer Tests

Test	Status	Time
PRNT	Pass	11:06am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:07am 11:07am

Preventive Maintenance Status: Pass

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

County_	Washin	zkon	Instrument Location_	Jashington Co. S.D.
Instrumer	nt Serial No.	008829	Adams GA.	Plymonth, N.C.
The preve		nance procedures for the	e Intoximeters, Model Intox E	EC/IR II to be followed at least once every
1.		fy the ethanol gas canist egrees, plus or minus .2		coholic breath simulator thermometer shows
2.	_ Veri	fy instrument displays t	ime and date;	
3.	Initi	ate breath test sequence;	;	
4.	Ente	r information as prompt	ed;	
5.	Veri	fy instrument accuracy;		
6.	Whe	en "PLEASE BLOW" a	ppears, collect breath sample;	
7.	Whe	en "PLEASE BLOW" a	ppears, collect breath sample;	
s. 8.	Prin	t test record;		
9.	Veri	fy Diagnostic Program;	and	
10.	simu			re expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
procedure			indicated above, in accordance of the instrument is functioning	the forgoing preventive maintenance with current regulations of the N.C. ag properly.
GREAT	TATE OF NORTH			
		- ( )	ignature of Certifying Officia	Cartificate Number

WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829 Test Date: 02/16/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG011702 Exp Date: 04/27/2012

Test	g/210L	Time
DIAG	Pass	11:54am
AIR BLK	.00	11:55am
ACCY CHK	.08	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

## WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829 Test Date: 02/16/2011

Test Record Number: 270
Test Time: 12:01pm EST

System Check: Passed

## Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	12:02pm
SRC	Pass	12:02pm
DET	Pass	12:02pm
BAR	Pass	12:02pm
BT	Pass	12:02pm

### Blank Tests

Test	Status	Time
AIR	Pass	12:02pm

#### Printer Tests

rest	Status	Time
PRNT	Pass	12:02pm

### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801 Test Date: 02/03/2011

Citation Number: M0000000-0

Subject'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: KEESLER, LINDA A

Permit Number: 11646E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG916602 Exp Date: 06/15/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:44am 11:45am 11:46am
AIR BLK SUB TEST	.00 .00	11:48am 11:48am
AIR BLK	.00	11:49am
SUB TEST	.00	11:51am
AIR BLK	.00	11:52am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

### HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801 Test Date: 02/03/2011 Test Record Number: 183
Test Time: 11:53am EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:53am
FC	Pass	11:53am

### Temperature Tests

Test	Status	Time
FC1	Pass	11:53am
SRC	Pass	11:53am
DET	Pass	11:53am
BAR	Pass	11:53am
BT	Pass	11:53am

### Blank Tests

Test	Status	Time
AIR	Pass	11:54am

#### Printer Tests

rest	Status	Time
PRNT	Pass	11:54am
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Line A. Kush

11:54am

11:54am

Analyst

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

County UN	Instrument Location Chowan Co. Public Galun Ce
Instrument Seria	al No. 004495 305 W. Frum won St., Wanton 1
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the day of ly ( ) , 20 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. dealth and Human Services, and the instrument is functioning properly.
STATE OF AN SOLITOR AND SOLITO	Jinuer Lune 647

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

Signature of Certifying Official

Certificate Number

### CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895 Test Date: 02/16/2011

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG920303 Exp Date: 07/22/2011

Test	g/210L	Time
DIAG	Pass	10:51am
AIR BLK	.00	10:52am
ACCY CHK	.08	10:53am
AIR BLK	.00	10:54am
SUB TEST	.00	10:55am
AIR BLK	.00	10:56am
SUB TEST	.00	10:57am
AIR BLK	.00	10:58am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895 Test Record Number: 340 Test Date: 02/16/2011 Test Time: 10:59am EST

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:00am

### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

11:01am

CAL

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 bre	County /	Instrument Location YASkin Co Sp.
1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.  I certify that on the	Instrument Ser	ial No. <u>008944</u>
1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.  I certify that on the		
2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.  1 certify that on the	The preventive four months ar	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.  I certify that on the	1,	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 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 bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator 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 bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.  I certify that on the	3.	Initiate breath test sequence;
6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator 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 bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator 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 bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator 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 bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator 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 bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator 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 whichever occurs first.  I certify that on the	9.	Verify Diagnostic Program; and
Department of Health and Human Services, and the instrument is functioning properly.	10.	Verify that the ethanol gas canister is being changed before 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
Chr. alllen 632	CONTRACTOR OF THE PARTY OF THE	632

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

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944 Test Date: 02/17/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: WEAVER, GEORGE A

Permit Number: 09442E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	12:50pm 12:51pm
AIR BLK	.00	12:52pm 12:53pm
SUB TEST AIR BLK	.00	12:53pm 12:54pm
SUB TEST AIR BLK	.00	<b>12:56pm</b> 12:57pm

Reported AC: ...00 g/210L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services

Rev. 12/2007

### YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944 Test Date: 02/17/2011 Test Record Number: 595 Test Time: 12:59pm EST

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	1:00pm 1:00pm
DET	Pass	1:00pm
BAR	Pass	1:00pm
$\mathtt{BT}$	Pass	1:00pm

### Blank Tests

Test	Status	Time
AIR	Pass	1:00pm

### Printer Tests

Test	Status	Time
PRNT	Pass	1:00pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:00pm 1:00pm

Preventive Maintenance Status: Pass

Analyst

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

County	Rockingham Instrument Location	rikii
Instrument S		
The prevention	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to are:	be followed at least once every
. 1.	Verify the ethanol gas canister displays pressure, or the alcoholic broad degrees, plus or minus .2 degree centigrade;	eath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 A whichever occurs first.	on date, or the alcoholic breath alcoholic Breath Simulator tests,
I certify that of procedures we Department o	on the	orgoing preventive maintenance ent regulations of the N.C.
STATE STATE	O NO LE	
ASE QUANTO		632
•	Signature of Certifying Official	Certificate Number

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

#### ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784 Test Date: 02/16/2011

Citation Number: M0000000-0

Subject'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: WEAVER, GEORGE A

Permit Number: 09442E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG916701 Exp Date: 06/16/2011

Test	g/210L	Time
DIAG AIR BLK	Pass .00	2:47pm 2:47pm
ACCY CHK	.08	2:48pm
AIR BLK	.00	2:49pm
SUB TEST	.00	2:50pm
AIR BLK	.00	2:51pm
SUB TEST	.00	2:52pm
ATR BLK	. 0.0	2 · 53pm

Reported AC: /1.00, g/2/10L

ignature of Chemical Analyst

Court CVR.

This form is used when performing Preventive Maintenance procedures

Analyst

Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

### ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784
Test Date: 02/16/2011

Test Record Number: 434
Test Time: 2:54pm EST

System Check: Passed

### Baseline Tests

Status	Time
Pass Pass	2:54pm 2:54pm 2:54pm
	Pass

### Temperature Tests

Test	Status	Time
FC1	Pass	2:54pm
SRC	Pass	2:54pm
DET	Pass	2:54pm
BAR	Pass	2:54pm
BT	Pass	2:54pm

### Blank Tests

Test	Status	Time

AIR Pass 2:55pm

### Printer Tests

Test	Status	Time

PRNT Pass 2:55pm

### CRC Tests

Test	Status	Time
COMP	Pass	2:55pm
CAL	Pass	2:55pm

Preventive Maintenance Status: Pass

Analyst

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

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

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

Signature of Certifying Official

Certificate Number

ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636 Test Date: 02/16/2011

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

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

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

Analyst's Name: WEAVER, GEORGE A
Permit Number: 09442E
Effective:
10/01/2009-10/01/2011

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

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

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

Reported AC: \_.00 g/210L

Ignature of Chemical Analyst

Court CVR

Analyst

### ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636 Test Record Number: 893

Test Date: 02/16/2011

Test Time: 2:08pm EST

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	2:09pm

### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD

County (	AVIDSON Instrument Location Thomas Ville Police
Instrument Se	0600073
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.
	n the
TO THE STATE OF THE PART OF TH	C A C A C A C A C A C A C A C A C A C A

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

#### DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008872 Test Date: 02/15/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG002601 Exp Date: 01/26/2012

Test	g/210L	Time
DIAG AIR BLK	Pass	1:43pm 1:44pm
ACCY CHK	.07	1:45pm
AIR BLK	.00	1:46pm
SUB TEST	.00	1:47pm
AIR BLK	.00	1:47pm
SUB TEST	.00	1:49pm
AIR BLK	.00	1:50pm

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

### DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008872 Test Record Number: 734

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	1:51pm

### Printer Tests

Test	Status	Time
PRNT	Pass	1:52pm
	CRC Tests	·
Test	Status	Time
COMP	Pass	1:52pm

Pass

1:52pm

Preventive Maintenance Status: Pass

CAL

Analyst

# PREVENTIVE MAINTENANCE RECORD

	INTOXIMETERS, MODEL INTOX EC/IR II
County 4	AVIOSOK/ Instrument Location LexingTON POLICE
Instrument Se	erial No. 008883 Department
	<i>'</i>
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
•	on the
CHESTATE OF THE STATE OF THE ST	

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

### DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883 Test Date: 02/15/2011

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

Subject'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:
10/01/2009-10/01/2011

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

Lot Number: AG002601 Exp Date: 01/26/2012

Test	g/210L	Time
DIAG AIR BLK	Pass	2:56pm
ACCY CHK	.00	2:57pm 2:58pm
AIR BLK	.00	3:00pm
SUB TEST	.00	3:00pm
AIR BLK	.00	3:01pm
SUB TEST	.00	3:03pm
AIR BLK	.00	3:04pm

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

### DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883

Test Record Number: 757
Test Time: 3:05pm EST

Test Date: 02/15/2011 Test Time: 3:05

System Check: Passed

### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1	Pass	3:06pm
SRC	Pass	3:06pm
DET	Pass	3:06pm
BAR	Pass	3:06pm
BT	Pass	3:06pm

### Blank Tests

Test	Status	Time
AIR	Pass	3:06pm

### Printer Tests

Test	Status	Time
PRNT	Pass	3:06pm
	CRC Tests	

Test	Status	Time
COMP	Pass	3:07pm
CAL	Pass	3:07pm

Preventive Maintenance Status: Pass

Analyst

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

	INTOXIMETERS, MODEL INTOX EC/IR II
County	AVISON Instrument Location DAVISON CO JAIL
Instrument Se	rial No. 008845 LexingTON, N.C.
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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	n the
THE CHAIN WE STATE OF THE STATE	L. Kein Dean 642

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

Signature of Certifying Official

Certificate Number

DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845 Test Date: 02/15/2011

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:
10/01/2009-10/01/2011

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

Lot Number: AG002601 Exp Date: 01/26/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	3:56pm 3:57pm 3:57pm
AIR BLK	.00	3:59pm
SUB TEST	.00	4:00pm
AIR BLK	.00	4:01pm
SUB TEST	.00	4:02pm
AIR BLK	.00	4:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR.

Analyst

### DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845

Test Record Number: 788

Test Date: 02/15/2011

Test Time: 4:05pm EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	4:05pm
FLO	Pass	4:05pm
FC	Pass	4:05pm

### Temperature Tests

Test	Status	Time
FC1 SRC	Pass	4:05pm
DET	Pass Pass	4:05pm 4:05pm
BAR	Pass	4:05pm
BT ·	Pass	4:05pm

### Blank Tests

Test	Status	Time
AIR	Pass	4:06pm

### Printer Tests

Test	Status	Time
PRNT	Pass	4:06pm
	CPC Tests	

Test	Status	Time
COMP	Pass	4:06pm
CAL	Pass	4:06pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

_	in Toxime Ters, Model In Tox EC/IR II
County	UILTORD Instrument Location UNC-Greenshoro
Instrument Se	erial No. 008604 Police Department
· · · · · · · · · · · · · · · · · · ·	
The prevention four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1,	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the
STATE 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.

GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604 Test Date: 02/17/2011

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE
Subject'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:
10/01/2009-10/01/2011

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

Lot Number: AG003403 Exp Date: 02/03/2012

g/210L	Time
Pass .00 .08 .00	1:37pm 1:38pm 1:39pm 1:40pm 1:41pm
.00	1:42pm
.00	1:44pm
.00	1:44pm
	Pass .00 .08 .00 .00 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604

Test Record Number: 947 

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	1:46pm
FLO	Pass	1:46pm
FC	Pass	1:46pm

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	1:47pm

### Printer Tests

Test	Status	Time
PRNT	Pass	1:47pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:47pm
CAL	Pass	1:47pm

Preventive Maintenance Status: Pass

### Intox EC/IR-II: Accuracy Check

### GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604 Test Date: 02/17/2011

Test Record Number: 945 Test Time: 1:28pm EST

Technician Name: DEAN

Dry Gas Standard: .080

Lot Number: AG003403 Exp Date: 02/03/2012

Tank Pressure: 468 psi

System Check: Passed

Test	g/210L	Time
AIR BLK ACCY CHK AIR BLK ACCY CHK AIR BLK	.000 .082 .000 .082	1:29pm 1:30pm 1:31pm 1:32pm 1:33pm
ACCY CHK	.082	1:34pm

Calibration CRC: 4E953394

Near M done

Analyst

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

County C	RAVEN Instrument Location MCAS CHERRY POINT PA
Instrument Se	erial No. <u>0/08/9</u>
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the
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.

CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 010819 Test Date: 02/14/2011

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

Subject'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:
10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:59pm 12:59pm
ACCY CHK	.08	1:00pm
AIR BLK SUB TEST	.00 .00	1:01pm
AIR BLK	.00	<b>1:01pm</b> 1:02pm
SUB TEST	.00	1:04pm
AIR BLK	.00	$1:04\mathrm{pm}$

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Rang E-Hall
Analyst

### CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 010819 Test Date: 02/14/2011

Test Record Number: 175
Test Time: 1:05pm EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	1:06pm
FLO	Pass	1:06pm
FC	Pass	1:06pm

### Temperature Tests

Test	Status	Time
FC1	Pass	1:06pm
SRC	Pass	1:06pm
DET	Pass	1:06pm
BAR	Pass	1:06pm
$\mathtt{BT}$	Pass	1:06pm

### Blank Tests

Test	Status	Time
AIR	Pass	1:06pm

### Printer Tests

rest	Status	Time
PRNT	Pass	1:06pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:07pm
CAL	Pass	1:07pm

Preventive Maintenance Status: Pass

Analyst

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

County C	WSLOW	Instrument Location <u>CAMP</u>	Lejeuve Amo
Instrument S	erial No. <u>008919</u>		
The preventi	<u>-</u>	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 bre tree centigrade;	eath 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" appe	ars, collect breath sample;	
7.	When "PLEASE BLOW" appe	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	I	•
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ster is being changed before expiration ged every four months or after 125 A	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify that procedures w Department of	on the	RUARU, 20 // the ficated above, in accordance with current is functioning properly	forgoing preventive maintenance rent regulations of the N.C.
STATILE STATILE OF THE STATILE OF TH	O Cerem	ej E-Hall	354
	Sign	ature of Certifying Official	Certificate Number

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

ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008919 Test Date: 02/15/2011

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

Subject'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:
10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG	Pass	11:20am
AIR BLK	.00	11:21am
ACCY CHK	.08	11:22am
AIR BLK	.00	11:23am
SUB TEST	.00	11:23am
AIR BLK	.00	11:24am
SUB TEST	.00	11:26am
AIR BLK	.00	11:27am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

### ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008919 Test Date: 02/15/2011 Test Record Number: 312
Test Time: 11:27am EST

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	11:29am

### Printer Tests

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

CAL Pass 11:29am
Preventive Maintenance

Status: Pass

Pass

11:29am

COMP

Analyst

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

County Dr	Instr	ument Location JACK5000	sille P.D.
Instrument Ser	ial No. <u>00 8930</u>	· · · ·	
The preventive four months ar	maintenance procedures for the Intoximet	ers, Model Intox EC/IR II to be fol	lowed at least once every
1.	Verify the ethanol gas canister displays 34 degrees, plus or minus .2 degree cen		mulator thermometer show
2.	Verify instrument displays time and dat	e;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, coil	ect breath sample;	:
7.	When "PLEASE BLOW" appears, coll	ect breath sample;	
8.	Print test record;	-	
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is be simulator solution is being changed eve whichever occurs first.		
	the <u>15</u> day of <u>FESRUA</u> e performed on the instrument indicated al Health and Human Services, and the instru		ng preventive maintenance gulations of the N.C.
ON THE STATE OF TH			
TO SEE CHEET		E-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.

ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: 008930 Test Date: 02/15/2011

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

Subject'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:
10/01/2009-10/01/2011

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

Lot Number: AG003402 Exp Date: 02/03/2012

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

Reported AC: / .00 g/210L

Signature of Chemical Analyst

Court CVR

Rang EHall
Analyst

## ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: 008930 Test Date: 02/15/2011

Test Record Number: 963 Test Time: 12:20pm EST

System Check: Passed

## Baseline Tests

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

## Temperature Tests

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

12:21pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

County 0	USLOW Instrument Location ONSLOW COUNTY
Instrument Se	rial No. 0089.32 SHERIFF'S OFFICE
The preventiv	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the
STATE OF THE STATE	Rang E-Hall 354
	Signature of Certifying Official Certificate Number

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008932 Test Date: 02/15/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG920302 Exp Date: 07/22/2011

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

# ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008932 Test Date: 02/15/2011

Test Record Number: 836
Test Time: 1:02pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:02pm
FLO	Pass	1:02pm
FC	Pass	1:03pm

## Temperature Tests

Test	Status	Time
FC1	Pass	1:03pm
SRC	Pass	1:03pm
DET	Pass	1:03pm
BAR	Pass	1:03pm
BT	Pass	1:03pm

## Blank Tests

Test	Status	Time
AIR	Pass	1:03pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:03pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:03pm 1:03pm

Preventive Maintenance Status: Pass

Analyst

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

County <u>(</u>	ONSLOW Instrument Location ONSLOW Co	verty_		
Instrument S	t Serial No. 008931 SHERIFF'S OFFICE			
The prevent	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followers are:	ed at least once every		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simul 34 degrees, plus or minus .2 degree centigrade;	ator thermometer show		
2.	Verify instrument displays time and date;			
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;			
7.	When "PLEASE BLOW" appears, collect breath sample;			
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canister is being changed before expiration date, or simulator solution is being changed every four months or after 125 Alcoholic whichever occurs first.	the alcoholic breath Breath Simulator tests,		
I certify that procedures Department	nat on the/5day of	reventive maintenance ations of the N.C.		
STAN STAN 20.	TATE OF VOICE			
CREA				
* ESSE QUAN	Harry EHoll	354		
	Signature of Certifying Official C	Certificate Number		

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008931 Test Date: 02/15/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG011701 Exp Date: 04/27/2012

rest	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	12:54pm 12:54pm 12:55pm 12:56pm 12:57pm
AIR BLK	.00	12:57pm
SUB TEST	.00	12:59pm
AIR BLK	.00	1:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008931 Test Record Number: 1418
Test Date: 02/15/2011 Test Time: 1:00pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:01pm
FLO	Pass	1:01pm
FC	Pass	1:01pm

# Temperature Tests

Test	Status	Time
FC1	Pass	1:01pm
SRC	Pass	1:01pm
DET	Pass	1:01pm
BAR	Pass	1:01pm
$\mathtt{BT}$	Pass	1:01pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:01pm

#### Printer Tests

Status

Time

Test

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

Preventive Maintenance Status: Pass

Analyst

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

County <u>CAA</u>	eteret	Instrument Location <u>CARTERET</u>	County
Instrument Seria	al No. <u>068882</u>	SHERIFFIS OFFICE	· · · · · · · · · · · · · · · · · · ·
The preventive four months are		oximeters, Model Intox EC/IR II to be fo	llowed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	isplays pressure, or the alcoholic breath s ree centigrade;	imulator 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" appear	rs, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canisi simulator solution is being chang whichever occurs first.	ter is being changed before expiration dat ged every four months or after 125 Alcoh	e, or the alcoholic breath olic Breath Simulator tests,
I certify that on procedures were Department of I	the <u>lo</u> day of <u>Febre</u> e performed on the instrument indic Health and Human Services, and th	cated above, in accordance with current ree instrument is functioning properly.	ing preventive maintenance egulations of the N.C.
OTHE STATE OF THE	•	ture of Certifying Official	354 Certificate Number
	Signa	rate of Certifying Official	Certificate Number

#### CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008882 Test Date: 02/16/2011

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

10/01/2009-10/01/2011

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

Test Type: Breath Test

Lot Number: AG011701 Exp Date: 04/27/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	10:45am 10:46am 10:47am 10:48am 10:48am 10:49am
SUB TEST	.00	10:51am
AIR BLK	.00	10:52am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008882 Test Record Number: 154
Test Date: 02/16/2011 Test Time: 10:52am 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	10:53am

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County CA	Atenet Instrument Location CARtenet County
Instrument Ser	ial No. 008605 SHERIFFS OFFICE
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the <u>// day of                                   </u>
The STATE OF THE CONTROL OF THE CONT	

### CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008605 Test Date: 02/16/2011

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

Subject'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: 10/01/2009-10/01/2011

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

> Lot Number: AG011701 Exp Date: 04/27/2012

Test	g/210L	Time
DIAG	Pass	10:43am
AIR BLK	.00	10:44am
ACCY CHK	.08	10:45am
AIR BLK	.00	10:46am
SUB TEST	.00	10:47am
AIR BLK	.00	10:48am
SUB TEST	.00	10:49am
AIR BLK	.00	10:50am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

# CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008605 Test Date: 02/16/2011 Test Record Number: 1991 Test Time: 10:51am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:51am
FLO	Pass	10:51am
FC	Pass	10:51am

#### Temperature Tests

Test	Status Time
=	
FC1	Pass 10:51am
SRC	Pass 10:51am
DET	Pass 10:51am
BAR	Pass 10:51am
BT	Pass 10:51am

#### Blank Tests

Test Status Time

AIR Pass 10:52am

#### Printer Tests

Test Status Time

PRNT Pass 10:52am

CRC Tests

Test Status Time

COMP Pass 10:52am CAL Pass 10:52am

Preventive Maintenance Status: Pass

Analyst

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

County CAR	teret Instrument Location Morehead City P.D.
Instrument Seria	al No. <u>00873/</u>
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
. 7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on to procedures were Department of H	the
OF WASTATE OF N	Signature of Certifying Official  Certificate Number

## CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008731 Test Date: 02/16/2011

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
10/01/2009-10/01/2011

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

Lot Number: AG011701 Exp Date: 04/27/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:47am 11:48am 11:49am
AIR BLK	.00	11:50am
SUB TEST	.00	11:51am
AIR BLK	.00	11:52am
SUB TEST	.00	11:53am
ATR BLK	0.0	11.54am

Reported AC: ,.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008731

Test Record Number: 902

Test Date: 02/16/2011

Test Time: 11:54am EST

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

Status	Time
Pass	11:55am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time

AIR Pass 11:56am

#### Printer Tests

Test	Status	Time	

PRNT Pass 11:56am

CRC Tests

Test Status Time

COMP Pass 11:56am CAL Pass 11:56am

Preventive Maintenance Status: Pass

Analyst

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

County <u>(A</u>	Instrument Location Atlantic Beach P.O.
Instrument So	erial No. <u>008785</u>
The prevention four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
<b>7.</b>	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the
OTHE STATE OFFICE OFFI  OFFICE OFFI  OFFICE OFFI  OFFICE OFFI  OFF	CAROLINIA CAROLI

# CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008785 Test Date: 02/16/2011

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

Subject'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:
10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	12:35pm 12:35pm 12:36pm 12:37pm 12:37pm
AIR BLK	.00	12:38pm
SUB TEST	.00	12:40pm
AIR BLK	.00	12:41pm

Reported AC: , .00 g/210L

Signature of Chemical Analyst

Court CVR

Rang Ethell Analyst

# CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008785

新者を 軍災人は なる

Test Record Number: 427

Test Date: 02/16/2011

Test Time: 12:41pm EST

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	12:42pm
SRC	Pass	12:42pm
DET	Pass	12:42pm
BAR	Pass	12:42pm
BT	Pass	12:42pm

#### Blank Tests

Test	Status	Time

AIR Pass 12:42pm

#### Printer Tests

Test	Status	Time
	•	

PRNT 12:42pm Pass

CRC Tests

Test Status Time

COMP Pass 12:42pm CAL Pass 12:42pm

Preventive Maintenance Status: Pass

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

County_	CRAVEN Instrument Location New BERN P.D.
Instrume	nt Serial No. <u>00 88 / 7</u>
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify the procedure Department	nat on the
CONTRACTOR OF THE CONTRACTOR O	Signature of Certifying Official  Certificate Number

CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817 Test Date: 02/17/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

10/01/2009-10/01/2011

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	11:21am 11:22am 11:23am 11:24am 11:24am
SUB TEST	.00	11:27am
AIR BLK	.00	11:28am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817

Test Record Number: 476

Test Date: 02/17/2011 Test Time: 11:28am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:28am
${ t FLO}$	Pass	11:28am
FC	Pass	11:28am

## Temperature Tests

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

#### Blank Tests

Test	Status	Time

AIR Pass 11:29am

#### Printer Tests

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

PRNT Pass 11:29am

CRC Tests

Test Time Status

COMP Pass 11:29am CAL Pass 11:29am

Preventive Maintenance Status: Pass

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

County CA	PANEN Instrument Location CRAVEN COUNTY
Instrument Se	rial No. 008732 SHERIFFIS 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	n the
THE STATE OF THE S	Signature of Certifying Official  Signature of Certifying Official  Signature of Certifying Official

CRAVEN COUNTY CRAVEN COUNTY SD 240

Serial Number: 008732 Test Date: 02/17/2011

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

Subject'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:
10/01/2009-10/01/2011

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

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

rest	g/210L	Time
DIAG	Pass	12:20pm
AIR BLK	.00	12:21pm
ACCY CHK	.08	12:21pm
AIR BLK	.00	12:22pm
SUB TEST	.00	12:23pm
AIR BLK	.00	12:24pm
SUB TEST	.00	12:25pm
AIR BLK	.00	12:26pm

Reported AC: ..00 g/210L

Signature of Chemical Analyst

Court CVR

## CRAVEN COUNTY CRAVEN COUNTY SD 240

Serial Number: 008732

Test Record Number: 660

Test Date: 02/17/2011 Test Time: 12:26pm EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	12:26pm
FLO	Pass	12:26pm
FC	Pass	12:27pm

# Temperature Tests

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

## Blank Tests

Test	Status	Time

AIR Pass 12:27pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:27pm

#### CRC Tests

Test	Status	Time
COMP	Pass	12:28pm
CAL	Pass	12:28pm

Preventive Maintenance Status: Pass

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

County Jon	Jes Instrument Location Jones County
Instrument Seria	al No. 008705 SHERIFF'S OFFICE
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
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 to procedures were Department of H	the
THE STATE OF NOTICE AND A STATE OF NOTICE AN	Rang EHall 354
	Signature of Certifying Official Certificate Number

JONES COUNTY JONES COUNTY SD 510

Serial Number: 008705 Test Date: 02/17/2011

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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:
10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG	Pass	1:15pm
AIR BLK	.00	1:15pm
ACCY CHK	.08	1:16pm
AIR BLK	.00	1:17pm
SUB TEST	.00	1:17pm
AIR BLK	.00	1:18pm
SUB TEST	.00	1:20pm
ATR BLK	. 00	1.21pm

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

Rong E Hall

Department of Health and Human Services Rev. 12/2007

# JONES COUNTY JONES COUNTY SD 510

Serial Number: 008705 Test Date: 02/17/2011 Test Record Number: 593

Test Time: 1:21pm EST

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	1:22pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:22pm
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

1:22pm

1:22pm

COMP

CAL

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

County	
Instrumen	t Serial No. 008640 SHERIFFS OFFICE
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify the procedures Departmen	at on the
A LOS AND A LOS	Signature of Certifying Official  Certificate Number

PAMLICO COUNTY PAMLICO COUNTY SD 680

Serial Number: 008640 Test Date: 02/18/2011

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

Subject'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:
10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	11:58am 11:59am 12:00pm
SUB TEST	.00 . <b>00</b>	12:01pm 12:01pm
AIR BLK	.00	12:02pm
SUB TEST	.00	12:04pm
AIR BLK	.00	12:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# PAMLICO COUNTY PAMLICO COUNTY SD 680

Serial Number: 008640

Test Record Number: 756

Test Date: 02/18/2011

Test Time: 12:05pm 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
FC1 SRC DET BAR	Pass Pass Pass Pass	12:06pm 12:06pm 12:06pm 12:06pm
BT	Pass	12:06pm

## Blank Tests

Test	Status	Time

AIR 12:06pm Pass

## Printer Tests

Test	Status	Time
PRNT	Pass	12:06pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

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

3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. 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.  1 certify that on the     State   St	County_	CRAVEN Instrument Location HAVELOCK P.D.
four months are:  1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer s 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. 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.  1 certify that on the/B	Instrume	nt Serial No. <u>00 88 00</u>
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. 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.  1 certify that on the     State   St		
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. 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.  I certify that on the // day of // BRARY , 20 // the forgoing preventive maintena procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.	1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 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 breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first.  1 certify that on the/\( \begin{array}{c} \text{day of } \end{array} \)/\( \text{day of } \end{array} \)/\( \text{day of } \end{array} \) the forgoing preventive maintena procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.	2.	Verify instrument displays time and date;
5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first.  I certify that on the // day of // ERRARY , 20 // the forgoing preventive maintena procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.	3.	Initiate breath test sequence;
6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first.  1 certify that on the/Sday of/ERRAPY, 20 // the forgoing preventive maintena 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.	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 breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first.  I certify that on the/Sday of/EBRARY, 20 _// the forgoing preventive maintena 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.	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 breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te 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 breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first.  I certify that on the/\( \) day of/\( \) branky, 20/\( \) the forgoing preventive maintena procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.	7.	When "PLEASE BLOW" appears, collect breath sample;
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.  I certify that on the/8day of/EBRUARY	8.	Print test record;
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first.  I certify that on the/ B	9.	Verify Diagnostic Program; and
Department of Health and Human Services, and the instrument is functioning properly.  Represented to the state of the stat	10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
Regulation where the state of t	I certify t procedure Departme	nat on the
Nignature of Certifying Official Certificate Number	MA GREAT GE	Signature of Certifying Official  ATE ON NORTH AND THE PROPERTY OF THE PROPERT

CRAVEN COUNTY HAVELOCK PD 240

Serial Number: 008800 Test Date: 02/18/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG011701

Exp Date: 04/27/2012

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

Reported\_AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Kang E-Half
Analyst

CRAVEN COUNTY HAVELOCK PD 240

Serial Number: 008800 Test Record Number: 392 Test Date: 02/18/2011 Test Time: 1:08pm EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	1:08pm
FLO	Pass	1:08pm
FC	Pass	mq80:1

# Temperature Tests

Test	Status	Time
FC1	Pass	1:08pm
SRC	Pass	1:08pm
DET	Pass	1:08pm
BAR	Pass	1:08pm
BT	Pass	1:08pm

## Blank Tests

Test	Status	Time
AIR	Pass	1:09pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:09pm

## CRC Tests

Test	Status	Time
COMP	Pass	1:09pm
CAL	Pass	1:09pm

Preventive Maintenance Status: Pass

ang E-Hall
Analyst

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

Co	unty_ <i>CA</i>	Instrument Location Emera.	Ld Isle P.D.
Ins	trument Se	rial No. <u>00 8620</u>	,
			·
The	e preventive r months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be	followed at least once every
	1.	Verify the ethanol gas canister displays pressure, or the alcoholic breat 34 degrees, plus or minus .2 degree centigrade;	h 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 Alc whichever occurs first.	date, or the alcoholic breath oholic Breath Simulator tests,
I cer proc Dep	rtify that or cedures wer artment of	the // day of FEBRUAR , 20// the form the performed on the instrument indicated above, in accordance with current Health and Human Services, and the instrument is functioning properly.	going preventive maintenance t regulations of the N.C.
THE GREAT SEA	THE STATE OF THE S	LORIN CAROLINA	
160	*ESSE QUAM VIDER	Kany EHall	354
		Signature of Certifying Official	Certificate Number

CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008620 Test Date: 02/18/2011

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
10/01/2009-10/01/2011

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	2:07pm
AIR BLK	.00	2:08pm
ACCY CHK	.08	2:08pm
AIR BLK	.00	2:09pm
SUB TEST	.00	2:10pm
AIR BLK	.00	2:11pm
SUB TEST	.00	2:12pm
AIR BLK	.00	2:13pm

Reported AC: ,.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008620 Test Date: 02/18/2011 Test Record Number: 1080 Test Time: 2:14pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:15pm
SRC	Pass	2:15pm
DET	Pass	2:15pm
BAR	Pass	2:15pm
BT	Pass	2:15pm

#### Blank Tests

Test	Status	Time

AIR Pass 2:15pm

#### Printer Tests

Test	Status	Time

PRNT Pass 2:15pm

#### CRC Tests

Test Status Time

COMP Pass 2:15pm CAL Pass 2:15pm

Preventive Maintenance Status: Pass

Analyst

~	INTOXIMETERS, MODEL INTOX EC/IR II
County	UMBERIAND Instrument Location FORT BRAGE,
Instrument S	Gerial No. 008968 Military Police, PMO
The prevents	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 OB day of FEROARY, 20 // the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
OT THE STATI	E O NO LE



Signature of Certifying Official

CUMBERLAND COUNTY FORT BRAGG, LEC. 250

Serial Number: 008908 Test Date: 02/08/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SIMMONS, PAUL T

Permit Number: 08619E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG002802 Exp Date: 01/28/2012

Test	g/210L	Time
DIAG	Pass	12:34pm
AIR BLK	.00	12:35pm
ACCY CHK	.08	12:35pm
AIR BLK	.00	12:36pm
SUB TEST	.00	12:37pm
AIR BLK	.00	12:38pm
SUB TEST	.00	12:39pm
ATP BIN	ሰሰ	12 · 40mm

.00 g/210L

Signature of Chemical Analyst

Court CVR

CUMBERLAND COUNTY FORT BRAGG, LEC. 250

Serial Number: 008908 Test Date: 02/08/2011

Test Record Number: 761 Test Time: 12:43pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:43pm 12:43pm
FC	Pass	12:43pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:43pm
SRC	Pass	12:43pm
DET	Pass	12:43pm
BAR	Pass	12:43pm
BT	Pass	12:43pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:44pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:44pm
	CRC Tests	

Test	Status	Time
COMP	Pass	12:44pm
CAL	Pass	12:44pm

Preventive Maintenance Status: Pass

Analyst

## PREVENTIVE MAINTENANCE RECORD

	INTOXINETERS, MODEL INTOX EC/IR II
County	Instrument Location FORT BRAGE,
Instrument Se	rial No. 008903 MilitARY Police, PMO.
	<i>(</i>
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	on the <u>OS</u> day of <u>Tebruary</u> , 20// the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. If Health and Human Services, and the instrument is functioning properly.
OF THE STATE OF THE PARTY OF TH	

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

CUMBERLAND COUNTY FORT BRAGG LEC. 250

Serial Number: 008903 Test Date: 02/08/2011

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

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

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

Analyst's Name: SIMMONS, PAUL T Permit Number: 08619E Effective: 10/01/2009-10/01/2011

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

Lot Number: AG920302 Exp Date: 07/22/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	12:42pm 12:42pm
AIR BLK	.00	12:43pm 12:44pm
SUB TEST AIR BLK	.00 .00	12:45pm 12:46pm
SUB TEST	.00	12:49pm
AIR BLK	.00	12:50pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR.

Analyst

CUMBERLAND COUNTY FORT BRAGG LEC. 250

Serial Number: 008903 Test Date: 02/08/2011

Test Record Number: 632 Test Time: 12:51pm EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	12:51pm
FLO	Pass	12:51pm
FC	Pass	12:51pm

### Temperature Tests

Test	Status	Time
FC1	Pass	12:51pm
SRC	Pass	12:51pm
DET	Pass	12:51pm
BAR	Pass	12:51pm
BT	Pass	12:51pm

### Blank Tests

Test	Status	Time

AIR Pass 12:52pm

### Printer Tests

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

PRNT Pass 12:52pm

#### CRC Tests

Test	Status	Time
COMP CAL	Pass Pass	12:52pm

Preventive Maintenance Status: Pass

Analyst

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

-	" INTOXIMETERS, MODEL INTOX EC/IR II
County /	RANKLIN CO. JAIL
Instrument Ser	rial No. 008933 Z85 TKEMP RN. LOUISBURG, NC
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
. , <b>2.</b>	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer	the OS day of FEBRUARY, 20 // 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	

#### FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008933 Test Date: 02/08/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG102701

Exp Date: 01/27/2013

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008933

Test Record Number: 409

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:18am
FLO	Pass	11:18am
FC	Pass	11:18am

#### Temperature Tests

Test	Status	Time
FC1 SRC DET	Pass Pass Pass	11:18am 11:18am 11:18am
BAR	Pass	11:18am
BT	Pass	11:18am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:20am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:20am
	CRC Tests	

Test	Status	Time
COMP	Pass	11:20am
CAL	Pass	. 11:20am

Preventive Maintenance Status: Pass

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

County F	RANKLIN	Instrument Location FRANKLI.	N Co. JAIL
Instrument S	erial No. <u>608942</u>	285 TKEMPRD LO	UISBURG, NC
The preventi four months		ntoximeters, Model Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath gree centigrade;	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" appears, collect breath sample;		
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	i	
10.		ster is being changed before expiration da aged every four months or after 125 Alcoh	
I certify that procedures w Department of	on the <u>O8</u> day of FER vere performed on the instrument ind of Health and Human Services, and the	RUARY, 20 // the forgo icated above, in accordance with current rhe instrument is functioning properly.	ing preventive maintenance egulations of the N.C.
au STATE			
St. N. 20, 177		·	
SEA.			
+ SEE QUANT	Buc	D Smith	637
	Sign	ature of Certifying Official	Certificate Number

#### FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008942 Test Date: 02/08/2011

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:
10/01/2009-10/01/2011

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008942

Test Record Number: 339

Test Date: 02/08/2011 Test Time: 11:13am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:13am
FLO	Pass	11:13am
FC	Pass	11:14am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:14am
SRC	Pass	11:14am
DET	Pass	11:14am
BAR	Pass	11:14am
BT	Pass	11:14am

#### Blank Tests

Test	Status	Time	

AIR 11:14am Pass

#### Printer Tests

Test	Status	Time	

PRNT Pass 11:14am

#### CRC Tests

Test	Status	Time
COMP	Pass	11:15am
CAL	Pass	11:15am

Preventive Maintenance Status: Pass

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

County F1	RANKLIN	Instrument Location FRANK	LINTON PD
Instrument Se	erial No. 008815	#7 W. MASON ST.	FRANKLINTON, NC
The preventive four months a	re maintenance procedures for the	e Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.		er displays pressure, or the alcoholic bre degree centigrade;	eath simulator thermometer show
2.	Verify instrument displays ti	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	opears, collect breath sample;	
7.		opears, collect breath sample;	•
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.		anister is being changed before expiration nanged every four months or after 125 A	
I certify that of procedures we Department of	ere performed on the instrument is	されるアリ , 20 // the fooding the instrument is functioning properly.	orgoing preventive maintenance ent regulations of the N.C.
CAREAT STATE OF THE STATE OF TH	I CAROLINI		
ARIL 12, 078	Bi	is I Smoth	637
	. 21	gnature of Certifying Official	Certificate Number

#### FRANKLIN COUNTY FRANKLINTON PD 340

Serial Number: 008815 Test Date: 02/08/2011

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: SMITH, BRIAN D
Permit Number: 08937E
Effective:
10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG	Pass	9:37am
AIR BLK	.00	9:37am
ACCY CHK	.08	9:38am
AIR BLK	.00	9:39am
SUB TEST	.00	9:39am
AIR BLK	.00	9:40am
SUB TEST	.00	9:42am
AIR BLK	.00	9:43am

Reported AC: ..00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### FRANKLIN COUNTY FRANKLINTON PD 340

Serial Number: 008815

Test Record Number: 458

Test Date: 02/08/2011

Test Time: 9:52am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:53am
FLO	Pass	9:53am
FC	Pass	9:53am

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:53am
SRC	Pass	9:53am
DET	Pass	9:53am
BAR	Pass	9:53am
BT	Pass	9:53am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:53ar

#### · ·

Test	Status	Time
PRNT	Pass	9:54am
	CRC Tests	e.

Printer Tests

Test	Status	Time
COMP	Pass	9:54am
CAL	Pass	9:54am

Preventive Maintenance Status: Pass

Analyst

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

County_	Instrument Location RED SPRINGS BUCE DEPT.
Instrument Se	orial No. 008857 RED SARINGS, NC
The preventiv	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the OG day of FERCIAL , 20 1 the forgoing preventive maintenance per performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008857 Test Date: 02/09/2011

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:
10/01/2009-10/01/2011

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

Lot Number: AG902603 Exp Date: 07/22/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	12:23pm 12:24pm 12:24pm
AIR BLK	.00	12:24pm
SUB TEST	.00	12:26pm
AIR BLK	.00	12:27pm
SUB TEST	.00	12:29pm
AIR BLK	.00	12:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008857 Test Date: 02/09/2011

Test Record Number: 183 Test Time: 12:32pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:33pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

	INTOXIMETERS, MODEL INTOX EC/IR II
County/	SOBESON Instrument Location ST. PAUCS POLICE DEPT.
Instrument Se	erial No. 008814 ST. PAULS, NC
The preventive four months a	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 <u>09</u> day of <u>FEBRUARY</u> , 20/1 the forgoing preventive maintenance ere performed on the instrument indicated above in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official  Certificate Number

ROBESON COUNTY ST. PAULS PD. 770

Serial Number: 008814 Test Date: 02/09/2011

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
10/01/2009-10/01/2011

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

Lot Number: AG002802 Exp Date: 01/28/2012

Test	g/210L	Time
DIAG AIR BLK	Pass	2:15pm 2:16pm
ACCY CHK	.08	2:17pm
AIR BLK	.00	2:18pm
SUB TEST	.00	2:18pm
AIR BLK	.00	2:19pm
SUB TEST	.00	2:21pm
AIR BLK	.00	2:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

#### ROBESON COUNTY ST. PAULS PD. 770

Serial Number: 008814

Test Record Number: 263

Test Date: 02/09/2011

Test Time: 2:22pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:23pm
FLO	Pass	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 · 24 mm

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County	Johnston Instrument Location CLAYTON POLICE DEPT.
Instrument Ser	rial No. 008658 CLAYTON, NC
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o procedures we Department of	on the <u>O</u> day of <u>FBRUARY</u> , 20 // the forgoing preventive maintenance per performed on the instrument indicated above, in accordance with current regulations of the N.C. If Health and Human Services, and the instrument is functioning properly.
STATE OF THE STATE	

JOHNSTON COUNTY CLAYTON PD. 500

Serial Number: 008658 Test Date: 02/09/2011

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

Subject'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:
10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG	Pass	4:24pm
AIR BLK	.00	4:24pm
ACCY CHK	.08	4:25pm
AIR BLK	.00	4:26pm
SUB TEST	.00	4:27pm
AIR BLK	.00	4:28pm
SUB TEST	.00	4:29pm
ATR BLK	0.0	4 · 30 mm

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

#### JOHNSTON COUNTY CLAYTON PD. 500

Serial Number: 008658 Test Record Number: 575 Test Date: 02/09/2011

ŞT,

Test Time: 4:33pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:33pm
FLO	Pass	4:33pm
FC	Pass	4:33pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:33pm
SRC	Pass	4:33pm
DET	Pass	4:33pm
BAR	Pass	4:33pm
BT	Pass	4:33pm

#### Blank Tests

Test	•	Status	Time
AIR		Pass	4:34pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:34pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4:34pm

Preventive Maintenance Status: Pass

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

County	LEE Instrument Location SANFORD POLICE DEP
Instrument	Serial No. <u>60 8867</u> <u>SANFORD</u> NC
The preven	ative maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify th procedures Departmer	at on the
S S S S S S S S S S S S S S S S S S S	

LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: 008867 Test Date: 02/10/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG825401 Exp Date: 10/02/2011

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR.

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

Department of Health and Human Services

Rev. 12/2007

#### LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: 008867 Test Date: 02/10/2011 Test Record Number: 343
Test Time: 3:29pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:29pm
SRC	Pass	3:29pm
DET	Pass	3:29pm
BAR	Pass	3:29pm
BT	Pass	3:29pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:30pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:30pm
	CRC Tests	

Test	Status	Time
COMP	Pass	3:30pm
CAL	Pass	3:30pm

Preventive Maintenance Status: Pass

Analyst

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

County /	MOORE Instrument Location SOUTHERN PINES POLICE
Instrument S	Gerial No. <u>008720</u> <u>SOUTHERN PINES NC</u>
The preventir	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department of	on theday of
SEE CHANNELS OF STATE	

MOORE COUNTY SOUTHERN PINES PD. 620

Serial Number: 008720 Test Date: 02/11/2011

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	8:37am
ACCY CHK	.00	8:38am 8:38am
AIR BLK	.00	8:41am
SUB TEST	.00	8:42am
AIR BLK	.00	8:43am
SUB TEST	.00	8:44am
AIR BLK	.00	8:45am

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

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#### MOORE COUNTY SOUTHERN PINES PD. 620

Serial Number: 008720

Test Record Number: 484

Test Date: 02/11/2011

Test Time: 8:46am EST

#### System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:46am
FLO	Pass	8:46am
FC	Pass	8:46am

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:46am
SRC	Pass	8:46am
DET	Pass	8:46am
BAR	Pass	8:46am
BT	Pass	8:46am

#### Blank Tests

Test	Status	Time
AIR	Pass	8:47am

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:47am
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

8:47am

8:47am

Analyst

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

County/	wilkes Instrument Location Wilkes Co Court House
Instrument Ser	rial No. <u>008843</u>
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o procedures we Department of	n theday of
OF THE STATE OF TH	
ORTHAND SOST	
•	Signature of Certifying Official Certificate Number

#### WILKES COUNTY WILKES CO COURTHOUSE 960

Serial Number: 008843 Test Date: 02/14/2011

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: WEAVER, GEORGE A
Permit Number: 09442E
Effective:
10/01/2009-10/01/2011

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

Lot Number: AG002703 Exp Date: 01/27/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	12:01pm 12:01pm 12:02pm 12:03pm
SUB TEST	.00	12:04pm
AIR BLK	.00	12:05pm
SUB TEST	.00	12:06pm
AIR BLK	.00	12:07pm

Reported AC: /.00 g/210L

ignature of Chemical Analyst

Court CVR

Analyst

#### WILKES COUNTY WILKES CO COURTHOUSE 960

Serial Number: 008843

Test Record Number: 772

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:09pm
FLO	Pass	12:09pm
FC	Pass	12:09pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:09pm
SRC	Pass	12:09pm
DET	Pass	12:09pm
BAR	Pass	12:09pm
BT	Pass	12:09pm

#### Blank Tests

Test	Status	Time
1000		

AIR 12:10pm Pass

#### Printer Tests

Test	Status	Time

PRNT Pass 12:10pm

#### CRC Tests

Test	C+-+	777 d ma a
Test	Status	Time

COMP 12:10pm Pass CAL Pass 12:10pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	RANDOLPH Instrument Location Archdale Police
Instrument	Serial No. 008791 Department
The prevent	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures Department	t on theday ofbry, 20 // the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATE OF THE CONTROL	E ON NO PARTIES AND A CONTROL OF THE PARTIES

#### RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791 Test Date: 02/01/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

g/210L Test Time DIAG 1:26pm Pass 1:27pmAIR BLK .00 ACCY CHK .08 1:27pm .00 AIR BLK 1:28pm SUB TEST .00 1:29pm 1:30pm AIR BLK .00 SUB TEST .00 1:32pm

Reported AC: .00 g/210L

1:33pm

AIR BLK .00

Signature of Chemical Analyst

Court CVR.

#### RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791

Test Record Number: 471

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:34pm 1:34pm
FC	Pass	1:34pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:34pm
SRC	Pass	1:34pm
DET	Pass	1:34pm
BAR	Pass	1:34pm
BT	Pass	1:34pm

#### 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	1:35pm
CAL	Pass	1:35pm

Preventive Maintenance Status: Pass

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

#### GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008828 Test Date: 02/03/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

Ellective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG011702 Exp Date: 04/27/2012

Test	g/210L	Time
DIAG AIR BLK	Pass .00	3:03pm 3:03pm
ACCY CHK	.08	3:04pm
AIR BLK SUB TEST	.00 .00	3:05pm 3:06pm
AIR BLK	.00	3:00pm
SUB TEST	.00	3:08pm
AIR BLK	.00	3:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR.

Analyst

#### GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008828

Test Record Number: 282

Test Date: 02/03/2011 Test Time: 2:52pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:53pm 2:53pm
FC	Pass	2:53pm

### Temperature Tests

Test	Status	Time
FC1	Pass	2:53pm
SRC	Pass	2:53pm
DET	Pass	2:53pm
BAR	Pass	2:53pm
BT	Pass	2:53pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:54pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:54pm
	CRC Tests	

Test	Status	Time
COMP	Pass	2:54pm
CAL	Pass	2:54pm

Preventive Maintenance Status: Pass

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

County 1	Avidson Instrument Location Davidson Co JAil
Instrument So	erial No. 008865 Lexington, 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 w Department of	on the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

#### DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008865 Test Date: 02/12/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male ver's License State: X

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

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG002601 Exp Date: 01/26/2012

Test g/210L Time

	-	
DIAG	Pass	8:33pm
AIR BLK	.00	8:34pm
ACCY CHK	.07	8:34pm
AIR BLK	.00	8:35pm
SUB TEST	.00	8:36pm
AIR BLK	.00	8:37pm
SUB TEST	.00	8:38pm

8:39pm

Reported AC: .00 g/210L

AIR BLK .00

Signature of Chemical Analyst

Court CVR

Analyst

#### DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008865

Test Record Number: 241
Test Time: 8:29pm EST

Test Date: 02/12/2011

1000 11me. 0.23pm 201

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	8:31pm

#### Printer Tests

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

COMP	Pass	8:31pm
CAL	Pass	8:31pm

Preventive Maintenance Status: Pass

Analyst

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

County H	mett-Angier Instrument Location Bat Mobile Unit of
Instrument S	erial No. <u>008734</u>
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department	on the day of
SEE CHANNE	

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

HARNETT COUNTY BAT MOBILE UNIT 2 420

Serial Number: 008736 Test Date: 02/11/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:20pm
AIR BLK	.00	9:21pm
ACCY CHK	.08	9:21pm
AIR BLK	.00	9:22pm
SUB TEST	.00	9:23pm
AIR BLK	.00	9:23pm
SUB TEST	.00	9:25pm
AIR BLK	.00	9:26pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Joya B Skynn Analyst

#### HARNETT COUNTY BAT MOBILE UNIT 2

Serial Number: 008736 Test Date: 02/11/2011 Test Time: 9

Test Record Num

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	9:29pm
FLO	Pass	9:29pm
FC	Pass	9:29pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:29pm
SRC	Pass	9:29pm
DET	Pass	9:29pm
BAR	Pass	9:29pm
BT	Pass	9:29pm

#### Blank Tests

Time Test Status AIR Pass 9:30pm

#### Printer Tests

Test Status Time PRNT 9:30pm Pass

#### · CRC Tests

Test Status Time COMP 9:30pm Pass 9:30pm CAL Pass

Preventive Maintenance Status: Pass

Analyst

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

County HC	arrett-Angier Instrument Location Bot Mobile Unit 2
Instrument S	erial No. DO8(00)
The preventifour months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the day of
THE STATE OF THE S	Donya B Strange L44 Signature of Certifying Official Certificate Number

HARNETT CO BAT MOBILE UNIT 2 420

Serial Number: 008601 Test Date: 02/11/2011

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

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

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

Analyst's Name: SKINNER, TONYA B
Permit Number: 13651E
Effective:
10/01/2009-10/01/2011

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

Lot Number: Exp Date: 08/25/2012

Test	g/210L	Time
DIAG AIR BLK	Pass	9:06pm 9:07pm
ACCY CHK	.07	9:08pm
AIR BLK	.00	9:09pm
SUB TEST	.00	9:10pm
AIR BLK	.00	9:11pm
SUB TEST	.00	9:13pm
AIR BLK	.00	9:14pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Donya B Skinnin

#### HARNETT CO BAT MOBILE UNIT 2 420

Serial Number: 008601 Test Date: 02/11/2011 Test Record Number: 515
Test Time: 9:15pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test Status Time

AIR Pass 9:16pm

#### Printer Tests

Test Status Time

PRNT Pass 9:16pm

CRC Tests

Test Status Time

COMP Pass 9:16pm CAL Pass 9:16pm

Preventive Maintenance Status: Pass

Donya B Skunn

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

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:  1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  1 certify that on the	County Ca	Idwell Instrument Location Caldwe	11 Co. Jail
1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the	Instrument Seri	al No. <u>008803</u> <u>Lenoir</u>	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.  1 certify that on the			followed at least once every
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the	1.		simulator thermometer shows
4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  1 certify that on the	2.	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.  I certify that on the	5.	Verify instrument accuracy;	
9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before 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	
Department of Health and Human Services, and the instrument is functioning properly.	10.	simulator solution is being changed every four months or after 125 Alco	late, or the alcoholic breath bholic Breath Simulator tests,
649	I certify that on procedures wer Department of	the	going preventive maintenance regulations of the N.C.
Signature of Certifying Official Certificate Number	OR THE STATE OF TH	Continue of Contifuing Official	Gartificata Number

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008803 Test Date: 02/04/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

10/01/2009-10/01/2011

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

Agency: DHHS

Test Type: Breath Test

Lot Number: AG920401 Exp Date: 07/23/2011

Test	g/210L	Time
DIAG	Pass	2:38pm
AIR BLK	.00	2:39pm
ACCY CHK	.08	2:40pm
AIR BLK	.00	2:41pm
SUB TEST	.00	2:41pm
AIR BLK	.00	2:42pm
SUB TEST	.00	2:43pm
ATR BLK	.00	2:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analysi

#### CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008803

Test Record Number: 230 Test Time: 2:47pm EST

Test Date: 02/04/2011

## System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:47pm
FLO	Pass	2:47pm
FC	Pass	2:47pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:47pm
SRC	Pass	2:47pm
DET	Pass	2:47pm
BAR	Pass	2:47pm
BT	Pass	2:47pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:48pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:48pm
	CRC Tests	
Test	Status	Time

COMP	Pass	2:48pm
CAL	Pass	2:48pm

Preventive Maintenance Status: Pass

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

County	KOBESON Instrument Location REDS PRINES POLICE DEPT
Instrument S	erial No. <u>008863</u> <u>RED SPRINGS, NC</u>
The prevention	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
THE STATE OF THE S	

#### ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008863 Test Date: 02/01/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG920302

Exp Date: 07/22/2011

Test g/210L Time

DIAG	Pass	3:53pm
AIR BLK	.00	3:53pm
ACCY CHK	.08	3:54pm
AIR BLK	.00	3:55pm
SUB TEST	.00	3:55pm
AIR BLK	.00	3:56pm
SUB TEST	.00	3:58pm
ATD BIN	0.0	3 • 5 9 mm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

/Analyst

#### ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008863

Test Record Number: 106

Test Date: 02/01/2011

Test Time: 4:00pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:00pm
FLO	Pass	4:00pm
FC	Pass	4:00pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:00pm
SRC	Pass	4:00pm
DET	Pass	4:00pm
BAR	Pass	4:00pm
$\mathtt{BT}$	Pass	4:00pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:01pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:01pm
	CRC Tests	

Test	Status	Time
COMP	Pass	4:01pm
CAL	Pass	4:01pm

Preventive Maintenance Status: Pass

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

County	Dushow Instrument Location MCAS New RIVER Pr
Instrument S	erial No. 008722
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 show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department	on the day of
CANADO SELA CONTRACTOR OF SELACION AND SELAC	Rang E-Hall 354
	Signature of Certifying Official Certificate Number

ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: 008922 Test Date: 02/02/2011

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:
10/01/2009-10/01/2011

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

Lot Number: AG011701 Exp Date: 04/27/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CH AIR BLK SUB TES AIR BLK	K .07 .00 <b>T .00</b>	12:29pm 12:30pm 12:30pm 12:31pm 12:32pm 12:33pm
SUB TES	the state of the s	12:34pm
AIR BLK	.00	12:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: 008922

Test Record Number: 158

Test Date: 02/02/2011

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	12:36pm
SRC	Pass	12:36pm
DET	Pass	12:36pm
BAR	Pass	12:36pm
BT	Pass	12:36pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:37pm

#### 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

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

. D	ASON Instrument Location PELSON Co. LEC.
County 15	
Instrument Seria	INO. 008693 120 COURT ST. REXBORD, 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 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
THE STATE OF THE PROPERTY OF T	Signature of Certifying Official Certificate Number

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693 Test Date: 02/01/2011

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:
QUARANTELLO, NICHOLAS J
Permit Number: 21536E
Effective:
10/01/2009-10/01/2011

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

Lot Number: AG920301 Exp Date: 07/22/2011

Test	g/210L	Time
DIAG AIR BLK	Pass .00 .07	12:54pm 12:56pm
ACCY CHK	.00	12:56pm 12:57pm
SUB TEST AIR BLK	.00 .00	12:58pm 12:59pm
SUB TEST AIR BLK	.00 .00	1:00pm 1:01pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services Rev. 12/2007

#### PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693

Test Record Number: 644

Test Date: 02/01/2011

Test Time: 1:02pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:03pm
SRC	Pass	1:03pm
DET	Pass	1:03pm
BAR	Pass	1:03pm
BT	Pass	1:03pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:04pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:04pm
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

1:04pm

1:04pm

COMP

CAL

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

a. Pe	450N Instrument Location PEASON CO. LEC
County	mistrument Location 24-55-
Instrument Seri	al No. 00 8880 120 COURT ST. PENTIORO, 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 show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer	theday of FEBROAPM, 20 \ \ \ 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

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880 Test Date: 02/01/2011

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE
Subject'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:
10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	12:51pm 12:52pm 12:53pm
AIR BLK SUB TEST	.00 .00	12:54pm 12:55pm
AIR BLK SUB TEST	.00	12:56pm <b>12:57pm</b>
AIR BLK	.00	12:58pm

Reported AC: .00 g/210L

Signature (of Chemical Analyst

Court CVR

#### PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880 Test Record Number: 325 Test Date: 02/01/2011 Test Time: 12:59pm EST

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

Status	Time
Pass	1:00pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	1:00pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:00pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:01pm

1:01pm

Preventive Maintenance Status: Pass

Pass

CAL

MI Onio
Analyst

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

1	intoximeters, model intox ec/ir ii
County	Instrument Location Kinsion V. D.
Instrument Se	rial No. 008847 205 E. King St., KINGTON, N.C
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10,	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

LENOIR COUNTY KINSTON PD 530

Serial Number: 008847 Test Date: 02/01/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG16602 Exp Date: 06/15/2011

Test	g/210L	Time
DIAG	Pass	1:06pm
AIR BLK	.00	1:07pm
ACCY CHK	.08	1:07pm
AIR BLK	.00	1:08pm
SUB TEST	.00	1:09pm
AIR BLK	.00	1:10pm
SUB TEST	.00	1:11pm
ATR BLK	0.0	1 · 12pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

#### LENOIR COUNTY KINSTON PD 530

Serial Number: 008847

Test Record Number: 151 

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:03pm
SRC	Pass	1:03pm
DET	Pass	1:03pm
BAR	Pass	1:03pm
$\mathtt{BT}$	Pass	1:03pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:04pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:04pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:04pm 1:04pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Jilson	Instrument Location Wilson	Co. Detention Ce
Instrument S	Serial No. <u>DD4 452</u>	100 E. Green 49.	Wilson N.C.
The preventi four months		ntoximeters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic brea egree centigrade;	th 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" app	ears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; ar	nd	
10.	Verify that the ethanol gas car simulator solution is being cha whichever occurs first.	nister is being changed before expiration anged every four months or after 125 A	n date, or the alcoholic breath lcoholic Breath Simulator tests,
procedures v	were performed on the instrument in	dicated above, in accordance with current the instrument is functioning properly.	orgoing preventive maintenance ent regulations of the N.C.
STATUS OF THE ST	fine	Pa A Keese	Certificate Number

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008652 Test Date: 02/23/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:56am
AIR BLK	.00	9:57am
ACCY CHK	.08	9:58am
AIR BLK	.00	9:59am
SUB TEST	.00	10:00am
AIR BLK	.00	10:01am
SUB TEST	.00	10:03am
AIR BLK	.00	10:04am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Jino A. Kuse
Analyst

#### WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008652

Test Record Number: 1546 

System Check: Passed

### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:06am

#### Printer Tests

rest	Status	TIME
PRNT	Pass	10:06am
	CRC Tests	

Test	Status	Time
COMP	Pass	10:06am
CAL	Pass	10:06am

Preventive Maintenance Status: Pass

A. lust

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

, ,		eks, MODEL INTOX EC/II	<b>N. I.</b>
County W	1/200	Instrument Location Wilson C	s. Vetention Ce
Instrument S	erial No. 008627	look. Buen 4., Ui	150n, N.L.
The preventi	•	Intoximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic breath legree centigrade;	simulator thermometer shows
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	nd	
10.		nister is being changed before expiration d anged every four months or after 125 Alco	
procedures v	vere performed on the instrument in	the forgodicated above in accordance with current the instrument is functioning properly.	going preventive maintenance tregulations of the N.C.
STATI OREAT STATE OF THE CAME		gnature of Certifying Official	Certificate Number

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008627 Test Date: 02/23/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

T	'est	g/210L	Time
D	IAG	Pass	10:08am
Α	IR BLK	.00	10:09am
A	CCY CHK	.07	10:10am
A	IR BLK	.00	10:11am
S	UB TEST	.00	10:12am
Α	IR BLK	.00	10:13am
S	UB TEST	.00	10:14am
Δ	TP BIK	00	10.15am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008627

Test Record Number: 1130

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:16am 10:16am
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	10:17am

#### Printer Tests

Test	Status	TIME
PRNT	Pass	10:17am
	CRC Tests	
<b>-</b> .		

Test	Status	Time
COMP	Pass	10:17am
CAL	Pass	10:17am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_/	erial No. 008869 Wilmington
Instrument 5	VIII 140
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.
procedures v	on the day of local of 20/1 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 312. U	

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

Serial Number: 008869 Test F Test Date: 02/19/2011 Test

Test Record Number: 378
Test Time: 11:12pm EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	11:13pm
FLO	Pass	11:13pm
FC	Pass	11:13pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:13pm
SRC	Pass	11:13pm
DET	Pass	11:13pm
BAR	Pass	11:13pm
BT	Pass	11:13pm

#### Blank Tests

Test	Status	Time
AIR	Pass	11:14pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:14pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:14pm 11:14pm

Preventive Maintenance Status: Pass

K. C. Moch

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

> Serial Number: 008869 Test Date: 02/19/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG002803 Exp Date: 01/28/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	11:02pm 11:03pm 11:03pm 11:04pm 11:05pm 11:06pm 11:07pm
AIR BLK	.00	11:08pm

Reported AC: /.00 g/210L

Signature of Chemical Analyst

Court CVR