PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	CDowell Instrument Location McDowell Co. Ja;/
Instrument S	erial No. OO8888 Marion, NC
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the 3/ day of March, 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.
THE STATE OF THE S	

MCDOWELL COUNTY JAIL 580

Serial Number: 008888 Test Date: 03/31/2011

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: AG925103 Exp Date: 09/08/2011

Test	g/210L	Time
DIAG	Pass	4:33pm
AIR BLK	.00	4:33pm
ACCY CHK	.08	4:34pm
AIR BLK	.00	4:35pm
SUB TEST	.00	4:36pm
AIR BLK	.00	4:37pm
SUB TEST	.00	4:38pm
AIR BLK	.00	4:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MCDOWELL COUNTY JAIL 580

Serial Number: 008888 Test Record Number: 563
Test Date: 03/31/2011 Test Time: 4:39pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:40pm
FLO	Pass	4:40pm
FC	Pass	4:40pm

Temperature Tests

Status	Time
Pass	4:40pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	4:40pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:41pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:41pm 4:41pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Wa	tauga	Instrument Location Watavg	a Co. Jail
Instrument S	erial No. <u>008715</u>	Boon	e, NC
The prevention four months		toximeters, Model Intox EC/IR II to be	e followed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	isplays pressure, or the alcoholic brearee centigrade;	th simulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	ars, collect breath sample;	
7.	When "PLEASE BLOW" appear	ars, coilect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		ster is being changed before expiration ged every four months or after 125 Al	
procedures v	on the <u>30</u> day of <u>Marc</u> vere performed on the instrument indi of Health and Human Services, and th	cated above, in accordance with curre ne instrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
STATION OF THE STATIO	CARO IN THE CAROLINA CONTRACTOR OF THE CAROLINA		
STATE QUAM		ature of Certifying Official	649 Certificate Number
	Signi	atare of Certifying Official	Certificate Number

WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008715 Test Date: 03/30/2011

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 AIR BLK	Pass	1:51pm 1:52pm
ACCY CHK	.08	1:53pm
AIR BLK	.00	1:54pm
SUB TEST	.00	1:54pm
AIR BLK	.00	1:55pm
SUB TEST	.00	1:56pm
AIR BLK	.00	1:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008715 Test Date: 03/30/2011

Test Record Number: 495

Test Time: 1:58pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:59pr

Printer Tests

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

2:00pm

2:00pm

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Co	unty	DAVID SON	Instrument Location_	BAT MOBILE UNIT 3
Ins	trument Se	rial No. <u>008647</u>		LEXINGTON, NC
	e preventive r months a		toximeters, Model Intox l	EC/IR II to be followed at least once every
	1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg		coholic breath simulator thermometer shows
	2.	Verify instrument displays time	and date;	
	3.	Initiate breath test sequence;		
	4.	Enter information as prompted;		
ah.	5.	Verify instrument accuracy;		
	6.	When "PLEASE BLOW" appear	ars, collect breath sample	. · ;
diği.	7.	When "PLEASE BLOW" appear	ars, collect breath sample	;
t. Šag	8.	Print test record;		
	9.	Verify Diagnostic Program; and		
	10.			re expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
pro	cedures we	n the <u>3/</u> day of <u>MAP</u> re performed on the instrument indi Health and Human Services, and th	cated above, in accordance	the forgoing preventive maintenance with current regulations of the N.C. ng properly.
CAREAT SE	OF THE STATE OF TH	CAROLLI CAROLL		
	With the same of t	_ alim	Kay Ben	648
		Signa	iture of Certifying Officia	l Certificate Number

DAVIDSON COUNTY BAT MOBILE UNIT 3 280

Serial Number: 008647 Test Date: 03/31/2011

Citation Number: M0000000-0 Subject's Name:

PRÉVENTIVE, MAINTENANCE

Subject'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

rest	g\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	тище
DIAG	Pass	7:17pm
AIR BLK	00	7:18pm
ACCY CHK	.08	7:18pm
AIR BLK	.00	7:19pm
SUB TEST	00	7:20pm
AIR BLK	.00	7:21pm
SUB TEST	.00	7:22pm
AIR BLK	00	7:23pm
ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	.08 .00 .00 .00	7:18pt 7:19pt 7:20pt 7:21pt 7:22pt

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DAVIDSON COUNTY BAT MOBILE UNIT 3 280

Serial Number: 008647 Test Record Test Date: 03/31/2011 Test Time:

Test Record Number: 1041
Test Time: 7:24pm EDT

System Check: Passed

Baseline Tests

Test	Status Time
IR	Pass 7:24pm
FLO	Pass 7:24pm
FC	Pass 7:24pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:24pm
SRC	Pass	7:24pm
DET	Pass	7:24pm
BAR	Pass	7:24pm
BT	Pass	7:24pm

Blank Tests

Test	Status	Time
AIR	Pass	7:25pm

Printer Tests

Test Status Time

PRNT	Pass	7:25pm
	CRC Tests	
Test	Status	Time
COMP	Pass	7:25pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

7:25pm

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	DAVIDSON	Instrument Location_	BAT MOBILE UNIT 3
Instrument Se	erial No. <u>OO 8 9/6</u>		LEXINGTON, NC
The prevention		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 a egree centigrade;	alcoholic breath simulator thermometer show
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	d;	· ·
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample	÷;
7.	When "PLEASE BLOW" app	pears, collect breath sample	; ;
. 8.	Print test record;		
9.	Verify Diagnostic Program; a	nd	
10.	Verify that the ethanol gas can simulator solution is being che whichever occurs first.	nister is being changed befo anged every four months o	ore expiration date, or the alcoholic breath r after 125 Alcoholic Breath Simulator tests,
I certify that of procedures we Department of	on the <u>3/</u> day of <u>//</u> vere performed on the instrument in of Health and Human Services, and	dicated above, in accordar the instrument is function	the forgoing preventive maintenance nee with current regulations of the N.C. ing properly.
STATE STATE OF THE	CAROLINA	7	1048
	_ Clima K	cy Barnes	ial Certificate Number

DAVIDSON COUNTY BAT MOBILE UNIT 3 280

Serial Number: 008910 Test Date: 03/31/2011

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

g/210L	Time
Pass	7:20pm
.00	7:21pm
.07	7:22pm
.00	7:23pm
.00	7:23pm
.00	7:24pm
.00	7:26pm
.00	7:27pm
	Pass .00 .07 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Anglest

DAVIDSON COUNTY BAT MOBILE UNIT 3 280

Serial Number: 008910 Test Date: 03/31/2011

Test Record Number: 168
Test Time: 7:29pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	7:29pm
Pass	7;29pm
Pass	7:29pm
Pass	7:29pm
Pass	7:29pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	7:30pm

Printer Tests

A TOTAL		
Test	Status	Time
PRNT	Pass	7:30pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	7:30pm 7:30pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Del	Instrument Location Behavior Co. Courthouse
Instrument Seria	INO. DO 8588 10x E. 2nd Street, Wahingon, N
The preventive in four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the 3151 day of MAICM, 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

BEAUFORT COUNTY COURTHOUSE 060

. .

Serial Number: 008588 Test Date: 03/31/2011

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: AG011703 Exp Date: 04/27/2012

Test	g/210L	Time
DIAG	Pass	12:37pm
AIR BLK	.00	12:38pm
ACCY CHK	.08	12:39pm
AIR BLK	.00	12:40pm
SUB TEST	.00	12:40pm
AIR BLK	.00	12:41pm
SUB TEST	.00	12:43pm
AIR BLK	.00	12:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Tinold. Keese

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008588
Test Date: 03/31/2011

Test Record Number: 556
Test Time: 12:34pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:35pm

Printer Tests

Teat

1656	Scacus	TTIIIG
PRNT	Pass	12:35pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Del	autost Instrument Location beaufort lo. Covichous
Instrument Seria	al No. 008909 102 E. 2nd Street, Washington, A
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 MAI (M, 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.
TOTAL STATE OF THE OF T	

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909 Test Date: 03/31/2011

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 AIR BLK SUB TEST	Pass .00 .08 .00	11:48am 11:49am 11:50am 11:51am
AIR BLK SUB TEST	.00	11:52am 11:54am
AIR BLK	.00	11:55am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008588 Test Date: 03/31/2011 Test Record Number: 556
Test Time: 12:34pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:35pm
SRC	Pass	12:35pm
DET	Pass	12:35pm
BAR	Pass	12:35pm
BT	Pass	12:35pm
BT	Pass	TZ:22bm

Blank Tests

Test	Status	Time
ATR	Pass	12:35pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:35pm
÷	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:36pm 12:36pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County //	YOKE	Instrument Location HOKE Detention Ce	County	
Instrument Se	erial No. <u>OO 8852</u>	Detention Ce	ENTER	
The preventive four months a		Intoximeters, Model Intox EC/IR II to be	e followed at least once every	
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic bread legree centigrade;	th simulator thermometer shows	
2.	Verify instrument displays tin	ne and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompte	d;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" ap	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" ap	pears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; a	and		
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nister is being changed before expiration anged every four months or after 125 Al	date, or the alcoholic breath coholic Breath Simulator tests,	
I certify that procedures v Department	on theday of were performed on the instrument in of Health and Human Services, and	ARCH ,20 // the formation of the instrument is functioning properly.	orgoing preventive maintenance ont regulations of the N.C.	
STAN STAN ON THE S	CANON CONTRACTOR OF THE PARTY O	ignature of Certifying Official	578 Certificate Number	

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852 Test Date: 03/11/2011

Citation Number: M0000000-0

Subject's Name:

PREVEMTIVE, MAINTENANCE

Subject'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	2:45pm
AIR BLK	.00	2:45pm
ACCY CHK	.08	2:46pm
AIR BLK	.00	2:47pm
SUB TEST	.00	2:47pm
AIR BLK	.00	2:49pm
SUB TEST	.00	2:50pm
ATR BLK	- 00	2:51pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR.

Analyst

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852 Test Record Number: 365

Test Date: 03/11/2011

Test Time: 2:53pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:53pm
FLO	Pass	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
4.4		
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

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

,	INTOXIMETERS, MODEL INTOX EC/IR II
County	Instrument Location HOKE COUNTY
Instrument Seri	al No. 008855 DETENTION CENTER
The preventive	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
four months are	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	theday of
The STATE of The S	Signature of Catificina Official Continues Number

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855 Test Date: 03/11/2011

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: 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: AG916602 Exp Date: 06/15/2011

Test	t '	g/210L	Time
DIA	3	Pass	3:07pm
AIR	BLK	.00	3:08pm
ACC:	Y CHK	.08	3:08pm
AIR	BLK	.00	3:09pm
SUB	TEST	.00	3:10pm
AIR	\mathtt{BLK}	.00	3:11pm
SUB	TEST	.00	3:12pm
ATR	$BT_{i}K$. 0.0	3 · 13 m

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855 Test Record Number: 511

Test Date: 03/11/2011

Test Time: 3:17pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time

AIR 3:18pm Pass

Printer Tests

Test	Status	Time
PRNT	Pass	3:18pm

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County	100RE Instrument Location MORE COUNTY
Instrument Se	erial No. 008735 JAIL, CARTHAGE, NC.
The preventive four months a	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures v	on the 30 day of MARCh, 2011 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 STATE OF THE STATE	

MOORE COUNTY MOORE COUNTY JAIL 620

Serial Number: 008735 Test Date: 03/30/2011

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 AIR BLK ACCY CHK	Pass .00 .07	11:17am 11:18am 11:19am
AIR BLK	.00	11:19am
SUB TEST	.00	11:20am
AIR BLK	.00	11:21am
SUB TEST	.00	11:23am
AIR BLK	.00	11:23am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MOORE COUNTY MOORE COUNTY JAIL 620

Serial Number: 008735

Test Record Number: 806

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:25am 11:25am
FC	Pass	11:25am

Temperature Tests

Test	Status	Time
FC1	Pass	11:25am
SRC	Pass	11:25am
DET	Pass	11:25am
BAR	Pass	11:25am
BT	Pass	11:25am

Blank Tests

Test	Status	Time
AIR	Pass	11:26am

Printer Tests

Test	Status	Time
PRNT	Pass	11:26am

CRC Tests

Test	Status	Time
COMP	Pass	11:26am
CAL	Pass	11:26am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

,	oke-Raleigh Instrument Location Bot Mobile Unit#
Instrument Se	erial ND 08601
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on the Ou day of October 1, 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.
MATO AST	Donua B Skinnin 644

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

Signature of Certifying Official

Certificate Number

WAKE COUNTY BAT MOBILE UNIT 2 910

Serial Number: 008601 Test Date: 03/24/2011

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 ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00 .00	9:48pm 9:49pm 9:49pm 9:50pm 9:51pm 9:52pm 9:53pm
AIR BLK	.00	9:54pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Sonya B Skonner Analyst

WAKE COUNTY BAT MOBILE UNIT 2 910

Serial Number: 008601 Test Date: 03/24/2011 Test Record Number: 543
Test Time: 9:56pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:57pm
FLO	Pass	9:57pm
FC	Pass	9:57pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:57pm
SRC	Pass	9:57pm
DET	Pass	9:57pm
BAR	Pass	9:57pm
BT	Pass	9:57pm

Blank Tests

Test	Status	Time
AIR	Pass	9:57pm

Printer Tests

Status

Time

Test

PRNT	Pass	9:57pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:58pm 9:58pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Wak	e-Raleigh Instrument Location Wake-Bat-Mobile Up
Instrument Serial	No CO 8734
The preventive m four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1,	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on opposedures were Department of H	the day of day o
SEE GUAMVER AND SEE AN	Signature of Certifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 2 910

Serial Number: 008736 Test Date: 03/24/2011

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Ony B Skynn

WAKE COUNTY BAT MOBILE UNIT 2 910

Serial Number: 008736 Test Date: 03/24/2011

Test Record Number: 269
Test Time: 10:15pm EDT

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	10:15pm
SRC	Pass	10:15pm
DET	Pass	10:15pm
BAR	Pass	10:15pm
\mathtt{BT}	Pass	10:15pm

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

CAL

Analyst

10:16pm

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Wat	ie-Raleigh Instrument Location Bat Mobile Unit 2
Instrument Seria	IN.008929
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
· 1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	theday of, 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.
THE STATE OF OWNERS THE OWNERS TH	CAROLINA .

WAKE COUNTY BATMOBILE UNIT 2

Serial Number: 008929 Test Date: 03/24/2011

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: AG102602 Exp Date: 01/26/2013

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:24pm 10:25pm 10:26pm
AIR BLK	.00	10:27pm
SUB TEST	.00	10:28pm
AIR BLK	.00	10:29pm
SUB TEST	.00	10:31pm
AIR BLK	.00	10:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

WAKE COUNTY BATMOBILE UNIT 2 910

Serial Number: 008929 Test Date: 03/24/2011 Test Record Number: 276
Test Time: 10:34pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time -
IR FLO	Pass Pass	10:34pm 10:34pm
FC	Pass	10:34pm

Temperature Tests

Status	Time
Pass	10:34pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	10:35pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:35pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:35pm

CAL Pass 10:35pm

Preventive Maintenance Status: Pass

Donya B Skynin Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County W	oryne-Goldsboro Instrument Location Bot Mobile Unit 2
Instrument Se	rial No.00 895 9
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department of	on the day of March, 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.
STATION OF	CAROLL

WAYNE COUNTY BATMOBILE UNIT 2 950

Serial Number: 008929 Test Date: 03/26/2011

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: AG102602 Exp Date: 01/26/2013

Test	g/210L	Time
DIAG AIR BLK	Pass	12:21am 12:22am
ACCY CHK	.08	12:22am
AIR BLK SUB TEST	.00 .00	12:23am 12:25am
AIR BLK	.00	12:26am
SUB TEST	.00	12:28am
ATR BLK	.00	12:28am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR.

Onya B Skunning

WAYNE COUNTY BATMOBILE UNIT 2 950

Serial Number: 008929 Test Record Number: 279

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:32am 12:32am
FLO FC	Pass Pass	12:32am
- C	- un	,

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:33am

Printer Tests

Test	Status	Time
PRNT	Pass	12:33am
	CRC Tests	
Test	Status	Time

Tesc	blacus	TIME
COMP	Pass	12:33am
CAL	Pass	12:33am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Cou	nty <u>WO</u> (ine Goldsburg Instrument Location Rat Mobile Unit 2
Inst	rument Seria	u No.008736
	preventive i	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;
) 3	5.	Verify instrument accuracy;
\$ \$	6.	When "PLEASE BLOW" appears, collect breath sample;
	7.	When "PLEASE BLOW" appears, collect breath sample;
	8.	Print test record;
	9.	Verify Diagnostic Program; and
	10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
proc	edures were	the 55 day of 0000, 20 1 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.
AME GREAT SE	OF THE STATE OF TH	Signature of Certifying Official Certificate Number

WAYNE COUNTY BAT MOBILE UNIT 2 950

Serial Number: 008736 Test Date: 03/25/2011

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Onya B Skynny Analyst

WAYNE COUNTY BAT MOBILE UNIT 2 950

Serial Number: 008736 Test Record Number: 272 Test Date: 03/25/2011

Test Time: 11:18pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
Daniel Bright	Bures Less Tell Control	100
IR	Pass	11:19pm
FLO	Pass	11:19pm
FC	Pass	11:19pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:19pm
SRC	Pass	11:19pm
DET	Pass	11:19pm
BAR	Pass	11:19pm
BT	Pass	11:19pm

Blank Tests

Test	Status	Time
AIR	Pass	11:20pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:20pm

CRC Tests

Test	Status	Time
COMP	Pass	11:20pm
CAL	Pass	11:20pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County MA	Type-Goldsboro Instrument Location Bat Mobile Unit#3
Instrument S	erial No(20840)
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures v	on the day of OC , 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.
TARLES TA	

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

Signature of Certifying Official

Certificate Number

WAYNE COUNTY BAT MOBILE UNIT 2 950

Serial Number: 008601 Test Date: 03/25/2011

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	11:41pm 11:42pm
ACCY CHK AIR BLK	.07 .00	11:42pm 11:43pm
SUB TEST	.00	11:44pm
AIR BLK	.00	11:44pm
SUB TEST	.00	11:46pm
AIR BLK	.00	11:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Jonya B Stynnin Analyst

WAYNE COUNTY BAT MOBILE UNIT 2 950

Serial Number: 008601 Test Date: 03/25/2011

Test Record Number: 548
Test Time: 11:54pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:55pm
SRC	Pass	11:55pm
DET	Pass	11:55pm
BAR	Pass	11:55pm
BT	Pass	11:55pm

Blank Tests

Test	Status	Time
AIR	Pass	11:55pm

Printer Tests

rest	Status	TTIIIE
PRNT	Pass	11:56pm

CRC Tests

lest	Status	Time
COMP	Pass	11:56pm
CAL	Pass	11:56pm

Preventive Maintenance Status: Pass

Donya B Strong

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

/	HATHAM Instrument Location SILER City POLICE DEPT.
County	Instrument Location 3/27/2 C/19 100/CF 12/61/1.
Instrument Se	Instrument Location SILER CITY POLICE DEPT. erial No. 008629 SILER CITY, 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 30 day of MARCH, 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.
Case Quarty	Signature of Certifying Official Certificate Number

CHATHAM COUNTY SILER CITY PD. 180

Serial Number: 008629 Test Date: 03/30/2011

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: 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: AG925201 Exp Date: 09/09/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	9:57am 9:57am 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

Analyst

CHATHAM COUNTY SILER CITY PD. 180

Serial Number: 008629

Test Record Number: 201

System Check: Passed

Baseline Tests

Test	Status	T'ime
IR	Pass	10:06am
FLO	Pass	10:06am
FC	Pass	10:07am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR ·	Pass	10:07am

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

CAL

10:07am

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	MONTGOMERY Instrument Location MONTGON	DERY CO. JAIL
Instrument Se	erial No. 008721 TRAY, NC	
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be for are:	llowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath signal degrees, plus or minus .2 degree centigrade;	imulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration dat simulator solution is being changed every four months or after 125 Alcoh whichever occurs first.	te, or the alcoholic breath olic Breath Simulator tests,
procedures w	on the <u>30</u> day of <u>MARCH</u> , 20 // the forgovere performed on the instrument indicated above, in accordance with current roof Health and Human Services, and the instrument is functioning properly.	ing preventive maintenance egulations of the N.C.
O'M STATE O'M ST		37/ Certificate Number

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008721 Test Date: 03/30/2011

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	Pass	3:31pm
AIR BLK	.00	3:32pm
ACCY CHK	.08	3:33pm
AIR BLK	.00	3:34pm
SUB TEST	.00	3:34pm
AIR BLK	.00	3:35pm
SUB TEST	.00	3:37pm
AIR BLK	.00	3:38pm

Reported Age: .00 g/210L

Signature of Chemical Analyst

Court CVR

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008721

Test Record Number: 571

Test Date: 03/30/2011

Test Time: 3:40pm EDT

System Check: Passed

Baseline Tests

Temperature Tests

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

Blank Tests

	tus Time
AIR Pas	s 3:41pm

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

CAL

3:41pm

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	2ANGE Instrument Location HILLS BOROUGH P.D.
Instrument Seri	al No. 008799 127 N. CHURON ST. HILLSORWUCH,
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures we Department of	theday of, 20, 20
THE STATE OF THE S	

ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799 Test Date: 03/24/2011

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:

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: AG102602

Exp Date: 01/26/2013

Test	g/210L	Time
	<u>_</u>	

DIAG	Pass	11:47am
AIR BLK	.00	11:48am
ACCY CHK	.07	11:49am
AIR BLK	.00	11:50am
SUB TEST	.00	11:51am
AIR BLK	.00	11:51am
SUB TEST	.00	11:53am
אדם סדא	0.0	11.54am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799 Test Date: 03/24/2011 Test Record Number: 793
Test Time: 12:00pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:00pm
FLO	Pass	12:00pm
FC	Pass	12:00pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:01pm
SRC	Pass	12:01pm
DET	Pass	12:01pm
BAR	Pass	12:01pm
\mathtt{BT}	Pass	12:01pm

Blank Tests

Test	Status	Time
AIR	Pass	12:01pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:01pm
	CRC Tests	
Test	Status	Time

12:01pm

12:01pm

Preventive Maintenance Status: Pass

Pass Pass

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	ALAMANCE Co. JAIL
Instrume	nt Serial No. 00 8913 109 5. MAPIE ST. GRAHAM, N.C.
The prev	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedu	that on the
COREATOR STATES	STATE OF CErtifying Official Certificate Number

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913 Test Date: 03/22/2011

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:

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: AG011703 Exp Date: 04/27/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	11:11am 11:11am 11:12am 11:13am 11:14am
AIR BLK	.00	11:15am
SUB TEST	.00	11:16am
AIR BLK	.00	11:17am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913

Test Record Number: 1025

Test Date: 03/22/2011

Test Time: 11:19am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:19am
FLO	Pass	11:19am
FC	Pass	11:19am

Temperature Tests

Test	Status	Time
FC1	Pass	11:19am
SRC	Pass	11:19am
DET	Pass	11:19am
BAR	Pass	11:19am
\mathtt{BT}	Pass	11:19am

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

11:20am

Preventive Maintenance Status: Pass

Pass

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County A1	AMANCE Instrument Location ALAMANCE CO TAIL
Instrument Ser	ial No. 008853 109 S. MAPIE ST. GRAHM, A
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.
procedures we	on the <u>33</u> day of MACCH, 20 11 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
STATE STATE	AROUND AND AND AND AND AND AND AND AND AND A
APPL 12. THE	Signature of Certifying Official Certificate Number

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008853 Test Date: 03/22/2011

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:
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: AG016501 Exp Date: 06/14/2012

Test	g/210L	Time
DIAG	Pass	11:15am
AIR BLK	.00	11:15am
ACCY CHK	.08	11:16am
AIR BLK	.00	11:17am
SUB TEST	.00	11:18am
AIR BLK	.00	11:19am
SUB TEST	.00	11:20am
AIR BLK	.00	11:21am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008853 Test Date: 03/22/2011 Test Record Number: 658
Test Time: 11:24am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time	
AIR	Pass	11:25am	

Printer Tests

m - -	0+ - +	ш-1
	CRC Tests	
PRNT	Pass	11:25am
Test	Status	Time

rest	Status	Time		
COMP	Pass	11:25am		
CAL	Pass	11:25am		

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County AL	AMANCE Instrument Location BURLINGTON P.D.
	al No. OO 8907 267 W. FRONT ST. BURLINGION.
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 procedures were Department of I	the day of MARCH, 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.
SEE GUM VIDE	Signature of Certifying Official Certificate Number

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008907 Test Date: 03/22/2011

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:

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: AG002803 Exp Date: 01/28/2012

Test	g/210L	Time
DIAG AIR BLK	Pass .00	10:31am 10:31am
ACCY CHK	.08	10:32am
AIR BLK	.00	10:33am
SUB TEST	.00	10:35am
AIR BLK	.00	10:35am
SUB TEST	.00	10:37am
ATR BIK	- 00	10:38am

Reported, AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008907 Test Date: 03/22/2011 Test Record Number: 366
Test Time: 10:39am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time	
AIR	Pass	10:40am	

Printer Tests

Test	Status	Time	
PRNT	Pass	10:40am	
	CRC Tests		
Test	Status	Time	
COMP	Pass	10:40am	

Preventive Maintenance Status: Pass

Pass

CAL

10:40am

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ALAMANEE	Instrument Location_	Bu	Reington	P.D.
Instrumen	nt Serial No. 008812	67 W. FRENT	ST. 1	3 JRLINGTON	, N.C.
The preve	entive maintenance procedures for the Into	ximeters, Model Intox	EC/IR II t	o be followed at lea	ast once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degrees		alcoholic b	reath simulator the	rmometer shows
2.	Verify instrument displays time a	nd date;			
3.	Initiate breath test sequence;	લ			
4.	Enter information as prompted;				
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" appear	s, collect breath sampl	e;		
7.	When "PLEASE BLOW" appear	s, collect breath sampl	e;		
8.	Print test record;				
9.	Verify Diagnostic Program; and				
10.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.	er is being changed bei ed every four months o	fore expira or after 12:	tion date, or the alc 5 Alcoholic Breath	oholic breath Simulator tests,
procedure	that on the day of the res were performed on the instrument indicent of Health and Human Services, and the	ated above, in accorda	nce with c	ne forgoing preventi urrent regulations c rly.	ive maintenance f the N.C.
COREATO	STATE OF TOP TO THE STATE OF TOP TO THE STATE OF TOP TO THE STATE OF TOP TOP TO THE STATE OF TOP	Ture of Certifying Offic	cial		S ate Number

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008812 Test Date: 03/22/2011

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:

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: AG002803 Exp Date: 01/28/2012

Test	g/210L	Time
DIAG AIR BLK	Pass	10:34am 10:35am
ACCY CHK	.07	10:36am
AIR BLK	.00	10:37am
SUB TEST	.00	10:37am
AIR BLK	.00	10:38am
SUB TEST	.00	10:40am
ATR BLK	.00	10:41am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008812 Test Date: 03/22/2011 Test Record Number: 852 Test Time: 10:43am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:43am
FLO	Pass	10:43am
FC	Pass	10:43am

Temperature Tests

Test	Status	Time
FC1	Pass	10:43am
SRC	Pass	10:43am
DET	Pass	10:43am
BAR	Pass	10:43am
BT	Pass	10:43am

Blank Tests

Test	Status	Time
AIR	Pass	10:44am

Printer Tests

Test	Status	Time
PRNT	Pass	10:44am
	CRC Tests	
Test	Status	Time

10:44am

10:44am

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County U	UAKE Instrument Location APEX PSS #4
Instrument Se	rial No. 008621 1615 E WILLAMS ST. APEX, N.
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department of	on the day of
THE STATE OF THE S	

APEX PD WAKE COUNTY Serial Number: 008621

Test Date: 03/21/2011

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:

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: AG016501

Exp Date: 06/14/2012

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

Reported AC: $.00 \, g/210L$

Chemical Analyst Signature

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

APEX PD WAKE COUNTY

Serial Number: 008621 Test Record Number: 716
Test Date: 03/21/2011 Test Time: 11:28am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	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	Status	Time
COMP	Pass	11:30am
CAT.	Pagg	11 · 30am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

1. 2. 3. 4. 5. 6. 7. 8. 9.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; Initiate breath test sequence; Enter information as prompted; Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; Print test record;
2. 3. 4. 5. 6. 7. 8. 9.	34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; Initiate breath test sequence; Enter information as prompted; Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; Print test record;
3. 4 5. 6. 7. 8. 9	Initiate breath test sequence; Enter information as prompted; Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; Print test record;
4 5. 6. 7. 8. 9.	Enter information as prompted; Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; Print test record;
5. 6. 7. 8. 3	Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; Print test record;
6. 7. 8. 9	When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; Print test record;
7. 8. §	When "PLEASE BLOW" appears, collect breath sample; Print test record;
8. § 9.	Print test record;
9.	
	The same of the sa
10.	Verify Diagnostic Program; and
	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the 25 day of March, 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.
STATE OF COUNTY AND THE STATE OF THE STATE O	K.C. Muscle 601

ONSLOW COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008869 Test Date: 03/25/2011

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: RHODES, KENNETH C
Permit Number: 5329E

It Number: 3329E 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	11:26pm 11:27pm 11:27pm 11:28pm 11:29pm 11:30pm
SUB TEST	.00	11:31pm
ATP BIK	$\cap \cap$	11.32mm

Reported AC: .007 g/210L

Signature of Chemical Analyst

Court CVR

Ja C. Shade

ONSLOW COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008869 Test Date: 03/25/2011 Test Record Number: 390 Test Time: 11:48pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:48pm
FLO	Pass	11:48pm
FC	Pass	11:48pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:48pm
SRC	Pass	11:48pm
DET	Pass	11:48pm
BAR	Pass	11:48pm
BT	Pass	11:48pm

Blank Tests

Test	Status	Time
AIR	Pass	11:49pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:49pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	11:49pm 11:49pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 0/	ns/ow Instrument Location BAT Mobile Uhit 4
Instrument Seri	al No. 008939 Holly Ridge
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the
THE STATE OF ME ST	Signature of Certificial Certificate Number

ONSLOW COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008939

Test Record Number: 495

Test Date: 03/25/2011

Test Time: 11:36pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:37pm
SRC	Pass	11:37pm
DET	Pass	11:37pm
BAR	Pass	11:37pm
\mathtt{BT}	Pass	11:37pm

Blank Tests

Test	Status	Time
AIR	Pass	11:38pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:38pm
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Analyst

ONSLOW COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008939 Test Date: 03/25/2011

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: 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 CHE AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	.00 r .00 .00 r .00	11:22pm 11:23pm 11:24pm 11:24pm 11:26pm 11:27pm 11:28pm 11:29pm

Reported AC: .00 g/210L

Signature of Memical Analyst

Court CVR

Manyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County D	erguinans Instrument Location BAT Mobile unit
Instrument Ser	
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	n the
STATE OF THE STATE	Signature of Certifying Official Certificate Number

PERQUIMANS COUNTY BAT MOBILE UNIT 6

Serial Number: 008939 Test Date: 03/19/2011

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

Time g/210L Test 8:06pm Pass DIAG 8:07pm .00 AIR BLK 8:07pm ACCY CHK .08 8:08pm .00 AIR BLK 8:09pm SUB TEST .00 8:10pm .00 AIR BLK 8:11pm SUB TEST .00 8:12pm .00 AIR BLK

Reported AC: 190 g/210L

Signature of Chemical Analyst

Court CVR

h. Challest

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Me	cklenburg Instrument Location Matthews PD		
Instrument Seria	1201 Crews Rd, Matthews 704-847-4069		
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
procedures were	the <u>33rd</u> day of <u>March</u> , 20 11 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.		
CALL STATE OF ANY OF AN	Signature of Certifying Official Certificate Number		

MECKLENBURG COUNTY MATTHEWS PD 590

Serial Number: 008699 Test Date: 03/23/2011

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: AG023601 Exp Date: 08/24/2012

Test	g/210L	Time
DIAG AIR BLK	Pass .00	1:41pm 1:42pm
ACCY CHK	.08	1:42pm
AIR BLK	.00	1:43pm
SUB TEST	.00	1:44pm
AIR BLK	.00	1:45pm
SUB TEST	.00	1:46pm
AIR BLK	.00	1:47pm

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

MECKLENBURG COUNTY MATTHEWS PD 590

Serial Number: 008699 Tes Test Date: 03/23/2011 Te

Test Record Number: 1342
Test Time: 1:28pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass Pass	1:29pm 1:29pm 1:29pm
rC	rass	1.23bm

Temperature Tests

Test	Status	Time
FC1	Pass	1:29pm
SRC	Pass	1:29pm
DET	Pass	1:29pm
BAR	Pass	1:29pm
\mathtt{BT}	Pass	1:29pm

Blank Tests

Test	Status	Time
AIR	Pass	1:30pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:30pm
	CRC Tests	•
Test	Status	Time
COMP CAL	Pass Pass	1:30pm 1:30pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	Λ.		
County Uni	Instrument Location Waxhaw PD		
Instrument Seria	1No. <u>008598</u> <u>703 W. South Main Street</u> , Suite <u>E</u> 704-843-0353		
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 the <u>33 rd</u> day of <u>March</u> , 20 11 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.			
OTHE STATE OF A CHARLES THE COMPANY OF THE STATE OF A CHARLES THE COMPANY OF THE CHARLES THE COMPANY OF THE CHARLES THE CHARLE	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)

UNION COUNTY WAXHAW PD 890

Serial Number: 008598 Test Date: 03/23/2011

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: AG920301 Exp Date: 07/22/2011

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

UNION COUNTY WAXHAW PD 890

Serial Number: 008598 Test Record Number: 319 Test Date: 03/23/2011 Test Time: 12:23pm

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:23pm
SRC	Pass	12:23pm
DET	Pass	12:23pm
BAR	Pass	12:23pm
\mathtt{BT}	Pass	12:23pm

Blank Tests

Test	Status	Time
AIR	Pass	12:24pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:24pm
	CRC Tests	
Test	Status	Time
COMP	Pagg	12.24mm

12:24pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Mecklenburg Instrument Location Mecklenburg Quity 5D
Instrumer	at Serial No. 008703 801 E. 4th Street, Charlotte
	704-353-0180
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	nat on the
SE S	ATE ON TO THE CONTROL OF THE CONTROL

MECKLENBURG COUNTY SD 590

Serial Number: 008703 Test Date: 03/15/2011

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: AG003402 Exp Date: 02/03/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	1:42pm 1:43pm 1:43pm 1:44pm 1:46pm
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

Analyst

MECKLENBURG COUNTY SD 590

Serial Number: 008703

6000

Test Record Number: 3687

Test Date: 03/15/2011

Test Time: 1:52pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:53pm
FLO	Pass	1:53pm
FC	Pass	1:53pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	1:53pm 1:53pm 1:53pm 1:53pm
\mathtt{BT}	Pass	1:53pm

Blank Tests

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

AIR Pass 1:53pm

Printer Tests

PRNT Pass 1:54pm

CRC Tests

Test Status Time

COMP Pass 1:54pm CAL Pass 1:54pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Me	cklenburg Instrument Location Mecklenburg County 50			
Instrument Serial No. 008690 801 E. 4th Street, Charlotte				
	704-853-0180			
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 March, 2011 the forgoing preventive maintenance experformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.			
O'THE STATE OF THE ON THE ONE OF				

MECKLENBURG COUNTY SD 590

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subjectos 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 Pass 1:44pm AIR BLK .00 1:45pm ACCY CHK .. 08 1:46pm AIR BLK .00 1:47pm SUB TEST .00 1:48pm AIR BLK .00 1:49pm SUB TEST .00

AIR BLK .00

为我们是不是一样 的影響 口袋

1:51pm

Reported AC; ...00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY SD 590

Serial Number: 008690 Test Record Number: 2520 Test Date: 03/15/2011 Test Time: 1:53pm EDT

System Check: Passed

Baseline Tests

Test Status Time

IR Pass 1:54pm
FLO Pass 1:54pm
FC Pass 1:54pm

Temperature Tests

Test Status Time

FC1 Pass 1:54pm
SRC Pass 1:54pm
DET Pass 1:54pm
BAR Pass 1:54pm
BT Pass 1:54pm

Blank Tests

Test Status Time

AIR Pass 1:54pm

Printer Tests

Test Status Time

PRNT Pass 1:54pm

CRC Tests

Test Status Time

COMP Pass 1:55pm CAL Pass 1:55pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Mec	Klenburg Instrument Location Mecklenburg County SD
Instrument Seria	No. 008691 801 E. 4th Street, Charlotte 704-853-0180
	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
four months are:	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
, 5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the 15th day of March, 2011 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
THE STATE OF AN ACTION OF THE STATE OF THE S	CAROLLIN CAR

MECKLENBURG COUNTY SD 590

Serial Number: 008691 Test Date: 03/15/2011

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	Pass	1:43pm
AIR BLK	.00	1:44pm
ACCY CHK	.08	1:45pm
AIR BLK	.00	1:46pm
SUB TEST	.00	1:46pm
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

MECKLENBURG COUNTY SD 590

Serial Number: 008691

Test Record Number: 2789

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:53pm
FLO	Pass	1:53pm
FC	Pass	1:53pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:53pm
SRC	Pass	1:53pm
DET	Pass	1:53pm
BAR	Pass	1:53pm
BT	Pass	1:53pm

Blank Tests

Test	Status	Time
AIR	Pass	1:54pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:54pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:54pm

1:54pm

Preventive Maintenance Status: Pass

Pass

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Med	klenburg Instrument Location Mecklenburg County 5D
	al No. 008665 801 E. 4th Street, Charlotte
	704-353-0180
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 1546 day of March , 2011 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
O'M STATE OF OUR TO THE STATE OUR TO THE STATE OF OUR TO THE STATE	Signature of Certifying Official Certificate Number

MECKLENBURG COUNTY SD 590

Serial Number: 008665 Test Date: 03/15/2011

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: AG003401 Exp Date: 02/03/2012

Test	g/210L	Time
DIAG	Pass	1:46pm
AIR BLK	.00	1:47pm
ACCY CHK	.08	1:47pm
AIR BLK	.00	1:48pm
SUB TEST	.00	1:49pm
AIR BLK	.00	1:51pm
SUB TEST	.00	1:52pm
AIR BLK	.00	1:54pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY SD 590

Serial Number: 008665

Test Record Number: 1610

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:55pm
FLO	Pass	1:55pm
FC	Pass	1:55pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:55pm
SRC	Pass	1:55pm
DET	Pass	1:55pm
BAR	Pass	1:55pm
\mathtt{BT}	Pass	1:55pm

Blank Tests

Test	Status	Time
AIR	Pass	1:56pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:56pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:56pm
CAL	Pass	1:56pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ale	xander Instrument Location Alexander County SD		
Instrument Seria	INO. 008813 29 W. Main Avenue, Taylorsville 828-632-4658		
The preventive n	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
I certify that on the			
OF THE STATE OF N. 1975 N. 197	Signature of Certifying Official Certificate Number		

ALEXANDER COUNTY ALEXANDER COUNTY SD 010

Serial Number: 008813 Test Date: 03/09/2011

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: 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

rest	g/210L	Time
DIAG AIR BLK	Pass	3:46pm 3:47pm
ACCY CHK AIR BLK	.07 .00	3:47pm 3:48pm
SUB TEST	.00	3:49pm
AIR BLK	.00	3:50pm
SUB TEST	.00	3:51pm
AIR BLK	.00	3:52pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ALEXANDER COUNTY ALEXANDER COUNTY SD 010

Serial Number: 008813 Test Record Number: 722 Test Date: 03/09/2011 Test Time: 3:53pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:54pm
FLO	Pass	3:54pm
FC	Pass	3:54pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:54pm
SRC	Pass	3:54pm
DET	Pass	3:54pm
BAR	Pass	3:54pm
BT	Pass	3:54pm

Blank Tests

Test	Status	Time
AIR	Pass	3:55pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:55pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:55pm

3:55pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

_	INTOXIMETERS, MODEL INTOX EC/IR II
County C	Suited Instrument Location See us boro JAil
Instrument Se	rial No. <u>008 770</u>
The preventive four months a	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures v	on the
STATE OF THE STATE	

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790 Test Date: 03/25/2011

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: 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: AG023602 Exp Date: 08/24/2012

Test	g/210L	Time
DIAG	Pass	1:04pm
AIR BLK	.00	1:05pm
ACCY CHK	.07	1:05pm
AIR BLK	.00	1:06pm
SUB TEST	.00	1:07pm
AIR BLK	.00	1:08pm
SUB TEST	.00	1:10pm
AIR BLK	.00	1:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790 Test Date: 03/25/2011 Test Record Number: 2381
Test Time: 1:13pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:13pm 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_	Fuilford Instrument Location Greens Ward JAil
Instrument Se	rial No. 008794
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.
procedures w	on the 25 day of 47ch, 20/1 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.
ALL STATES IN COREASON WINDOWS SELFT	

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794 Test Date: 03/25/2011

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: 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: AG023602 Exp Date: 08/24/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	12:48pm 12:48pm 12:49pm
AIR BLK	.00	12:50pm
SUB TEST	.00	12:51pm
AIR BLK	.00	12:52pm
SUB TEST	.00	12:53pm
AIR BLK	.00	12:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794

Test Record Number: 1499

Test Date: 03/25/2011

Test Time: 12:56pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:56pm
SRC	Pass	12:56pm
DET	Pass	12:56pm
BAR	Pass	12:56pm
\mathtt{BT}	Pass	12:56pm

Blank Tests

Test	Status	Time
AIR	Pass	12:57pm

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

12:57pm

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County	eveland Instrument Location Cleveland County 5.D.
Instrument Se	704-484-4888
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.
	on the
STATE STATE OF THE	CAROLL CA

CLEVELAND COUNTY CLEVELAND COUNTY SD 220

Serial Number: 008893 Test Date: 03/25/2011

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Cubicatic Date of Dirth, 11/11/

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

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

Analyst's Name: 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	Pass	9:54am
AIR BLK	.00	9:54am
ACCY CHK	.08	9:55am
AIR BLK	.00	9:56am
SUB TEST	.00	9:57am
AIR BLK	.00	9:58am
SUB TEST	.00	9:59am
ATR BLK	. 00	10:00am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

BORLEY D. Willis

CLEVELAND COUNTY CLEVELAND COUNTY SD 220

Serial Number: 008893 Test Record Number: 712

Test Date: 03/25/2011

Test Time: 10:01am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:01am 10:01am
FC	Pass	10:01am

Temperature Tests

Status	Time
Pass	10:01am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time

10:02am AIR Pass

Printer Tests

Test	Sta	itus	Time	

Pass 10:02am PRNT

CRC Tests

COMP Pas	

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD

_	INTOXIMETERS, MODEL INTOX EC/IR II
County Po	Instrument Location Polk County 5. D.
Instrument Serial	1NO. DO 8832 46 Ward St., Columbus
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the 3 day of Move note above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
OTHE STATE OF A	Bound On William 557 Signature of Certifying Official Certificate Number

POLK COUNTY POLK COUNTY SD 740

Serial Number: 008832 Test Date: 03/21/2011

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: 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	Pass	11:23am 11:23am
ACCY CHK	.08	11:24am 11:25am
SUB TEST	.00	11:26am
AIR BLK	.00	11:26am
SUB TEST	.00	11:28am
ATR BLK	. 00	11:29am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Bolley D. Willis
Analyst

POLK COUNTY POLK COUNTY SD 740

Serial Number: 008832 Test Record Number: 446 Test Date: 03/21/2011 Test Time: 11:30am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:30am
FLO	Pass	11:30am
FC	Pass	11:30am

Temperature Tests

Test	Status	Time
FC1	Pass	11:30am
SRC	Pass	11:30am
DET	Pass	11:30am
BAR	Pass	11:30am
BT	Pass	11:30am

Blank Tests

Test	Status	Time
AIR	Pass	11:31am

Printer Tests

PRNT	Pass	11:31am
Test	Status	Time

CRC Tests

Test	Status	Time
COMP	Pass	11:31am
CAL	Pass	11:31am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IN II
County	Francy Instrument Location Stanly Co. S.D.
Instrument S	
	704-986-3734
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.
procedures v	on the day of, 20 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE CREAT SECTION OF THE STATE OF THE CREAT SECTION OF THE	

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008842 Test Date: 03/16/2011

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: 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: AG003401 Exp Date: 02/03/2012

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

Reported AC: ...00 g/210L

Signature of Chemical Analyst

Court CVR

Bolly D. Willes

Analyst

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008842

Test Record Number: 833

Test Date: 03/16/2011

Test Time: 11:35am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

	Γime
102	11:36am 11:36am
2000	11:36am
	11:36am
BT Pass	11:36am

Blank Tests

Test	Status	Time
ΔΤΡ	Pagg	11:36am

Printer Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County_	anly Instrument Location Stanly Co. S. D.
Instrument Seria	al No. 008824 1265. 3rd St. Albemarle 704-986-3734
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 day of day of , 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.
STATE OF STA	Bolley O. Willis 557 Signature of Certifying Official Certificate Number

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008824 Test Date: 03/16/2011

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: 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: AG920301 Exp Date: 07/22/2011

Test	g/210L	Time
DIAG AIR BLK	Pass	10:57am 10:58am
ACCY CHK	.07	10:58am
AIR BLK	.00	10:59am
SUB TEST	.00	11:00am
AIR BLK	.00	11:01am
SUB TEST	.00	11:02am
ATR BLK	. 00	11:03am

Signature of Chemical Analyst

Court CVR

Bolley D. Wellis
Apalyst

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008824 Test Date: 03/16/2011 Test Record Number: 546
Test Time: 11:08am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
Test	Status	ттше

AIR Pass 11:10am

Printer Tests

Test Status Time

PRNT Pass 11:10am

CRC Tests

Test Status Time

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County	lecklenburg Instrument Location Cornelius P.D.
Instrument Se	764-891-1363
	104 - 84 2 - 1969
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that of procedures we Department of	on the
THE STATE	
GREAT	CAROL STATE OF THE
APRIL 12, THE	Dolly V. Willes 331
	Signature of Certifying Official Certificate Number

MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: 008694 Test Date: 03/15/2011

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: 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: AG003401 Exp Date: 02/03/2012

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Bolley D. Willis
Analyst

MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: 008694 Test Record Number: 148
Test Date: 03/15/2011 Test Time: 11:12am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:12am 11:12am
FC		11:12am
r C	rass	TT:TZalli

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:13am

Printer Tests

Test	Status	Time
PRNT	Pass	11:13am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:13am

Pass

11:13am

Preventive Maintenance Status: Pass

Bolly D. Willis

Analyst

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTUXIMETERS, MODEL INTUX EC/IR II
County /	nion Instrument Location Union County 5.D.
Instrument Ser	
	704 - 283 - 3770
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 o procedures we Department of	on theday of
STATE THE STATE OF	A CAROLLINA CARO
* STE QUAN VID	BROW C. WILL 55 Signature of Certifying Official Certificate Number

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008927 Test Date: 03/09/2011

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: 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: AG011701

Exp Date: 04/27/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:37am 11:38am 11:39am
AIR BLK	.00	11:40am
SUB TEST	.00	11:41am
AIR BLK	.00	11:43am
SUB TEST	.00	11:43am
AIR BLK	.00	11:45am

Reported AC: .00 g/210L

Standard Charles I Trained

signature pr chemical Analys

Court CVR

Bolly D. Willes

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008927 Test Date: 03/09/2011 Test Record Number: 375
Test Time: 11:46am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	11:46am
DET	Pass	11:46am
BAR BT	Pass Pass	11:46am 11:46am
U I	rass	rr. Toam

Blank Tests

Test	Status	Time
10 pt	•	

AIR Pass 11:47am

Printer Tests

Test	Status	Time
PRNT	Pass	11:47am

CRC Tests

Test	Status	Time
COMP	Pass	11:47am
CAL	Pass	11:47am

Preventive Maintenance Status: Pass

Bolley D. Willes

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Co	Instrument Location Caldwell Co. Jail
Instrument Se	erial No. <u>008719</u> <u>Lenoir</u> , <u>NC</u>
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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 25 day of Morch, 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.
STATI STATI	Signature of Certifying Official Certificate Number

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008719 Test Date: 03/25/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAITENANCE

Subject'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: AG925102 Exp Date: 09/08/2011

Test	g/210L	Time
DIAG	Pass	3:54pm
AIR BLK ACCY CHK	.00 .08	3:55pm 3:56pm
AIR BLK	.00	3:57pm
SUB TEST	.00	3:57pm
AIR BLK	.00	3:58pm
SUB TEST	.00	4:00pm
AIR BLK	.00	4:01pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008719

Test Record Number: 780

Test Date: 03/25/2011

Test Time: 4:01pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:01pm
FLO	Pass	4:01pm
FC	Pass	4:02pm

Temperature Tests

Blank Tests

4:02pm

Printer Tests

Status	Time
Pass	4:02pm
CRC Tests	
Status	Time
	Pass CRC Tests

COMP	Pass	4:03pm
CAL	Pass	4:03pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Bus	Instrument Location Marganton D.P.S.
Instrument Seria	Instrument Location Marganton D.P.S. INO. 008831 Marganton, NC
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the
ON THE STATE OF TH	CAROLIN CONTROL OF THE CONTROL OF TH

BURKE COUNTY MORGANTON DPS 110

Serial Number: 008831 Test Date: 03/10/2011

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: AG023601 Exp Date: 08/24/2012

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BURKE COUNTY MORGANTON DPS 110

Serial Number: 008831 Test Record Number: 1036

Test Date: 03/10/2011

Test Time: 2:26pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	2:27pm
SRC	Pass	2:27pm
DET	Pass	2:27pm
BAR	Pass	2:27pm
\mathtt{BT}	Pass	2:27pm

Blank Tests

Test	Status	Time
AIR	Pass	2:27pm

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

2:27pm

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	~	INTOXIMETERS, MODEL INTOX EC/IR II
County	500	rke Instrument Location Morganton DPS
Instrur	nent Serial	No. 008904 Instrument Location Morganton DPS No. 008904 Morganton, NC
	eventive months are:	aintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
	1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	2.	Verify instrument displays time and date;
	3.	Initiate breath test sequence;
	4.	Enter information as prompted;
4	5.	Verify instrument accuracy;
	6.	When "PLEASE BLOW" appears, collect breath sample;
	7.	When "PLEASE BLOW" appears, collect breath sample;
·.	8.	Print test record;
	9.	Verify Diagnostic Program; and
1	0.	Verify that the ethanol gas canister is being changed before 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 certi proced Depar	fy that on t dures were tment of H	he
CREAT SE	THE STATE OF NOTICE OF NOT	Signature of Sertifying Official Certificate Number

BURKE COUNTY MORGANTON DPS 110

Serial Number: 008904 Test Date: 03/10/2011

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: AG920401 Exp Date: 07/23/2011

Test	g/210L	Time
DIAG	Pass	2:17pm
AIR BLK	.00	2:18pm
ACCY CHK	.08	2:19pm
AIR BLK	.00	2:20pm
SUB TEST	.00	2:20pm
AIR BLK	.00	2:21pm
SUB TEST	.00	2:22pm
ATR RIK	0.0	2 · 23 mm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BURKE COUNTY MORGANTON DPS 110

Serial Number: 008904

Test Record Number: 495

Test Date: 03/10/2011

Test Time: 2:26pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:26pm
FLO	Pass	2:26pm
FC	Pass	2:27pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:27pm
SRC	Pass	2:27pm
DET	Pass	2:27pm
BAR	Pass	2:27pm
BT	Pass	2:27pm

Blank Tests

Test	Status	Time
AIR	Pass	2:27pm

Printer Tests

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

COMP	Pass	2:27pm
CAL	Pass	2:27pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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

AVERY COUNTY BANNER ELK PD 050

Serial Number: 008724 Test Date: 03/09/2011

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: 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: 06/23/2011

Test	g/210L	Time
DIAG	Pass	6:01pm
AIR BLK	.00	6:03pm
ACCY CHK	.08	6:03pm
AIR BLK	.00	6:04pm
SUB TEST	.00	6:05pm
AIR BLK	.00	6:06pm
SUB TEST	.00	6:07pm
ATR BLK	- 00	6:08pm

Reported AC: .00 g/210L.

Signature of Chemical Analyst

Court CVR

Analyst ...

AVERY COUNTY BANNER ELK PD 050

Serial Number: 008724

Test Record Number: 220

Test Date: 03/09/2011

Test Time: 6:27pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:28pm
FLO	Pass	6:28pm
FLO	Pass	6:28p
FC	Pass	6:28p

Temperature Tests

Test	Status	Time
FC1	Pass	6:28pm
SRC	Pass	6:28pm
DET	Pass	6:28pm
BAR	Pass	6:28pm
BT	Pass	6:28pm

Blank Tests

Test	Status	Time
AIR	Pass	6:29pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:29pm
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Analyst

6:29pm

6:29pm

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County AV	ial No. 00 9664 Instrument Location Avery Co. Jail
Instrument Ser	ial No. 008664 Newland, NC
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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
STATE OF THE STATE	

AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664 Test Date: 03/08/2011

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: *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: AG925103 Exp Date: 09/08/2011

Test	g/210L	Time
DIAG	Pass	2:35pm
AIR BLK	.00	2:36pm
ACCY CHK	.08	2:37pm
AIR BLK	.00	-2:38pm
SUB TEST	.00	2:38pm
AIR BLK	.00	2:39pm
SUB TEST	.00	2:40pm
AIR BLK	.00	2:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analysi

AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664

Test Record Number: 389

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:43pm 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

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			

Preventive Maintenance Status: Pass

Pass

CAL

2:44pm

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County \ \\	Instrument Location U	Mituck (0.5.0.						
Instrument Seria	11 No. 004947 407-A Maple	an, Maple, N.C						
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/II	R II to be followed at least once every						
1.	Verify the ethanol gas canister displays pressure, or the alcoho 34 degrees, plus or minus .2 degree centigrade;	lic breath simulator thermometer shows						
2.	Verify instrument displays time and date;							
3.	Initiate breath test sequence;							
4.	Enter information as prompted;							
5.	Verify instrument accuracy;							
6.	When "PLEASE BLOW" appears, collect breath sample;							
7.	When "PLEASE BLOW" appears, collect breath sample;							
8.	Print test record;							
9.	Verify Diagnostic Program; and							
10.	Verify that the ethanol gas canister is being changed before estimulator solution is being changed every four months or after whichever occurs first.	epiration date, or the alcoholic breath r 125 Alcoholic Breath Simulator tests,						
I certify that on procedures wer Department of	the day of , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 2	_ the forgoing preventive maintenance ith current regulations of the N.C. roperly.						
Tage Corwa Annual State Co. 17.52 Annual State Corwa Annual State Corw	Signature of Certifying Official	Certificate Number						

CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

Serial Number: 008947 Test Date: 03/01/2011

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: AG023701 Exp Date: 08/25/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	12:47pm 12:49pm 12:49pm 12:50pm 12:51pm
AIR BLK	.00	12:52pm
SUB TEST	.00	12:53pm
ATR BLK	. 0.0	12:54pm

Reported AC: _.00 g/210L

Signature of Chemical Analyst

Court CVR

FINAL Mele

CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

Serial Number: 008947

Test Record Number: 695

Test Date: 03/01/2011

Test Time: 12:56pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC	Pass	12:57pm 12:57pm
DET	Pass Pass	12:57pm
BAR	Pass	12:57pm
BT	Pass	12:57pm

Blank Tests

Test	Status	Time
AIR	Pass	12:58pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:58pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:58pm

Preventive Maintenance Status: Pass

Pass

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County VIA	Wheel Instrument Location Muchice Delice Delice
Instrument Seri	al No. 008906 115 E. Brown St., Musheusporo, No.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department o	on the day of day of 20 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
TATE STATE S	

HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906 Test Date: 03/03/2011

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: 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: AG925201 Exp Date: 09/09/2011

~/21AT

Test	9/2101	TTILLE
DIAG AIR BLK	Pass	11:27am 11:28am
ACCY CHK	.08	11:29am
AIR BLK	.00	11:29am
SUB TEST	.00	11:30am
AIR BLK	.00	11:31am
SUB TEST	.00	11:32am
ATR BIK	. 0.0	11:33am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Jind A. Marse
Analyst

HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906 Test Record Number: 286 Test Date: 03/03/2011 Test Time: 11:35am EST

System Check: Passed

Baseline Tests

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	I	7.		.79		100	T 45	lS						90. TO .			ım
	F	LC)			Ŋ,	Ρā	ìS	S					77.7	- 7.0	77.5	ım
	F	C					Ρā	lS	s	11			1	1:	3	5a	ım

Temperature Tests

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

Blank Tests

Test		Sta	tus	Tim	е
					2
AIR		Pas	S	11:	36am
14 8 34 8	1.0	自用性的。提升		A	1.5

Printer Tests

rest	Status	TTME
PRNT	Pass	11:36am
	CRC Tests	
		금마취 났는 공항
Test	Status	Time
TCSC	acacus	TIME
COMP	Pass	11:36am
CAL	Pass	11:36am

Preventive Maintenance Status: Pass

Analyst

il & Kez

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County b	Instrument Location Bulhaven Police Delf.					
Instrument Se	orial No. DUB928 DUMINA, N.C.					
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:					
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;					
2.	Verify instrument displays time and date;					
3.	Initiate breath test sequence;					
4.	Enter information as prompted;					
5.	Verify instrument accuracy;					
6.	When "PLEASE BLOW" appears, collect breath sample;					
7.	When "PLEASE BLOW" appears, collect breath sample;					
8.	Print test record;					
9.	Verify Diagnostic Program; and					
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.					
I certify that opposed ures we Department of	on the day of MX(//M, 20 the forgoing preventive maintenance vere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.					
STATE OF ALL STATE						
	Signature of Certifying Official Certificate Number					

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928 Test Date: 03/18/2011

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: 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: AG102701 Exp Date: 01/27/2013

Test	9/2101	TIME
DIAG	Pass	11:47am
AIR BLK	.00	11:48am
ACCY CHK	.07	11:48am
AIR BLK	.00	11:49am
SUB TEST	.00	11:51am
AIR BLK	.00	11:51am
SUB TEST	.00	11:53am
AIR BLK	.00	11:54am

a/210T.

Time

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Finds been Analyst

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928

Test Record Number: 142

Test Date: 03/18/2011

Test Time: 11:56am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	11:57am 11:57am
DET	Pass	11:57am
BAR	Pass	11:57am
\mathtt{BT}	Pass	11:57am

Blank Tests

Test	Status	Time

AIR Pass 11:58am

Printer Tests

Test	Status	Time
PRNT	Pagg	11.58am

CRC Tests

Test	Status	Time
COMP	Pass	11:58am
CAL	Pass	11:58am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County W	gimuns	Instrument Location Quality	ans Co. 5.0.
Instrument Ser	rial No. 074921	110 N. Church St., 1	ux Soid, N.C.
The preventive four months as		itoximeters, 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 degrees.	displays pressure, or the alcoholic breat gree centigrade;	n simulator thermometer shows
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ears, collect breath sample;	
7.	When "PLEASE BLOW" appo	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	d	
10.	Verify that the ethanol gas cani simulator solution is being char whichever occurs first.	ister is being changed before expiration nged every four months or after 125 Alo	date, or the alcoholic breath coholic Breath Simulator tests,
I certify that of procedures we Department of	ere performed on the instrument inc	the fordicated above, in accordance with current the instrument is functioning properly.	rgoing preventive maintenance at regulations of the N.C.
STATE CUETA STATE		LA Just nature of Certifying Official	Certificate Number

PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921 Test Date: 03/21/2011

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: 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 AIR BLK ACCY CHK	Pass .00 .08	11:25am 11:26am 11:26am
AIR BLK	.00	11:27am
SUB TEST	.00	11:28am
AIR BLK	.00	11:29am
SUB TEST	.00	11:30am
ATR BLK	.00	11:31am

Reported AC: __.00 g/210L

Signature of Chemical Analyst

Court CVR

Jinda Kule Analyst

PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921 Test Test Date: 03/21/2011 Test

Test Record Number: 257
Test Time: 11:33am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:33am 11:33am
FC	Pass	11:33am

Temperature Tests

Test	Status	Time
FC1	Pass	11:33am
SRC	Pass	11:33am
DET	Pass	11:33am
BAR	Pass	11:33am
BT	Pass	11:33am

Blank Tests

Test	Status	Time
AIR	Pass	11:34am

Printer Tests

Test	Status	Time
PRNT	Pass	11:34am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:34am

Preventive Maintenance Status: Pass

Pass

11:34am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (dylombe			compe Co. Magissiakes
Instrument Se	erial No. 009403	310 3.	Analanda	ld., Tarpord, J.L.
The preventive four months a		Intoximeters, M	odel Intox EC/IR	II to be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2	er displays pressi degree centigrad	are, or the alcoholi e;	c breath simulator thermometer shows
2.	Verify instrument displays ti	me and date;		
3.	Initiate breath test sequence;			A STATE OF THE STA
4.	Enter information as prompto	ed;		
. 5.	Verify instrument accuracy;		t egit	Mark Control of the C
6.	When "PLEASE BLOW" ap	ppears, collect br	eath sample;	
7.	When "PLEASE BLOW" ap	opears, collect br	eath sample;	
8.	Print test record;			
9.	Verify Diagnostic Program;	and		
10.	Verify that the ethanol gas consimulator solution is being considered whichever occurs first.	anister is being c hanged every fou	hanged before exp ur months or after	piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
I certify that procedures w Department of	on the 23(day of	MALA indicated above, ind the instrument	, 20 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	the forgoing preventive maintenance h current regulations of the N.C. perly.
THE STATE OF THE S	E O VORTAL CAROLLA STATE OF THE	Ida M. I	Cust fying Official	Certificate Number

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008603 Test Date: 03/23/2011

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

Test	g/210L	Time
DIAG	Pass	11:32am
AIR BLK	.00	11:33am
ACCY CHK	.07	11:33am
AIR BLK	.00	11:34am
SUB TEST	٥٥ ،	11:35am
AIR BLK	.00	11:36am
SUB TEST	.00	11:38am
ATR BIK	. 0.0	11:39am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Jinda A Must

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008603

Test Record Number: 1047

Test Date: 03/23/2011

Test Time: 11:40am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	:	Status	Time
AIR		Pass	11:41am

Printer Tests

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

Preventive Maintenance Status: Pass

ndA. Reen

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (Lyclomec .	Instrument Loca	ation Khiefomse	Co. Mayirales of
Instrument Se	erial No. DD & UL3	300 S. A	nucondu kdi,	JUNDIO MC.
The preventive four months a	ve maintenance procedures for the	e Intoximeters, Model	Intox EC/IR II to be for	llowed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	ter displays pressure, o degree centigrade;	or the alcoholic breath s	simulator thermometer shows
2.	Verify instrument displays t	ime and date;		est, u
3.	Initiate breath test sequence	;		
4.	Enter information as prompt	ted;		
5.	Verify instrument accuracy;		<u> </u>	
6.	When "PLEASE BLOW" a	appears, collect breath	sample;	
7.	When "PLEASE BLOW" a	appears, collect breath	sample;	
8.	Print test record;			
9.	Verify Diagnostic Program	; and		
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is being chang changed every four me	ged before expiration do onths or after 125 Alco	ate, or the alcoholic breath holic Breath Simulator tests,
procedures v	on theday of were performed on the instrument of Health and Human Services, a	t indicated above, in a	ccordance with current	oing preventive maintenance regulations of the N.C.
STATE OF THE CREAT SET	CAROLINIA CONTRACTOR OF THE CO	O Signature of Certifyin		Certificate Number

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR
320

Serial Number: 008663 Test Date: 03/23/2011

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

Test	g/210L	Time
DIAG	Pass	11:38am
AIR BLK	.00	11:39am
ACCY CHK	.08	11:39am
AIR BLK	.00	11:40am
SUB TEST	.00	11:41am
AIR BLK	. 00	11:42am
SUB TEST	.00	11:43am
AIR BLK	.00	11:44am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

Tines. Ruse

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008663

Test Record Number: 1452

Test Date: 03/23/2011

Test Time: 11:46am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FCL	Pass	11:47am
SRC	Pass	11:47am
DET	Pass	11:47am
BAR	Pass	11:47am
BT	Pass	11:47am

Blank Tests

Test	Status	Time
AIR	Pass	11:48am

Printer Tests

Test	Status	Time
PRNT	Pass	11:48am
	CRC Tests	

Test	Status	Time
COMP	Pass	11:48am
CAL	Pass	11:48am

Preventive Maintenance Status: Pass

FindA. Keese

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 1/	ansylvania Instrument Location Transylvania Co. Ja.
Instrument S	erial No. 008820 Rrevard, No.
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on the 23 day of March, 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.
TATS THE STATE OF	Signature of Certifying Official Certificate Number

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

> Serial Number: 008820 Test Date: 03/23/2011

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: 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: AG102602 Exp Date: 01/26/2013

Test	g/210L	Time
DIAG	Pass	12:41pm
AIR BLK	.00	12:42pm
ACCY CHK	.08	12:43pm
AIR BLK	.00	12:43pm
SUB TEST	.00	12:44pm
AIR BLK	.00	12:45pm
SUB TEST	.00	12:47pm
ATR BLK	.00	12:48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

1.64

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

Serial Number: 008820 Test Record Number: 414

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:38pm
FLO	Pass	12:38pm
FC	Pass	12:38pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:39pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:39pm
	CRC Tests	
Test	Status	Time

COMP 12:39pm Pass CAL Pass 12:39pm

Preventive Maintenance Status: Pass

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

> Serial Number: 008609 Test Date: 03/23/2011

Citation Number: M0000000-0 Subject's Name: CANISTER, CHANGE Subject'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: AG102602 Exp Date: 01/26/2013

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	12:43pm 12:44pm 12:45pm 12:46pm 12:46pm 12:47pm 12:48pm
AIR BLK	.00	12:49pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

			<u> </u>
Instrument Se	rial No. <u>00 8 608</u>	Hayesville, NC	
The preventiv		Intoximeters, Model Intox EC/IR II to be followed at	least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic breath simulator egree centigrade;	thermometer shows
2.	Verify instrument displays tim	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	nd	
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nister is being changed before expiration date, or the langed every four months or after 125 Alcoholic Brea	alcoholic breath ath Simulator tests,
I certify that procedures w Department of	on the <u>22</u> day of <u>M</u> were performed on the instrument in of Health and Human Services, and	ndicated above, in accordance with current regulation the instrument is functioning properly.	entive maintenance ns of the N.C.
STATION OF	SONOR	R. Cuth	535

CLAY COUNTY CLAY COUNTY JAIL 210

Serial Number: 008608 Test Date: 03/22/2011

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: 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	Pass .00 .07	2:09pm 2:10pm 2:10pm
AIR BLK SUB TEST	.00	2:11pm 2:12pm
AIR BLK SUB TEST	.00	2:13pm 2:14pm
AIR BLK	.00	2:15pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR.

Derif R. Cuth

CLAY COUNTY CLAY COUNTY JAIL 210

Commence Services and American States Serial Number: 008608 Test Record Number: 749

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass Pass	2:17pm 2:17pm 2:17pm
and the fact that the	That the contract of	

Temperature Tests

and a company of the later and the contract of the contract of

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

Blank Tests

Test	Status	Time
AIR	Pass	2:17pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:17pm
	CRC Tests	
Test	Status	Time

COMP	Pass	2:18pm
CAL	Pass	2:18pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ma	con Instrument Location Macon Co. Jail
Instrument Seria	Instrument Location Macon Co. Juil 1 No. 008789 Franklin, Ne
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the <u>22</u> day of <u>Marcl</u> , 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.
THE STATE OF THE S	Emil R. Cuther 635
	Signature of Certifying Official Certificate Number

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008789
Test Date: 03/22/2011

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: 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 SUB TEST AIR BLK	Pass .00 .07 .00 .00	12:16pm 12:17pm 12:17pm 12:18pm 12:19pm 12:20pm
SUB TEST	.00	12:21pm
AIR BLK	.00	12:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008789 Test Record Number: 216
Test Date: 03/22/2011 Test Time: 12:23pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:24pm
SRC	Pass	12:24pm
DET	Pass	12:24pm
BAR	Pass	12:24pm
\mathtt{BT}	Pass	12:24pm

Blank Tests

Test	Status	Time
AIR	Pass	12:24pm

Printer Tests

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

CAL Pass 12:25pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_/	Macoh Instrument Location Macon Co. Jail
Instrument Se	Macoh Instrument Location Macon Co. Jail erial No. 008618 Figure / Figure
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department of	on the 22 day of March, 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.
STATION STATE OF STAT	

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008618 Test Date: 03/22/2011

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: 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	Pass	12:15pm 12:16pm
ACCY CHK	.00	12:16pm
AIR BLK	.00	12:17pm
SUB TEST	.00	12:18pm
AIR BLK	.00	12:19pm
SUB TEST	.00	12:20pm
AIR BLK	.00	12:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Cail R. Cuth

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008618

Test Record Number: 987

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:23pm
SRC	Pass	12:23pm
DET	Pass	12:23pm
BAR	Pass	12:23pm
BT	Pass	12:23pm

Blank Tests

Test	Status	Time
AIR	Pass	12:24pm

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

12:24pm

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C	raham Instrument Location Graham Co. S.D.
Instrument Se	raham Instrument Location Graham Co. S.D. Prial No. 008915 Robbinsville, NC
The preventiv	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the
THE STATE OF THE S	

GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008915 Test Date: 03/10/2011

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: 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: AG023702 Exp Date: 08/25/2012

Test	g/210L	Time
DIAG	Pass	2:33pm
AIR BLK	.00	2:34pm
ACCY CHK	.08	2:35pm
AIR BLK	.00	2:36pm
SUB TEST	.00	2:36pm
AIR BLK	.00	2:37pm
SUB TEST	.00	2:39pm
AIR BLK	.00	2:40pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008915 Test Record Number: 436 Test Time: 2:41pm EST Test Date: 03/10/2011

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	2:42pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:42pm
	CRC Tests	

Test	Status	Time
COMP	Pass	2:42pm
CAL	Pass	2:42pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIVIETERS, MODEL INTOX EC/IR II
County_	herokee Instrument Location Chrokee Co. Jail
Instrument Se	erial No. <u>008711</u> Marphy, NC
The preventive four months a	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on theday of
STAT STATE OF STATE O	Signature of Certifying Official Certificate Number

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

DHHS 4080 (11/07)

CHEROKEE COUNTY CHEROKEE COUNTY JAIL
190

Serial Number: 008711 Test Date: 03/01/2011

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	Pass .00 .07	11:24am 11:25am 11:25am
AIR BLK	.00	11:26am
SUB TEST AIR BLK	.00 .00	11:27am 11:28am
SUB TEST	.00	11:20am
AIR BLK	.00	11:31am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

Serial Number: 008711 Test Record Number: 358

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:31am 11:31am
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	11:32am

Printer Tests

Test	Status	Time
PRNT	Pass	11:32am

CRC Tests

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

R. Cuth

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ha	aynood Instrument Location Haywood Co. Jail
Instrument Ser	ial No. 008714 May nos ville, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer	theday of
THE STATE OF THE S	Signature of Certifying Official Certificate Number

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714 Test Date: 03/07/2011

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: AG023601 Exp Date: 08/24/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	12:08pm 12:09pm 12:09pm
AIR BLK	.00	12:10pm
SUB TEST	.00	12:11pm
AIR BLK	.00	12:12pm
SUB TEST	.00	12:14pm
AIR BLK	.00	12:15pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714 Test Record Number: 583 Test Date: 03/07/2011 Test Time: 12:15pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:16pm
FLO	Pass	12:16pm
FC	Pass	12:16pm

Temperature Tests

Status	Time
Pass	12:16pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	12:16pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:16pm
	CRC Tests	•
Test	Status	Time
COMP CAL	Pass Pass	12:17pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

//-	List of Least Leastien Have and Ca Jail
County /-/-	rial No. 008712 Maynesville, NC
Instrument Se	rial No. 208181 Vouy ne so pro
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 opposedures we Department of	on the
TO THE CONTROL OF THE	Signature of Certifying Official Certificate Number

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712 Test Date: 03/07/2011

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: AG925102 Exp Date: 09/08/2011

Test	g/210L	Time
DIAG	Pass	12:37pm
AIR BLK	.00	12:37pm
ACCY CHK	.08	12:38pm
AIR BLK	.00	12:39pm
SUB TEST	.00	12:40pm
AIR BLK	.00	12:41pm
SUB TEST	.00	12:42pm
ATR BLK	. 0.0	12:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR.

Analyst

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712 Test Record Number: 907
Test Date: 03/07/2011 Test Time: 12:44pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:44pm
SRC	Pass	12:44pm
DET	Pass	12:44pm
BAR	Pass	12:44pm
BT	Pass	12:44pm

Blank Tests

Test	Status	Time
AIR	Pass	12:45pm

Printer Tests

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

12:45pm

12:45pm

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ja	cles on Instrument Location Tackson Co. Tail
Instrument Seri	al No. 008708 5 ylva, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the <u>S</u> day of <u>March</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 THE STATE OF THE COLETA TO THE STATE OF T	Carolina 635
	Signature of Certifying Official Certificate Number

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008708 Test Date: 03/08/2011

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: 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: AG023702 Exp Date: 08/25/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass	12:35pm 12:36pm
AIR BLK	.08	12:37pm 12:38pm
SUB TEST AIR BLK	.00	12:38pm 12:39pm
SUB TEST	.00	12:41pm
AIR BLK	.00	12:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR.

Analyst

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008708 Te Test Date: 03/08/2011 T

Test Record Number: 630 Test Time: 12:43pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:43pm
FLO	Pass	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

rest	Status	TIME
PRNT	Pass	12:44pm
	CRC Tests	i

Test	Status	Time
COMP	Pass	12:44pm
CAL	Pass	12:44pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	astrument Location Cape Casteret
Instrument Ser	ial No. 8613 Town Hall Blog.
The preventive	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
four months ar	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
OF THE STATE OF TH	an Hony Rivers 634
	Signature of Certifying Official Certificate Number

CARTERET COUNTY CAPE CART. TOWN HALL
150

Serial Number: 008613 Test Date: 03/18/2011

Citation Number: X0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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

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

g/210L

Time

SUB TEST .00 12:12pm

AIR BLK .00 12:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CARTERET COUNTY CAPE CART. TOWN HALL 150

Serial Number: 008613

Test Record Number: 553

Test Date: 03/18/2011

Test Time: 12:15pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:15pm
FLO	Pass	12:15pm
FC	Pass	12:15pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:15pm
SRC	Pass	12:15pm
DET	Pass	12:15pm
BAR	Pass	12:15pm
BT	Pass	12:15pm

Blank Tests

Test	Status	Time
AIR	Pass	12:16pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:16pm
	CRC Tests	

Test	Status	Time
COMP	Pass	12:16pm
CAL	Pass	12:16pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Dlumbus Instrument Location Columbus County
Instrument Seria	al No. 8875 Sherillo Dept.
···	
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.
	theday of, 20 // the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Italian Human Services, and the instrument is functioning properly.
COLUMN TOWN TO THE STATE OF A STA	Signature of Certifying Official Certificate Number

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008875 Test Date: 03/11/2011

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: 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	Pass .00 .08	11:39am 11:40am 11:41am
SUB TEST	.00	11:42am
AIR BLK	.00	11:43am
SUB TEST	.00	11:45am
AIR BLK	.00	11:45am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008875 Test Date: 03/11/2011 Test Record Number: 603 Test Time: 11:46am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:48am

Printer Tests

Test	Status	Time
PRNT	Pass	11:48am
	CDC Marks	

	Teaca	

COMP Pass 11:48am CAL Pass 11:48am	Test	Status	Time

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Instrument Seria	1 No. <u>8948</u>		PENDER_ Sher, As	1111
			onen co	Dept in
The preventive n four months are:	naintenance procedures for the In	toximeters, Model Intox E	C/IR II to be followed	d at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 degrees.		coholic breath simulat	tor thermometer shows
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;		·	e e
4.	Enter information as prompted;			Į.
5.	Verify instrument accuracy;	4 ³		
6.	When "PLEASE BLOW" appe	ears, collect breath sample;		· 4.
7.	When "PLEASE BLOW" appe	ears, collect breath sample;		
8.	Print test record;		9.	* ************************************
9.	Verify Diagnostic Program; and	i	``````````````````````````````````````	
10.	Verify that the ethanol gas can simulator solution is being char whichever occurs first.	nged every four months or	after 125 Alcoholic B	reath Simulator tests,
I certify that on to procedures were Department of H	theday of performed on the instrument ind lealth and Human Services, and t	icated above, in accordance the instrument is functioning	// the forgoing pre with current regulating properly.	eventive maintenance ions of the N.C.
OTHE STATE OF AN AND AND	Simulation of the second of th	Hary (1)	ulra-	634 ertificate Number

PENDER COUNTY SHERIFF DEPT ANNEX 700

Serial Number: 008948 Test Date: 03/04/2011

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: 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	10:46am 10:46am
ACCY CHK	.08	10:47am
AIR BLK SUB TEST	.00	10:48am 10:49am
AIR BLK	.00	10:50am
SUB TEST	.00	10:51am
AIR BLK	.00	10:53am

Reported AC: _ .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

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

Rev. 12/2007

PENDER COUNTY SHERIFF DEPT ANNEX 700

Serial Number: 008948

Test Record Number: 384

Test Date: 03/04/2011

Test Time: 10:54am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	10:54am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time	

AIR Pass 10:55am

Printer Tests

Test	Status	Time
PRNT	Pass	10:55am

CRC Tests

Test	Status	Time
COMP	Pass	10:55am
CAL	Pass	10:55am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County ME	ECKLENBURG Instrument Location BAT MOBILE UNIT 3
Instrument Seri	al No. 008647 CHARLOTTE, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
nrocedures we	the 17 day of MRCH, 2011 the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF STA	Signature of Certifying Official Certificate Number

MECKLENBURG COUNTY BAT MOBILE UNIT 3
590

Serial Number: 008647 Test Date: 03/17/2011

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: 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 AIR BLK	Pass	8:41pm 8:42pm
ACCY CHK	.08	8:42pm
AIR BLK	.00	8:43pm
SUB TEST	.00	8:44pm
AIR BLK	.00	8:45pm
SUB TEST	.00	8:46pm
AIR BLK	.00	8:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Olin Ray Barres
Analyst

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647

Test Record Number: 1027

Test Date: 03/17/2011

Test Time: 8:51pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	8:52pm

Printer Tests

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

Test	Status	Time
COMP	Pass	8:52pm
CAL	Pass	8:52pm

Preventive Maintenance Status: Pass

Celin Kay Baines

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	ECKLENBURG Instrument Location BAT	MOBILE UNITE
Instrument S	erial No. <u>008616</u> <u>CHA</u>	RLOTTE, NC
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II are:	to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic last degrees, plus or minus .2 degree centigrade;	oreath 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 expira simulator solution is being changed every four months or after 125 whichever occurs first.	tion date, or the alcoholic breath S Alcoholic Breath Simulator tests,
I certify that procedures w Department of	on the	e forgoing preventive maintenance urrent regulations of the N.C. rly.
THE STATION OF THE ST	SONO PAROLINA DE LA CARACTERISTA	
STORY OF THE PROPERTY OF THE P	Clu Ray Barres Signature of Certifying Official	648
	Signature of Certifying Official	Certificate Number

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

> Serial Number: 008616 Test Date: 03/17/2011

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: 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	8:35pm
AIR BLK	.00	8:36pm
ACCY CHK	.08	8:36pm
AIR BLK	.00	8:37pm
SUB TEST	.00	8:38pm
AIR BLK	.00	8:39pm
SUB TEST	.00	8:40pm
AIR BLK	.00	8:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alu Ray Bennes

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616 Test Date: 03/17/2011 Test Record Number: 529
Test Time: 8:45pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	8:46pm
SRC	Pass	8:46pm
DET	Pass	8:46pm
BAR	Pass	8:46pm
BT	Pass	8:46pm

Blank Tests

Test	Status	Time
1		
AIR	Pass	8:46pm

Printer Tests

	+ - + -
Status	Time
Pass	8:46pm
CRC Tests	
Status	Time
	Pass CRC Tests

			1.
COMP	Pass Pass		6pm 6pm

Preventive Maintenance Status: Pass

Olum Ray Bernes

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_/	1ECKLENBURG	Instrument Location_	BAT MOBILE	UNITE
Instrument So	erial No. <u>008910</u>		CHARLOTTE,	NC
The preventiv	e maintenance procedures for the Ir	stovimeters Model Intov	EC/ID II to be followed at le	4
four months a	ire: (1)	modulation, relocal many	SC/IX II to be followed at le	ast once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the a gree centigrade;	lcoholic breath simulator the	rmometer show
2.	Verify instrument displays time	and date;	• .	
3.	Initiate breath test sequence;	•		
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appe	ars, collect breath sample;		
7.	When "PLEASE BLOW" appear	ars, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canis simulator solution is being chang whichever occurs first.	ter is being changed befor ged every four months or a	e expiration date, or the alco after 125 Alcoholic Breath S	pholic breath imulator tests,
I certify that on procedures wer Department of	the <u>//</u> day of <u>///////////////////////////////////</u>	RCH , 20 / 6 cated above, in accordance e instrument is functioning	the forgoing preventive with current regulations of g properly.	e maintenance the N.C.
STATE OF WAY 20. 1777				
TABLE OLIAN YORK	_ alu Ra	y Barnes	(04	10
	Signati	are of Certifying Official	Contificate	Nismala a u

MECKLENBURG COUNTY BAT MOBILE UNIT 3
590

Serial Number: 008910 Test Date: 03/17/2011

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: 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	8:36pm
AIR BLK	.00	8:38pm
ACCY CHK	.07	8:38pm
AIR BLK	.00	8:39pm
SUB TEST	.00	8:39pm
AIR BLK	.00	8:40pm
SUB TEST	.00	8:42pm
AIR BLK	.00	8:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alu Ray Barnes Analyst

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008910 Test Date: 03/17/2011

Test Record Number: 156
Test Time: 8:46pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:47pm
FLO	Pass	8:47pm
FC	Pass	8:47pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:47pm
SRC	Pass	8:47pm
DET	Pass	8:47pm
BAR	Pass	8:47pm
BT	Pass	8:47pm

Blank Tests

Test	Status	Time
AIR	Pass	8:48pm

Printer Tests

Test	Status	Time
PŖNT	Pass	8:48pm
	CRC Tests	
Test	Status	Time
COMP	Pass	8:48pm

Preventive Maintenance Status: Pass

Pass

8:48pm

CAL

alu Ray Bang Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	DAVIDSON Instrument Location BAT MOBILE UNIT 3
Instrume	nt Serial No. OO8910 LEXINGTON, DC
The prev	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
·· 7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedu	that on the
CAREAT SE	STATE OF TOTAL PROPERTY OF THE
* E.S.	alun Ray Barnes 648
	Signature of Certifying Official Certificate Number

DAVIDSON COUNTY BAT MOBILE UNIT 3 280

Serial Number: 008910 Test Date: 03/19/2011

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: 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	10:27pm
AIR BLK	.00	10:28pm
ACCY CHK	.07	10:28pm
AIR BLK	.00	10:29pm
SUB TEST	.00	10:29pm
AIR BLK	.00	10:30pm
SUB TEST	.00	10:32pm
AIR BLK	.00	10:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

DAVIDSON COUNTY BAT MOBILE UNIT 3 280

Serial Number: 008910 Test Record Number: 162 Test Date: 03/19/2011 Test Time: 10:34pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:34pm
FLO	Pass	10:34pm
FC	Pass	10:34pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:34pm
SRC	Pass	10:34pm
DET	Pass	10:34pm
BAR	Pass	10:34pm
BT	Pass	10:34pm
and the second s	the state of the s	

Blank Tests

Test	Status	Time
3.75		
AIR	Pass	10:35pm

Printer Tests

TTTHOCK TCDCD			
Test	Status	Time	
PRNT	Pass	10:35pm	
	CRC Tests		
Test	Status	Time	
COMP CAL	Pass Pass	10:35pm 10:35pm	

Preventive Maintenance Status: Pass

alen Ray Ban Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 1	DAVIDSON	_	MOBILE UNIT 3
Instrument S	Gerial No. <u>OO &616</u>	LXX	INGTON, NC
The preventi four months		Intoximeters, Model Intox EC/IR II t	o be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic begree centigrade;	reath simulator thermometer shows
2.	Verify instrument displays tim	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	i;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
·· 9,	Verify Diagnostic Program; as	nd	
10.	Verify that the ethanol gas car simulator solution is being cha whichever occurs first.	nister is being changed before expirate anged every four months or after 125	ion date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify that procedures v	on the <u>19</u> day of <u>Marketter</u> were performed on the instrument in of Health and Human Services, and	dicated above, in accordance with cuthe instrument is functioning proper	e forgoing preventive maintenance irrent regulations of the N.C. ly.
TATE STATE OF THE	LO CO	0 0	1 1175
William Common	_ ale	Ray Bernes	Certificate Number

DAVIDSON COUNTY BAT MOBILE UNIT 3 280

Serial Number: 008616 Test Date: 03/19/2011

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: 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	10:24pm
AIR BLK	.00	10:25pm
ACCY CHK	.08	10:26pm
AIR BLK	.00	10:27pm
SUB TEST	.00	10:27pm
AIR BLK	00	10:28pm
SUB TEST	.00	10:30pm
AIR BLK	.00	10:31pm

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

alu Ray Ben

DAVIDSON COUNTY BAT MOBILE UNIT 3 280

Serial Number: 008616 Test Record Number: 539
Test Date: 03/19/2011 Test Time: 10:31pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:32pm
FLO	Pass	10:32pm
FC	Pass	10:32pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:33pm

Printer Tests

* * * *		
Test	Status	Time
PRNT	Pass	10:33pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:33pm 10:33pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 1	Dake-Cary Instrument Location Bat Mobile Unite
Instrument S	erial No.()0860]
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.
	on the
STATE STATE OF THE	Signature of Certifying Official Certificate Number

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

WAKE COUNTY BAT MOBILE UNIT 2 910

Serial Number: 008601 Test Date: 03/18/2011

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 ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00 .00	10:35pm 10:36pm 10:37pm 10:37pm 10:38pm 10:39pm 10:41pm
AIR BLK	.00	10:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Donya B Stunner

WAKE COUNTY BAT MOBILE UNIT 2 910

Serial Number: 008601

Test Record Number: 540

Test Date: 03/18/2011

Test Time: 10:50pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:50pm
FLO	Pass	10:50pm
FC	Pass	10:50pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:50pm
SRC	Pass	10:50pm
DET	Pass	10:50pm
BAR	Pass	10:50pm
BT	Pass	10:50pm

Blank Tests

Test	Status	Time

AIR Pass 10:51pm

Printer Tests

Test Status Time

PRNT 10:51pm Pass

CRC Tests

Test Status Time

COMP Pass 10:51pm CAL Pass 10:51pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County <u>UC</u>	oke-Cary Instrument Location Bot Mobile Unit 2
Instrument Ser	rial No. 00873 6
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the, 20
THE STATE OF THE S	CAROUN STATE OF THE PROPERTY O

WAKE COUNTY BAT MOBILE UNIT 2 910

Serial Number: 008736 Test Date: 03/18/2011

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 AIR BLK	Pass	10:37pm 10:38pm
ACCY CHK	.08	10:38pm
AIR BLK	.00	10:39pm
SUB TEST	.00	10:39pm
AIR BLK	.00	10:40pm
SUB TEST	.00	10:42pm
AIR BLK	.00	10:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Donya B Skinner

WAKE COUNTY BAT MOBILE UNIT 2 910

Serial Number: 008736 Test Record Number: 267 Test Time: 10:51pm EDT Test Date: 03/18/2011

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:51pm
FLO	Pass	10:51pm
FC	Pass	10:51pm

Temperature Tests

Status	Time
Pass	10:52pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	10:52pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:52pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:52pm 10:52pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	amance Graham Instrument Location Bat Mobile Unit #2
Instrument Se	erial No 008 60)
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on the, 20, 20, the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF	

ALAMANCE COUNTY BAT MOBILE UNIT 2 000

Serial Number: 008601 Test Date: 03/17/2011

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:

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 ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	9:10pm 9:11pm 9:12pm 9:12pm 9:13pm 9:14pm 9:15pm
AIR BLK	.00	9:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Donya B 5 Kinner

ALAMANCE COUNTY BAT MOBILE UNIT 2 000

Serial Number: 008601

Test Record Number: 537

Test Date: 03/17/2011

Test Time: 9:19pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:20pm

Printer Tests

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

Preventive Maintenance Status: Pass

Donya B Skynnin

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ala	amance-Graham Instrument Location Bat Mobile Unit
Instrument S	erial No. <u>008736</u>
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9,	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on the day of, 20 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STAIN	

ALAMANCE COUNTY BAT MOBILE UNIT 2 000

Serial Number: 008736 Test Date: 03/17/2011

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	9:12pm
AIR BLK	.00	9:13pm
ACCY CHK	.08	9:14pm
AIR BLK	.00	9:15pm
SUB TEST	.00	9:15pm
AIR BLK	.00	9:16pm
SUB TEST	.00	9:18pm
AIR BLK	.00	9:19pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Donya B Skunni Analyst

the Charlest Assert Adjust to the action of

ALAMANCE COUNTY BAT MOBILE UNIT 2 000

Serial Number: 008736

Test Record Number: 265

Test Date: 03/17/2011 Test Time: 9:22pm EDT

System Check: Passed

Baseline Tests

FAN A was not been purely as a figure of the control of the contro

Test	Status	Time
Contract of these	and the second	5 - A C - A C
IR	Pass	9:22pm
FLO	Pass	9:22pm
FC	Pass	9:22pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:22pm
SRC	Pass	9:22pm
DET	Pass	9:22pm
BAR	Pass	9:22pm
BT	Pass	9:22pm

Blank Tests

Test Status Time

AIR 9:23pm Pass

Printer Tests

Test Status Time

PRNT Pass 9:23pm

CRC Tests

Test Time Status

COMP Pass 9:23pm CAL Pass 9:23pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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

DURHAM COUNTY BAT MOBILE UNIT 2 310

Serial Number: 008601 Test Date: 03/16/2011

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 ACCY CHK	Pass .00	9:14pm 9:15pm 9:16pm
ACCI CAR AIR BLK	.07	9:16pm
SUB TEST	.00	9:18pm
AIR BLK	.00	9:19pm
SUB TEST	.00	9:21pm
AIR BLK	.00	9:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Oprya B J Knny

DURHAM COUNTY BAT MOBILE UNIT 2 310

Serial Number: 008601 Test Date: 03/16/2011 Test Record Number: 534
Test Time: 9:23pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:24pm 9:24pm
FC	Pass	9:24pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:24pm
SRC	Pass	9:24pm
DET	Pass	9:24pm
BAR	Pass	9:24pm
BT	Pass	9:24pm

Blank Tests

Test Status Time
AIR Pass 9:24pm

Printer Tests

Test Status Time
PRNT Pass 9:24pm

CRC Tests

Test Status Time

COMP Pass 9:25pm
CAL Pass 9:25pm

Preventive Maintenance Status: Pass

Analyst Drunn

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

	shood Debugger Bot Makin Hait
County 1) [rham-Durham Instrument Location DOJ NODile Unit
Instrument Se	rial No.008136
The preventiv four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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
TALLS IN TO THE TALL OF THE TA	

DURHAM COUNTY BAT MOBILE UNIT 2 310

Serial Number: 008736 Test Date: 03/16/2011

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	9:23pm
AIR BLK	.00	9:24pm
ACCY CHK	.08	9:24pm
AIR BLK	.00	9:25pm
SUB TEST	.00	9:25pm
AIR BLK	.00	9:26pm
SUB TEST	.00	9:28pm
AIR BLK	.00	9:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR .

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where the first are also so The Expensive Contraction of Greener Court of

DURHAM COUNTY BAT MOBILE UNIT 2 310

Serial Number: 008736

Test Record Number: 263

System Check: Passed

Baseline Tests

This days a presentable professional plant contributions of

Test	To the	Status	s Time
diameter.	: . · ·	official to the	adada kabasa
IR	1131 6	Pass	9:35pm
FLO		Pass	9:35pm
FC		Pass	9:35pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:35pm
SRC	Pass	9:35pm
DET	Pass	9:35pm
BAR	Pass	9:35pm
BT	Pass	9:35pm

Blank Tests

Status Time Test .

AIR 9:36pm Pass

Printer Tests

Test Status Time

PRNT Pass 9:36pm

CRC Tests

Test Status Time

Pass COMP 9:36pm CAL Pass 9:36pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Wilson Instrument Location BAT MOBILE LIVIT
Instrumen	t Serial No WiLsov
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 Departme	that on the
S S S S S S S S S S S S S S S S S S S	TATE OF TOP TO THE OF TOP TO THE OF TOP TO THE OF TOP TOP TO THE OF TOP TOP TOP TOP TO THE OF TOP

WILSON COUNTY BAT MOBILE UNIT 5 970

Serial Number: 008600 Test Date: 03/19/2011 Test Record Number: 763
Test Time: 11:27pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:28pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:28pm
• .	CRC Tests	-
Test	Status	Time
COMP	Pagg	11.28pm

Preventive Maintenance Status: Pass

Pass

11:28pm

CAL

Step 6.711 ogas

WILSON COUNTY BAT MOBILE UNIT 5 970

Serial Number: 008600 Test Date: 03/19/2011

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: 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
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:18pm 11:19pm 11:20pm
ACCI CHK		11:20pm
SUB TEST	.00	11:22pm
AIR BLK	.00	11:23pm
SUB TEST	.00	11:24pm
AIR BLK	.00	11:25pm

Reperted AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (Instrument Location BAT MOBILE WITT		
Instrument Serial	No. 008698 Wilson		
The preventive m four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
I certify that on t procedures were Department of H	the		
STATE OF A	Signature of Certifying Official Certificate Number		

WILSON COUNTY BAT MOBILE UNIT 5 970

Serial Number: 008698

Test Record Number: 620

Test Date: 03/19/2011

Test Time: 11:30pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:30pm
FLO	Pass	11:30pm
FC	Pass	11:30pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:30pm
SRC	Pass	11:30pm
DET	Pass	11:30pm
BAR	Pass	11:30pm
BT	Pass	11:30pm

Blank Tests

Test	Status	Time
AIR	Pass	11:31pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:31pm
	CRC Tests	

Test	Status	Time
COMP	Pass	11:31pm
CAL	Pass	11:31pm

Preventive Maintenance Status: Pass

Analyst

WILSON COUNTY BAT MOBILE UNIT 5 970

Serial Number: 008698 Test Date: 03/19/2011

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: 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
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:20pm 11:21pm 11:22pm
AIR BLK	.00	11:23pm
SUB TEST AIR BLK	.00 .00	11:23pm 11:24pm
SUB TEST	.00 .00	11:27pm 11:28pm

.00 g/210L Reported AC:

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	W. LSON Instrument Location 1327 Moss. La	: Lu, T
Instrumen	ent Serial No. 008788 W.LSON	
The preve	ventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at onths are:	least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator 34 degrees, plus or minus .2 degree centigrade;	thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	. Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the simulator solution is being changed every four months or after 125 Alcoholic Bre whichever occurs first.	alcoholic breath ath Simulator tests,
I certify procedur Departm	that on the	entive maintenance ns of the N.C.
OREAT SE	Signature of Certifying Official Cer	636 tificate Number
	Signature of Certifying Official Cer	inticate Number

WILSON COUNTY BAT MOBILE UNIT 5 970

Serial Number: 008788
Test Date: 03/19/2011

Test Record Number: 514
Test Time: 11:39pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:39pm
SRC	Pass	11:39pm
DET	Pass	11:39pm
BAR	Pass	11:39pm
BT	Pass	11:39pm

Blank Tests

Test	Status	Time
AIR	Pass	11:40pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:40pm
	CRC Tests	
Test	Status	Time
COMP	Pass	11:40pm

11:40pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

WILSON COUNTY BAT MOBILE UNIT 5 970

Serial Number: 008788 Test Date: 03/19/2011

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: 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: AG003403 Exp Date: 02/03/2012

Test	g/210L	Time
DIAG	Pass	11:29pm
AIR BLK		11:30pm
ACCY CHK	.07	11:31pm
AIR BLK	.00	11:31pm
SUB TEST	.00	11:32pm
AIR BLK	.00	11:33pm
SUB TEST	.00	11:36pm
AIR BLK	.00	11:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Ahoskie Kolice Dept. Instrument Serial No. 008848 705 W. Main St., Ahoskie, NC The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; Initiate breath test sequence; 3. Enter information as prompted; 4. 5. Verify instrument accuracy; 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 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.

HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848 Test Date: 03/07/2011

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	Pass .00 .08	10:24am 10:25am 10:26am
ACCY CHR AIR BLK SUB TEST	.00	10:20am 10:27am 10:27am
AIR BLK SUB TEST	.00	10:28am 10:30am
AIR BLK	.00	10:31am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848
Test Date: 03/07/2011

Test Record Number: 520 Test Time: 10:33am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:33am
FLO	Pass	10:33am
FC	Pass	10:33am

Temperature Tests

Test	Status	Time
FC1	Pass	10:33am
SRC	Pass	10:33am
DET	Pass	10:33am
BAR	Pass	10:33am
BT	Pass	10:33am

Blank Tests

Test	Status	Time
AIR	Pass	10:34am

Printer Tests

Test	Status	Time
PRNT	Pass	10:34am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:34am

10:34am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Hyde Instrument Location Hyde Co. S.O Ochacoke
Instrument	Hyde Instrument Location Hyde Co. S.O Orvacoke t Serial No. 008797 NC 12, Diracoke, N.C.
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.
procedure	hat on theday of
GREAT SE	STATE OF NOTE
	Signature of Certifying Official Certificate Number

HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797 Test Date: 03/14/2011

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: 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 .08	11:01am 11:02am 11:03am
AIR BLK	.00	11:04am
SUB TEST	.00 .00	11:05am 11:06am
AIR BLK SUB TEST	.00	11:00am
ATR BLK	.00	11:08am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797 Test Date: 03/14/2011 Test Record Number: 219
Test Time: 11:10am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:10am
SRC	Pass	11:10am
DET	Pass	11:10am
BAR	Pass	11:10am
\mathtt{BT}	Pass	11:10am

Blank Tests

Test	Status	Time
AIR	Pass	11:11am

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

CAL

11:11am

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	are Instrument Location Dire Co. S.O Hatteras
Instrument Ser	ial No. 008807 50346 NC Hay 12, Frisio, 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 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. I certify that o	ere performed on the instrument indicated above, in accordance with current regulations of the N.C.
Department of	

DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807 Test Date: 03/14/2011

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: 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: AG023701 Exp Date: 08/25/2012

Test	g/210L	Time
DIAG AIR BLK	Pass	1:09pm 1:10pm
ACCY CHK	.08	1:11pm
AIR BLK SUB TEST	.00 .00	1:11pm 1:12pm
AIR BLK	.00	1:13pm
SUB TEST	.00	1:14pm
ATD BIK	00	1 · 16pm

Reported AC: .00 g/210L

Court CVR

DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807

Test Record Number: 320

Test Date: 03/14/2011

Test Time: 1:17pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:17pm 1:17pm
FC	Pass	1:17pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:17pm
SRC	Pass	1:17pm
DET	Pass	1:17pm
BAR	Pass	1:17pm
BT	Pass	1:17pm

Blank Tests

Test	Status	Time
AIR	Pass	1:18pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:18pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:18pm

Preventive Maintenance Status: Pass

Pass

1:18pm

CAL

INTOXIMETERS, MODEL INTOX EC/IR II		
County Be	eaufort G. Courthon	
Instrument S	erial No. DO8847 102E.2 nd St., Washington, N.	
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.	
procedures v	on the 16 day of March, 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.	
OF THE STATE	E O VORTE CO	

Signature of Certifying Official

Certificate Number

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008847 Test Date: 03/16/2011

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: AG920303 Exp Date: 07/22/2011

Test	g/210L	Time
DIAG	Pass	10:25am
AIR BLK	.00	10:26am
ACCY CHK	.08	10:27am
AIR BLK	.00	10:28am
SUB TEST	.00	10:28am
AIR BLK	.00	10:29am
SUB TEST	.00	10:31am
ATR BLK	.00	10:32am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008847

Test Record Number: 161

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:33am 10:33am
FC	Pass	10:33am

Temperature Tests

Test	Status	Time
FC1	Pass	10:33am
SRC	Pass	10:33am
DET	Pass	10:33am
BAR	Pass	10:33am
BT	Pass	10:33am

Blank Tests

Test	Status	Time
AIR	Pass	10:34am

Printer Tests

Test	Status	Time
PRNT	Pass	10:34am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:34am 10:34am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	JOHNSTON Instrument Location SELMA POLICE DEPT.
Instrumen	t Serial No. <u>00 85 95</u> <u>SELMA NC</u>
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
procedure	that on the
CONEAT SE	De HI Russell 371
	Signature of Certifying Official Certificate Number

JOHNSTON COUNTY SELMA PD 500

Serial Number: 008595 Test Date: 03/16/2011

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: 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: AG003403 Exp Date: 02/03/2012

Test	g/210L	Time
DIAG AIR BLK	Pass	4:30pm 4:31pm
ACCY CHK	.07	4:32pm
AIR BLK	.00	4:33pm
SUB TEST	.00	4:33pm
AIR BLK	.00	4:35pm
SUB TEST	.00	4:36pm
ATR RIK	0.0	4:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

C Analyst

JOHNSTON COUNTY SELMA PD 500

Serial Number: 008595 Test Date: 03/16/2011 Test Record Number: 497
Test Time: 4:40pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	4:41pm
SRC	Pass	4:41pm
DET	Pass	4:41pm
BAR	Pass	4:41pm
BT	Pass	4:41pm

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

Preventive Maintenance Status: Pass

Pass

CAL

4:42pm

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR I

INTUXIMETERS, MODEL INTOX EC/IR II		
County	HARNETT Instrument Location DUNN BLICE DEPT.	
Instrumer	nt Serial No. <u>008644</u> <u>DUNN, NC</u>	
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 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.	
procedur	hat on the	
GOREA! SEA	Signature of Certifying Official Certificate Number	

HARNETT COUNTY DUNN POLICE DEPT. 420

Serial Number: 008644 Test Date: 03/01/2011

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: AG002802 Exp Date: 01/28/2012

Test	g/210L	Time
DIAG	Pass	3:52pm
AIR BLK	.00	3:53pm
ACCY CHK	.08	3:53pm
AIR BLK	.00	3:55pm
SUB TEST	.00	3:55pm
AIR BLK	.00	3:56pm
SUB TEST	.00	3:58pm
ATD BIK	$\cap \cap$	3 • 5.8 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

Quell

Rev. 12/2007

HARNETT COUNTY DUNN POLICE DEPT. 420

Serial Number: 008644

Test Record Number: 770

Test Date: 03/01/2011

Test Time: 3:59pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:59pm
FLO	Pass	3:59pm
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
BT	Pass	4:00pm

Blank Tests

Test	Status	Time
AIR	Pass	4:00pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:00pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4:01pm

Preventive Maintenance Status: Pass

Pass

CAL

Ant Quell

4:01pm

Analyst

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

County (otland Instrument Location Bat Mobile Unit 2	
Instr <u>ument</u> Se	erial No.008736	
The prevention four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once evare:	ery
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer saddlegrees, plus or minus .2 degree centigrade;	shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bresimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.	ath tests,
I certify that procedures v Department	t on the	nance
STAT CUEVA STATE OF THE STATE O	Signature of Certifying Official Certificate Number	er

SCOTLAND COUNTY BAT MOBILE UNIT 2 820

Serial Number: 008736 Test Date: 03/12/2011

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	9:26pm
AIR BLK	.00	9:27pm
ACCY CHK	.08	9:27pm
AIR BLK	.00	9:28pm
SUB TEST	.00	9:28pm
AIR BLK	.00	9:29pm
SUB TEST	.00	9:31pm
ATR BLK	. 0.0	9 • 3 2 mm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Donya B Stune

SCOTLAND COUNTY BAT MOBILE UNIT 2 820

Serial Number: 008736

Test Record Number: 260

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:41pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:41pm
	CRC Tests	

Test	Status	Time
COMP	Pass	9:42pm
CAL	Pass	9:42pm

Preventive Maintenance Status: Pass

Dony B Stynes

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

5

County SC	instrument Location Batmobile Unit-Laurin
Instrument So	erial No. 00860 \
The preventive four months	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on the day of 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.
STAL STAL ENGLISH STALE	CAROLLE CAROLL

SCOTLAND COUNTY BAT MOBILE UNIT 2 820

Serial Number: 008601 Test Date: 03/12/2011

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 ACCY CHK	Pass .00 .07	9:19pm 9:20pm 9:20pm
AIR BLK	.00	9:21pm
SUB TEST	.00	9:22pm
AIR BLK	.00	9:23pm
SUB TEST	.00	9:25pm
AIR BLK	.00	9:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

SCOTLAND COUNTY BAT MOBILE UNIT 2 820

Serial Number: 008601 Test Date: 03/12/2011 Test Record Number: 529
Test Time: 9:28pm EST

Date: 03/12/2011 Test Time: 9:28pm

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:28pm
FLO	Pass	9:28pm
FC	Pass	9:28pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:28pm
SRC	Pass	9:28pm
DET	Pass	9:28pm
BAR	Pass	9:28pm
BT	Pass	9:28pm

Blank Tests

Test	Status	Time
AIR	Pass	9:29pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:29pm
·	CRC Tests	
Test	Status	Time

COMP Pass 9:29pm CAL Pass 9:29pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	DAVIE	Instrument Location_	DAVIC	Ca IA.
Instrument S	Serial No. <u>008905</u>		· · · · · · · · · · · · · · · · · · ·	
The preventi	ive maintenance procedures for the lare:	ntoximeters, Model Intox	EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		icoholic breath	simulator thermometer show
2.	Verify instrument displays tim	e and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	ł;		
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; as	nd		
10.	Verify that the ethanol gas car simulator solution is being cha whichever occurs first.	nister is being changed before anged every four months of	ore expiration or r after 125 Alco	late, or the alcoholic breath oholic Breath Simulator tests
I certify that procedures to Department	t on the day of	dicated above, in accordant the instrument is function	the formation the formation that	going preventive maintenanc t regulations of the N.C.
STAIL	J. CAROLINA J. CAR	nature of Certifying Offic	ial	Certificate Number

DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905 Test Date: 03/09/2011

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: 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: AG925102 Exp Date: 09/08/2011

Test	g/210L	Time
DIAG	Pass	4:01pm
AIR BLK	.00	4:02pm
ACCY CHK	.07	4:02pm
AIR BLK	.00	4:03pm
SUB TEST	.00	4:04pm
AIR BLK	.00	4:05pm
SUB TEST	.00	4:07pm
AIR BLK	. 00	4:07pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905

Test Record Number: 686

Test Date: 03/09/2011

Test Time: 4:08pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:08pm
FLO	Pass	4:08pm
FC	Pass	4:08pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:08pm
SRC	Pass	4:08pm
DET	Pass	4:08pm
BAR	Pass	4:08pm
BT	Pass	4:08pm

Blank Tests

Test	Status	Time
AIR	Pass	4:09pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:09pm

Test Status Time 4:09pm COMP Pass

CRC Tests

4:09pm CAL Pass

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Stokes Instrument Location King P. D.
Instrument	Serial No
The prevent	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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.
	t on the
STA CORE AT STATE OF	Signature of Certifying Official Certificate Number

STOKES COUNTY KING PD 840

Serial Number: 008610 Test Date: 03/09/2011

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: 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	2:35pm
AIR BLK	.00	2:36pm
ACCY CHK	.08	2:37pm
AIR BLK	.00	2:38pm
SUB TEST	.00	2:39pm
AIR BLK	.00	2:39pm
SUB TEST	.00	2:41pm
ATR BLK	.00	2:42pm

of Chemical Analyst

Court CVR.

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

Analyst

Department of Health and Human Services

Rev. 12/2007

STOKES COUNTY KING PD 840

Serial Number: 008610 Te Test Date: 03/09/2011 T

Test Record Number: 889
Test Time: 2:42pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:43pm 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

Test	Status	Time
AIR	Pass	2:43pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:43pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	tolas	Instrument Location_	Stokes Co. Jal	_
Instrument Se	orial No. <u>008596</u>			
The preventive four months a		coximeters, Model Intox I	EC/IR II to be followed at least once every	
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg		alcoholic breath simulator thermometer sho	WS
2.	Verify instrument displays time	and date;	<i>i</i>	
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appear	ars, collect breath sample	a, ,	
7.	When "PLEASE BLOW" appear	ars, collect breath sample	· ·	
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.			ore expiration date, or the alcoholic breath rafter 125 Alcoholic Breath Simulator tests	5,
I certify that of procedures we Department o	on the day ofday ofday of	acated above, in accordance instrument is functioning	the forgoing preventive maintenance with current regulations of the N.C. ing properly.	е
TO THE STATE OF TH	CAROLINA CAR	sture of Certifying Officia	al Certificate Number	•

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596 Test Date: 03/09/2011

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: 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	1:20pm 1:21pm 1:22pm
AIR BLK	.00	1:23pm
SUB TEST	.00	1:24pm
AIR BLK	.00	1:25pm
SUB TEST	.00	1:26pm
ATR BLK	.00	1:27pm

Reported AC:

gnature of Chemical Analyst

Court CVR.

Analyst This form is used when performing Preventive Maintenance procedures

Department of Health and Human Services

Forensic Tests for Alcohol Branch

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STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596

Test Record Number: 461

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:28pm
FLO FC	Pass Pass	1:28pm 1:29pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:29pm
SRC	Pass	1:29pm
DET	Pass	1:29pm
BAR	Pass	1:29pm
\mathtt{BT}	Pass	1:29pm

Blank Tests

Test	Status	Time
AIR	Pass	1:29pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:29pm
	CRC Tests	
Test	Status	Time

COMP	Pass	1:30pm
CAL	Pass	1:30pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County R	1ckingh Am Instrument Location MASIS ON P.D.
Instrument Serie	
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 a procedures were Department of H	the
THE STATE OF A CONTROL OF THE STATE OF THE S	Signature of Certifying Official Certificate Number

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802 Test Date: 03/09/2011

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: 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: AG102602 Exp Date: 01/26/2013

Test	g/210L	Time
DIAG AIR BLK	Pass	12:18pm 12:19pm
ACCY CHK	.07	12:19pm
AIR BLK	.00	12:20pm
SUB TEST	.00	12:21pm
AIR BLK	.00	12:22pm
SUB TEST	.00	12:24pm
AIR BLK	.00	12:25pm

Reported AC: /.00 g/210L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services

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ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802

Test Record Number: 330

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:28pm

Printer Tests

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

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 1/2	Instrument Location Kpalking R. D.
Instrument Ser	rial No. 008925
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.
procedures wer	the <u>S</u> day of <u>MARCL</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.
OT THE STATE OF THE OF T	Signature of Certifying Official Certificate Number

YADKIN COUNTY YADKINVILLE PD 980

Serial Number: 008925 Test Date: 03/08/2011

Citation Number: M0000000-0

Subject's Name:

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

Subject to Core Male

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

rest	9/2101	Time

DIAG	Pass	12:46pm
AIR BLK	.00	12:47pm
ACCY CHK	.08	12:47pm
AIR BLK	.00	12:48pm
SUB TEST	.00	12:49pm
AIR BLK	.00	12:50pm
SUB TEST	.00	12:51pm
AIR BLK	.00	12:52pm

Reported AC: ___00 g/210L

Signature of Chemical Analyst

Court CVR.

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

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YADKIN COUNTY YADKINVILLE PD 980

Serial Number: 008925

Test Record Number: 206

Test Date: 03/08/2011

Test Time: 12:53pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:54pm
SRC	Pass	12:54pm
DET	Pass	12:54pm
BAR	Pass	12:54pm
BT	Pass	12:54pm

Blank Tests

Test	Status	Time
AIR	Pass	12:54pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Surry Instrument Location Elkin P. F.)
Instrument Ser	Serial No. <u>008926</u>	
The preventive four months ar	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at leare:	ast once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator the 34 degrees, plus or minus .2 degree centigrade;	ermometer 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 alc simulator solution is being changed every four months or after 125 Alcoholic Breath whichever occurs first.	oholic breath Simulator tests,
procedures wer	on the day of	ve maintenance f the N.C.
THE STATE OF THE S		
	Signature of Certifying Official Certification	3 2 te Number

Intox EC/IR-II: Subject Test flewick field became cast decouper services

SURRY COUNTY ELKIN PD 850

Serial Number: 008926 Test Date: 03/10/2011

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 NONE William William Control of the Control of the

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
		4.000 0000
DIAG	Pass	2:22pm
AIR BLK	.00	2:23pm
ACCY CHK	.07	2:23pm
AIR BLK	.00	2:24pm
SUB TEST	.00	2:25pm
AIR BLK	.00	2:26pm
SUB TEST	.00	2:28pm
AIR BLK	.00	2:29pm

Reported AC:

Signature of Chemical Analyst

Court CVR of changes that an unconsistive processes

Analyst

The more is the design at a process thing framework (Assentance of Section)

parties described Marianch

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

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SURRY COUNTY ELKIN PD 850

Serial Number: 008926

Test Record Number: 407

System Check: Passed o Teoria Meterili italia kao ili dentre distribili di compre

Baseline Tests the expense of the other worlding by a first

Test	Status	Time
IR	Pass	2:30pm
FLO	Pass	2:30pm
FC	Pass	2:30pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:30pm
SRC	Pass	2:30pm
DET	Pass	2:30pm
BAR	Pass	2:30pm
BT	Pass	2:30pm

Blank Tests

Test	Status	Time
AIR	Pass	2:31pm

Printer Tests

Test Status

1020	Dododo	
PRNT	,Pass (,- ,-	2:31pm
d to	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:31pm 2:31pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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

SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934 Test Date: 03/10/2011

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: 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: AG102602

Exp Date: 01/26/2013

Test

DIAG	Pass	12:44pm
AIR BLK	.00	12:44pm
ACCY CHK	.07	12:45pm
AIR BLK	.00	12:46pm
SUB TEST	.00	12:47pm

q/210L

Time

 SUB TEST .00
 12:45pm

 AIR BLK .00
 12:48pm

 SUB TEST .00
 12:49pm

AIR BLK .00 12:50pm

Reported AC: 1.00 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

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SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934

Test Record Number: 685

Test Date: 03/10/2011

Test Time: 12:50pm 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 SRC	Pass	12:51pm
DET	Pass Pass	12:51pm 12:51pm
BAR	Pass	12:51pm
BT	Pass	12:51pm

Blank Tests

Test	Status	Time
AIR	Pass	12:51pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:52pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12 52pm

Preventive Maintenance Status: Pass

Pass

12:52pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

CountyS	SURRY	Instrument Location_	MOUNT	Airen	P.D.
Instrument Se	erial No. <u>008943</u>				
The preventive four months a	ve maintenance procedures for the Int	oximeters, Model Intox	EC/IR II to be fol	lowed at least	once every
1,	Verify the ethanol gas canister d 34 degrees, plus or minus .2 degr	isplays pressure, or the a ree centigrade;	lcoholic breath si	mulator therm	ometer show
2.	Verify instrument displays time	and date;			
3.	Initiate breath test sequence;	·			
4.	Enter information as prompted;		-	•	
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" appear	rs, collect breath sample	,		
7.	When "PLEASE BLOW" appea	rs, collect breath sample	,		
8.	Print test record;				·
9.	Verify Diagnostic Program; and				
10.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.				
	on the day ofday of day of		ce with current reg	ng preventive i	maintenance e N.C.
THE STATE OF THE S	NO CAROLLING CAR			63	32
•	Signat	ture of Certifying Officia	al ·	Certificate 1	Number

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943 Test Date: 03/10/2011

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: 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: AG925102 Exp Date: 09/08/2011

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

Reported AC: 60 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943 Test Record Number: 853 Test Date: 03/10/2011 Test Time: 12:07pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:08pm 12:08pm
FC	Pass	12:08pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:08pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:08pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:09pm 12:09pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Surry Instrument Location P. lat Mountain P.
Instrument S	Gerial No. <u>00 8938</u>
The prevent four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures v	on the day of, 20 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
AVIOLITY OF THE STATE OF THE ST	E O VORINA CAROLINA C
ARE 12. T	Signature of Certifying Official Certificate Number
. *	organistic of corninging oriticial continuate reminder

SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938 Test Date: 03/10/2011

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: 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	Pass .00	11:13am 11:14am
ACCY CHK	.07	11:14am
AIR BLK	.00	11:15am
SUB TEST	.00	11:16am
AIR BLK	.00	11:17am
SUB TEST	.00	11:19am
AIR BLK	.00	11:19am

Reported AC: .90 g/21,0L

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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SURRY COUNTY PILOT MOUNTAIN PD 850

Test Record Number: 264 Serial Number: 008938

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:20am
${ t FLO}$	Pass	11:20am
FC	Pass	11:21am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:21am

March Printer Tests		
		Time
PRNT	Pass	11:21am
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	11:21am 11:21am

Preventive Maintenance Status: Pass

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

Department of Health and Human Services Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Wake Instrument Location BAT MOBILE LEWIT TS
Instrument	Serial No. OO8600 Rolliet
The preven	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3 ,	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures	at on the
COLLA SERVICE OR SERVI	TEO 1081
	Signature of Certifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600

Test Record Number: 753 Test Date: 03/12/2011 Test Time: 10:59pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:59pm 10:59pm 10:59pm 10:59pm 10:59pm

Blank Tests

Test	Status	Time
AIR	Pass	11:00pm

Princer lescs		
Test	Status	Time
PRNT	Pass	11:00pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:00pm 11:00pm

Preventive Maintenance Status: Pass

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Date: 03/12/2011

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	'ime
------------------	------

	ý	
DIAG	Pass	10:50pm
AIR BL		10:51pm
ACCY CI	HK .08	10:51pm
AIR BL	K .00	10:52pm
SUB TE	ST .00	10:53pm
AIR BL	K 00	10:54pm
SUB TES	ST .00	10:55pm
ATR BLI	K .00	10.56pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

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Court CVR

Analyst

860 6. 1110pm

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Wake	Instrument Location Bat Mobile Linit
Instrument Se	erial No. <u>008698</u>	Robert
The preventive four months a		the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas can 34 degrees, plus or minus	ister displays pressure, or the alcoholic breath simulator thermometer shows .2 degree centigrade;
2.	Verify instrument displays	s time and date;
3.	Initiate breath test sequen	ce;
4.	Enter information as pron	ppted;
5.	Verify instrument accurac	у;
6.	When "PLEASE BLOW"	appears, collect breath sample;
7.	When "PLEASE BLOW"	appears, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program	m; and
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.	s canister is being changed before expiration date, or the alcoholic breath g changed every four months or after 125 Alcoholic Breath Simulator tests,
procedures w	vere performed on the instrume	the forgoing preventive maintenance nt indicated above, in accordance with current regulations of the N.C. and the instrument is functioning properly.
TATE OF THE CONTROL O	A OR THE CAROLINA CONTROL OF T	66-TII on 2 636

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

Signature of Certifying Official

Certificate Number

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Record Number: 612 Test Date: 03/12/2011 Test Time: 11:00pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:00pm 11:00pm
FC	Pass	11:01pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:01pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Date: 03/12/2011

Citation Number: M0000000-0

Subject's Name:

PEVENTIVE, MAINTENANCE

Subject'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

DIAG	Pass	10:52pm
AIR BLK	.00	10:53pm
ACCY CHK	08	10:53pm
AIR BLK	.00	10:54pm
OTTO MEGA	0.0	10-55

g/210L

Time

SUB TEST .00 10:55pm AIR BLK .00 10:56pm

SUB TEST .00 10:58pm

AIR BLK .00 10:59pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

61110

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Wake	Instrument Location Est Midele Con. T	*5
Instrument	Serial No. 608755	RACIEN	· ·
· .	· · · · · · · · · · · · · · · · · · ·		
The preven	-	ntoximeters, Model Intox EC/IR II to be followed at least once	every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath simulator thermomet gree centigrade;	er shows
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample;	
7.	When "PLEASE BLOW" app	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	d	
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	ister is being changed before expiration date, or the alcoholic b nged every four months or after 125 Alcoholic Breath Simulate	oreath or tests,
I certify the procedures Department	s were performed on the instrument inc	the forgoing preventive main dicated above, in accordance with current regulations of the N. the instrument is functioning properly.	tenance C.
CONTRACTOR OF STATE O	ATE OF NOTIFICATION OF THE CARD OF THE CAR	nature of Certifying Official Certificate Num	har

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Record Number: 507

Test Date: 03/12/2011

Test Time: 11:03pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:03pm
FLO	Pass	11:03pm
FC	Pass	11:04pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:04pm
SRC	Pass	11:04pm
DET	Pass	11:04pm
BAR	Pass	11:04pm
BT	Pass	11:04pm

Blank Tests

Test	Status	Time
AIR	Pass	11:04pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:04pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:04pm 11:04pm

Preventive Maintenance Status: Pass

Sals 6. 1110ga Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Date: 03/12/2011

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: AG003403 Exp Date: 02/03/2012

Test	v.	g/210L	Time
DIAG		Pass	10:55pm
AIR E			10:56pm
ACCY	CHK	.08	10:56pm
AIR E	BLK	.00	10:57pm
SUB 1	CEST	.00	10:58pm
AIR E	ЗLК	.00	10:58pm
SUB 1	rest	.00	11:00pm
ATR	ЗLК	.00	11:01pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	NECKLENBURG Instrument Location BAT		
Instrument S	Gerial No. <u>008616</u> <u>CHAR</u>	CLOTTE,	ے سے
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to b are:	e followed at le	ast once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic brea 34 degrees, plus or minus .2 degree centigrade;	th simulator the	ermometer 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		14
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Al whichever occurs first.	i date, or the ald Icoholic Breath	coholic breath Simulator tests,
procedures v	on the	orgoing prevent ent regulations o	ive maintenance of the N.C.
COREAL OF THE CO	CAROLLA		
COE QUAM	Oleun Ray Barnes Signature of Certifying Official		48
	Signature of Certifying Official	Certific	ate Number

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616 Test Date: 03/10/2011

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: 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 AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	.08 .00 .00	11:13pm 11:14pm 11:14pm 11:15pm 11:16pm 11:17pm 11:18pm
SUB TEST	.00	
AIR BLK	.00	11:19pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alun Ray Banes Analyst

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616 Test Record Number: 514
Test Date: 03/10/2011 Test Time: 11:19pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:20pm
FLO	Pass	11:20pm
FC	Pass	11:20pm

Temperature Tests

Time
11:20pm

Blank Tests

Test	Status	Time
AIR	Pass	11:21pm

Printer Tests

	the state of the s	
Test	Status	'Time
PRNT	Pass	11:21pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:21pm 11:21pm

Preventive Maintenance Status: Pass

alum Ray Barnes Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	NECKLENBURG Instrument	Location BAT MC	OBILE UNIT 3
Instrument S	erial No <i>OO 8865</i>	CHARL	OTTE, NC
The preventi	ve maintenance procedures for the Intoximeters, Mare:	odel Intox EC/IR II to be fo	llowed at least once every
1.	Verify the ethanol gas canister displays pressu 34 degrees, plus or minus .2 degree centigrade	re, or the alcoholic breath s	imulator thermometer shows
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect br	eath sample;	
· , 7.	When "PLEASE BLOW" appears, collect br	eath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being c simulator solution is being changed every fou whichever occurs first.	nanged before expiration da r months or after 125 Alcoh	te, or the alcoholic breath solic Breath Simulator tests,
procedures	on the <u>IO</u> day of <u>MARCH</u> were performed on the instrument indicated above, of Health and Human Services, and the instrument	in accordance with current r	oing preventive maintenance egulations of the N.C.
STATE OF PARTY OF THE PARTY OF	E O A O A O A O A O A O A O A O A O A O		
MAUD STATE	Oleven Ray Ban Signature of Certi	nes	Configure Number
	Signature of Certi	rying Official	Certificate Number

MECKLENBURG COUNTY BAT MOBILE UNIT 3
590

Serial Number: 008865 Test Date: 03/10/2011

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: 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 AIR BLK	Pass	9:58pm 10:00pm
ACCY CHK	.07	10:00pm
AIR BLK SUB TEST	.00 .00	10:01pm 10:02pm
AIR BLK	.00	10:03pm
SUB TEST AIR BLK	.00 .00	10:04pm 10:05pm
HTK DTV	.00	TO.050

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alin Ray Barnes

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008865 Test Date: 03/10/2011 Test

Test Record Number: 254
Test Time: 10:10pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:10pm
FLO	Pass	10:10pm
FC	Pass	10:11pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:11pm

Printer Tests

		4
Test	Status	Time
PRNT	Pass	10:11pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	10:12pm 10:12pm

Preventive Maintenance Status: Pass

alun Ray Baines
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Instrument So	erial No. 008647 CHARLO	OTTE, NC	
The prevention	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be for are:	ollowed at least once every	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer shows	;
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;	e de la companya de La companya de la co	
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration d simulator solution is being changed every four months or after 125 Alcowhichever occurs first.	ate, or the alcoholic breath holic Breath Simulator tests,	
I certify that procedures v Department	on theday of	oing preventive maintenance regulations of the N.C.	
THE STAT			
STATE OF THE STATE			
E CONTRACTOR			
MANUS SEE QUAM	Olum Ray Barnes_	648	

MECKLENBURG COUNTY BAT MOBILE UNIT 3
590

Serial Number: 008647 Test Date: 03/10/2011

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: 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	10:00pm
AIR BLK	.00	10:02pm
ACCY CHK	.08	10:02pm
AIR BLK	.00	10:03pm
SUB TEST	.00	10:03pm
AIR BLK	.00	10:05pm
SUB TEST	.00	10:06pm
AIR BLK	.00	10:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Mun Ray Banes Analyst

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MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647 Test Record Number: 1013 Test Date: 03/10/2011 Test Time: 10:08pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:08pm
SRC	Pass	10:08pm
DET	Pass	10:08pm
BAR	Pass	10:08pm
\mathtt{BT}	Pass	10:08pm

Blank Tests

Test Status Time

AIR Pass 10:09pm

Printer Tests

Test Status Time

PRNT Pass 10:09pm

CRC Tests

Test Status Time

COMP Pass 10:09pm

CAL Pass 10:09pm

Preventive Maintenance Status: Pass

Olum Ray Barres
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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

CRAVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008869 Test Date: 03/12/2011

Test Record Number: 381
Test Time: 1:30am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:30am
FLO	Pass	1:30am
FC	Pass	1:30am

Temperature Tests

Test	Status	Time
FC1	Pass	1:31am
SRC	Pass	1:31am
DET	Pass	1:31am
BAR	Pass	1:31am
${ t BT}$	Pass	1:31am

Blank Tests

Test	Status	Time
AIR	Pass	1:31am

Printer Tests

Test	Status	Time
PRNT	Pass	1:31am
	CRC Tests	
Test	Status	Time

COMP	Pass	1:31am
CAL	Pass	1:31am

Preventive Maintenance Status: Pass

Analyst

CRAVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008869 Test Date: 03/12/2011

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	Pass	1:21am 1:22am
ACCY CHK AIR BLK	.08	1:23am 1:24am
SUB TEST	.00	1:24am
AIR BLK	.00	1:25am
SUB TEST	.00	1:28am
AIR BLK	.00	1:29am

Reported AC: .00 cp/210L

Signature of Chemical Analyst

Court CVR

I. Challand

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	INTOXIMETERS, MODEL INTOX EC/IR II PROVEN Instrument Location SAT Mobile Unit
Instrument So	erial No. <u>608939</u>
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
. 7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on the
STATE WITH THE STATE OF THE STA	E ON OPEN CONTRACTOR OF THE PROPERTY OF THE PR
APRIL 12. 15	Signature of Certifying Official Certificate Number

CRAVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008939 Test Date: 03/11/2011

Test Record Number: 486
Test Time: 7:30pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:31pm
FLO	Pass	7:31pm
FC	Pass	7:31pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:31pm
SRC	Pass	7:31pm
DET	Pass	7:31pm
BAR	Pass	7:31pm
BT	Pass	7:31pm

Blank Tests

Test	Status	Time
AIR	Pass	7:32pm

Printer Tests

Status

Time

7:32pm

Test

CAL

PRNT	Pass	7:32pm
	CRC Tests	
Test	Status	Time
COMP	Pass	7:32pm

Preventive Maintenance Status: Pass

Pass

K.C. Mode

CRAVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008939 Test Date: 03/11/2011

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: 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	Pass	7:22pm
AIR BLK	.00	7:23pm
ACCY CHK	.08	7:24pm
AIR BLK	00	7:25pm
SUB TEST	.00	7:25pm
AIR BLK	.00	7:26pm
SUB TEST	.00	7:28pm
ATR BLK	0.0	7:290m

Reported AC: _.00 g/210L

Signature of Chemical Analyst

Court CVR

Analysi

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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

CRAVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008898

Test Record Number: 535

Test Date: 03/11/2011

Test Time: 7:29pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
ĪR	Pass	7:29pm
FLO	Pass	7:29pm
FC	Pass	7:29pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	7:30pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:30pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	7:30pm 7:30pm

Preventive Maintenance Status: Pass

CRAVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008898 Test Date: 03/11/2011

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 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	Pass	7:20pm
AIR BLK	.00	7:21pm
ACCY CHK	.07	7:22pm
AIR BLK	.00	7:22pm
SUB TEST	.00	7:23pm
AIR BLK	.00	7:24pm
SUB TEST	.00	7:25pm
AIR BLK	.00	7:26pm

Reported AC: / 00 g/210L

Signature of Chemical Analyst

Court CVR

R. C. Malyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	JAKE Instrument Location Bot Mobile Unit 2-1
Instrument Se	rial No. 088736
The preventiv	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the day of, 20 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	

WAKE COUNTY BAT MOBILE UNIT 2 910

Serial Number: 008736 Test Date: 03/04/2011

Citation Number: M000000-0
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 AIR BLK	Pass	7:48pm 7:49pm
ACCY CHK	. 08	7:49pm
AIR BLK	. 00	7:50pm
SUB TEST	.00	7:51pm
AIR BLK	.00	7:52pm
SUB TEST	.00	7:53pm
AIR BLK	.00	7:54pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Donya B Skynn

Taken de Teser (en johne) distresi. Department di Nojar beny fanas i de med e

WAKE COUNTY BAT MOBILE UNIT 2 910

Serial Number: 008736 Test Date: 03/04/2011 Test Record Number: 25 Test Time: 7:56pm ES?

System Check: Passed

Baseline Tests

Especially and Agentia and a section of the second

Test	Status	Time
5 Me 12 5 2	But All Control	DONAL SECTION
IR	Pass	7:56pm
FLO	Pass	7:56pm
FC	Pass	7:56pm

Temperature Tests

	Test	Status	Time
	FC1	Pass	7:57pm
	SRC	Pass	7:57pm
	DET	Pass	7:57pm
	BAR	Pass	7:57pm
The terms of a model of	BT	Pass	7:57pm

Blank Tests

Test	Status	Time
AIR	Pass	7:57pm

Printer Tests

	Test	Status	Time
	PRNT	Pass	7:57pm
The Section Control of	en er er er	CRC Tests	Marie Carlos de Marie Carlos de Carl

us Time
7:57pm 7:57pm

Preventive Maintenance Status: Pass

Donya B. S. Kunn

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Wake	Instrument Location Bat Mobile Unit-Holl
Instrum	ent Serial No. DO 8600	
	ventive maintenance procedures for the onths are:	Intoximeters, Model Intox EC/IR II to be followed at least once every
1	. Verify the ethanol gas canisto 34 degrees, plus or minus .2	er displays pressure, or the alcoholic breath simulator thermometer shows degree centigrade;
2	. Verify instrument displays ti	me and date;
3	. Initiate breath test sequence;	
4	Enter information as prompt	ed;
5	Verify instrument accuracy;	
6	6. When "PLEASE BLOW" ap	ppears, collect breath sample;
7	7. When "PLEASE BLOW" a	ppears, collect breath sample;
8	Print test record;	
ç	O. Verify Diagnostic Program;	and
10	Verify that the ethanol gas c simulator solution is being c whichever occurs first.	anister is being changed before expiration date, or the alcoholic breath hanged every four months or after 125 Alcoholic Breath Simulator tests,
nrocedi	y that on theday of ures were performed on the instrument ment of Health and Human Services, ar	the forgoing preventive maintenance indicated above, in accordance with current regulations of the N.C. and the instrument is functioning properly.
CALATE CALATER	THE STATE OF TO SEE COLOMA VIDENTAL SEE COLOMA SEE COLO	Bignature of Certifying Official Certificate Number

WAKE CO BAT MOBILE UNIT 2 910

Serial Number: 008601 Test Date: 03/04/2011

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	7:28pm 7:29pm
ACCY CHK	.07	7:29pm
AIR BLK	.00	7:30pm
SUB TEST	.00	7:32pm
AIR BLK	.00	7:33pm
SUB TEST	.00	7:35pm
AIR BLK	.00	7:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Jonya B Skinner Analyst

WAKE CO BAT MOBILE UNIT 2 910

Serial Number: 008601

Test Record Number: 519
Test Time: 7:40pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	7:41pm 7:41pm
FC	Pass	7:41pm

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	7:41pm 7:41pm
DET	Pass	7:41pm
BAR BT	Pass Pass	7:41pm 7:41pm

Blank Tests

Test	Status	Time
AIR	Pass	7:42pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:42pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	7:42pm 7:42pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ho	oke Instrument Location BAT Mobile Unit 4
Instrument Se	erial No. <u>OO 88 71</u>
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the
TATE STATE OF THE	Signature of Certifying Official Signature of Certifying Official Certificate Number

HOKE COUNTY BAT MOBILE UNIT 4 460

Serial Number: 008871 Test Date: 03/04/2011 Test Record Number: 336
Test Time: 9:55pm EST

System Check: Passed

Baseline Tests

me
55pm
55pm 55pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:55pm
SRC	Pass	9:55pm
DET	Pass	9:55pm
BAR	Pass	9:55pm
BT	Pass	9:55pm

Blank Tests

Test	Status	Time
AIR	Pass	9:56pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:56pm
	CRC Tests	·
Test	Status	Time

9:56pm

9:56pm

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Analyst

HOKE COUNTY BAT MOBILE UNIT 4 460

Serial Number: 008871 Test Date: 03/04/2011

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: 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 AIR BLK	Pass	9:47pm 9:48pm
ACCY CHK	.08	9:49pm
AIR BLK	.00	9:49pm
SUB TEST	.00	9:50pm
AIR BLK	.00	9:51pm
SUB TEST	.00	9:52pm
ATR BIK	.00	9 53 mm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Raw	odolph Instrument Location BAT Mobile Unit 4
Instrument Seri	al No. <u>Oo 887</u>
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the 5 day of Word , 2011 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 THE STATE OF THE OFFICE OF THE OFFI	Signature of Certifying Official Certificate Number

RANDOLPH COUNTY BAT MOBILE UNIT 4 750

Serial Number: 008871

Test Record Number: 339

Test Date: 03/05/2011

Test Time: 8:14pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:14pm
FLO	Pass	8:15pm
FC	Pass	8:15pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:15pm
SRC	Pass	8:15pm
DET	Pass	8:15pm
BAR	Pass	8:15pm
BT	Pass	8:15pm

Blank Tests

AIR Pass 8:15pm	Test	Status	T'ıme
-	AIR	Pass	8:15pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:15pm
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

8:16pm

8:16pm

COMP

CAL

Analyst

RANDOLPH COUNTY BAT MOBILE UNIT 4 750

Serial Number: 008871 Test Date: 03/05/2011

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 AIR BLK	Pass	8:07pm 8:08pm
ACCY CHK	.08	8:09pm
AIR BLK	.00	8:09pm
SUB TEST	.00	8:10pm
AIR BLK	.00	8:11pm
SUB TEST	.00	8:12pm
AIR BLK	.00	8:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	SHNSTON Instrument Location JohnSTON Co. JAIL
Instrument Seri	ial No. 008810 Instrument Location Johnston Co. JAIL
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 we 	n the O3 day of MARCA, 20 1 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.
TATE OF THE STATE	

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008810 Test Date: 03/03/2011

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: 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	2:55pm
AIR BLK	.00	2:56pm
ACCY CHK	.08	2:57pm
AIR BLK	.00	2:58pm
SUB TEST	.00	2:59pm
AIR BLK	.00	3:00pm
SUB TEST	.00	3:01pm
AIR BLK	.00	3:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008810

Test Record Number: 872 Test Time: 3:03pm EST

Test Date: 03/03/2011

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:03pm 3:03pm
FC	Pass	3:04pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:04pm
SRC	Pass	3:04pm
DET	Pass	3:04pm
BAR	Pass	3:04pm
BT	Pass	3:04pm

Blank Tests

Test	Status	Time

3:04pm AIR Pass

Printer Tests

Test	Status	Time
		-

3:04pmPRNT Pass

CRC Tests

Time Status Test

3:05pm COMP Pass 3:05pm CAL Pass

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	LEE Instrument Location LEE C	6. JAIL
Instrument Se	rial No. DO 8645 SANFORD, NC	
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be force:	llowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath si 34 degrees, plus or minus .2 degree centigrade;	imulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	·
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration day simulator solution is being changed every four months or after 125 Alcoh whichever occurs first.	te, or the alcoholic breath solic Breath Simulator tests,
orocedures w	on the <u>03</u> day of <u>NARCH</u> , 20 11 the forgovere performed on the instrument indicated above, in accordance with current rolf Health and Human Services, and the instrument is functioning properly.	ing preventive maintenance egulations of the N.C.
STATE OF THE STATE		371
	Signature of Certifying Official	Certificate Number

LEE COUNTY LEE CO. LEC. 520

Serial Number: 008645 Test Date: 03/03/2011

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: 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	11:34am 11:34am
ACCY CHK	.08	
AIR BLK	.00	11:36am
SUB TEST	.00	11:37am
AIR BLK	.00	11:38am
SUB TEST	.00	11:39am
ATR RIK	0.0	11:40am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

LEE COUNTY LEE CO. LEC. 520

Serial Number: 008645

Test Record Number: 905

Test Date: 03/03/2011

Test Time: 11:41am EST

System Check: Passed

Baseline Tests

Status	Time
Pass	11:41am 11:41am
	11:41am

Temperature Tests

Status	Time
Pass	11:42am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time	

AIR Pass 11:42am

Printer Tests

Test	Status	Time
PRNT	Pass	11:42am

CRC Tests

Test	Status	Time
COMP	Pass	11:42am
CAL	Pass	11:42am

Preventive Maintenance Status: Pass

Analyst