PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County BL	ADEN Instrument Location BLACEN COUNTY
Instrument Seri	al No. 8818 Sherift DEpt.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer	the 21 day of October, , 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.
TAME STATE OF THE	Signature/of Certifying Official Certificate Number

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008894 Test Date: 10/21/2011

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

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

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

Analyst's Name: RIVERA, ANTHONY
Permit Number: 08259E
Effective:
08/01/2011-08/01/2013

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

Lot Number: AG108202 Exp Date: 03/23/2013

	Test	g/210L	Time
7	DIAG	Pass	2:04pm
×	AIR BLK	.00	2:05pm
7"	ACCY CHK	.08	2:05pm
	AIR BLK	.00	2:06pm
	SUB TEST	.00	2:07pm
	AIR BLK	.00	2:08pm
	SUB TEST	.00	2:09pm
	AIR BLK	.00	2:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Ashruj (ulera)

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008894 Test Date: 10/21/2011 Test Record Number: 473
Test Time: 2:12pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:12pm
FLO	Pass	2:12pm
FC	Pass	2:12pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:12pm
SRC	Pass	2:12pm
DET	Pass	2:12pm
BAR	Pass	2:12pm
\mathtt{BT}	Pass	2:12pm

Blank Tests

Test	Status	Time
•	-	
AIR	Pass	2:13pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:13pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	2:13pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008818 Test Date: 10/21/2011

Citation Number: M0000000-0 Subject's Name:

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

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

Analyst's Name: RIVERA, ANTHONY
Permit Number: 08259E
Effective:
08/01/2011-08/01/2013

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

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

Test	g/210L	Time
DIAG	Pass	2:04pm
	.00	2:05pm
ACCY CHK	. 0 7	2:06pm
AIR BLK	.00	2:07pm
SUB TEST	.00	2:07pm
AIR BLK	.00	2:08pm
SUB TEST	.00	2:10pm
AIR BLK	.00	2:11pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008818 Test Record Number: 399
Test Date: 10/21/2011 Test Time: 2:12pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:12pm 2:12pm
FC	Pass	2:12pm 2:13pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:13pm
SRC	Pass	2:13pm
DET	Pass	2:13pm
BAR	Pass	2:13pm
BT	Pass	2:13pm

Blank Tests

Test	Status	Time
AIR	Pass	2:13pm

Printer Tests

Test

Status

Time

PRNT	Pass	2:13pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:13pm 2:13pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	Jew Hanover Instrument Location	BAT Mobile Um 44
Instrument S	erial No. <u>008898</u> Wilm.	inyton
The preventive	ve maintenance procedures for the Intoximeters, Model Intox l	EC/IR II to be followed at least once every
four months	are:	
1.	Verify the ethanol gas canister displays pressure, or the a 34 degrees, plus or minus .2 degree centigrade;	lcoholic breath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	i
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample	
7.	When "PLEASE BLOW" appears, collect breath sample	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or whichever occurs first.	re expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
procedures we	on the 2 day of OCT, 20 dere performed on the instrument indicated above, in accordance of Health and Human Services, and the instrument is functioning	the forgoing preventive maintenance e with current regulations of the N.C. g properly.
STATE OF STA	No. CAROLIN CA	
ARRA 12, 1776	K.C. Made	601
	Signature of Certifying Official	Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008898

Test Record Number: 617

Test Date: 10/29/2011

Test Time: 8:35pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	8:35pm 8:35pm
FC	Pass	8:35pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:35pm
SRC	Pass	8:35pm
DET	Pass	8:35pm
BAR	Pass	8:35pm
BT	Pass	8:35pm

Blank Tests

Test	Status	Time
AIR	Pass	8:36pm

Printer Tests

Status

Time

Test

PRNT	Pass	8:36pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	8:36pm 8:36pm

Preventive Maintenance Status: Pass

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008898 Test Date: 10/29/2011

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:
10/01/2011-10/01/2013

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	8:20pm
AIR BLK	.00	8:21pm
ACCY CHK	.08	8:21pm
AIR BLK	.00	8:22pm
SUB TEST	.00	8:24pm
AIR BLK	.00	8:25pm
SUB TEST	.00	8:26pm
AIR BLK	.00	8:27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Ja Coffeeder Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County Ne.	Instrument Location GAT Mobile Unit
Instrument Seria	INO. Oo8939 Wilmington
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the day of X, 20// the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
OF THE STATE OF N	W CANOLINA AND AND AND AND AND AND AND AND AND A
* EDE QUAM VIDER *	Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008939

Test Record Number: 662

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:31pm
FLO	Pass	8:31pm
FC	Pass	8:31pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:32pm
SRC	Pass	8:32pm
DET	Pass	8:32pm
BAR	Pass	8:32pm
BT	Pass	8:32pm

Blank Tests

Test	Status	Time
ATR	Pass	8 · 32pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:32pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	8:32pm 8:32pm

Preventive Maintenance Status: Pass

NEW HANOVER BAT MOBILE UNIT 6 640

Serial Number: 008939 Test Date: 10/29/2011

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:

10/01/2011-10/01/2013

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	8:21pm
ACCY CHK	.00	8:22pm
AIR BLK	.00	8:23pm 8:24pm
SUB TEST	.00	8:24pm
AIR BLK	.00	8:25pm
SUB TEST	.00	8:27pm
AIR BLK	. 00	8:27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

The Collection of Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County	Jeal Hanove Instrument Location BAT Mobile unite
Instrument Se	erial No. 008869 Wilmington
The preventiv	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
SECULAR WAY	K. C. Moder 601
	Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008869 Test Date: 10/29/2011

Test Record Number: 608 Test Time: 8:45pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:45pm
FLO	Pass	8:45pm
FC	Pass	8:46pm

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
AIR	Pass	8:46pm

Printer Tests

Status

Time

Test

CAL

PRNT	Pass	8:46pm
	CRC Tests	
Test	Status	Time
COMP	Pass	8:46pm

Pass 8:46pm

Preventive Maintenance Status: Pass

K. C-Mode

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008869 Test Date: 10/29/2011

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:

10/01/2011-10/01/2013

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	8:33pm
AIR BLK	.00	8:34pm
ACCY CHK	.08	8:34pm
AIR BLK	.00	8:35pm
SUB TEST	.00	8:36pm
AIR BLK	.00	8:37pm
SUB TEST	.00	8:39pm
AIR BLK	.00	8:40pm

Reported AC: .00/g/210,L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County /	BRUPSWICK Instrument Location BAT MabileUnite
Instrument S	Serial No. DOBB69 BRUNSWICK S.O.
The prevents	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 v	t on the
OFFICE STATE OF THE STATE OF THE CORP. AND T	Signature of Certifying Official Certificate Number

BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008869 Test Record Number: 603 Test Date: 10/28/2011 Test Time: 11:58pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:58pm
FLO	Pass	11:58pm
FC	Pass	11:58pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:58pm
SRC	Pass	11:58pm
DET	Pass	11:58pm
BAR	Pass	11:58pm
BT	Pass	11:58pm

Blank Tests

Test	Status	Time
AIR	Pass	11:59pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:59pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:59pm 11:59pm

Preventive Maintenance Status: Pass

K.C. Modern

BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008869 Test Date: 10/28/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
	Dogg	11.F0mm
DIAG	Pass	11:50pm
AIR BLK	.00	11:51pm
ACCY CHK	.08	11:52pm
AIR BLK	.00	11:53pm
SUB TEST	.00	11:53pm
AIR BLK	.00	11:54pm
SUB TEST	.00	11:56pm
ATR BLK	0.0	11:57pm

Reported AC: .0% q/210L

Signature of Chemical Analyst

Court CVR

M.C. Jholl Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County BR	Punswick Instrument Location BAT Mobile UNI
Instrument Ser	ial No. OOBG39 BRUNSWICK S. O.
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	n the
THE STATE OF THE CREATER OF THE CREA	Signature of Certifying Official Certificate Number

BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008939 Test Record Number: 658
Test Date: 10/28/2011 Test Time: 11:56pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:56pm 11:56pm
FC	Pass	11:56pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:57pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:57pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:57pm 11:57pm

Preventive Maintenance Status: Pass

K. C. Sho du

BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008939 Test Date: 10/28/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E Effective:

10/01/2011-00/00/0000

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:49pm 11:50pm 11:51pm
AIR BLK	.00	11:52pm
SUB TEST	.00 .00	11:52pm 11:53pm
AIR BLK SUB TEST	.00	11:54pm
AIR BLK	.00	11:55pm

Reported AC: .00, g/210L

Signature of Chemical Analyst

Court CVR

Analyst Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

12	INTOXINETERS, MODEL INTOX EC/IR II
County / 5&	Unswick Instrument Location BAT Mobileur
Instrument Ser	ial No. 008898 BRUNSICK S. O.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
OF THE STATE OF TH	Fig. C. Moder 601 Signature of Certificial Cortificate Number

BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008898 Test Date: 10/28/2011 Test Record Number: 613 Test Time: 11:56pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:56pm
FLO	Pass	11:56pm
FC	Pass	11:56pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:57pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:57pm
	CRC Tests	
Test	Status	Time

11:57pm

CAL Pass 11:57pm

Preventive Maintenance

Status: Pass

Pass

COMP

L. C. Alleder

BRUNSWICK COUNTY BAT MCBILE UNIT 6 090

Serial Number: 008898 Test Date: 10/28/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	11:47pm 11:48pm 11:49pm
AIR BLK	.00	11:50pm
SUB TEST	.00	11:51pm
AIR BLK	.00	11:52pm
SUB TEST	.00	11:53pm
ATR BLK	00	11:54pm

Reported AC:

g/g/210Jg

Signature of Chemical

or gricuitear Anarys

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

K. C. Male

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 🕖	ns/ow Instrument Location BAI Mobile Unit
Instrument S	erial No. 08869 SWANSbord
The prevention	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1,	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the
STATE OR STATE OF THE STATE OF	

ONSLOW COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008869 Test Date: 10/15/2011

Test Record Number: 597 Test Time: 10:16pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:17pm
FLO	Pass	10:17pm
FC	Pass	10:17pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:17pm
SRC	Pass	10:17pm
DET	Pass	10:17pm
BAR	Pass	10:17pm
BT	Pass	10:17pm

Blank Tests

Test	Status	Time
AIR	Pass	10:18pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:18pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:18pm

10:18pm

Preventive Maintenance Status: Pass

Pass

CAL

ONSLOW COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008869 Test Date: 10/15/2011

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 State: XX
Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	9:55pm 9:56pm 9:57pm
AIR BLK	.00	9:57pm
SUB TEST	.00	9:58pm
AIR BLK	.00	9:59pm
SUB TEST	.00	10:01pm
ATR BLK	.00	10.020m

Reported AC: .00 g/2/10L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Or	15/00 Instrument Location BAT Mobile U.
Instrument Se	orial No. <u>008939</u> <u>Swansbood</u>
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ure:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

ONSLOW COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008939 Test Date: 10/15/2011 Test Record Number: 650
Test Time: 10:02pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:03pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:04pm
	CRC Tests	·
Test	Status	Time
COMP	Pass	10:04pm

10:04pm

Preventive Maintenance Status: Pass

Pass

CAL

Ki C. Shock

ONSLOW COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008939 Test Date: 10/15/2011

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: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	9:54pm 9:55pm 9:56pm
AIR BLK SUB TEST	.00 . 00	9:56pm 9:57pm
AIR BLK SUB TEST	.00 .00	9:58pm 9:59pm
ATR BLK	.00	10:01pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

K. C. Mochen

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Instrument Serial No. OOBG3 9 Holly Bidge. 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;
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;
1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on the day of, 20/ the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.
The STATE OF NOTES AND

ONSLOW COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008939 Test Date: 10/14/2011

Test Record Number: 648 Test Time: 6:46pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:46pm
FLO	Pass	6:46pm
FC	Pass	6:47pm

Temperature Tests

Status	Time
Pass	6:47pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	6:47pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:47pm
•	CRC Tests	•
Test	Status	Time
COMP CAL	Pass Pass	6:47pm 6:47pm

Preventive Maintenance Status: Pass

ONSLOW COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008939 Test Date: 10/14/2011

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: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	6:36pm 6:37pm
ACCY CHK	.08	6:38pm
AIR BLK	.00	6:38pm
SUB TEST	.00	6:39pm
AIR BLK	.00	6:40pm
SUB TEST	.00	6:41pm
AIR BLK	.00	6:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Fr. C. Males

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County 6	Instrument Location BATMObile CUPH
Instrument So	erial No. DOBB69 Holly Ridge
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
TO STATE AND STATE OF	
	Signature of Certifying Official Certificate Number

ONSLOW COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008869 Test Record Number: 595

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:47pm
FLO	Pass	6:47pm
FC	Pass	6:47pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:47pm
SRC	Pass	6:47pm
DET	Pass	6:47pm
BAR	Pass	6:47pm
BT	Pass	6:47pm

Blank Tests

Test	Status	Time
AIR	Pass	6:48pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:48pm
	CRC Tests	
Test	Status	Time
COMP	Pass	6:48pm

Preventive Maintenance Status: Pass

Pass

6:48pm

CAL

ONSLOW COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008869 Test Date: 10/14/2011

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: RHODES, KENNETH C
Permit Number: 5329E

Effective: 10/01/2011-10/01/2013

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	6:37pm
AIR BLK	.00	6:38pm
ACCY CHK	.08	6:39pm
AIR BLK	.00	6:40pm
SUB TEST	.00	6:40pm
AIR BLK	.00	6:41pm
SUB TEST	.00	6:42pm
AIR BLK	.00	6:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

H. C. Mocles Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOAINETERS, MODEL INTOX EC/IR II
County O	105/00 Instrument Location 13AT MOBILEUMITA
Instrument Se	orial No. 008898 Holly Ridge
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	on the
THE STATE MAY BE A TO THE STATE OF THE STATE	Kil-Molle- Tool
	Signature of Certifying Official Certificate Number

ONSLOW COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008898 Test Date: 10/14/2011

Test Record Number: 611
Test Time: 6:45pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:45pm
FLO	Pass	6:45pm
FC	Pass	6:45pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:45pm
SRC	Pass	6:45pm
DET	Pass	6:45pm
BAR	Pass	6:45pm
\mathtt{BT}	Pass	6:45pm

Blank Tests

Test	Status	Time
AIR	Pass	6:46pm

Printer Tests

rest	Status	TIME
PRNT	Pass	6:46pm
	CRC Tests	
Test	Status	Time

COMP	Pass	6:46pm
CAL	Pass	6:46pm

Preventive Maintenance Status: Pass

Kr. C. Mocken

ONSLOW COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008898 Test Date: 10/14/2011

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

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	6:35pm 6:36pm
ACCY CHK	.08	6:37pm
AIR BLK SUB TEST	.00 .00	6:38pm 6:39pm
AIR BLK	.00	6:40pm
SUB TEST	.00	6:41pm
AIR BLK	.00	6:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

4. C. Short

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County C	Instrument Location BAT Mobile unit
Instrument Ser	ial No. 008939 Cape Carteret
- ·	
The preventive four months ar	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5,	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer	the
CHE STATE OF THE S	Signature of Certifying Official Certificate Number

CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008939 Test Date: 10/21/2011 Test Record Number: 654
Test Time: 10:18pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:19pm 10:19pm
FC	Pass	10:19pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:19pm
SRC	Pass	10:19pm
DET	Pass	10:19pm
BAR	Pass	10:19pm
BT	Pass	10:19pm

Blank Tests

Test	Status	Time
AIR	Pass	10:20pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:20pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:20pm 10:20pm

Preventive Maintenance Status: Pass

K. C. Shodu Analyst

CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008939 Test Date: 10/21/2011

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: RHODES, KENNETH C
Permit Number: 5329E

Permit Number: 5329E Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

M. C. Malyst

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

	INTUAIMETE	KS, MODEL INTOX EC/I	K ₁ 11
CountyS	wain	Instrument Location Chero	kee P.D.
Instrument So	erial No. <u>008782</u>	cherokee, NC	
The preventive four months a	_	ntoximeters, Model Intox EC/IR II to be	e followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breat gree centigrade;	th simulator thermometer show
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	· ·	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample;	
7.	When "PLEASE BLOW" app	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	đ	
10.	Verify that the ethanol gas can simulator solution is being chawhichever occurs first.	ister is being changed before expiration nged every four months or after 125 Ale	date, or the alcoholic breath coholic Breath Simulator tests,
procedures w	vere performed on the instrument inc	the following properly.	rgoing preventive maintenance nt regulations of the N.C.
ONE STATION TO THE CONTROL OF THE CO		S. Cuth	Certificate Number
	Sign	nature of Certifying Official	Certificate Number

SWAIN COUNTY CHEROKEE INDIAN PD 860

Serial Number: 008782 Test Date: 10/20/2011

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: 8457E
Effective:
10/01/2011-10/01/2013

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:04am 10:05am 10:06am
AIR BLK	.00	10:07am
SUB TEST	.00	10:07am
AIR BLK	.00	10:08am
SUB TEST	.00	10:10am
AIR BLK	.00	10:11am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

SWAIN COUNTY CHEROKEE INDIAN PD 860

Serial Number: 008782 Test Record Number: 515 Test Date: 10/20/2011 Test Time: 10:11am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:13am

Printer Tests

Test	Status	Time
PRNT	Pass	10:13am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:13am 10:13am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ma	Instrument Location Macon Co. Jail
Instrument Ser	ial No. 008789 Frantlin, NC
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	n theday of
STATE OF STA	Signature of Certifying Official Certificate Number
	Signature of Countying Official Confidence Humber

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008789 Test Date: 10/19/2011

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

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

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

Test	g/210L	Time
DIAG	Pass	11:12am
AIR BLK	.00	11:13am
ACCY CHK	.07	11:14am
AIR BLK	.00	11:15am
SUB TEST	.00	11:15am
AIR BLK	.00	11:16am
SUB TEST	.00	11:17am
AIR BLK	.00	11:19am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

R. Cuth

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008789 Test Reco Test Date: 10/19/2011 Test Tir

Test Record Number: 243
Test Time: 11:19am EDT

System Check: Passed

Baseline Tests

Status	Time
Pass	11:20am
Pass	11:20am
Pass	11:20am
	Pass Pass

Temperature Tests

Status	Time
Pass	11:20am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	11:21am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

1	1/1	KS, NIODEL INTOX	econ (Tail
County /	lacon	Instrument Location / / /	acon Co. Jan
Instrument Se	erial No. <u>0086/8</u>	Franklin	acon Co. Jail NC
The prevention four months		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		ic breath simulator thermometer shows
2.	Verify instrument displays tim	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	,	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample;	
7.	When "PLEASE BLOW" app	ears, collect breath sample;	•
8.	Print test record;		
9.	Verify Diagnostic Program; ar	nd	,
10.	Verify that the ethanol gas car simulator solution is being cha whichever occurs first.	nister is being changed before expanged every four months or after	piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
I certify that procedures w Department	on the day of Health and Human Services, and	dicated above, in accordance with the instrument is functioning pro	the forgoing preventive maintenance h current regulations of the N.C. operly.
THE STATION OF THE ST		nature of Certifying Official	Certificate Number

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008618 Test Date: 10/19/2011

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:13am 11:14am 11:15am
AIR BLK	.00	11:16am
SUB TEST	.00	11:16am
AIR BLK	.00	11:17am
SUB TEST	.00	11:19am
AIR BLK	.00	11:20am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008618 Test Record Number: 1112
Test Date: 10/19/2011 Test Time: 11:21am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:22am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

ckson Instrument Location Jackson Co. Jail
Instrument Location Jackson Co. Jail al No. 008722 Sylva, NC
maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 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;
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.
the <u>// day of October</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.
Signature of Certifying Official Certificate Number

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008722 Test Date: 10/18/2011

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: 8457E
Effective:

10/01/2011-10/01/2013

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	10:56am 10:57am 10:58am 10:59am
SUB TEST	.00	10:59am
AIR BLK	.00	11:00am
SUB TEST	.00	11:02am
AIR BLK	.00	11:03am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008722 Test Record Number: 468 Test Date: 10/18/2011 Test Time: 11:03am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ATR	Pass	11:05am
AIK	rass	TT: Opam

Printer Tests

TITITOCT TODOD		
Test	Status	Time
PRNT	Pass	11:05am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:05am 11:05am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/1R JI
County Tr	ansylvania Instrument Location Transylvania Co. Jain
Instrument So	erial No. 008820 Brevard, NC
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the
ONE STATION OF THE CORE OF THE	Signature of Certifying Official Certificate Number

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

> Serial Number: 008820 Test Date: 10/12/2011

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: CUTLER, DANIEL R

Permit Number: 8457E

Effective:

10/01/2011-10/01/2013

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	12:09pm
AIR BLK	.00	12:10pm
ACCY CHK	.08	12:11pm
AIR BLK	.00	12:12pm
SUB TEST	.00	12:12pm
AIR BLK	.00	12:13pm
SUB TEST	.00	12:15pm
ATR RIK	0.0	12.16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

Serial Number: 008820

Test Record Number: 461
Test Time: 12:18pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:18pm
FLO	Pass	12:18pm
FC	Pass	12:18pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:19pm

Printer Tests

Status

Test

CAL

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

Time

12:19pm

Preventive Maintenance Status: Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

No. 008608 Hayesville, NC
naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 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;
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.
he
Signature of Certifying Official Certificate Number

CLAY COUNTY CLAY COUNTY JAIL 210

Serial Number: 008608 Test Date: 10/11/2011

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: CUTLER, DANIEL R
Permit Number: 8457E

Effective:

10/01/2011-10/01/2013

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

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CLAY COUNTY CLAY COUNTY JAIL 210

Test Date: 10/11/2011

Serial Number: 008608 Test Record Number: 789 Test Time: 12:11pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:12pm

Printer Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CASWELL	Instrument Location	SHP.	CASWEI	OFFICE
Instrumen	t Serial No. <u>008593</u>	956 FIRETO)WEV_	RD. 31	IA-NCH,
The prever	ntive maintenance procedures for th	e Intoximeters, Model Intox I	EC/IR II to be	e followed at least	st once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ter displays pressure, or the ald degree centigrade;	Icoholic brea	th simulator ther	mometer shows
2.	Verify instrument displays t	ime and date;		*	
3.	Initiate breath test sequence	;			
4.	Enter information as prompt	red;			
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" a	ppears, collect breath sample	;		
7.	When "PLEASE BLOW" a	ppears, collect breath sample	;		
8.	Print test record;				
9.	Verify Diagnostic Program;	and			
10.		anister is being changed befo hanged every four months or			
procedures	at on the day of s were performed on the instrument of Health and Human Services, ar	indicated above, in accordance	ce with currer	rgoing preventiv nt regulations of	e maintenance the N.C.
COLUMN COREAL SET AND COLUMN COREAL SET AND COLUMN		le pando igna(ure\of Certifying Officia		Certificate	Q- e Number

CASWELL COUNTY SHP YANCEYVILLE 160

Serial Number: 008593 Test Date: 10/24/2011

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:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG002602

Exp Date: 01/26/2012

Test	g/210L	Time

•		
DIAG	Pass	12:05pm
AIR BLK	.00	12:06pm
ACCY CHK	.08	12:07pm
AIR BLK	.00	12:08pm
SUB TEST	.00	12:08pm
AIR BLK	.00	12:09pm
SUB TEST	.00	12:10pm
AIR BLK	.00	12:11pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CASWELL COUNTY SHP YANCEYVILLE 160

Serial Number: 008593

Test Record Number: 752

Test Date: 10/24/2011

Test Time: 12:21pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:22pm
FLO	Pass	12:22pm
FC	Pass	12:22pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:22pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:22pm
	CRC Tests	
Test	Status	Time

		•
COMP	Pass	12:23pm
CAL	Pass	12:23pm

Preventive Maintenance Status: Pass

Mt Dear Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	HALIFAY	Instrument Location	1	WHEAV CO.	Shear	DEPT
Instrumen	t Serial No. <u>008695</u>	FERREL LA	<u>J.</u>	HALIFAY	, N.C.	
The preve	ntive maintenance procedures for the Ir hs are:	toximeters, Model Into:	x EC	/IR II to be followe	d at least once eve	ry
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 degrees.	displays pressure, or the gree centigrade;	alco	pholic breath simula	tor thermometer sl	nows
2.	Verify instrument displays time	and date;				
. 3.	Initiate breath test sequence;					
4.	Enter information as prompted;					
5.	Verify instrument accuracy;					
6.	When "PLEASE BLOW" appe	ars, collect breath samp	le;			
7.	When "PLEASE BLOW" appe	ars, collect breath samp	le;			
8.	Print test record;				÷	
9.	Verify Diagnostic Program; and	I				
10.	Verify that the ethanol gas canisimulator solution is being chan whichever occurs first.					
I certify the procedures Department	at on the day of day of day of day of at on the instrument ind not of Health and Human Services, and the	icated above, in accordance instrument is function	lnce ning	the forgoing pr with current regulat properly.	eventive maintena ions of the N.C.	nce
CORENT OF THE CO		ature of Certifying Offic) cial		rtificate Number	

HALIFAX CO. HALIFAX CO. SD 410

Serial Number: 008695 Test Date: 10/21/2011

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:
09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	3:38pm 3:39pm
ACCY CHK	.08	3:40pm
AIR BLK	.00	3:41pm
SUB TEST	.00	3:41pm
AIR BLK	.00	3:42pm
SUB TEST	.00	3:43pm
AIR BLK	.00	3:44pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

HALIFAX CO. HALIFAX CO. SD 410

Serial Number: 008695

Test Record Number: 888

Test Date: 10/21/2011

Test Time: 3:47pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:47pm
FLO	Pass .	3:47pm
FC	Pass	3:48pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:48pm
SRC	Pass	3:48pm
DET	Pass	3:48pm
BAR	Pass	3:48pm
BT	Pass	3:48pm

Blank Tests

Test	Status	Time
AIR	 Pass ·	3:48pm

Printer Tests

Status

Time

3:49pm

Test

CAL

PRNT	Pass	3:48pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:49pm

Pass

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County NC	ORTHAMPTON Instrument Location NORTHAMPTON CO. SHERIFT
Instrument Ser	ial No. OO 8688 105 W. TEFFERSON ST. JACKSON
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 wer	the day of coroller, , 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.
STATE OF THE STATE	Signature of Certifying Official Certificate Number

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

> Serial Number: 008688 Test Date: 10/21/2011

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: 09/01/2011-09/01/2013

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	2:38pm 2:39pm 2:40pm
AIR BLK SUB TEST	.00 .00	2:41pm 2:42pm
AIR BLK SUB TEST	.00 . 00	2:42pm 2:44pm
AIR BLK	.00	2:45pm

Reported AC: .00 g/210L

Chemical Analyst

Court CVR

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008688

Test Record Number: 581 Test Date: 10/21/2011 Test Time: 2:46pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:47pm
FLO	Pass	2:47pm
FC	Pass	2:47pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:47pm
SRC	Pass	2:47pm
DET	Pass	2:47pm
BAR	Pass	2:47pm
BT	Pass	2:47pm

Blank Tests

Test	Status	Time
AIR	Pass	2:48pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:48pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:48pm 2:48pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County NOR	THAMPTON Instrument Location NORTHAMPTON Co. SHERIPT
Instrument Seria	11No. 008607 105 W. JEFFERSON ST. JACKSON
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 shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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 AN AUTO CHECK TO THE STATE OF AN AUTO CHECK TO THE STATE OF AN AUTO CHECK TO THE STATE OF	Signature of Certifying Official Certificate Number

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT
650

Serial Number: 008607 Test Date: 10/21/2011

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:
09/01/2011-09/01/2013

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	2:44pm 2:45pm 2:45pm
AIR BLK	.00	2:46pm
SUB TEST	.00	2:47pm
AIR BLK	00	2:48pm
SUB TEST	.00	2:50pm
AIR BLK	.00	2:500m

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008607

Test Record Number: 628

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	2:52pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	2:52pm

Printer Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ga	ston Instrument Location Gaston County 5D
Instrument Seri	al No. 008643 425 N. Marietta Street, Gastoni 704-869-6800
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the
OTHE STATE OF THE	Signature of Certifying Official Certificate Number

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008643 Test Date: 10/07/2011

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: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	2:25pm 2:26pm
ACCY CHK	.08	2:26pm
AIR BLK	.00	2:27pm
SUB TEST	.00	2:28pm
AIR BLK	.00	2:29pm
SUB TEST	.00	2:31pm
ATR BLK	. 00	2:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008643

Test Record Number: 1320

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:21pm 2:21pm
FC	Pass	2:21pm

Temperature Tests

Status	Time
Pass	2:21pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass.	2:22pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:22pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	2:22pm 2:22pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County <u>C</u>	tawba Instrument Location Hickory PD
Instrument Seri	al No. 008841 347 2nd Ave SW, Hickory 828-324-2060
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 54 day of October, 201 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
COLUMN VIDE STATE OF THE COLUMN VIDE STATE OF	Signature of Certifying Official Certificate Number

CATAWBA COUNTY HICKORY PD 170

Serial Number: 008841 Test Date: 10/05/2011

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: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG108202 Exp Date: 03/23/2013

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	10:15pm 10:16pm 10:16pm 10:17pm 10:18pm 10:18pm
SUB TEST	.00	10:20pm
AIR BLK	.00	10:21pm

Reported AC: 1.00 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

CATAWBA COUNTY HICKORY PD 170

Serial Number: 008841 Test Record Number: 954
Test Date: 10/05/2011 Test Time: 10:22pm EDT

System Check: Passed

Baseline Tests

Test	Status Time	€
IR		22pm
FLO	Pass 10:2	22pm
FC	Pass 10:2	22pm

Temperature Tests

Test	Status Time	
FC1 SRC DET BAR BT	Pass 10:22pr Pass 10:22pr Pass 10:22pr Pass 10:22pr Pass 10:22pr	n n n

Blank Tests

Test	Status Time
AIR	Pass 10:23pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:23pm
	CRC Tests	· .
Test	Status	Time
COMP CAL	Pass Pass	10:23pm 10:23pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County(Catawba Instrument Location Catawba County SD
Instrument	Serial No. 008687 100 B. Southwest Blvd, Newton
	828-464-5241
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	at on the
No. 10 Test of Contract of Con	TE O NO STATE OF THE PARTY OF T
All Sur GUA	Signature of Certifying Official Certificate Number

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008687 Test Date: 10/05/2011

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: HUTCHINSON, JOSEPH E
Permit Number: 19951E
Effective:
10/01/2011-10/01/2013

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:15pm
AIR BLK	.00	9:16pm
ACCY CHK	.08	9:17pm
AIR BLK	.00	9:18pm
SUB TEST	.00	9:19pm
AIR BLK	.00	9:20pm
SUB TEST	.00	9:22pm
AIR BLK	.00	9:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008687 Test Record Number: 1251 Test Date: 10/05/2011

Test Time: 9:25pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:26pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ca	tawba Instrument Location Catawba County 50
Instrument Seri	al No. 008821 100 B Southwest Blvd, Newton
	828-464-5241
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 54 day of October, 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

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008821 Test Date: 10/05/2011

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: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:14pm
AIR BLK	.00	9:15pm
ACCY CHK	.07	9:16pm
AIR BLK	.00	9:17pm
SUB TEST	.00	9:19pm
AIR BLK	.00	9:20pm
SUB TEST	.00	9:22pm
AIR BLK	.00	9:23pm

Reported AC: .00 g/210L

of Chemical Analyst gn/ature

Court CVR

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

Department of Health and Human Services

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008821 Test Date: 10/05/2011 Test Record Number: 789
Test Time: 9:24pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:24pm
FLO	Pass	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	9:25pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:25pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:25pm 9:25pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ca	baccus Instrument Location Kannapolis PD	
Instrument Seria	11 No. 008589 314 S. Main Street, Kannapolis 704-920-4000	
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before 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 3rd day of October, 20 1 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.		
THE STATE OF THE S	Signature of Certifying Official Certificate Number	

CABARRUS COUNTY KANNAPOLIS PD 120

Serial Number: 008589 Test Date: 10/03/2011

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: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Toat

Test	g/210L	Time
DIAG	Pass	6:58pm
AIR BLK	.00	6:59pm
ACCY CHK	.08	7:00pm
AIR BLK	.00	7:00pm
SUB TEST	.00	7:01pm
AIR BLK	.00	7:02pm
SUB TEST	.00	7:03pm
AIR BLK	.00	7:04pm

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md-ma

Reported AQ: .00 g/210L

grature of Chemical Analyst

Court CVR

Analyst

CABARRUS COUNTY KANNAPOLIS PD 120

Serial Number: 008589 Test Record Number: 1467 Test Date: 10/03/2011 Test Time: 6:53pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	6:54pm 6:54pm
FC	Pass	6:54pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:54pm
SRC	Pass	6:54pm
DET	Pass	6:54pm
BAR	Pass	6:54pm
BT	Pass	6:54pm

Blank Tests

Test	Status	Time
AIR	Pass	6:55pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:55pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	6:55pm 6:55pm

Preventive Maintenance Status: Pass

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

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Cal	Jacous Instrument Location Cabacous County 50
Instrument Seria	11 No. 008792 30 Corban Ave, Concord
	704-920-3000
four months are:	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the 3rd day of October, 20 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 A STATE O	Signature of Certifying Official Certificate Number

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008792 Test Date: 10/03/2011

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: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	6:20pm 6:20pm 6:21pm 6:22pm
SUB TEST	.00	6:23pm
AIR BLK	.00	6:24pm
SUB TEST	.00	6:25pm
AIR BLK	.00	6:27pm

.00 g/210L

Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch Department of Health and Human Services

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008792 Test Record Number: 469
Test Date: 10/03/2011 Test Time: 6:15pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	6:16pm 6:16pm
FC	Pass	6:16pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	6:16pm 6:16pm 6:16pm 6:16pm 6:16pm
		-

Blank Tests

Test	Status	Time
AIR	Pass	6:17pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:17pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	6:17pm 6:17pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ir	edel Instrument Location I redell County 5D
Instrument Seri	al No. 008809 221 E. Water Street, Statesville 704-878-3131
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	n the <u>2014</u> day of <u>October</u> , 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 THE STATE	CANON TO THE PARTY OF THE PARTY

IREDELL COUNTY IREDELL COUNTY SD 480

Serial Number: 008809 Test Date: 10/20/2011

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:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	9:27pm 9:28pm 9:29pm 9:30pm 9:30pm
AIR BLK	.00	9:31pm
SUB TEST	.00	9:33pm
AIR BLK	.00	9:35pm

Reported AC: .00 g/210L

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**

IREDELL COUNTY IREDELL COUNTY SD 480

Serial Number: 008809 Test Record Number: 1742 Test Date: 10/20/2011 Test Time: 9:23pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:24pm
FLO	Pass	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 CAL	Pass Pass	9:25pm 9:25pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	redell Instrument Location Statesville PD
Instrument S	erial No. <u>008619</u> <u>330 S. Tradd Street, Statesville</u> 704-878-3406
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 20th day of 0ctober, 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.
TANTS OF THE CONTROL	Signature of Certifying Official Certificate Number

IREDELL COUNTY STATESVILLE PD 480

Serial Number: 008619 Test Date: 10/20/2011

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:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:05pm
AIR BLK	.00	9:06pm
ACCY CHK	.08	9:07pm
AIR BLK	.00	9:08pm
SUB TEST	.00	9:08pm
AIR BLK	.00	9:10pm
SUB TEST	.00	9:11pm
AIR BLK	.00	9:12pm

Reported ACs .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

IREDELL COUNTY STATESVILLE PD 480

Serial Number: 008619 Test Date: 10/20/2011 Test Record Number: 692 Test Time: 9:02pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:02pm
FLO	Pass	9:02pm
FC	Pass	9:02pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:03pm
SRC	Pass	9:03pm
DET	Pass	9:03pm
BAR	Pass	9:03pm
BT	Pass	9:03pm

Blank Tests

Test	Status	Time
AIR	Pass	9:03pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:03pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:03pm 9:03pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	redell Instrument Location Mooresville PD
Instrument Seria	11 No. 008685 750 W. Tredell Avenue, Mooresville
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>20+M</u> day of <u>Octobes</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.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008685 Test Date: 10/20/2011

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:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	8:28pm
AIR BLK	.00	8:28pm
ACCY CHK	.07	8:29pm
AIR BLK	.00	8:30pm
SUB TEST	.00	8:30pm
AIR BLK	.00	8:31pm
SUB TEST	.00	8:32pm
AIR BLK	.00	8:33pm

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

IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008685

Test Record Number: 1436

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:24pm
FLO	Pass	8:24pm
FC	Pass	8:24pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:24pm
SRC	Pass	8:24pm
DET	Pass	8:24pm
BAR	Pass	8:24pm
BT	Pass	8:24pm

Blank Tests

Test	Status	Time

AIR Pass 8:25pm

Printer Tests

Test	Status	Time

PRNT Pass 8:25pm

CRC Tests

Test	Status	Time
COMP	Pass	8:25pm
CAL	Pass	8:25pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Li	ncom Instrument Location Lincoln County Courthouse
Instrument Se	rial No. 008827 # 1 Courthouse Sy., Lincolnton 704-732-9020
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.
procedures we	on the 20th day of October, 2011 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	Joseph Ethan 650
	// Signature of Certifying Official Certificate Number

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008827 Test Date: 10/20/2011

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:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	7:23pm 7:24pm 7:24pm
ACCY CHR AIR BLK SUB TEST	.00	7:24pm 7:25pm 7:26pm
AIR BLK SUB TEST	.00	7:27pm 7:28pm
ATR RIK	.00	7:20pm

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

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008827

Test Record Number: 1085

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	7:18pm 7:18pm
FC	Pass	7:19pm

Temperature Tests

Status	Time
Pass	7:19pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
ATR	Pass	7:19pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:19pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	7:20pm 7:20pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Liv	ncoln Instrument Location Lincoln County Courthouse
Instrument Seria	1No. 008823 #1 Courthouse Sq., Lincolnton 704-732-9020
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the <u>20 th</u> day of <u>0 cto he c</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.
OTHE STATE OF THE OFFICE OF THE OFFICE OFFIC	Signature of Certifying Official Certificate Number

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008823 Test Date: 10/20/2011

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:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	7:21pm
AIR BLK	.00	7:22pm
ACCY CHK	.08	7:23pm
AIR BLK	.00	7:24pm
SUB TEST	.00	7:24pm
AIR BLK	.00	7:25pm
SUB TEST	.00	7:27pm
ATR BLK	. 0.0	7:28pm

Reported AC: .00 g/210L

Analyst Chemical Analyst

Court CVR

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

Department of Health and Human Services Rev. 12/2007

Analyst

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008823 Test Date: 10/20/2011 Test Record Number: 793
Test Time: 7:17pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:18pm
FLO	Pass	7:18pm
FC	Pass	7:18pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:18pm
SRC	Pass	7:18pm
DET	Pass	7:18pm
BAR	Pass	7:18pm
BT	Pass	7:18pm

Blank Tests

Test	Status	Time
AIR	Pass	7:19pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:19pm
	CRC Tests	
Test	Status	Time
COMP	Pass	7:19pm

Preventive Maintenance Status: Pass

Pass

CAL

7:19pm

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County U	Vake-Cary Instrument Location Bat Mobile Unita
Instrument S	erial No (CO 8 6 CO)
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.
	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.
TATE STATE OF CHEAT OF C	Signature of Certifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 2 910

Serial Number: 008601 Test Date: 10/07/2011

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:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:25pm 10:26pm 10:27pm
AIR BLK SUB TEST	.00 . 00	10:28pm 10:28pm
AIR BLK	.00	10:29pm
SUB TEST	.00	10:30pm
AIR BLK	.00	10:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

, Court CVR

Doya B Skyrner

WAKE COUNTY BAT MOBILE UNIT 2 910

Test Date: 10/07/2011

Serial Number: 008601 Test Record Number: 636 Test Time: 10:33pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:33pm
FLO	Pass	10:33pm
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

Blank Tests

Test	Status	Time
AIR	Pass	10:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:34pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	10:35pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County WC	ate-Cary Instrument Location Bot Mobile Unita
Instrument Se	rial No. <u>008909</u>
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on theday of
THE ISLAND CORPAL TO THE STATE OF THE STATE	Some R Strain 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 BATMOBILE UNIT 2 910

Serial Number: 008929 Test Date: 10/07/2011

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:
10/01/2011-10/01/2013

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	10:06pm 10:07pm 10:08pm 10:09pm
SUB TEST	.00	10:09pm
AIR BLK	.00	10:10pm
SUB TEST	.00	10:13pm
AIR BLK	.00	10:14pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Donya B Skynen Analyst

WAKE COUNTY BATMOBILE UNIT 2 910

Serial Number: 008929 Test Record Number: 415
Test Date: 10/07/2011 Test Time: 10:17pm EDT

System Check: Passed

Baseline Tests

Test Sta	tus Time
IR Pas FLO Pas FC Pas	s 10:17pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:17pm
SRC	Pass	10:17pm
DET	Pass	10:17pm
BAR	Pass	10:17pm
BT	Pass	10:17pm

Blank Tests

Test	Status	Time
AIR	Pass	10:18pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:18pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:18pm 10:18pm

Preventive Maintenance Status: Pass

Jonya B Skymen Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ric	chand-Hamlet Instrument Location Bot Mobile Unit 2
Instrument S	erial No 8734
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on theday of
CAN STATION OF THE ST	Signature of Certifying Official Certificate Number

RICHMOND COUNTY BAT MOBILE UNIT 2 760

Serial Number: 008736 Test Date: 10/14/2011

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: 10/01/2011-10/01/2013

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:15pm 9:16pm
ACCY CHK	.07	9:17pm
AIR BLK	.00	9:17pm
SUB TEST	.00	9:18pm
AIR BLK	.00	9:19pm
SUB TEST	.00	9:21pm
AIR BLK	.00	9:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

RICHMOND COUNTY BAT MOBILE UNIT 2 760

Serial Number: 008736

Test Record Number: 396

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:24pm
FLO	Pass	9:24pm
FC	Pass	9:25pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:25pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:25pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:25pm 9:25pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ric	chrond Co-Hamlet Instrument Location Bat Mobile Unit 2
Instrument S	erial No.008939
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.
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.
OTHE STATE	Signature of Certifying Official Certificate Number

RICHMOND COUNTY BATMOBILE UNIT 2 760

Serial Number: 008929 Test Date: 10/14/2011

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:
10/01/2011-10/01/2013

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:12pm 9:13pm
ACCY CHK	.07	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 Skirm Analyst

RICHMOND COUNTY BATMOBILE UNIT 2 760

Serial Number: 008929

Test Record Number: 420

Test Date: 10/14/2011

Test Time: 9:21pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:22pm
FLO	Pass	9:22pm
FC	Pass	9:22pm

Temperature Tests

Status	Time
Pass	9:22pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	9:23pm

Printer Tests

Status

Time

9:23pm

Test

CAL

PRNT	Pass	9:23pm
	CRC Tests	
Test	Status	Time
COMP	Pagg	9 • 23 mm

Preventive Maintenance Status: Pass

Pass

Drya B Skurin

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County B	andolph Instrument Location Bat Mobile Unit 2
Instrument S	erial No. 00 8939
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
COLUMN TO STATE OF THE STATE OF	

RANDOLPH COUNTY BATMOBILE UNIT 2 750

Serial Number: 008929 Test Date: 10/15/2011

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:14pm 11:15pm 11:16pm
AIR BLK	.00	11:17pm
SUB TEST	.00	11:17pm
AIR BLK	.00	11:18pm
SUB TEST	.00	11:20pm
AIR BLK	.00	11:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Obrya B Skyner Analyst

RANDOLPH COUNTY BATMOBILE UNIT 2 750

Serial Number: 008929 Test Record Number: 424
Test Date: 10/15/2011 Test Time: 11:24pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:26pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:26pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:26pm 11:26pm

Preventive Maintenance Status: Pass

Onya B Skynner
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County R	andolph Instrument Location Bat Mobile Unita
Instrument Se	erial No. 008734
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ure:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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
TATE OF CHARTS OF THE STATE OF	

RANDOLPH COUNTY BAT MOBILE UNIT 2 750

Serial Number: 008736 Test Date: 10/15/2011

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:
10/01/2011-10/01/2013

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	11:16pm 11:17pm 11:18pm 11:18pm 11:19pm 11:20pm
SUB TEST	.00	11:22pm
AIR BLK	.00	11:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Onya B Skynner
Analyst

RANDOLPH COUNTY BAT MOBILE UNIT 2 750

Test Record Number: 399 Serial Number: 008736

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:26pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:26pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:26pm 11:26pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County P	andolph Instrument Location Bot Mobile Unit 2
Instrument Se	erial No. 00868
The prevention four months	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on the
STAR STAR STAR STAR STAR STAR STAR STAR	

RANDOLPH COUNTY BAT MOBILE UNIT 2 750

Serial Number: 008601 Test Date: 10/15/2011

Citation Number: M0000000-0 Subject's Name:

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

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

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

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

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

Test	g/210L	'1'ıme
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00	11:24pm 11:25pm 11:26pm 11:27pm 11:27pm 11:28pm
SUB TEST	.00	11:30pm
AIR BLK	.00	11:30pm 11:30pm
2221		Op

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Onya B 5 Kinner
Analyst

RANDOLPH COUNTY BAT MOBILE UNIT 2 750

Serial Number: 008601 Test Record Number: 638
Test Date: 10/15/2011 Test Time: 11:35pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:35pm
SRC	Pass	11:35pm
DET	Pass	11:35pm
BAR	Pass	11:35pm
\mathtt{BT}	Pass	11:35pm

Blank Tests

Test	Status	Time
AIR	Pass	11:36pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:36pm
	CRC Tests	
Test	Status	Time
COMP	Pass	11:36pm

Preventive Maintenance Status: Pass

Pass

11:36pm

CAL

Orya B Skynen Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	vanuille -Oxford Instrument Location Box Mobile Unit ?
Instrument Se	erial No
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v	on the
THE STAT	E O NO LES CONTRACTOR DE LA CONTRACTOR D

Signature of Certifying Official

Certificate Number

GRANVILLE COUNTY BATMOBILE UNIT 2 380

Serial Number: 008929 Test Date: 10/29/2011

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:
10/01/2011-10/01/2013

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:21pm 9:23pm
ACCY CHK	.00	9:23pm
AIR BLK	.00	9:24pm
SUB TEST AIR BLK	.00 .00	9:25pm 9:26pm
SUB TEST	.00	9:27pm
AIR BLK	.00	9:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Donya B Skungen

GRANVILLE COUNTY BATMOBILE UNIT 2 380

Serial Number: 008929 Test Date: 10/29/2011 Test Record Number: 427
Test Time: 9:30pm EDT

System Check: Passed

Baseline Tests

Pas Pas	S	9:31pm 9:31pm 9:31pm
Pas: Pas:	-	

Temperature Tests

Test	Status	Time
FC1	Pass	9:31pm
SRC	Pass	9:31pm
DET	Pass	9:31pm
BAR	Pass	9:31pm
BT	Pass	9:31pm

Blank Tests

Test	Status	Time
AIR	Pass	9:32pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:32pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:32pm 9:32pm

Preventive Maintenance Status: Pass

Donya B Skinger

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Count Gra	anuille-Oxford Instrument Location Bot mobile Unit
Instrument S	erial No DO 873 6
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 day of da
OTTHE STAT	E ON ORN



Opnya B 5 Km Signature of Certifying Official

Certificate Number

GRANVILLE COUNTY BAT MOBILE UNIT 2 380

Serial Number: 008736 Test Date: 10/29/2011

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:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:24pm
AIR BLK	.00	9:25pm
ACCY CHK	.08	9:25pm
AIR BLK	.00	9:26pm
SUB TEST	.00	9:27pm
AIR BLK	.00	9:27pm
SUB TEST	.00	9:30pm
ATR RIK	0.0	9 · 31 mm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Donya B Skunen

GRANVILLE COUNTY BAT MOBILE UNIT 2 380

Serial Number: 008736

Test Record Number: 401

Test Date: 10/29/2011

Test Time: 9:35pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	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

Test	Status	Time
AIR	Pass	9:36pm

Printer Tests

Status

Time

9:36pm

Test

CAL

PRNT	Pass	9:36pm
	CRC Tests	
Test	Status	Time
COMP	Pagg	9 • 3 6 m

Preventive Maintenance Status: Pass

Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

<i>~</i>	INTOXIMETERS, MODEL INTOX EC/IR II
County 150	Instrument Location Morganton DRS
Instrument Seri	Instrument Location Morganton DPS al No. 008808 Morganton, 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 3/ day of October, 20/1/ 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

BURKE COUNTY MORGANTON DPS 110

Serial Number: 008808 Test Date: 10/31/2011

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:

06/01/2011-06/01/2013

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:42pm
AIR BLK	.00	1:43pm
ACCY CHK	.08	1:44pm
AIR BLK	.00	1:44pm
SUB TEST	.00	1:45pm
AIR BLK	.00	1:46pm
SUB TEST	.00	1:47pm
AIR BLK	.00	1:48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

BURKE COUNTY MORGANTON DPS 110

Serial Number: 008808 Test Record Number: 432 Test Date: 10/31/2011 Test Time: 1:49pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:50pm
FLO	Pass	1:50pm
FC	Pass	1:50pm

Temperature Tests

Status	Time
Pass	1:50pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	1:51pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:51pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:51pm

Preventive Maintenance Status: Pass

Pass

1:51pm

CAL

Analyst Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County M	tchell	Instrument Location_	Spruce	Pine	PO
Instrument So	erial No. <u>OO 872 6</u>	Instrument Location_	Spruce	Pine .	NC.
The preventive four months a	ve maintenance procedures for the are:	Intoximeters, Model Intox	EC/IR II to be	followed at le	east once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 o		alcoholic breath	simulator th	ermometer shows
2.	Verify instrument displays tis	me and date;			
3.	Initiate breath test sequence;				
4.	Enter information as prompte	ed;			
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" ap	pears, collect breath sampl	e;		
7.	When "PLEASE BLOW" ap	pears, collect breath sampl	e;		
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.				
I certify that procedures w Department of	on the <u>20</u> day of <u>Ocy</u> vere performed on the instrument in of Health and Human Services, and	, 20 ndicated above, in accordant the instrument is function	the forg	going prevent regulations (ive maintenance of the N.C.
THE STATE OF THE S	NO REPORT OF THE PARTY OF THE P		and all the state of the state	6	<i>'</i> 49
	Si	gnature of Certifying Offic	ial	Certific	ate Number

MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008726 Test Date: 10/20/2011

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:

06/01/2011-06/01/2013

Officer's Name: NONE,

Type of Agency: FTA
Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	1:21pm 1:22pm
ACCY CHK	.08	1:22pm
AIR BLK	.00	1:23pm
SUB TEST	.00	1:23pm
AIR BLK	.00	1:24pm
SUB TEST	.00	1:26pm
AIR BLK	.00	1:27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008726 Test Date: 10/20/2011

Test Record Number: 470
Test Time: 1:28pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:28pm
SRC	Pass	1:28pm
DET	Pass	1:28pm
BAR	Pass	1:28pm
BT	Pass	1:28pm

Blank Tests

Test	Status	Time
AIR	Pass	1:29pm

Printer Tests

Status

Test

CAL

Time

1:29pm

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

Preventive Maintenance Status: Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Bu	Instrument Location Morgan ton DPS al No. 006831 Margan ton, NC
Instrument Seria	al No. 008831 Marganton, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the
STATE OF CALL ST	Signature of Certifying Official Certificate Number

BURKE COUNTY MORGANTON DPS 110

Serial Number: 008831 Test Date: 10/19/2011

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: BURNETTE, ANTHONY J
Permit Number: 11304E

Permit Number: 11304E Effective:

06/01/2011-06/01/2013

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	3:24pm 3:25pm 3:26pm 3:27pm
SUB TEST AIR BLK	.00	3:27pm 3:28pm
SUB TEST	.00	3:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BURKE COUNTY MORGANTON DPS 110

Serial Number: 008831 Test Date: 10/19/2011 Test Record Number: 1111

Test Time: 3:31pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:32pm
FLO	Pass	3:32pm
FC	Pass	3:32pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:32pm
SRC	Pass	3:32pm
DET	Pass	3:32pm
BAR	Pass	3:32pm
BT	Pass	3:32pm

Blank Tests

Test	Status	Time
AIR	Pass	3:33pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:33pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:33pm 3:33pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County / /	Instrument Location Morganton UPS
Instrument Se	erial No. 008904 Instrument Location Morganton DPS Morganton, NC
· ·	
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the <u>19</u> day of <u>October</u> , 20 <u>//</u> 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.
COLUMN STATE CO	

BURKE COUNTY MORGANTON DPS 110

Serial Number: 008904 Test Date: 10/19/2011

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: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2011-06/01/2013

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:23pm
AIR BLK	.00	3:24pm
ACCY CHK	.07	3:25pm
AIR BLK	.00	3:26pm
SUB TEST	.00	3:26pm
AIR BLK	.00	3:27pm
SUB TEST	.00	3:29pm
AIR BLK	.00	3:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BURKE COUNTY MORGANTON DPS 110

Serial Number: 008904 Test Record Number: 720 Test Date: 10/19/2011 Test Time: 3:31pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:32pm
FLO	Pass	3:32pm
FC	Pass	3:32pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:32pm
SRC	Pass	3:32pm
DET	Pass	3:32pm
BAR	Pass	3:32pm
BT	Pass	3:32pm

Blank Tests

Test	Status	Time
AIR	Pass	3:33pm

Printer Tests

resc	Status	TIME
PRNT	Pass	3:33pm
•	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:33pm 3:33pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County AV	Instrument Location Banner Elk PD
Instrument Seria	Instrument Location Banner Elk PD al No. 008724 Banner Elk, NC
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 shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
. 7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of H	the
STATE OF AN TO WAS TO A STATE OF	Signature of Certificial Certificate Number

AVERY COUNTY BANNER ELK PD 050

Serial Number: 008724 Test Date: 10/13/2011

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:

06/01/2011-06/10/2013

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	4:23pm
AIR BLK	:00	4:24pm
ACCY CHK	.07	4:25pm
AIR BLK	.00	4:25pm
SUB TEST	.00	4:26pm
AIR BLK	.00	4:27pm
SUB TEST	.00	4:28pm
AIR BLK	. 00	4:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

AVERY COUNTY BANNER ELK PD 050

Serial Number: 008724

Test Record Number: 245

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:33pm
FLO	Pass	4:33pm
FC	Pass	4:33pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:33pm
SRC	Pass	4:33pm
DET	Pass	4:33pm
BAR	Pass	4:33pm
BT	Pass	4:33pm

Blank Tests

Test	Status	Time
AIR	Pass	4:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:34pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:34pm 4:34pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Av	rial No. 00 8664 Instrument Location Avery Co. Jail
Instrument Se	rial No. 008664 Newland, NC
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department o	on the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664 Test Date: 10/17/2011

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: BURNETTE, ANTHONY J
Permit Number: 11304E

Effective:

06/01/2011-06/01/2013

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

Test Type: Breath Test

Lot Number: AG002602 Exp Date: 01/26/2012

Test	g/210L	Time
DIAG AIR BLK	Pass	6:33pm 6:34pm
ACCY CHK	.08	6:35pm
AIR BLK	.00	6:35pm
SUB TEST	.00	6:36pm
AIR BLK	.00	6:37pm
SUB TEST	.00	6:38pm
AIR BLK	.00	6:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664 Test Date: 10/17/2011 Test Record Number: 446
Test Time: 6:40pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:41pm
FLO	Pass	6:41pm
FC	Pass	6:41pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:41pm
SRC	Pass	6:41pm
DET	Pass	6:41pm
BAR	Pass	6:41pm
BT	Pass	6:41pm

Blank Tests

Test	Status	Time
AIR	Pass	6:41pm

Printer Tests

rest	Status	TTIIIE
PRNT	Pass	6:41pm
	CRC Tests	
Test	Status	Time
COMP	Pass	6:42pm

Preventive Maintenance Status: Pass

Pass

6:42pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Mc	Dowell	Instrument Lo	ocation <u>McD</u>	owell Co	. Jail_
Instrument Ser	ial No. <u>008888</u>		Mario	on, NC	· · ·
· 			· · · · · · · · · · · · · · · · · · ·		
The preventive four months ar	maintenance procedures for the Ir	ntoximeters, Mode	el Intox EC/IR II to	be followed at le	ast once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		or the alcoholic bi	reath simulator the	rmometer shows
2.	Verify instrument displays time	and date;			
3.	Initiate breath test sequence;				
4.	Enter information as prompted;				
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" appe	ars, collect breath	n sample;		
7.	When "PLEASE BLOW" appe	ars, collect breath	sample;	•	
8.	Print test record;				
9.	Verify Diagnostic Program; and	į			
10.	Verify that the ethanol gas cani simulator solution is being char whichever occurs first.				
procedures we	n the <u>18</u> day of <u>Octo</u> re performed on the instrument ind Health and Human Services, and t	icated above, in a	ccordance with cur	rrent regulations o	ve maintenance f the N.C.
THE STATE OF THE OWN TO LIVE OF THE OWN TO LIVE OWN TO	NO AROUM	·			,
* EST CLIAM VIEW		ature of Certifyin	g Official	Certifica	19 te Number

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

DHHS 4080 (11/07)

MCDOWELL COUNTY JAIL 580

Serial Number: 008888 Test Date: 10/18/2011

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: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2011-06/01/2013

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:12pm
AIR BLK	.00	2:13pm
ACCY CHK	.08	2:13pm
AIR BLK	.00	2:14pm
SUB TEST	.00	2:15pm
AIR BLK	.00	2:15pm
SUB TEST	.00	2:17pm
ATR RIK	. 00	2 : 18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MCDOWELL COUNTY JAIL 580

Serial Number: 008888

Test Record Number: 576

Test Date: 10/18/2011

Test Time: 2:18pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	2:20pm

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

2:20pm

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County H	LIFAX	Instrument Location Ru	ANOKE	RAPIDS PD
Instrument Ser	ial No. <u>00 86 56</u>	1040 ROANOKE	AVE	ROANOUE RAPIDS, N
The preventive four months ar	maintenance procedures for the	Intoximeters, Model Intox EC/	IR II to be	e followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d		holic breat	h simulator thermometer shows
2.	Verify instrument displays tin	ne and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	l;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears, collect breath sample;			
7.	When "PLEASE BLOW" appears, collect breath sample;			
8.	Print test record;			
9.	Verify Diagnostic Program; a	nd	•	
10.		nister is being changed before eanged every four months or aft		
procedures we	the 10 day of 007 re performed on the instrument in Health and Human Services, and	dicated above, in accordance v	vith curren	rgoing preventive maintenance at regulations of the N.C.
CAN 22. 1775	ACQUIN CAROUN	,		
ARIL IZ. UTB	- Bus	nature of Certifying Official		637 Certificate Number

HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656 Test Date: 10/10/2011

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: SMITH, BRIAN D

Permit Number: 08937E

Effective:

08/01/2011-08/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG104104 Exp Date: 02/09/2013

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656 Test Record Number: 386

System Check: Passed

Baseline Tests

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

Temperature Tests

Test Status Time	
FC1 Pass 2:08p	
SRC Pass 2:08p	m
DET Pass 2:08p	m
BAR Pass 2:08p	m
BT Pass 2:08p	m

Blank Tests

Test	Status	Time
AIR	Pass	2:09pm

Printer Tests

COMP

Test	Status	Time
PRNT	Pass	2:09pm
	CRC Tests	
Test	Status	Time

2:09pm CAL Pass Preventive Maintenance

Pass

2:09pm

Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /-//	11-1FAX Instrument Location ROANOKE RAPIDS PL
Instrument Ser	ial No. 608635 1040 ROANDKR AVE ROANOKR RAPIDS, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the / O day of OctoBer , 20 // 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.
TOTAL TO	
THE STATE OF THE PARTY OF THE P	CAROLLI CAROLL
WRILL IS THE ACCOUNTY TO THE A	Signature of Certifying Official Certificate Number

HALIFAX CO ROANOKE RAPIDS PD 410

Serial Number: 008635 Test Date: 10/10/2011

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: SMITH, BRIAN D

Permit Number: 08937E

Effective:

08/01/2011-08/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:00pm
AIR BLK	.00	2:01pm
ACCY CHK	.07	2:01pm
AIR BLK	.00	2:02pm
SUB TEST	.00	2:03pm
AIR BLK	.00	2:04pm
SUB TEST	.00	2:05pm
ATR RIK	ባባ	$2 \cdot 0.7$ m

Reperted AC: 1.00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

HALIFAX CO ROANOKE RAPIDS PD 410

Serial Number: 008635 Test Date: 10/10/2011 Test Record Number: 966

Test Time: 2:10pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	2:10pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	2:11pm

Printer Tests

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

2:11pm

2:11pm

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CABARRUS Instrument Location BRT MOBILE UNIT 3
Instrument S	Serial No. OO86/6 CONCORD, DC
-	
The preventi	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
i.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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 15 day of OCTOBER, 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.
THE STATE OF THE S	CAROLLI CAROLL
WANT OR AND THE PROPERTY OF TH	Olim Ray Barres 648 Signature of Certifying Official Certificate Number

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008616 Test Date: 10/15/2011

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

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

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

Test	g/210L	Time
DIAG	Pass	3:07pm
AIR BLK	.00	3:08pm
ACCY CHK	.08	3:08pm
AIR BLK	.00	3:09pm
SUB TEST	.00	3:10pm
AIR BLK	.00	3:11pm
SUB TEST	.00	3:12pm
AIR BLK	.00	3:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008616

Test Record Number: 1194

Test Date: 10/15/2011

Test Time: 3:14pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:14pm 3:14pm
FC	Pass	3:14pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:14pm
SRC	Pass	3:14pm
DET	Pass	3:14pm
BAR	Pass	3:14pm
BT	Pass	3:14pm

Blank Tests

Test	Status	Time
1		
AIR	Pass	3:15pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:15pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:15pm 3:15pm

Preventive Maintenance Status: Pass

alun Ray Barnes

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CABARRUS Instrument Location BAT MOBILE UNIT 3
Instrument S	Gerial No. OO8647 CONCORD, NC
The prevention 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.
I certify that of procedures we Department o	on the
THE STATE OF WAY 20, 177	Alun Ray Barnes (648) Signature of Certifying Official Certificate Number

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008647 Test Date: 10/15/2011

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

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

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

Test	g/210L	Time
DIAG	Pass	3:09pm
AIR BLK	.00	3:10pm
ACCY CHK	.08	3:10pm
AIR BLK	.00	3:11pm
SUB TEST	.00	3:12pm
AIR BLK	.00	3:13pm
SUB TEST	.00	3:14pm
AIR BLK	.00	3:15pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008647 Test Date: 10/15/2011 Test Record Number: 1225
Test Time: 3:16pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:16pm
FLO	Pass	3:16pm
FC	Pass	3:17pm

Temperature Tests

Status	Time
Pass	3:17pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	3:17pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:17pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:18pm 3:18pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CABARRUS Instrument Location BAT MOBILE UNIT 3
Instrument Se	rial No. 008910 CONCORD, NC
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 we	the
STATE OF THE PROPERTY OF THE P	Column Raines (648) Signature of Certificial Certificate Number

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008910 Test Date: 10/15/2011

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: BARNES, ALVIN R
Permit Number: 15671E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	3:20pm 3:21pm
ACCY CHK	.07	3:22pm
AIR BLK SUB TEST	.00 .00	3:23pm 3:23pm
AIR BLK	.00	3:24pm
SUB TEST AIR BLK	.00	3:26pm 3:27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008910 Test Date: 10/15/2011

Test Record Number: 368 Test Time: 3:28pm EDT

医周围折断

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:28pm
FLO	Pass	3:28pm
FC	Pass	3:28pm

Temperature Tests

Status	Time
Pass	3:28pm
Pass	3:28pm
Pass	3 : 28 pm
Pass	3:28pm
Pass	3:28pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
•		
AIR	Pass	3:29pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:29pm
	CRC Tests	in the second of
Test	Status	Time
COMP	Pass	3:29pm

Pass

3:29pm

Preventive Maintenance Status: Pass

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County ME	cklenburg	Instrument Location_	BAT MOBILE UNIT 3
Instrument Seri	al No. 008647	<u>.</u>	CHARLOTTE, NC
The preventive four months are	maintenance procedures for the I	ntoximeters, Model Intox	EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the a gree centigrade;	lcoholic breath simulator thermometer shows
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ears, collect breath sample	•
7.	When "PLEASE BLOW" appe	ears, collect breath sample	,
8.	Print test record;		
9.	Verify Diagnostic Program; and	d	
10.			re expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
	the <u>27</u> day of <u>0</u> comperformed on the instrument ind lealth and Human Services, and t	icated above, in accordance	the forgoing preventive maintenance with current regulations of the N.C. ng properly.
THE STATE OF A WAY 20, 173	A CAROLLAND		
OLAN VIDER	<u>Ulum R</u>	Lay Boms	648
	Sign	ature of Certifying Officia	l Certificate Number

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

> Serial Number: 008647 Test Date: 10/27/2011

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:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:33pm 11:34pm
ACCY CHK	.07	11:34pm
AIR BLK SUB TEST	.00 .00	11:35pm 11:36pm
AIR BLK	.00	11:37pm
SUB TEST	.00	11:38pm
AIR BLK	.00	11:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Alum Ray Barnes

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647 Test Date: 10/27/2011

Test Record Number: 1229
Test Time: 11:40pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:40pm
SRC	Pass	11:40pm
DET	Pass	11:40pm
BAR	Pass	11:40pm
BT	Pass	11:40pm

Blank Tests

Test	Status	Time
AIR	Pass	11:41pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County/	NECKLENBURG Instrument Location BAT MOBILE UNIT 3
Instrument S	erial No. OUSG16 CHARLOTTE, NC
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 should degree, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that procedures v Department	on the
THE CHEAT	alu Ray Barnes 648
	Signature of Certifying Official Certificate Number

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616 Test Date: 10/27/2011

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:
10/01/2011-10/01/2013

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	8:04pm 8:06pm
AIR BLK SUB TEST	.00	8:07pm 8:08pm 8:08pm
AIR BLK SUB TEST	.00	8:09pm 8:12pm
AIR BLK	.00	8:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Olin Ray Benes Analyst

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616 Test Date: 10/27/2011 Test Record Number: 1202
Test Time: 8:16pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:17pm
FLO	Pass	8:17pm
FC	Pass	8:17pm

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	8:17pm 8:17pm
DET	Pass	8:17pm
BAR	Pass	8:17pm
BT	Pass	8:17pm

Blank Tests

Test	Status	Time
AIR	Pass	8:18pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:18pm
	CRC Tests	
Test	Status	Time
COMP	Pass	8:18pm

Preventive Maintenance Status: Pass

alm Ray Bans Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_M	ECKLENBURG	Instrument Location_	BAT MOBILE	<u> </u>
Instrument Seri	al No. 008910		CHARLOTTE	NC
The preventive four months are	maintenance procedures for the	Intoximeters, Model Intox	EC/IR II to be followed at le	ast once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d	r displays pressure, or the a egree centigrade;	lcoholic breath simulator the	rmometer shows
2.	Verify instrument displays tim	ne and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	d;		
5,	Verify instrument accuracy;	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, coilect breath sample;			
7.	When "PLEASE BLOW" appears, collect breath sample;			
8.	Print test record;			
9.	Verify Diagnostic Program; a	nd		
10.	Verify that the ethanol gas can simulator solution is being ch whichever occurs first.	nister is being changed before anged every four months o	ore expiration date, or the ald r after 125 Alcoholic Breath	coholic breath Simulator tests,
I certify that on procedures wer Department of	the <u>Z7</u> day of <u>O</u> e performed on the instrument in Health and Human Services, and	CTOBER , 20_ndicated above, in accordar the instrument is function	the forgoing prevent the the forgoing prevent the current regulations of the property.	ive maintenance of the N.C.
CANESTATE OF THE CHEAT OF THE C		Zay Barnes gnature of Certifying Offic	ial Certific	teste Number

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008910 Test Date: 10/27/2011

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:

10/01/2011-10/01/2013

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

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

Test	g/210L	Time
DIAG	Pass	11:42pm
AIR BLK	.00	11:43pm
ACCY CHK	.07	11:44pm
AIR BLK	00	11:45pm
SUB TEST	.00	11:45pm
AIR BLK	.00	11:46pm
SUB TEST	.00	-
AIR BLK	.00	11:49pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Arralys

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008910 Test Date: 10/27/2011 Test Record Number: 371
Test Time: 11:50pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:50pm
FLO	Pass	11:50pm
FC	Pass	11:50pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:50pm
SRC	Pass	11:50pm
DET	Pass	11:50pm
BAR	Pass	11:50pm
BT	Pass	11:50pm

Blank Tests

Test	Status	Time
-		
AIR	Pass	11:51pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:51pm
	CRC Tests	
Test	Status	Time
COMP	Pass	11:51pm

Preventive Maintenance Status: Pass

alen Ray 13cms

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	GUILFORD Instrument Location BAT MOBILE UNIT 3		
Instrument S	Serial No. 008616 GREENSBORD, NC		
The prevent four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
procedures	t on the <u>29</u> day of <u>OCTOBER</u> , 20 11 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.		
STAND SET AND	Mun Ray Barnes Signature of Certifying Official Certificate Number		

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008616 Test Date: 10/29/2011

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:
10/01/2011-10/01/2013

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	8:28pm 8:29pm 8:30pm 8:31pm 8:31pm 8:32pm
SUB TEST	.00	8:33pm
AIR BLK	.00	8:34pm
		_

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alm Ray Benes Analyst

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008616 Test Record Number: 1210

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:36pm
FLO	Pass	8:36pm
FC	Pass	8:36pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:36pm
SRC	Pass	8:36pm
DET	Pass	8:36pm
BAR	Pass	8:36pm
BT	Pass	8:36pm

Blank Tests

Test	Status	Time
AIR	Pass	8:37pm

Printer Tests

	· ·	
Test	Status	Time
PRNT	Pass	8:37pm
·	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	8:37pm

Preventive Maintenance Status: Pass

Olm Ray Banes Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	GUILFORD	nstrument Location_BAT	MOBILE UNIT 3
Instrument S	erial No. <u>008647</u>	GRE	MOBILE UNIT 3 ENSBORD, NC
The preventi four months	ve maintenance procedures for the Intoxinare:	meters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister displ 34 degrees, plus or minus .2 degree	ays pressure, or the alcoholic brecentigrade;	eath 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 simulator solution is being changed whichever occurs first.	is being changed before expirati every four months or after 125	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
procedures y	on the <u>29</u> day of <u>OCT</u> were performed on the instrument indicate of Health and Human Services, and the in	ed above, in accordance with cui	rent regulations of the N.C.
THE STATE OF THE S	Alun Ro	ay Baires	L048
	Signatur	re of Certifying Official	Certificate Number

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008647 Test Date: 10/29/2011

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:
10/01/2011-10/01/2013

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

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

Test	g/210L	Time
DIAG	Pass	8:27pm
AIR BLK	.00	8:28pm
ACCY CHK	.07	8:28pm
AIR BLK	.00	8:29pm
SUB TEST	.00	8:30pm
AIR BLK	.00	8:31pm
SUB TEST	.00	8:32pm
AIR BLK	.00	8:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alun Ray Bans Analyst

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008647 Test Date: 10/29/2011 Test Record Number: 1232
Test Time: 8:34pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:34pm
FLO	Pass	8:34pm
FC	Pass	8:34pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:34pm
SRC	Pass	8:34pm
DET	Pass	8:34pm
BAR	Pass	8:34pm
BT	Pass	8:34pm

Blank Tests

Test	Status	Time
AIR	Pass	8:35pm

Printer Tests

rest	Status	Time
PRNT	Pass	8:35pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	8:35pm 8:35pm

Preventive Maintenance Status: Pass

Olm Ray Bams Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	GUILFORD	Instrument Location_ BAT	MOBILE UNIT 3
Instrument S	erial No. <u>008910</u>	GRE	MOBILE UNIT 3
The preventi	ve maintenance procedures for the 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 b degree centigrade;	reath simulator thermometer shows
2.	Verify instrument displays ti	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompt	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" a	ppears, collect breath sample;	
7.	When "PLEASE BLOW" a	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.	Verify that the ethanol gas c simulator solution is being c whichever occurs first.	anister is being changed before expira changed every four months or after 125	tion date, or the alcoholic breath Alcoholic Breath Simulator tests,
nrogedures	were performed on the instrument	OCTOBER, 20 11 the indicated above, in accordance with cond the instrument is functioning proper	urrent regulations of the N.C.
SELECTION OF SELEC	Olum	Ray Barnes	Lo 48
ALL SOE GIVE	Cllum	Flay Barnes Signature of Certifying Official	Certificate Nu

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008910 Test Date: 10/29/2011

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:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	8:25pm
AIR BLK	.00	8:26pm
ACCY CHK	.07	8:27pm
AIR BLK	.00	8:28pm
SUB TEST	.00	8:29pm
AIR BLK	.00	8:29pm
SUB TEST	.00	8:31pm
AIR BLK	.00	8:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alum Ray Bames Analyst

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008910 Test Date: 10/29/2011

Test Record Number: 375

Test Time: 8:33pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:33pm
FLO	Pass	8:33pm
FC	Pass	8:33pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:33pm
SRC	Pass	8:33pm
DET	Pass	8:33pm
BAR	Pass	8:33pm
BT	Pass	8:33pm

Blank Tests

Test	Status	Time
AIR	Pass	8:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:34pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	8:34pm 8:34pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_K	OCKINGHAM Instrument Location Rocking	
Instrument Ser	ial No. <u>008796</u>	
The preventive four months ar	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be fol	lowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath si 34 degrees, plus or minus .2 degree centigrade;	mulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date simulator solution is being changed every four months or after 125 Alcohowhichever occurs first.	e, or the alcoholic breath blic Breath Simulator tests,
I certify that or procedures we Department of	n the	ng preventive maintenance gulations of the N.C.
STATE OF THE STATE	Signature of Certifying Official	Certificate Number

ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

Serial Number: 008796 Test Date: 10/13/2011

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:

06/01/2011-06/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass	1:07pm 1:08pm
ACCY CHR	.07	1:08pm 1:09pm
SUB TEST	.00	1:10pm
AIR BLK	.00	1:10pm
SUB TEST	.00	1:12pm
AIR BLK	.00	1:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services Rev. 12/2007

ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

Serial Number: 008796

Test Record Number: 921

Test Date: 10/13/2011

Test Time: 1:14pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:14pm
FLO	Pass	1:14pm
FC	Pass	1:14pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:14pm
SRC	Pass	1:14pm
DET	Pass	1:14pm
BAR	Pass	1:14pm
BT	Pass	1:14pm

Blank Tests

Test	Status	Time
AIR	Pass	1:15pm

Printer Tests

Status

Time

1:15pm

Test

CAL

PRNT	Pass	1:15pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:15pm

Preventive Maintenance Status: Pass

Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

NTOXIMETERS, MODEL INTOX EC/IR II			
County_	VITT Instrument Location VITI Co. Detention Can		
Instrumen	at Serial No. 008668 124 Detention Dr., Greenille,		
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.		
•	nat on the		
GREAT SC	Signature of Certifying Official Certificate Number		

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668 Test Date: 10/21/2011

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: KEESLER, LINDA A

Permit Number: 11646E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG108202 Exp Date: 03/23/2013

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	11:55am 11:56am 11:57am 11:58am
SUB TEST	.00	11:58am
AIR BLK	.00	11:59am
SUB TEST	.00	12:01pm
ATR BLK	. 0.0	12:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668

Test Record Number: 1770
Test Time: 12:15pm EDT

Test Date: 10/21/2011 Test Time: 12:15pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:16pm
SRC	Pass	12:16pm
DET	Pass	12:16pm
BAR	Pass	12:16pm
BT	Pass	12:16pm

Blank Tests

Test	Statu s	Time
AIR	Pass	12:17pm

Printer Tests

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

Preventive Maintenance Status: Pass

> nds bul Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County V	TOULMANS Instrument Location Der QUI MUNS CO. S.D.
Instrument Seri	al No. 008921 110 N. Church St., Harrand 1
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 24 day of 768er, 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.
OTHE STATE OF THE	

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

Signature of Certifying Official

Certificate Number

PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921 Test Date: 10/26/2011

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:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	11:31am 11:32am
AIR BLK	.00	
ACCY CHK	.08	11:33am
AIR BLK	.00	11:34am
SUB TEST	.00	11:34am
AIR BLK	.00	11:35am
SUB TEST	.00	11:36am
ATR RIK	.00	11:37am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921 Test Date: 10/26/2011

Test Record Number: 295
Test Time: 11:38am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:39am

Printer Tests

Test	Status	Time
PRNT	Pass	11:39am
-	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:39am 11:39am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS. MODEL INTOX EC/IR II

County Be	aufort Instrument Location Beaufort (a. Courthouse
Instrument S	Gerial No. DD 8909 102 E. 2nd St., Washington, N.C.
The preventi four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1,	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6,	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the 2/5t day of 2 to bev , 20 // the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATE OF STA	E OF NORTH CAROLLA
APRILIZ. 12 FEEE QUAM'S	Signature of Certifying Official Certificate Number
	9

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909 Test Date: 10/21/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

08/01/2011-08/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BEAUFORT COUNTY COURTHOUSE 060

Test Date: 10/21/2011

Serial Number: 008909 Test Record Number: 1183 Test Time: 11:23am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:23am
FLO	Pass	11:23am
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
\mathtt{BT}	Pass	11:24am

Blank Tests

Test	Status	Time
AIR	Pass	11:24am

Printer Tests

Test	Status	Time
PRNT	Pass	11:24am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:24am

11:24am

Preventive Maintenance Status: Pass

Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Har	Instrument Location Lincher Oake CFT. Brace
Instrument Ser	ial No. 008787 Cameron, NC (FT. Bragg Combined Emergency Service S
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 o procedures we Department of	on the 25 day of October, 20 1 the forgoing preventive maintenance are performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	

HARNETT COUNTY LINDEN OAKS/FT BRAGG 420

Serial Number: 008787 Test Record Number: 188
Test Date: 10/25/2011 Test Time: 10:42am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:42am 10:42am
FC	Pass	10:42am

Temperature Tests

Test	Status	Time
FC1	Pass	10:42am
SRC	Pass	10:42am
DET	Pass	10:42am
BAR	Pass	10:42am
BT	Pass	10:42am

Blank Tests

Test	Status	Time
AIR	Pass	10:43am

Printer Tests

	,	
Test	Status	Time
PRNT	Pass	10:43am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:43am 10:43am

Preventive Maintenance Status: Pass

Malyst

HARNETT COUNTY LINDEN OAKS/FT BRAGG 420

> Serial Number: 008787 Test Date: 10/25/2011

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: TRUDELL, SR., DANIEL T Permit Number: 21535E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS Test Type: Breath Test

Lot Number: AG108202 Exp Date: 03/23/2013

Test	g/210L	Time
DIAG	Pass	10:35am
AIR BLK	.00	10:36am
ACCY CHK	.07	10:36am
AIR BLK	.00	10:37am
SUB TEST	.00	10:38am
AIR BLK	.00	10:38am
SUB TEST	.00	10:40am
ATR BLK	. 0.0	10:41am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County J	ohwston Instrument Location Claydon Police Dept
Instrument Se	erial No. 008658 Clayton NC
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the 24 hday of October, 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.
TATE OF THE CAREAN CONTROL OF THE CAREAN CON	Signature of Certifying Official Certificate Number

JOHNSTON COUNTY CLAYTON PD. 500

Serial Number: 008658

Test Record Number: 692 Test Date: 10/24/2011 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

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

Blank Tests

Test	Status	Time
AIR	Pass	11:10am

Printer Tests

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

Preventive Maintenance Status: Pass

JOHNSTON COUNTY CLAYTON PD. 500

Serial Number: 008658 Test Date: 10/24/2011

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: TRUDELL, SR., DANIEL T Permit Number: 21535E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	11:01am 11:02am 11:02am 11:03am 11:04am
AIR BLK	.00	11:05am
SUB TEST	.00	11:06am
AIR BLK	.00	11:07am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IN II
County	LEE Instrument Location LEE Co. JAIL
Instrument Se	rial No. 008645 SANFORD NC
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.
procedures we	on the
A STATE OF S	Takon da sa

LEE COUNTY LEE CO. LEC. 520

Serial Number: 008645 Test Date: 10/18/2011

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

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

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

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

Reported Ac. .00 g/210L

Signature of Chemical Analyst

Court CVR

LEE COUNTY LEE CO. LEC. 520

Serial Number: 008645

Test Record Number: 996

Test Date: 10/18/2011

Test Time: 2:08pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:08pm
FLO	Pass	2:08pm
FC	Pass	2:09pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:09pm
SRC	Pass	2:09pm
DET	Pass	2:09pm
BAR	Pass	2:09pm
BT	Pass	2:09pm

Blank Tests

Test	Status	Time
ATR	Pass	2:09pm

Printer Tests

Test

Status

Time

PRNT	Pass	2:09pm
	CRC Tests	•
Test	Status	Time

COMP Pass 2:09pm 2:09pm CAL Pass

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II 50346 NC HWY The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. 3. Initiate breath test sequence; 4. Enter information as prompted; Verify instrument accuracy; 5. When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record; Verify Diagnostic Program; and 9. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the forgoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807 Test Date: 10/06/2011

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:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:58am 11:59am
ACCY CHK	.08	12:00pm
AIR BLK	.00	12:01pm
SUB TEST	.00	12:01pm
AIR BLK	.00	12:02pm
SUB TEST	.00	12:04pm
AIR BLK	.00	12:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DARE COUNTY DARE CO SO HATTERAS 270

Test Date: 10/06/2011

Serial Number: 008807 Test Record Number: 370 Test Time: 12:06pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:07pm

Printer Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location Hyde Co. 4.0 Defacol
Instrument Se	Instrument Location Hydle Co. 5.0 DCFACOLL erial No. DO 4797 NC 12, OCCACOLLE N.C.
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on theday of
STAT STATE CHANGE IN THE COLUMN TO THE COLUM	Joseph Line A. Keel 647
TOSE CATAL	Signature of Certifying Official Certificate Num

HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797 Test Date: 10/06/2011

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:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	2:14pm 2:15pm 2:15pm
AIR BLK SUB TEST	.00	2:16pm 2:17pm
AIR BLK SUB TEST	.00	2:18pm 2:19pm
AIR BLK	.00	2:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797 Test Date: 10/06/2011

Test Record Number: 241 Test Time: 2:27pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:28pm
FLO	Pass	2:28pm
FC	Pass	2:28pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:28pm
SRC	Pass	2:28pm
DET	Pass	2:28pm
BAR	Pass	2:28pm
${ t BT}$	Pass	2:28pm

Blank Tests

Test	•	Status	Time
AIR		Pass	2:29pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:29pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:29pm 2:29pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Hol	Instrument Location Hoke Coundy Defendion
Instrument Seria	INO. <u>CO8855</u>
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the 17 day of October, 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 OFFICE	Signature of Certifying Official Certificate Number

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855 Test Record Number: 599
Test Date: 10/17/2011 Test Time: 10:21am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:22am

Printer Tests

Test	Status	Time
PRNT	Pass	10:22am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:22am

10:22am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855 Test Date: 10/17/2011

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: TRUDELL, SR., DANIEL T

Permit Number: 21535E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	10:13am 10:13am
ACCY CHK	.08	10:14am
AIR BLK	.00	10:15am
SUB TEST	.00	10:15am
AIR BLK	.00	10:16am
SUB TEST	.00	10:18am
ATR BLK	. 0.0	10:18am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ho	Instrument Location Hoke G. Devention CT
Instrument Seri	ial No. <u>008852</u> Ras Cond NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures we Department of	n the 17 day of October, 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.
OTH STATE OF THE S	
The state of the s	Signature of Certifying Official Certificate Number

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852

Test Record Number: 400

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:21am
SRC	Pass	10:21am
DET	Pass	10:21am
BAR	Pass	10:21am
\mathtt{BT}	Pass	10:21am

Blank Tests

Test	Status	Time
AIR	Pass	10:22am

Printer Tests

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

Preventive Maintenance Status: Pass

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852 Test Date: 10/17/2011

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: TRUDELL, SR., DANIEL T

Permit Number: 21535E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG002802 Exp Date: 01/28/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	10:12am 10:12am 10:13am 10:14am
SUB TEST	.00	10:14am
AIR BLK	.00	10:15am
SUB TEST	.00	10:17am
ATR BLK	. 0.0	10:18am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County May	Agamery Instrument Location Montagemery Co. Jai		
Instrument Seri	al No. 008721 Troy, N.C.		
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.		
procedures we	n the		
STATE OF STA	ARO CONTRACTOR OF THE PROPERTY		

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008721 Test Date: 10/14/2011 Test Record Number: 598

Test Time: 2:18pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ATR	Pass	2:20pr

Printer Tests

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

Preventive Maintenance Status: Pass

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008721 Test Date: 10/14/2011

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: TRUDELL, SR., DANIEL T

Permit Number: 21535E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:11pm
AIR BLK	.00	2:11pm
ACCY CHK	:08	2:12pm
AIR BLK	.00	2:13pm
SUB TEST	.00	2:13pm
AIR BLK	.00	2:14pm
SUB TEST	.00	2:16pm
ATR BLK	. 00	2:17pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Mc	owlgomery Instrument Location Mondgomery Co. Tail		
Instrument Ser	rial No. 008709 Troy N.C.		
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
I certify that on the 14th day of October, 2011 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.			
STATE OF THE STATE	Signature of Certifying Official Certificate Number		

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008709 Test Date: 10/14/2011 Test Record Number: 602 Test Time: 2:20pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	2:21pm

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

2:21pm

CAL

Analyst

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008709 Test Date: 10/14/2011

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: TRUDELL, SR., DANIEL T

Permit Number: 21535E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:12pm
AIR BLK	.00.	2:13pm
ACCY CHK	.07	2:14pm
AIR BLK	.00	2:15pm
SUB TEST	.00	2:15pm
AIR BLK	.00	2:16pm
SUB TEST	.00	2:17pm
AIR BLK	.00	2:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Aw	son	Instrument Location ANSON	Co. S.O
Instrument Ser	ial No. <u>00 8739</u>	Shoriffe De	pl.
The preventive four months ar		ntoximeters, Model Intox EC/IR II to be 1	followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath gree centigrade;	simulator thermometer show
2.	Verify instrument displays tim	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	ļ;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample;	
7.	When "PLEASE BLOW" app	ears, collect breath sample;	e e e e e e e e e e e e e e e e e e e
8.	Print test record;		
9.	Verify Diagnostic Program; ar	nd	
10.	Verify that the ethanol gas can simulator solution is being chawhichever occurs first.	nister is being changed before expiration d langed every four months or after 125 Alco	ate, or the alcoholic breath sholic Breath Simulator tests,
I certify that o procedures we Department of	re performed on the instrument in	dicated above, in accordance with current the instrument is functioning properly.	going preventive maintenance regulations of the N.C.
The state of the s	75.	· · · · ·	
STATE STATE OF THE	CAROUNT		
A SOE QUAM VON	Sig	nature of Certifying Official	Certificate Number

ANSON COUNTY ANSON COUNTY S.O. 030

Serial Number: 008739 Test Record Number: 134
Test Date: 10/14/2011 Test Time: 12:40pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:41pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:41pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:41pm 12:41pm

Preventive Maintenance Status: Pass

Analyst

ANSON COUNTY ANSON COUNTY S.O. 030

Serial Number: 008739 Test Date: 10/14/2011

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: TRUDELL, SR., DANIEL T

Permit Number: 21535E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG002802 Exp Date: 01/28/2012

Test	g/210L	Time
DIAG	Pass	12:32pm
AIR BLK	.00	12:33pm
ACCY CHK	.07	12:34pm
AIR BLK	.00	12:34pm
SUB TEST	.00	12:35pm
AIR BLK	.00	12:36pm
SUB TEST	.00	12:37pm
ATR RIK	0.0	12 · 38 mm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County An	Instrument Location Anson Co.
Instrument Se	rial No. 008597 Shories Dept.
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department o	on the day of Octobo 2011 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	CAROLL CONTROLL CONTROL CONTROLL CONTROL

ANSON COUNTY ANSON COUNTY SO. 030

Serial Number: 008597 Test Record Number: 636 Test Date: 10/14/2011 Test Time: 12:42pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:43pm
SRC	Pass	12:43pm
DET	Pass	12:43pm
BAR	Pass	12:43pm
BT	Pass	12:43pm

Blank Tests

Test	Status	Time
AIR	Pass	12:43pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

ANSON COUNTY ANSON COUNTY SO. 030

Serial Number: 008597 Test Date: 10/14/2011

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: TRUDELL, SR., DANIEL T

Permit Number: 21535E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG002802 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	12:35pm 12:36pm 12:36pm 12:37pm 12:38pm 12:39pm
SUB TEST AIR BLK	.00 .00	12:40pm 12:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location Pilat Mountain P.D
Instrument Seri	ial No. <u>008938</u>
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
. 4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938 Test Date: 10/12/2011

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: WEAVER, GEORGE A

Permit Number: 09442E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:32pm
AIR BLK	.00	2:32pm
ACCY CHK	.07	2:33pm
AIR BLK	.00	2:34pm
SUB TEST	.00	2:35pm
AIR BLK	.00	2:36pm
SUB TEST	.00	2:37pm
ATR BLK	0.0	2 · 38mm

Reported AC: _,00 g

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services Rev. 12/2007

SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938 Test Record Number: 315 Test Date: 10/12/2011

Test Time: 2:40pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:40pm
FLO	Pass	2:40pm
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	2:41pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:41pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:41pm 2:41pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Surry Instrument Location Mount Hing 1
	rial No. <u>008943</u>
<u>u.a</u>	
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures we Department of	n the
THE STATE OF THE S	Maria Allandon 632
	Signature of Certifying Official Certificate Number

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943 Test Date: 10/12/2011

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: WEAVER, GEORGE A Permit Number: 09442E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	1:49pm 1:50pm
ACCY CHK	.08	1:50pm
AIR BLK	.00	1:51pm
SUB TEST	.00	1:52pm
AIR BLK	.00	1:53pm
SUB TEST	.00	1:54pm
AIR BLK	.00	1:55 m

Reported AC:

gnature of Chemical Analyst

Court CVR

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

Department of Health and Human Services

Rev. 12/2007

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943 Test Record Number: 1055 Test Date: 10/12/2011 Test Time: 1:56pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:57pm

Printer Tests

Status

Time

Test

PRNT	Pass	1:57pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:57pm 1:57pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	SURRY Instrument Location SURRY Co JAI
Instrumen	t Serial No
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.
procedures	at on the day of Corolo Err, 20 // the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. at of Health and Human Services, and the instrument is functioning properly.
ST.	Signature of Certifying Official Certificate Number

SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934 Test Date: 10/12/2011

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: WEAVER, GEORGE A

Permit Number: 09442E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:01pm
AIR BLK	.00	1:02pm
ACCY CHK	.07	1:02pm
AIR BLK	.00	1:03pm
SUB TEST	.00	1:04pm
AIR BLK	.00	1:04pm
SUB TEST	.00	1:06pm
ATR BLK	0.0	1 · 0.7 m

Reported AC: > 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

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SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934

Test Record Number: 799

Test Date: 10/12/2011

Test Time: 1:07pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:08pm
FLO	Pass	1:08pm
FC	Pass	1:08pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	1:08pm 1:08pm 1:08pm 1:08pm 1:08pm
		_

Blank Tests

Test	Status	Time
AIR	Pass	1:08pm

Printer Tests

Status

Time

Test

PRNT	Pass	1:09pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:09pm 1:09pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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

SURRY COUNTY ELKIN PD 850

Serial Number: 008926 Test Date: 10/12/2011

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: WEAVER, GEORGE A
Permit Number: 09442E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

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

Reported AC:

.00 g/210L/

Signature of Chemical Analyst

Court CVR

Analyst

SURRY COUNTY ELKIN PD 850

Serial Number: 008926 Test Record Number: 460 Test Date: 10/12/2011

Test Time: 12:12pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	12:12pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	12:13pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:13pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:13pm 12:13pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Stukes II	nstrument Location <u>Kina</u>	PD
Instrument S	erial No. <u>008(a/ ()</u>		
The prevention four months	ve maintenance procedures for the Intoxir are:	neters, Model Intox EC/IR II to be f	ollowed at least once every
1.	Verify the ethanol gas canister displayed degrees, plus or minus .2 degree		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, of	collect breath sample;	
7.	When "PLEASE BLOW" appears, of	collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister i simulator solution is being changed whichever occurs first.		
		d above, in accordance with current	oing preventive maintenance regulations of the N.C.
STATION OF	STORE CANONICATION OF THE PROPERTY OF THE PROP		
William Control	Signature	of Certifying Official	Certificate Number

STOKES COUNTY KING PD 840

Serial Number: 008610 Test Date: 10/11/2011

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: WEAVER, GEORGE A

Permit Number: 09442E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
	Pass	1:04pm
AIR BLK	.00	1:05pm
ACCY CHK	.08	1:05pm
AIR BLK	.00	1:06pm
SUB TEST	.00	1:07pm
AIR BLK	.00	1:08pm
SUB TEST	.00	1:09pm
ATR BLK	.00	1:10pm

Reported AC: __00 g/21014

ignature of Chemical Analyst

Court CVR

Analyst

STOKES COUNTY KING PD 840

Serial Number: 008610 Test Date: 10/11/2011 Test Record Number: 998
Test Time: 1:11pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:11pm
FLO	Pass	1:11pm
FC	Pass	1:11pm

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	1:11pm 1:11pm
DET	Pass	1:11pm
BAR	Pass	1:11pm
BT	Pass	1:11pm

Blank Tests

Test	Status	Time
AIR	Pass	1:12pm

Printer Tests

Status

Time

1:12pm

Test

CAL

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

Preventive Maintenance Status: Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Stokes Instrument Location Stokes Co Ja.
Instrument S	erial No. <u>008596</u>
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596 Test Date: 10/11/2011

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: WEAVER, GEORGE A

Permit Number: 09442E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	11:58am
AIR BLK	.00	11:59am
ACCY CHK	.08	12:00pm
AIR BLK	.00	12:01pm
SUB TEST	.00	12:01pm
AIR BLK	.00	12:02pm
SUB TEST	.00	12:04pm
AIR BLK	.00	12:05pm

Reported AC: 7.00 g/2/10L

Signature of Chemical Analyst

Court CVR

Analyst

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596

Test Record Number: 496

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:05pm
FLO	Pass	12:05pm
FC	Pass	12:06pm

Temperature Tests

FC1 Pass 12:06pm SRC Pass 12:06pm DET Pass 12:06pm BAR Pass 12:06pm BT Pass 12:06pm	Test	Status	Time
DET Pass 12:06pm BAR Pass 12:06pm	FC1	Pass	12:06pm
BAR Pass 12:06pm	SRC	Pass	12:06pm
	DET	Pass	12:06pm
BT Pass 12:06pm	BAR	Pass	12:06pm
22 200	BT	Pass	12:06pm

Blank Tests

Test	Status	Time
AIR	Pass	12:06pm

Printer Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County R	ockinghan	Instrument Loc	ation	adicon	P. P.
Instrument Serie	al No. <u>008802</u>				
The preventive four months are	maintenance procedures fo	r the Intoximeters, Model	Intox EC/IR II to	be followed at l	east once every
1.	Verify the ethanol gas ca 34 degrees, plus or minu	nnister displays pressure, o s .2 degree centigrade;	or the alcoholic b	reath simulator th	ermometer show
2.	Verify instrument display	ys time and date;			
3.	Initiate breath test sequen	nce;		4 - 44 4 - 44	
4.	Enter information as pro	mpted;			
5.	Verify instrument accura	acy;			
6.	When "PLEASE BLOW	" appears, collect breath	sample;		
7.	When "PLEASE BLOW	" appears, collect breath	sample;		
8.	Print test record;		<i>:</i>		
9.	Verify Diagnostic Progra	am; and			
10.		as canister is being chang ng changed every four mo			
	the // day of performed on the instrum Health and Human Services		cordance with cu		tive maintenance of the N.C.
THE STATE OF THE S	ORTH CAROLINA				
A CONTRACTOR OF THE PARTY OF TH	(fr	Signature of Contifering	Official	<u> 6</u>	32
	1	Signature of Certifying	Official	Certific	ate Number

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802 Test Date: 10/11/2011

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: WEAVER, GEORGE A

Permit Number: 09442E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	10:56am 10:57am
ACCY CHK	.07	10:58am
AIR BLK	.00	10:59am
SUB TEST	.00	10:59am
AIR BLK	.00	11:00am
SUB TEST	.00	11:02am
ATR BLK	. 00	11:03am

Reported AC:

-000 α/210L/

Signature of Chemical Analyst

Court CVR

Analyst

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

Rev. 12/2007

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802 Test Record Number: 381 Test Date: 10/11/2011 Test Time: 11:03am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:04am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location BAT Mobile Unit		
Instrument S	erial No. 008869 Whiteville		
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		
WWW.D. Store A. C.	Signature of Certifying Official Certificate Number		

COLUMBUS COUNTY BAT MOBILE UNIT 6 230

Serial Number: 008869 Test Record Number: 592 Test Date: 10/07/2011 Test Time: 10:18pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:18pm
FLO	Pass	10:18pm
FC	Pass	10:18pm

Temperature Tests

Status	Time
Pass	10:18pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	10:19pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:19pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:19pm 10:19pm

Preventive Maintenance Status: Pass

K.C. Shock

COLUMBUS COUNTY BAT MOBILE UNIT 6 230

Serial Number: 008869 Test Date: 10/07/2011

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

Effective: 10/01/2011-10/01/2013

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

Test Type: Breath Test

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

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

Reported AC: .90 g/210L

Signature of Chemical Analyst

Court CVR

K.C. Madu-Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C	olumbus Instrument Location BAT Mobile Unit
Instrument S	erial No. <u>608939</u> White Ville
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on theday of
O'RIL STATION OF THE	TO A COMPANY OF THE PARTY OF TH
	Signature of Certifying Official Certificate Number

COLUMBUS COUNTY BAT MOBILE UNIT 6 230

Serial Number: 008939 Test Record Number: 644
Test Date: 10/07/2011 Test Time: 10:05pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:05pm
FLO	Pass	10:05pm
FC	Pass	10:05pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:05pm
SRC	Pass	10:05pm
DET	Pass	10:05pm
BAR	Pass	10:05pm
BT	Pass	10:05pm

Blank Tests

Test	Status	Time
AIR	Pass	10:06pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:06pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:06pm 10:06pm

Preventive Maintenance Status: Pass

K. C. Analyst

COLUMBUS COUNTY BAT MOBILE UNIT 6 230

Serial Number: 008939 Test Date: 10/07/2011

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

10/01/2011-10/01/2013

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

Test Type: Breath Test

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

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

Reported AC: .00, g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location CREEDMOUR P.D.			
Instrument Seria	INO. 008641 III MASONE ST. CREEDHOOL, N.C.			
The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every			
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;			
2.	Verify instrument displays time and date;			
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears, collect breath sample;			
7.	When "PLEASE BLOW" appears, collect breath sample;			
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.			
I certify that on the				
STATE OF STA	Signature of Certifying Official Certificate Number			

GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641 Test Date: 10/13/2011

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:
09/01/2011-09/01/2013

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	12:46pm 12:47pm 12:48pm 12:49pm 12:49pm
AIR BLK	.00	12:50pm
SUB TEST	.00	12:52pm
AIR BLK	.00	12:53pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641

Test Record Number: 635

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:55pm

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

12:55pm

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMET	EKO, MIODI		EC/III	Pa.	6
County 61	zanville	Instrument	Location	OXFOR	SP	. <u>O</u> .
Instrument Seria	al No. <u>00 8933</u>	DOH E	MECIA	LAHAN	778	Q FOR
The preventive four months are	maintenance procedures for the	e Intoximeters, Me	odel Intox EC/II	R II to be follow	ved at le	ast once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2			olic breath simu	lator the	ermometer shows
2.	Verify instrument displays ti	me and date;				
3.	Initiate breath test sequence;					
4.	Enter information as prompt	ed;				
5.	Verify instrument accuracy;					•
6.	When "PLEASE BLOW" a	ppears, collect bre	ath sample;			
7.	When "PLEASE BLOW" a	ppears, collect bre	eath sample;			
8.	Print test record;					
9.	Verify Diagnostic Program;	and				
10.	Verify that the ethanol gas c simulator solution is being c whichever occurs first.					
I certify that on procedures were Department of I	the 13 day of 22 day of 13 day of 14 day of 15	indicated above, indicated instrument in	, 20 \\ n accordance w s functioning pr	_ the forgoing ith current regul roperly.	preventi lations o	ive maintenance f the N.C.
CREAT OF THE CONTROL		ignature of Certif	ying Official)	<u>652</u> Certifica	ate Number

GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008923 Test Date: 10/13/2011

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:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023702

Exp Date: 08/25/2012

Test

	J,	
DIAG	Pass	11:43am
AIR BLK	.00	11:44am
ACCY CHK	.07	11:44am
AIR BLK	.00	11:45am

g/210L

Time

AIR BLK .00 11:45am SUB TEST .00 11:46am AIR BLK .00 11:47am

SUB TEST .00 11:48am

AIR BLK .00 11:49am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008923 Test Date: 10/13/2011

Test Record Number: 565 Test Time: 11:51am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:52am

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

11:52am

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	ALAMANCE Instrument Location ALAMANCE CO. TAIL
Instrumer	nt Serial No. 008913 109 S. MAPK ST. GRAHAM, N.C
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	that on the day of
SEST OREA SESTI	Signature of Certifying Official Certificate Number
	Signature of Certifying Official Certificate Number

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913 Test Date: 10/11/2011

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:

QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG124202

Exp Date: 08/30/2013

Test	g/210L	Time

DIAG	Pass	12:46pm
AIR BLK	.00	12:47pm
ACCY CHK	.07	12:48pm
AIR BLK	.00	12:49pm
SUB TEST	.00	12:49pm
AIR BLK	.00	12:50pm
		40 -0

SUB TEST .00 12:52pm

AIR BLK .00 12:53pm

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

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913 Test Record Number: 1169
Test Date: 10/11/2011 Test Time: 12:54pm EDT

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	12:55pm

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	ALAMANE	Instru	ment Location_	ALAMA	NE -	60.5	
Instrumer	nt Serial N <u>6) ()& 853</u>	109	S. HAP	16 ST.	<u> </u>	HAN,	N
The preve	entive maintenance procedures for the	he Intoximete	rs, Model Intox l	EC/IR II to be f	followed a	at least once e	very
1.	Verify the ethanol gas canis 34 degrees, plus or minus			lcoholic breath	simulator	thermometer	shows
2.	Verify instrument displays	time and date	; ;				
3.	Initiate breath test sequence	ə ;					
. 4.	Enter information as promp	oted;					
5.	Verify instrument accuracy	·;			7,		
6.	When "PLEASE BLOW"	appears, colle	ect breath sample	*			
7.	When "PLEASE BLOW"	appears, colle	ect breath sample	;;			
8.	Print test record;						
9.	Verify Diagnostic Program	; and					
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.						
procedure	hat on the day of day of day of or swere performed on the instrument of Health and Human Services, a		ove, in accordan				
CREAT GRANT CREAT	TATE OF NORTH	410	Devices		6	52	
	and the second s	Signature of	Certifying Offici	al	Cert	ificate Numbe	r

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008853 Test Date: 10/11/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male iver's License State: X

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

Analyst's Name:

QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG016501

Exp Date: 06/14/2012

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

12:44pm

.00 g/210L

AIR BLK .00 12:45pm

SUB TEST .00

Reported AC:

Signature of Chemical Analyst

Court CVR

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008853 Test Record Number: 784
Test Date: 10/11/2011 Test Time: 12:50pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:51pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County A)	AMANCE Instrument Location BURLINGTON P.D.
Instrument Seri	al No. ODGRID 267 W. FROM ST. BURLINGOW, P.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the day of 32 de de day of 32 de
OT AN STATE OF THE OF T	Signature of Certifying Official Certificate Number

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008812 Test Date: 10/11/2011

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/19

Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX

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

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

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

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

Test	g/210L	Time
DIAG	Pass	11:43am
AIR BLK	.00	11:44am
ACCY CHK	.07	11:44am
AIR BLK	.00	11:45am
SUB TEST	.00	11:46am
AIR BLK	.00	11:47am
SUB TEST	.00	11:48am
AIR BLK	.00	11:49am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008812 Test Date: 10/11/2011 Test Record Number: 1062 Test Time: 11:50am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	11:51am
	Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	11:52am

Printer Tests

Test	Status	Time
PRNT	Pass	11:52am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:52am 11:52am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIME	ERS, MODEL INTOX E	C/IR II
County Al	ANANLE	Instrument Location Boat	incon P.D.
Instrument Se	rial No. <u>()</u> () () () () () () () () () () () () ()	267 W. Flow ST	- BURLINGTON, N
The preventive four months a	•	e Intoximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ter displays pressure, or the alcoholic degree centigrade;	breath simulator thermometer shows
2.	Verify instrument displays	time and date;	
3.	Initiate breath test sequence	;	
4.	Enter information as promp	ted;	
5.	Verify instrument accuracy:	;	•
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 of simulator solution is being whichever occurs first.	canister is being changed before expire changed every four months or after 12	ation date, or the alcoholic breath 5 Alcoholic Breath Simulator tests,
procedures we	ere performed on the instrument	indicated above, in accordance with ond the instrument is functioning prope	urrent regulations of the N.C.
APRIL 12. THE STATE OF THE STAT		Signature of Certifying Official	65 d

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008907 Test Date: 10/11/2011

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:
QUARANTELLO, NICHOLAS J
Permit Number: 21536E
Effective:

09/01/2011-09/01/2013

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

Agency: DHHS

Test Type: Breath Test

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

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

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008907 Test Date: 10/11/2011

Test Record Number: 423 Test Time: 11:46am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ATR	Pass	11:47am

Printer Tests

Test	Status	Time
PRNT	Pass	11:47am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:47am 11:47am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ORANGE	Instrument Location CHAP	EL THII PD
Instrument	t Serial No. <u>00 8856</u>	CHAPEL HILL.	MC KING ZU BIND
The prever		the Intoximeters, Model Intox EC/IR II to b	pe followed at least once every
1.	Verify the ethanol gas can 34 degrees, plus or minus	ister displays pressure, or the alcoholic bre .2 degree centigrade;	ath simulator thermometer shows
2.	Verify instrument displays	time and date;	
3.	Initiate breath test sequence	ee;	
4.	Enter information as prom	pted;	
5.	Verify instrument accuracy	y;	
6.	When "PLEASE BLOW"	appears, collect breath sample;	
7.	When "PLEASE BLOW"	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program	n; and	
10.		canister is being changed before expiration changed every four months or after 125 A	
	s were performed on the instrumer	the formula in the indicated above, in accordance with current and the instrument is functioning properly.	ent regulations of the N.C.
ST COREAT CONTRACTOR C	CAROLIN TO THE PARTY OF THE PAR	J. CANCEL	650
		Signature of Certifying Official	Certificate Number

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856 Test Date: 10/03/2011

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: QUARANTELLO, NICHOLAS J Permit Number: 21536E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test g/210L Time 1:37pm DIAG Pass AIR BLK .00 1:38pm ACCY CHK .08 1:39pm AIR BLK .00 1:40pmSUB TEST .00 1:40pm AIR BLK .00 1:41pm SUB TEST .00 1:43pm 1:43pm AIR BLK .00

Reported AC: .00 g/210L

Signature of chemical Analyst

Court CVR

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856 Test Date: 10/03/2011

Test Record Number: 802

Test Time: 1:45pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:46pm

Printer Tests

Status

Test

Time

PRNT	Pass	1:46pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:46pm 1:46pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ORANGE Instrument Location CHADEL HIII P.D.
Instrument	Serial No. OD8839 828 MARTIN WHER KING JR. BA
	CHIAPEL HILL, N.C.
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every his are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	nat on the day of, 20, 20
GREAT CALL STATE OF S	Signature of Certifying Official Certificate Number

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008839 Test Date: 10/03/2011

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

Analyst's Name:

QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	1:44pm 1:45pm 1:46pm 1:47pm
SUB TEST AIR BLK	.00	1:47pm 1:48pm
SUB TEST	.00	1:50pm
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

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008839 Test Record Number: 733 Test Date: 10/03/2011

Test Time: 1:51pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:52pm
FLO	Pass	1:52pm
FC	Pass	1:52pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:52pm
SRC	Pass	1:52pm
DET	Pass	1:52pm
BAR	Pass	1:52pm
BT	Pass	1:52pm

Blank Tests

Test	Status	Time
AIR	Pass	1:52pm

Printer Tests

Status

Time

1:53pm

Test

CAL

PRNT	Pass	1:52pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:53pm

Preventive Maintenance Status: Pass

Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	IARREN	Instrument Location_	WARREN	Co. TAIL
Instrument Ser	rial No. <u>008793</u>	HWY 58	WARRET	MTON, NC.
The preventive four months as	e maintenance procedures for the In	toximeters, Model Intox E	EC/IR II to be follow	ed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg		lcoholic breath simu	lator thermometer show
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			•
6.	When "PLEASE BLOW" appears, collect breath sample;			
7.	When "PLEASE BLOW" appears, collect breath sample;			
8.	Print test record;			
9.	Verify Diagnostic Program; and	,		
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.			
procedures we	n the day of re performed on the instrument indi Health and Human Services, and the	cated above, in accordance	ce with current regul	preventive maintenance ations of the N.C.
THE STATE OF THE S	CAROLLE STATE OF THE STATE OF T	Dorita)		652
	Sign	ature of Certifying Officia	ıl (Certificate Number

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793 Test Date: 10/06/2011

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:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:37pm
AIR BLK	.00	1:38pm
ACCY CHK	.08	1:39pm
AIR BLK	.00	1:40pm
SUB TEST	.00	1:41pm
AIR BLK	.00	1:42pm
SUB TEST	.00	1:43pm
ATR BLK	. 00	1:44pm

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

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793

Test Record Number: 489
Test Time: 1:47pm EDT

Test Date: 10/06/2011 Test Time: 1:47pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:47pm
FLO	Pass	1:47pm
FC	Pass	1:47pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:47pm
SRC	Pass	1:47pm
DET	Pass	1:47pm
BAR	Pass	1:47pm
BT	Pass	1:47pm

Blank Tests

Test	Status	Time
AIR	Pass	1:48pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:48pm
	CRC Tests	
Test	Status	Time .
COMP	Pass	1:48pm

Preventive Maintenance Status: Pass

Pass

1:48pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County W	ARREN Instrument Location NORUNA P.S.
Instrument Se	erial No. 008945 101 MAIN ST. NORUHA, N.C.
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
STATE CREAT SECTION OF	Signature of Certifying Official Certificate Number
	$oldsymbol{arphi}$

WARREN COUNTY NORLINA POLICE DEPT 920

Serial Number: 008945 Test Date: 10/06/2011

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:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG104101

Exp Date: 02/10/2013

Test g/210L Time

DIAG	Pass	12:22pm
AIR BLK	.00	12:23pm
ACCY CHK	.07	12:24pm
AIR BLK	.00	12:25pm
SUB TEST	.00	12:26pm
AIR BLK	.00	12:27pm
SUB TEST	.00	12:28pm
AIR BLK	.00	12:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

\\Analyst

WARREN COUNTY NORLINA POLICE DEPT 920

Serial Number: 008945

Test Record Number: 207

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:30pm
FLO	Pass	12:31pm
FC	Pass	12:31pm

Temperature Tests

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

Blank Tests

Test	Status	Time
	•	
AIR	Pass	12:31pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:31pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:32pm

Preventive Maintenance Status: Pass

Pass

12:32pm

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County M	ECKLENBURG	Instrument Location BAT	
Instrument Seri	al No. 008910	CHAP	GLOTTE, NC
The preventive four months are	-	toximeters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	lisplays pressure, or the alcoholic brea ree 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, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		ter is being changed before expiration ged every four months or after 125 Al	
	performed on the instrument indi	TUBER, 20 11 the fo cated above, in accordance with curre instrument is functioning properly.	orgoing preventive maintenance nt regulations of the N.C.
STATE OF STA	Olu Ra	Lure of Certifying Official	Lo 48 Certificate Number

MECKLENBURG COUNTY BAT MOBILE UNIT 3
590

Serial Number: 008910 Test Date: 10/07/2011

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: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG108203

Exp Date: 03/23/2013

Test	g/210L	Time
DIAG	Pass	11:23pm
AIR BLK	.00	11:24pm
ACCY CHK	.07	11:25pm
AIR BLK	.00	11:25pm
SUB TEST	.00	11:26pm
AIR BLK	.00	11:27pm
SUB TEST	.00	11:28pm
AIR BLK	.00	11:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alu Ray Bans Analyst

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008910 Test Record Number: 358
Test Date: 10/07/2011 Test Time: 11:30pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:31pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:31pm
*	CRC Tests	
Test	Status	Time
COMP	Pass Pass	11:32pm 11:32pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	MECKLENBURG	Instrument Location 13A	T MOBILE UNIT 3	
Instrument	Serial No. <u>008616</u>	C <i>t</i> -	IARLOTTE, NC	
The preven	tive maintenance procedures for the In s are:	toximeters, Model Intox EC/IR I	I to be followed at least once every	
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	displays pressure, or the alcoholic gree centigrade;	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" appe	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appe	ears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and	d		
10.	Verify that the ethanol gas cani simulator solution is being char whichever occurs first.	ister is being changed before expi nged every four months or after 1	ration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,	
procedures	at on the day of of were performed on the instrument induit of Health and Human Services, and the contract of the	licated above, in accordance with	the forgoing preventive maintenance current regulations of the N.C. perly.	
GREAT	(Jun K	ay Banes	<u>648</u>	
	Sign	nature of Certifying Official	Certificate Number	

MECKLENBURG COUNTY BAT MOBILE UNIT 3
590

Serial Number: 008616 Test Date: 10/07/2011

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Olin Ray Bas Analyst

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616 Test Record Number: 1185
Test Date: 10/07/2011 Test Time: 10:17pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:17pm
FLO	Pass	10:17pm
FC	Pass	10:17pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:18pm
SRC	Pass	10:18pm
DET	Pass	10:18pm
BAR	Pass	10:18pm
BT	Pass	10:18pm

Blank Tests

Test	Status	Time
AIR	Pass	10:18pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:18pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:18pm 10:18pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

•	Serial No. 008647 Instrument Location BAT MOBILE UNIT 3
The preventi	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department of	on the
THE STATION OF THE ST	

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647 Test Date: 10/07/2011

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

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

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

Test	g/210L	Time
DIAG	Pass	10:23pm
AIR BLK	.00	10:24pm
ACCY CHK	.08	10:24pm
AIR BLK		10:25pm
SUB TEST	.00	10:26pm
AIR BLK	.00	10:27pm
SUB TEST	.00	10:28pm
AIR BLK	.00	10:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alm Ray Bens Analyst

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647 Test Date: 10/07/2011

Test Record Number: 1217 Test Time: 10:30pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:31pm

•	Printer Test	S	
Test	Status	Time	
PRNT	Pass	10:31pm	
CRC Tests			
Test	Status	Time	
COMP CAL	Pass Pass	10:31pm 10:31pm	

Preventive Maintenance Status: Pass

alun Ray Ban Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ro	Instrument Location Roboson Co. Jail
Instrument S	erial No. <u>00883(o</u>
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures v	on the 12th day of October, 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.
STAT. COREAT SE	Signature of Certificial Certificate Number

ROBESON COUNTY LUMBERTON, LEC. 770

Serial Number: 008836

Test Record Number: 1740

Test Date: 10/12/2011 Tes

Test Time: 2:50pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
ΙŖ	Pass	2:50pm
FLO	Pass	2:50pm
FC	Pass	2:50pm

Temperature Tests

Status	Time
Pass	2:50pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	2:51pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:51pm
	CRC Tests	

Test	Status	Time
COMP	Pass	2:51pm
CAL	Pass	2:51pm

Preventive Maintenance Status: Pass

Analyst

ROBESON COUNTY LUMBERTON, LEC. 770

Serial Number: 008836 Test Date: 10/12/2011

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: TRUDELL, SR., DANIEL T

Permit Number: 21535E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	2:42pm 2:43pm 2:44pm 2:44pm
AIR BLK SUB TEST	.00	2:45pm
AIR BLK SUB TEST	.00 .00	2:46pm 2:48pm
AIR BLK	.00	2:49pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	ROBESON Instrument Location Robeson Co. JAIL
	erial No. 008805 LUMBERTON 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.
I certify that procedures we Department of	on the
THE STATE OF THE S	

ROBESON COUNTY LUMBERTON, LEC 770

Serial Number: 008805 Test Date: 10/12/2011

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: RUSSELL, LARRY H

Permit Number: 06108E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:43pm
AIR BLK	.00	2:44pm
ACCY CHK	.07	2:45pm
AIR BLK	.00	2:46pm
SUB TEST	.00	2:46pm
AIR BLK	.00	2:47pm
SUB TEST	.00	2:49pm
ATP BIK	0.0	2 · 4 9 mm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY LUMBERTON, LEC 770

Serial Number: 008805

Test Record Number: 1754

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	2:52pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	2:53pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:53pm
	CRC Tests	
Test	Status	Time

Pass

Pass

2:53pm

2:53pm

Preventive Maintenance Status: Pass

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County *		Instrument Location_		BUCE DEAT
Instrument Se	erial No. <u>008644</u>	DUNN,		
The preventive four months a	ve maintenance procedures for the Inare:	ntoximeters, Model Intox	EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		alcoholic breath	simulator thermometer show
2.	Verify instrument displays time	e and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" app	ears, collect breath sample	e;	
7.	When "PLEASE BLOW" app	ears, collect breath sampl	e;	
8.	Print test record;			
9.	Verify Diagnostic Program; an	ıd		
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	ister is being changed bef nged every four months c	Fore expiration de or after 125 Alco	ate, or the alcoholic breath holic Breath Simulator tests,
procedures w	on the day of cere performed on the instrument incof Health and Human Services, and	dicated above, in accordar	nce with current	oing preventive maintenance regulations of the N.C.
Too man	Str.			
STATI ST	AROUN TO THE PART OF THE PART		<i>• 1</i> 1	~) ~ _y <u>1</u>
wanting.		nature of Certifying Office	cial	Certificate Number

HARNETT COUNTY DUNN POLICE DEPT. 420

Serial Number: 008644 Test Date: 10/12/2011

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: RUSSELL, LARRY H

Permit Number: 06108E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	12:58pm 12:59pm 12:59pm 1:01pm
SUB TEST	.00	1:01pm
AIR BLK	.00	1:02pm
SUB TEST	.00	1:04pm
ATR BLK	. 00	1 · 05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services Rev. 12/2007

HARNETT COUNTY DUNN POLICE DEPT. 420

Serial Number: 008644

Test Record Number: 818

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:07pm 1:07pm
FLO FC	Pass Pass	1:07pm
rc	гарр	1.0/ Dill

Temperature Tests

Test	Status	Time
FC1	Pass	1:07pm
SRC	Pass	1:07pm
DET	Pass	1:07pm
BAR	Pass	1:07pm
BT	Pass	1:07pm

Blank Tests

Test	Status	Time
AIR	Pass	1:08pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:08pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:08pm 1:08pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX ECTR II ARNETT G. DETENTION CT
	Instrument Location HARNETT Co. DETENTION CT. erial No. 008730 LILLINGTON NC
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
- 10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures w Department of	on the
STATE CREAT STATE	
	Signature of Certifying Official Certificate Number

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730 Test Date: 10/11/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY

Permit Number: 6108E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG108202 Exp Date: 03/23/2013

Test	g/210L	Time
DIAG	Pass	2:46pm
AIR BLK	.00	2:46pm
ACCY CHK	.07	2:47pm
AIR BLK	.00	2:48pm
SUB TEST	.00	2:48pm
AIR BLK	.00	2:49pm
SUB TEST	.00	2:51pm
ATR BLK	.00	2:52pm

Reported AC: .00 g/210 L

Signature of Chemical Analyst

Court CVR

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730

Test Record Number: 1029

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:54pm
FLO	Pass	2:54pm
FC	Pass	2:54pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:54pm
SRC	Pass	2:54pm
DET	Pass	2:54pm
BAR	Pass	2:54pm
\mathtt{BT}	Pass	2:54pm

Blank Tests

Test	Status	Time
AIR	Pass	2:55pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:55pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:55pm 2:55pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /-//	ARNETT Instrument Location HARNETT Co. DETENTION CTR.
Instrument Seria	al No. 008729 LILLINGTON 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.
	theday ofOCTOBEC, 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	Signature of Certifying Official Certificate Number

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729 Test Date: 10/11/2011

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RUSSELL, LARRY
Permit Number: 6108E
Effective:
09/01/2011-09/01/2013

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

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

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

Reported AC: .00 q/210L

Signature of Chemical Analyst

Court CVR

Analyst

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729 Test Record Number: 1311

Test Date: 10/11/2011 Test Time: 3:24pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:24pm
FLO	Pass	3:24pm
FC	Pass	3:24pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:24pm
SRC	Pass	3:24pm
DET	Pass	3:24pm
BAR	Pass	3:24pm
\mathtt{BT}	Pass	3:24pm

Blank Tests

Test	Status	Time
AIR	Pass	3:25pm

Printer Tests

Test

Status

Time

PRNT	Pass	3:25pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:25pm 3:25pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (C	Instrument Location CaldWell Co. Jail
Instrument Se	rial No. 008719 Lenoir, 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.
	on theday of, 20 // the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
OTHE STATE OF THE	CARD IN THE CARD I
	organization of contrarying official Continuous

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008719 Test Date: 10/07/2011

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: BURNETTE, ANTHONY J
Permit Number: 11304E

Effective:

06/01/2011-06/01/2013

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:45am 11:46am 11:46am
AIR BLK SUB TEST	.00 . 00	11:47am 11:48am
AIR BLK SUB TEST	.00 .00	11:49am 11:50am
AIR BLK	.00	11:51am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008719 Test Record Number: 921 Test Date: 10/07/2011 Test Time: 11:52am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:53am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II Avic Co. Jai /
County 🗸	
Instrument Ser	rial No. 008905 Mocksville, N.C.
· ··	
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	theday of
OFFICE STATE OF OFFICE OF STATE OF OFFICE OF	Signature/of Certifying Official Certificate Number

DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905 Test Date: 10/04/2011

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: DEAN, L K

Permit Number: 11598E

Effective:

06/01/2011-06/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG109703

Exp Date: 04/07/2013

Test	g/210L	Time
1000	9/2101	

DIAG	Pass	2:00pm
AIR BLK	.00	2:01pm
ACCY CHK	.07	2:01pm
AIR BLK	.00	2:02pm
SUB TEST	.00	2:03pm
AIR BLK	.00	2:04pm
SUB TEST	.00	2:05pm
AIR BLK	.00	2:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch **Department of Health and Human Services**

Rev. 12/2007

DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905

Test Record Number: 806

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:07pm
FLO	Pass	2:07pm
FC	Pass	2:07pm

Temperature Tests

Test Status Ti	
SRC Pass 2: DET Pass 2: BAR Pass 2:	07pm 07pm 07pm 07pm 07pm

Blank Tests

Test	Status	Time
AIR	Pass	2:08pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:08pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	2:08pm 2:08pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C	uilford Instrument Location Greens bord Jail
Instrument Ser	ial No. <u>008718</u>
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures wer Department of	theday of
STATE OF THE STATE OF THE OWNER OF THE STATE OF THE OWNER OWNE	

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008718 Test Date: 10/11/2011

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: DEAN, L K
Permit Number: 11598E

Effective:

06/01/2011-06/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	12:42pm 12:43pm 12:44pm 12:45pm 12:46pm 12:47pm
SUB TEST	.00	12:49pm
AIR BLK	.00	12:50pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008718

Test Record Number: 664

Test Date: 10/11/2011

Test Time: 12:50pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:51pm
FLO	Pass	12:51pm
FC	Pass	12:51pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:51pm
SRC	Pass	12:51pm
DET	Pass	12:51pm
BAR	Pass	12:51pm
BT	Pass	12:51pm

Blank Tests

Test	Status	Time
AIR	Pass	12:52pm

Printer Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location Greens bor JAI
Instrument Se	erial No. <u>008896</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.
	on the
STATE CREAT TO THE	Signature of Certificing Official Certificate Number

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008896 Test Record Number: 184
Test Date: 10/11/2011 Test Time: 12:33pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:34pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst Slov

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008896 Test Date: 10/11/2011

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: DEAN, L K

Permit Number: 11598E

Effective:

06/01/2011-06/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00 .00	12:45pm 12:46pm 12:46pm 12:47pm 12:48pm 12:49pm 12:51pm
AIR BLK	.00	12:52pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	ONSLOW Instrument Location CAMPLEJERNE PMO
Instrumer	nt Serial No. <u>00 8920</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	nat on the
COREAL CIREAL SECTION OF SECTION	TATE ON TO THE CONTINUE OF THE
	Signature of Certifying Official Certificate Number

ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008920 Test Date: 10/25/2011

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: HALL, RANDY E
Permit Number: 03462E
Effective:
09/01/2011-09/01/2013

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

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

Test	g/210L	Time
DIAG	Pass	1:18pm
AIR BLK	.00	1:19pm
ACCY CHK	.08	1:19pm
AIR BLK	.00	1:20pm
SUB TEST	.00	1:20pm
AIR BLK	.00	1:21pm
SUB TEST	.00	1:23pm
AIR BLK	.00	1:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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Forensic Tests for Alcohol Branch
Department of Health and Human Services

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ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008920 Test Date: 10/25/2011 Test Record Number: 488 Test Time: 1:29pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:29pm
FLO	Pass	1:29pm
FC	Pass	1:30pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:30pm
SRC	Pass	1:30pm
DET	Pass	1:30pm
BAR	Pass	1:30pm
BT	Pass	1:30pm

Blank Tests

Test	Status	Time
AIR	Pass	1:30pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:30pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:31pm
CAL	Pass	1:31pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Wilsand Instrument Location 1347 1110 Bile Land
Instrument	Serial No. COSTO WILSON
The prevent	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	at on the
STA	Signature of Certifying Official Certificate Number

WILSON COUNTY BAT MOBILE UNIT 5 970

Serial Number: 008600 Test Date: 10/29/2011

Test Record Number: 861
Test Time: 10:33pm 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 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:34pm 10:34pm 10:34pm 10:34pm 10:34pm
	_ 55 &	-:.o-p

Blank Tests

Test	Status	Time
AIR	Pass	10:35pm

Printer Tests

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

Preventive Maintenance Status: Pass

WILSON COUNTY BAT MOBILE UNIT 5 970

Serial Number: 008600 Test Date: 10/29/2011

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: 9372E
Effective:
10/01/2011-10/01/2013

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	10:24pm 10:25pm 10:26pm 10:27pm 10:28pm
AIR BLK	.00	10:29pm
SUB TEST	.00	10:30pm
AIR BLK	.00	10:31pm

Dels 6.11 op

.00, g/210L

Signature of Chemical Analyst

Reported AC:

Court CVR

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Forensic Tests for Alcohol Branch
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Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Wilcon Instrument Location Bot MOBILE Limit
Instrumen	Instrument Location But MOBILE Limit The Serial No. 008698 Wilson
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	nat on theday of, 20_//, 20_//
S S S S S S S S S S S S S S S S S S S	Signature of Certifying Official Certificate Number

WILSON COUNTY BAT MOBILE UNIT 5 970

Serial Number: 008698 Test Date: 10/29/2011 Test Record Number: 702 Test Time: 10:35pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:36pm

Printer Tests

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

Preventive Maintenance Status: Pass

WILSON COUNTY BAT MOBILE UNIT 5 970

Serial Number: 008698 Test Date: 10/29/2011

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: 9372E
Effective:
10/01/2011-10/01/2013

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

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

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

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the 29 day of CeTe Beer, 20/1 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C.

WILSON COUNTY BAT MOBILE UNIT 5 970

Test Date: 10/29/2011

Serial Number: 008788 Test Record Number: 571 Test Time: 10:36pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:37pm

Printer Tests

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

Preventive Maintenance Status: Pass

WILSON COUNTY BAT MOBILE UNIT 5 970

Serial Number: 008788 Test Date: 10/29/2011

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: 9372E
Effective:
10/01/2011-10/01/2013

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

Lot Number: AG003403 Exp Date: 02/03/2012

Test	g/210L	Time
DIAG AIR BLK	Pass .00	10:27pm 10:28pm
ACCY CHK	.08	10:29pm
AIR BLK	.00	10:29pm
SUB TEST	.00	10:30pm
AIR BLK	.00	10:31pm
SUB TEST	.00	10:32pm
AIR BLK	.00	10:33pm

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

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PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (1)	ake-Cary Instrument Location Bat Mobile Unita
Instrument Se	erial No. 008734
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on theday of, 20 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Obya B Skynes Signature of Certifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 2 910

Serial Number: 008736 Test Date: 10/07/2011

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:
10/01/2011-10/01/2013

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Onya B Skyny

WAKE COUNTY BAT MOBILE UNIT 2 910

Serial Number: 008736

Test Record Number: 392

Test Date: 10/07/2011

Test Time: 10:18pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:18pm
FLO	Pass	10:18pm
FC	Pass	10:18pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:18pm
SRC	Pass	10:18pm
DET	Pass	10:18pm
BAR	Pass	10:18pm
BT	Pass	10:18pm

Blank Tests

Test	Status	Time
AIR	Pass	10:19pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:19pm
	CRC Tests	
Test	Status	Time

CALPass 10:19pm

10:19pm

Pass

Preventive Maintenance Status: Pass

COMP